

**Title: ADVANCE DIRECTIVES: LIVING WILL AND MENTAL HEALTH**

**Scope:**

The provisions in this policy relating to Living Will/Advance Directives (AD) apply to health care providers in inpatient setting and patients under the care of an MHS provider for home health, hospice or personal care services. They do not apply to outpatient services or emergency department patients unless they are admitted to a hospital. However, if a patient gives a copy of his/her AD to a provider in an outpatient clinic or ED, the wishes of the patient will be honored, except as established for surgical and sedated procedures.

The provisions in this policy relating to Mental Health Advance Directives (MHAD) apply to health care providers in both inpatient and outpatient settings at MultiCare Health System (MHS).

Hospitals include Tacoma General, Allenmore, Good Samaritan, Auburn Medical Center.

**Policy Statement:**

An Advance Directive allows patients 18 years of age and older to participate in their care and express their desires regarding their health care if they become gravely ill and are unable to speak for themselves. Advance Directives are supported by federal and state laws and are consistent with MultiCare Health System’s support of patient rights.

A **Living Will/Health Care Directive/Advance Directive (AD)** allows patients to specify how they want decisions to be made about life sustaining treatment if they become gravely ill and are unable to speak for themselves.

**Durable Power of Attorney (DPOA)** A legal document that enables an individual to designate another person, called the attorney-in-fact, to act on his/her behalf, even in the event the individual becomes disabled or incapacitated. An "advance directive" (sometimes called a "healthcare directive") combines a living will and durable power of attorney, either in one document or two separate ones.

A **Mental Health Advance Directive (MHAD)** allows patients to specify how they would like their mental health treatment handled in the event they become mentally incapacitated and are unable to make sound decisions about their mental health care due to mental illness. MHADs provide a method of giving instructions and preferences for mental health treatment in advance of a period of incapacity, and may authorize someone else to make mental health decisions on behalf of the patient.

As outlined within the scope of this policy, MultiCare Health System will

	<p>assess whether the patient has an AD and an MHAD. If the patient does not, staff will provide the patient with written information about his/her right to execute an AD and an MHAD. Execution of an AD and an MHAD is a right, not a requirement, and staff will not condition the provision of care or otherwise discriminate against a patient based on the presence or absence of an AD or an MHAD. MHS employees and volunteers cannot witness or sign a patient's AD or MHAD.</p> <p>It is the policy of MHS to honor Mental Health Advance Directives that meet state law, medical and ethical practice standards, and MHS policies and procedures.</p>
	<p>Table of Contents:</p> <ul style="list-style-type: none"> <li>I. <a href="#">Procedure for determining if the patient has an AD and obtaining a copy</a></li> <li>II. <a href="#">Physician/Health Care Facility Refusal to Participate</a></li> <li>III. <a href="#">Patient Complaints about Advance Directives or Mental Health Advance Directives</a></li> <li>IV. <a href="#">MultiCare Medical Associates (MMA) Sites</a></li> <li>V. <a href="#">Information For Living Will\Advance Directive Only</a></li> <li>VI. <a href="#">Information for Mental Health Advance Directives Only</a></li> <li>VII. <a href="#">Definitions</a></li> <li>VIII. <a href="#">Attachment 1 PHYSICIAN'S VERIFICATION OF DIRECTIVE</a></li> <li>IX. <a href="#">Attachment 2 Contents of Mental Health Advance Directive</a></li> <li>X. <a href="#">Attachment 3 Workflow for Advance Directive (AD) Forms</a></li> <li>XI. <a href="#">EPIC screenshots for documentation of the AD</a></li> </ul>
	<p><b>Procedure:</b></p> <ul style="list-style-type: none"> <li><b>I. Determining if the Patient has an AD/ and Obtaining a Copy for the Medical Record:</b> <ul style="list-style-type: none"> <li>A. Patient Access Responsibilities:           <ul style="list-style-type: none"> <li>1. At the time of pre/direct admission personnel will:               <ul style="list-style-type: none"> <li>a. Review the patient's electronic record (EMR) for documentation, when appropriate.</li> </ul> </li> <li>2. If an AD/MHAD is not documented in the EMR, ask the patient/family member if the patient has an AD/MHAD.               <ul style="list-style-type: none"> <li>a. If a copy of the AD is not available at the time of admission: Request that the patient/family member bring in a copy of the AD/MHAD to be placed in the patient's chart.</li> </ul> </li> <li>3. If the patient/family presents with a copy of their AD, place a copy in the patient's chart.</li> </ul> </li> </ul> </li> </ul>

- a. If the patient's status changes, the patient will be given information about AD/MHAD

**B. Registered Nurse Responsibilities:**

- 1. Complete the Advance Directives Doc flow sheet located in the Nursing Admission Navigator in the EMR.

- a. If the patient has an executed AD/MHAD, but the document is not immediately available:

- 1.) Staff members will follow-up on the progress of obtaining the AD/MHAD copies. A copy of the document will be placed in the paper chart.

**C. Physician Responsibilities:**

- 1. Review Content of the Advance Directive and clarify if necessary.

**D. If the patient does not have a written AD but wishes to make declarations about his/her wishes:**

- 1. Contact the Social Worker for assistance.
- 2. The physician should review with the patient and document the patient's wishes in the record, incorporating the patient's desires into the plan of care (See MHS Policy - Code Status).

**II. Physician/Health Care Facility Refusal to Participate:**

- A. The physician has the responsibility to acknowledge, discuss and incorporate AD/MHAD into the plan of care. If the physician cannot support the patient's wishes, the physician must discuss this with the patient and make the appropriate provisions for care.
- B. The attending physician or health care facility shall inform a patient or patient's authorized representative of the existence of any policy or practice, or moral or professional objection, that would prevent their compliance with a patient's treatment preference as stated in an AD/MHAD or otherwise.
- C. If the patient, after being informed of such policy or preclusion, chooses to retain the physician or facility, the physician or facility, together with the patient or the patient's representative, shall prepare a written plan to be filed with the patient's AD/MHAD that sets forth the physician's or facility's intended action should the patient's medical status change so that the AD/MHAD would become operative.

**III. Patient Complaints about Advance Directives or Mental Health Advance Directives:**

- A. Patient complaints about AD or MHAD requirements may be filed with the State survey and certification agency.

#### **IV. MultiCare Medical Associates (MMA) Sites:**

- A. If a patient provides an AD or MHAD, staff will place a copy of it in the patient's medical record. If the patient or hospital personnel requests, staff will forward/fax a copy of the AD or MHAD to the hospital, hospital-based ambulatory clinic, or the procedural site requested by the patient
- B. If patients have questions about AD or MHAD, staff will notify the physician to address their questions.
- C. The MMA locations will place brochures containing information on AD, entitled "Your Rights and End of Life Care", and information on MHAD, entitled "Mental Health Directive" in clinics giving patients the opportunity to consider executing an AD or MHAD before they need inpatient services.
- D. MMA procedure for documentation of AD/MHAD:
  - 1. At the time of discharge, Health Information Management (HIM) documents the presence of the current AD/MHAD by choosing and setting the appropriate system flag. The new procedure will consist of POLST, and Advanced Directive forms, (AD, POA, 5 Wishes) will be ordered and scanned into an existing office visit encounter.
  - 2. First review the encounters under the Code tab in Chart Review to see if the physician has ordered a health care directive discussion in Epic.
  - 3. Go into the healthcare directive discussion order and verify that the AD form was submitted during the office visit (there will be a "yes" next to a question, indicating which AD forms (s) were submitted during the office visit.
  - 4. After verification of submission, utilize the "addendum" procedure to go into the office visit in which the health care directive discussion order was placed (the office visit date should correspond with the AD form order date). Click on "progress note" and in the addendum comments section indicate the reason for the addendum: Attach the submitted advanced directive forms (s) to the encounter." Note: If there is not an existing health care directive discussion order, the following steps shall be completed within an additional order encounter, rather than an office visit, and shall be associated with an annotated abstract diagnosis (document type and date signed).
  - 5. Place an order for the submitted AD forms (s) within the office visit encounter: 3610004- O Health Care Directive (Advanced Directive/Living Will);3610005 – O DPOA Health Care (Durable Power of Attorney Health Care); 361006 – O DPOA Mental Health (Durable Power of Attorney Mental Health); 3610007 – O

Five Wishes;);

6. Associate the order with the existing diagnosis in the office visit. You can then sign your order (s).
7. Scan the document into the order by clicking on "enter/edit results", import the document and include the scan description (document type and date signed). Example: POLST form, signed by patient on 10-27-2010."
8. Select the document type from the drop list, and then add the collection and final result dates. The collection date and final result date must correspond with the office visit date.
9. After final resulting your AD document, sign the Addendum and exit the office visit encounter.

#### **V. Information for Living Will\Advance Directive Only:**

##### **A. Complying with Living Will/Advance Directive (AD):**

1. When an AD is presented, the wishes of the patient will be honored and incorporated into the plan of care.
  - a. The physician must incorporate the patient's wishes into the plan of care, unless doing so would be contrary to the accepted standard of care or violate the law.

##### **B. Revocation of Living Will/Advance Directive:**

1. An AD may be revoked verbally or in writing at any time by a patient.
2. A revocation is effective when communicated to a physician caring for the patient.
3. Upon revocation, the physician should record in the progress notes the time and date of the revocation, when the physician received notice of the revocation and any other significant information necessary to make sure the patient's wishes are carried out.
4. If a patient indicates they wish to revoke his/her AD/MHAD, the nurse will contact the physician and relay this information.

##### **C. Withdrawing or Withholding Life-Sustaining Treatment Based on an Advance Directive:**

1. Before any life sustaining treatment is withheld or withdrawn based on an AD, the attending physician must verify the validity of the AD and compliance with the Washington Natural Death Act, RCW 70.122.030 by signing the attached Physician's Verification of Directive.

#### **VI. Information for Mental Health Advance Directives Only:**

- A. Physician, PA, ARNP, Mental Health Professional, Social Worker, RN:
1. If the patient's status changes to conscious and competent, the patient will be given the brochure and information about MHAD.
  2. If the patient has an MHAD, review and be familiar with the patient's MHAD.
  3. If the patient has an MHAD, provide care in accordance with the patient's MHAD, unless:
    - a. Complying with the MHAD would violate the accepted standard of care.
    - b. Complying with the MHAD would violate the law.
    - c. The requested treatment is not available.
    - d. There is an emergency situation and compliance would endanger any person's life or health.
  4. In the event one or more of the provisions of the MHAD are not honored for the reasons set forth above, all other parts of the MHAD should be followed.
  5. MultiCare employees and volunteers cannot witness or sign a patient's MHAD.
  6. Non-compliance with MHAD instructions:
    - a. If unable or unwilling to comply with any part of the MHAD for any reason, promptly notify the patient and his or her agent, and document the part of the MHAD that is objectionable and the reason in the patient's medical chart.
    - b. If a patient is involuntarily committed or detained for involuntary treatment, and provisions of the MHAD are inconsistent with either the purpose of the commitment or any court order relating to the commitment, those provisions of the MHAD may be treated as invalid during the commitment. However, the remaining provisions of the directive are advisory while the patient is committed or detained.
  7. The Physician, ARNP or Mental Health Professional will ask the patient if he or she is subject to any court orders that would affect the MHAD. If so, a copy of the court order should be obtained and placed in the patient's medical record.
- B. Complying with a Valid Mental Health Advance Directive (MHAD):
1. When a valid, properly executed MHAD is presented to a health care provider or professional person at MHS, the wishes of the patient will be honored and incorporated into the patient's plan of care. However, if the MHAD is contrary to state law

requirements, medical and ethical practice standards, or the policies and procedures of MHS, the patient and/or the patient's designated agent will be advised, and appropriate documentation made in the patient's medical record.

2. The inability to honor one or more provisions of an MHAD does not affect the validity of the remaining provisions.
3. An MHAD goes into effect only if a person becomes mentally incapacitated. When a patient is not mentally incapacitated, the patient can make decisions about mental health treatment at that time without the help of instructions in an MHAD or the help of an agent.

C. Declaring a Patient Incapacitated:

1. If a patient has an MHAD, the patient, the patient's agent, a health care provider or professional person as defined above may seek a determination whether the patient is incapacitated or has regained capacity.
2. A capacity determination, for purposes of MHAD, may only be made by:
  - a. A court, if the request is made by the patient or the patient's agent.
  - b. One mental health professional and one health care provider, or
  - c. Two health care providers
3. For purposes of 2b and 2c above, one of the persons making the determination must be a psychiatrist, psychologist or a psychiatric advance registered nurse practitioner.
4. Capacity Determination:
  - a. At least one mental health professional or health care provider must personally examine the patient prior to making a capacity determination.
  - b. If a health care provider or professional person requests a capacity determination, he or she shall promptly advise the patient that a capacity determination is being sought and that the patient may request the determination be made by a court.
5. If an incapacitated person is already being treated according to his or her MHAD, a request for redetermination of capacity does not prevent treatment.
6. Capacity Determination Time Frames: ***An initial determination of capacity must be completed within 48 hours of a request for a capacity determination.*** During

the period between the request for an initial determination of the patient's capacity and completion of the determination, the patient may not be treated unless consent is given, or treatment is otherwise authorized by state or federal law. If the patient qualifies for involuntary treatment under the state involuntary treatment laws, he or she may be treated.

7. When an incapacitated patient is admitted to inpatient treatment pursuant to the provisions of his or her MHAD, the patient's mental capacity must be reevaluated within 72 hours of admission or when there has been a change in the patient's condition that indicates he or she appears to have regained capacity, whichever occurs first.
  8. When an incapacitated patient who is being treated on an inpatient basis requests, or the patient's agent requests, a redetermination of his or her capacity, the redetermination must be made within 72 hours of the request
  9. If a patient who does not have an agent asks for a capacity determination or redetermination, complete the capacity determination, or if the patient is seeking a determination from a court, reasonable efforts should be made to notify the person legally authorized to make decisions for the patient about the patient's request.
  10. When an outpatient who has been determined to be incapacitated requests a redetermination of his or her capacity, the redetermination must be made within 5 days of the first request following a determination.
  11. If a patient being treated does not have an agent for mental health treatment decisions, the person requesting a capacity determination shall arrange for the determination.
  12. If a capacity determination is not made within the time frames set forth above, the patient shall be considered to have capacity.
- D. Inpatient Treatment:
1. If the patient is found to have capacity, he or she may only be admitted to or remain in inpatient treatment if he or she consents at the time or is detained under the state involuntary treatment law.
  2. If an incapacitated patient continues to refuse inpatient treatment, he or she may seek injunctive relief from a court.
  3. *Discharge after 14 days of treatment:* At the end of the period of time that the patient or his or her agent consented to voluntary inpatient treatment, but not longer than 14 days after admission, if the patient has not regained capacity or has

regained capacity but refuses to consent to remain an inpatient for additional treatment, release the patient during reasonable daylight hours unless detained under the state involuntary treatment law.

4. Discharge for patients with MHAD voluntarily admitted to inpatient treatment: The choices an incapacitated patient expresses in his or her MHAD controls, except if a patient takes action and makes statements demonstrating a desire to be discharged, the patient shall be allowed to be discharged and may not be restrained in any way in order to prevent his or her discharge. (Note, however, that if a patient presents a likelihood of serious harm or is gravely disabled, the patient may be held for sufficient time to notify a community designated mental health professional in order to allow for evaluation and possible detention under state involuntary treatment laws.)
5. Inpatient treatment for patients with an MHAD consenting to admission in the MHAD but **currently refusing admission**:
  - a. The following admission procedures shall be followed for a patient who:
    - 1.) Chooses not to be able to revoke his or her directive during any period of incapacity
    - 2.) Consents in his or her MHAD to voluntary admission to inpatient mental health treatment or authorized an agent to consent on the patient's behalf, and
    - 3.) At the time of admission to inpatient treatment, refuses to be admitted.
  - b. In such cases, a patient may only be admitted for inpatient mental health treatment pursuant to an MHAD, if a physician with privileges at MHS:
    - 1.) Evaluates the patient's mental condition and determines, in conjunction with another health care provider or mental health professional, that the patient is incapacitated.
    - 2.) Obtains the informed consent of the agent, if any, designated in the MHAD
    - 3.) Documents that the patient needs an inpatient evaluation or is in need of inpatient treatment and that the evaluation or treatment cannot be accomplished in a less restrictive setting, and
    - 4.) Documents in the medical record a summary of findings and recommendations for treatment or evaluation.

5.) If the admitting physician is not a psychiatrist, the patient must receive a complete psychological assessment by a mental health professional within 24 hours of admission to determine the continued need for inpatient evaluation or treatment.

E. Agent Authority:

1. Unless the MHAD has been revoked, the decisions of an appointed agent must be consistent with the instructions and preferences expressed in the MHAD or if not expressed, otherwise known to the agent. If the patient's instructions or preferences are not known, the agent must make a decision he or she determines is in the best interest of the patient.
2. Except as may be limited by state or federal law, the agent has the same right as the patient to receive, review, and authorize the use and disclosure of the patient's health care information when the agent is acting on behalf of the patient and to the extent required for the agent to carry out his or her duties.
3. A Mental Health Advance Directive may give the agent authority to act while the patient has capacity. Even if the directive gives such authority to the agent, the decisions of the patient supersede those of the agent at any time the patient has capacity.
4. On receipt of an agent's notice of withdrawal, the notice, and effective date if one is provided, shall be noted in the patient's chart. If no effective date is specified, the notice is effective immediately.

F. Revocation/Expiration of a Mental Health Advance Directive:

1. A patient with capacity may revoke an MHAD in whole or in part by a written statement. An incapacitated patient may revoke his or her MHAD only if he or she elected at the time of executing the MHAD to be able to revoke when incapacitated.
2. A revocation of an MHAD is effective immediately upon receipt and shall be made part of the medical record.
3. If a patient makes a subsequent MHAD, it revokes in whole or in part (either by its language or to the extent of any inconsistency) the previous MHAD.
4. MHAD remains effective to the extent it does not conflict with a court order and no other proper basis for refusing to honor the directive or portions of it exists.
5. If an MHAD is scheduled to expire, but the patient is incapacitated, the MHAD remains in effect unless the directive specifies that the patient is able to revoke while incapacitated

and has revoked the MHAD.

G. Conflicting Directives or Agent Appointments:

1. Discrepancies in the MHAD directives or in agent appointments shall be reported to the supervisor or nurse manager.
2. If an incapacitated patient has more than one valid MHAD and has not revoked any of his or her MHAD then the most recently created MHAD controls any inconsistent provisions unless one of the MHAD states otherwise.
3. If an incapacitated patient has appointed more than one agent through a durable power of attorney with the authority to make mental health treatment decisions, the most recently appointed agent shall be treated as the patient's agent for mental health treatment decisions unless otherwise provided in the appointment.
4. Any time a patient with capacity consents to or refuses treatment that differs from the provisions of his or her MHAD, the consent or refusal constitutes a waiver of any provision of the MHAD that conflicts with the consent or refusal. However, it does not constitute a revocation of that provision unless the patient also revokes that provision or the MHAD in its entirety.

**VII. Definitions:**

**Advance Directive (AD)**, is referred to as a "Living Will/Health Care Directive/Advance Directive": A legal document signed by an adult patient in the presence of two witnesses, that specifies, in advance, how the patient wants decisions to be made about life sustaining treatment if the patient becomes terminally ill or permanently unconscious and cannot express his or her desires regarding health care decisions. The AD can be amended or revoked at any time by the patient.

**Durable Power of Attorney for Health Care:** A legal document in which a patient names a person as his/her health care agent to make medical decisions on his/her behalf, if the patient becomes incompetent and is not able to make health care decisions. The completed document does not require a witness or notary. The Durable Power of Attorney for Health Care may be revoked at any time by the patient and the revocation does not require a witness. .

**Terminal Condition:** An incurable and irreversible condition caused by injury, disease or illness that within reasonable medical judgment, will cause death within a reasonable period of time and where life sustaining treatment would serve only to prolong the process of dying.

**Permanent Unconscious Condition:** An incurable and irreversible condition in which the patient is assessed, within reasonable medical judgment, as having no reasonable probability of recovery from an

irreversible coma or a persistent vegetative state.

**Life Sustaining Treatment:** Any medical or surgical intervention that uses a mechanical or other artificial means including artificially provided nutrition and hydration to sustain, restore, or replace a vital function, which, when applied to a patient, would serve only to prolong the process of dying. Life sustaining treatment does not include the administration of medication, or the performance of any medical or surgical intervention, deemed necessary solely to alleviate pain.

**Personal Care Services:** Encompasses skilled nursing facilities, hospice, home health and other providers of "personal care", not physicians practicing in a traditional office or outpatient clinic setting.

**Agent:** An agent has legal authority to make decisions for a patient as authorized by the patient's MHAD.

**Capacity:** An adult who has not been found to be incapacitated under the Mental Health Advance Directives procedures set out in this policy, or under the Washington State guardianship statute RCW 11.88.010(1)(e), has capacity.

**Health care provider:** An osteopathic physician or osteopathic physician's assistant, a physician or physician's assistant, or an advanced registered nurse practitioner.

**Incapacitated:** An adult who (1) is unable to understand the nature, character, and anticipated results of proposed treatment or alternatives; understand the recognized serious possible risks, complications, and anticipated benefits in treatments and alternatives, including nontreatment; or communicate his or her understanding or treatment decisions; or (2) has been found to be incompetent under the Washington state guardianship statute, RCW 11.88.010(1)(e).

**Professional person:** A mental health professional, a physician, or a registered nurse.

**Mental health professional:** A psychiatrist, psychologist, psychiatric nurse, or social worker.

**Mental Health Advance Directive:** A written document signed by an adult patient in which the patient provides instructions or preferences about his/her mental health treatment, and/or appoints an agent to make decisions on behalf of the patient about the patient's mental health treatment, in the event the patient becomes mentally incapacitated and is unable to make sound decisions. (The contents of a valid MHAD are set forth in Attachment B.) An MHAD may include any provision relating to mental health treatment, or the care of the patient or the patient's personal affairs. It may include, but is not limited to, the following:

1. The patient's preferences and instructions for mental health treatment

	<ol style="list-style-type: none"> <li>2. Consent to specific types of mental health treatment</li> <li>3. Refusal to consent to specific types of mental health treatment</li> <li>4. Consent to admission to and retention in a facility for mental health treatment for up to 14 days</li> <li>5. Appointment of an agent to make mental health treatment decisions on behalf of the patient</li> </ol>
	<p><b>Related Policies:</b></p> <p>MHS Policy: <i>"Decision Making in Non-Beneficial (Futile) Treatment"</i></p> <p>MHS Policy: <i>"Patient's Rights"</i></p> <p>MHS Policy: <i>"Code Status, Do Not Resuscitate"</i></p> <p>MHS Policy: <i>"Withholding/Withdrawing Life Support"</i></p> <p>MHS Policy: <i>"Patient Grievances"</i></p>
	<p><b>Related Forms:</b></p> <p>Physician's Verification of Directive (Attachment A)</p> <p>Contents of Mental Health Advance Directive (Attachment B)</p> <p>Your Rights and End of Life Care (87-9905-7)</p> <p>Health Care Directive form #87-6030-2</p> <p>Mental Health Advance Directives (#87-9906-9)</p>
	<p><b>References:</b></p> <p>Washington's Natural Death Act, RCW 70.122</p> <p>WAC 388-501-0125</p> <p>42 CFR §489.102</p> <p>Durable Power of Attorney for Health Care, RCW 11.94.010(3)</p> <p>RCW 71.32 (Mental Health Advance Directives)</p> <p>RCW 11.94 (Power of Attorney)</p> <p>RCW 7.70 (Informed Consent)</p>
	<p><b>Attachments:</b></p> <p>Attachment A: PHYSICIAN'S VERIFICATION OF DIRECTIVE</p> <p>Attachment B: Contents of Mental Health Advance Directive</p> <p>Attachment C: Workflow for Advance Directive (AD) Forms</p>
	<p><b>Point of Contact:</b></p> <p><b><i>Assistant General Counsel – 403-7861</i></b></p> <p><b><i>Director Social Work Services – 403-7795</i></b></p> <p><b><i>QM Consultant, Clinical Standards 403-2786</i></b></p>
<p><b>Approval By:</b></p>	<p><b>Date of Approval:</b></p>

Medical Staff Surgical Services	<b>11/12</b>
Medical Staff Operations	<b>11/12</b>
MGSH Medical Executive Committee	<b>11/12</b>
Quality Steering Council	<b>11/12</b>
Original Date:	12/91
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Reviewed with no Changes Dates:	none

Distribution: MHS Intranet

Scope/locations of services updated March, 2017.

Attachment A

MultiCare Health System  
P.O. Box 5299  
Tacoma, Washington 98415-0299  
(253) 403-1000

PHYSICIAN'S VERIFICATION OF DIRECTIVE

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

PATIENT'S NAME

\_\_\_\_\_

I am attending physician for

\_\_\_\_\_

(Patient's Name)

I have read the attached Directive, executed by the patient. To my best knowledge the directive conforms to the requirements of the Washington State Natural Death Act law (RCW 70.122.030), having been signed by the patient and two witnesses who are not my employees and who, to my best knowledge, are not related by blood or marriage to the patient, have no claim against the patient's estate, and are not employees of the health facility in which the patient is being treated. To my best knowledge, there has been no revocation of this directive.

\_\_\_\_\_ The patient, in my opinion, is at this time incapable of communicating with me.

\_\_\_\_\_ The patient, in my opinion, is mentally competent and has confirmed to me that the directive and the steps proposed by me as to withholding or withdrawing life-sustaining procedures are in accordance with his/her current wishes.

(Physician, please check whichever is the appropriate statement.)

\_\_\_\_\_  
Attending Physician Signature

## ATTACHMENT B

### **Contents of Mental Health Advance Directive**

An MHAD must meet the following criteria:

1. Be in writing.
2. Contain language that shows an intent to create a mental health advance directive.
3. Be dated and signed by the patient, or at the patient's direction and in the patient's presence if the patient is unable to sign.
4. State whether the directive may or may not be revoked during a period of incapacity, and
5. Be witnessed in writing by at least two adults, each of whom shall declare that he or she personally know the patient, was present when the patient dated and signed the directive, and that the patient did not appear to be incapacitated or acting under fraud, undue influence, or duress. MHS staff and employees, medical staff members or any other person involved in the patient's health care are not permitted to witness a mental health advance directive.
6. If the directive includes the appointment of an agent, the directive must contain the words "This power of attorney shall not be affected by the incapacity of the patient," or "This power of attorney shall become effective upon the incapacity of the patient," or similar words showing the patient's intent that the authority conferred shall be exercisable notwithstanding the patient's incapacity.

Effective date: A directive may be effective immediately after it is executed or it may become effective at a later time.

**Workflow for Advance Directive (AD) Forms**

Advance Directive (AD) forms will be ordered and scanned into an existing office visit encounter. **All AD Forms (Advance Directive, POLST, POA etc.) will NO LONGER be scanned into a Consent Form encounter, and will no longer be notated in Patient Demographics.**

1. First review the encounters under the Code tab in Chart Review to see if the physician has ordered a Health Care Directive **Discussion** in Epic.
2. Go into the Health Care Directive Discussion order and verify that the AD Form was submitted during the office visit (There will be a “yes” next to a question, indicating which AD Form(s) were submitted during the office visit).
3. After verification of submission, utilize the “Addendum” procedure to go into the office visit in which the Health Care Directive Discussion order was placed (the office visit date should correspond with the AD Form order date). Click on “Progress Note” and in the Addendum Comments section indicate the reason for the addendum: **“Attached the submitted advanced directive form(s) to the encounter”**.
  - a. NOTE: If there is no existing Health Care Directive Discussion order, the following steps shall be completed within an **Additional Order encounter**, rather than an office visit, and shall be associated with an annotated Abstract diagnosis (document type and date signed).
4. Place an order for the submitted AD Form(s) types within the Office Visit encounter:

3610004 _ O	Health Care Directive	(Advance Directive/Living Will)
3610005 _ O	DPOA Health Care	(Durable Power of Attorney Health Care)
3610006 _ O	DPOA Mental Health	(Durable Power of Attorney Mental Health)
3610007 _ O	O Five Wishes	(Five to six pages, non MHS form)
3610008 _ O	CPR	(Cardiopulmonary Resuscitation)
3610009 _ O	Revocation Order	(If patient would changes items on the Advance Directive)
4610011 _ O	POLST Form	(Physician Order Life Sustaining Treatment)

5. You will associate the order with the **existing diagnosis** in the office visit. You can then sign your order(s).

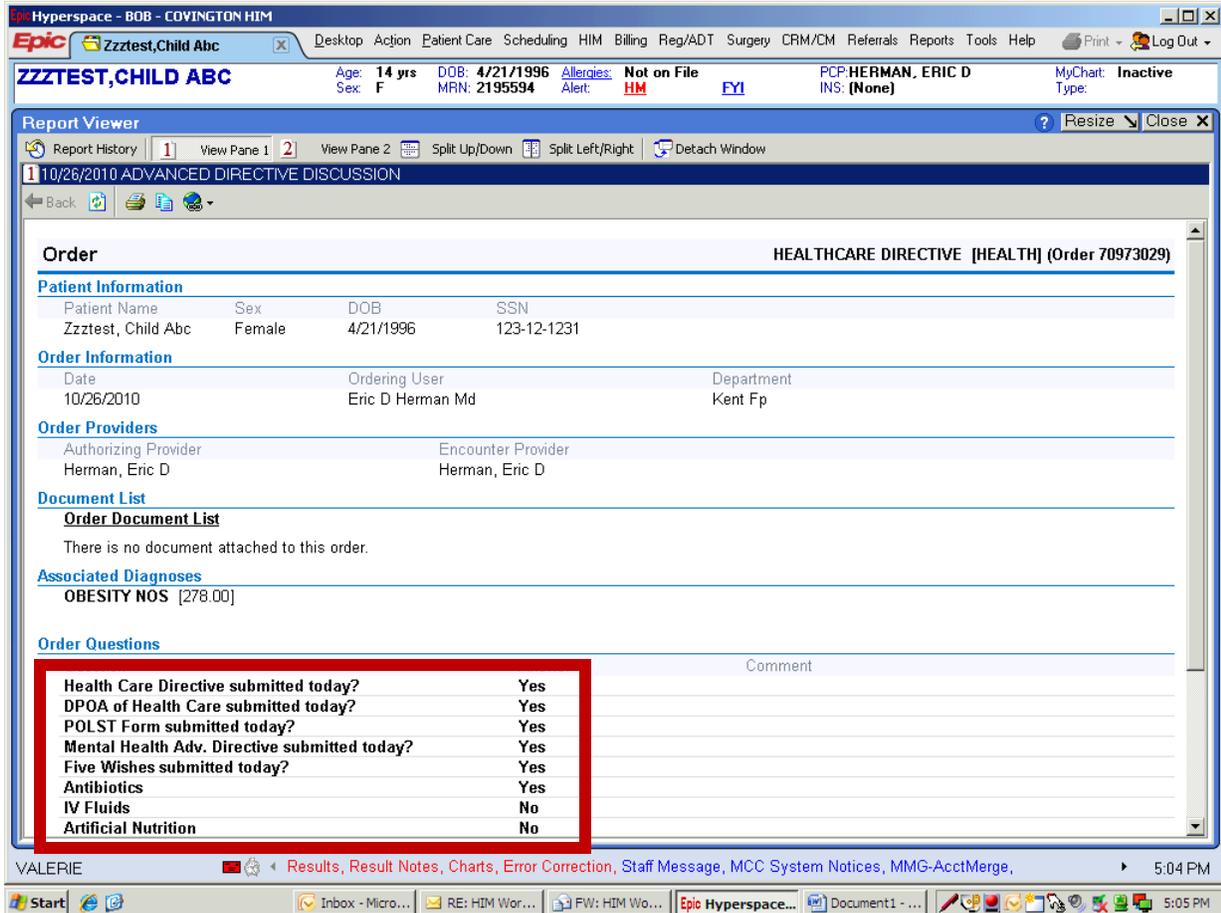
6. Scan the document into the order by clicking on 'Enter/Edit Results', import the document, and include the scan description (Document type and date signed).

Example: "POLST Form, signed by patient on 10/27/2010"

7. Select the document type from the drop list, and then add the collection and final result dates. **The collection date and final result date must correspond with the office visit date.**
8. After final resulting the AD document, sign the Addendum and exit the office visit encounter.

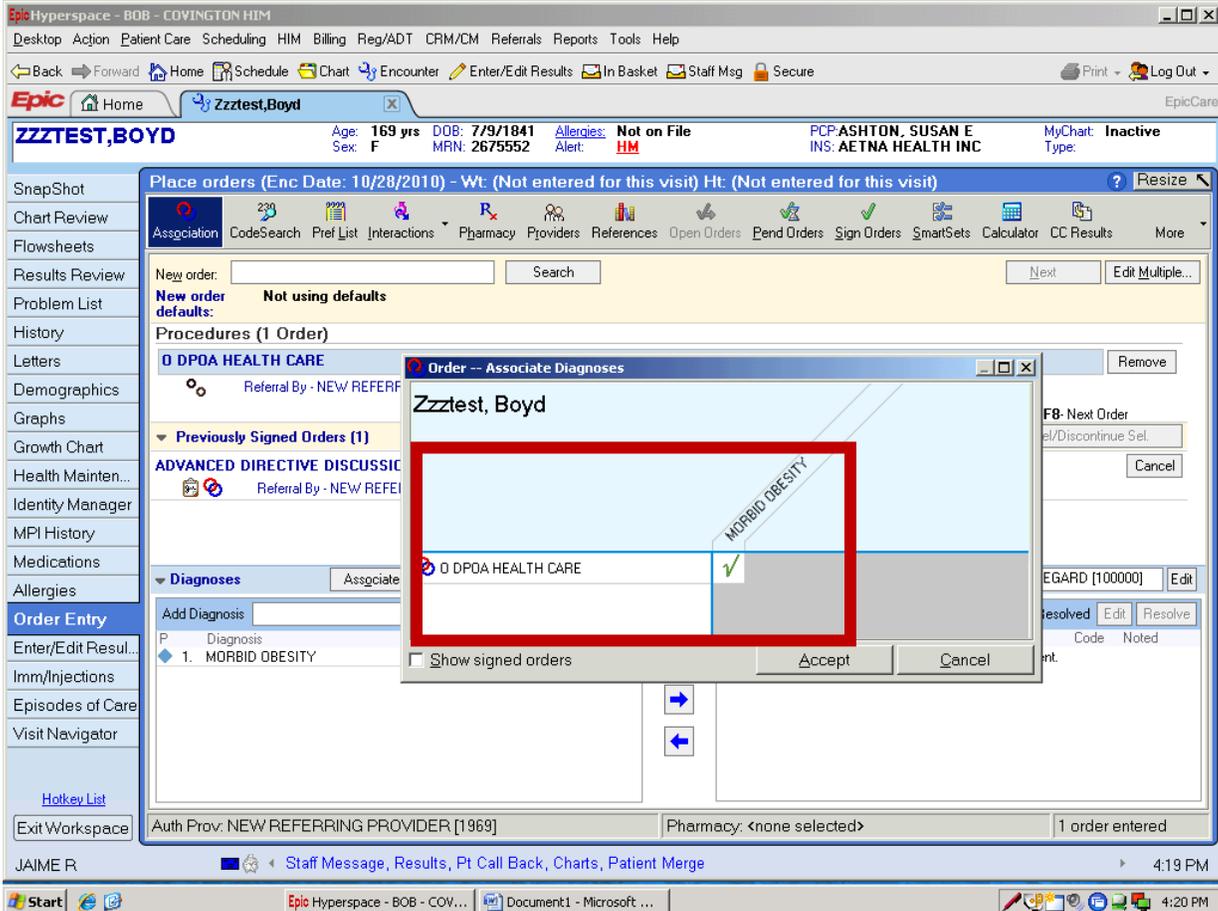
Please see attached screenshots

**The Advance Directive Discussion Order will indicate which AD Form was submitted**



**Associate the AD Form order with the physician's diagnosis in the office visit**

***Note: Before placing the AD Form order, ensure that you have included a comment in the Addendum that indicates your reason for altering the office visit.***



**Advance Directive Discussion and AD Form orders as shown under the Code tab:**

The screenshot shows the Epic Hyperspace interface for patient ZZZTEST, CHILD ABC. The 'Code' tab is selected in the Chart Review section, displaying a table of orders. A red box highlights the 'Code' tab and the table content.

date	description	status	provider
11/23/2010	O CPR	Final result	Provider, New Referring
11/23/2010	O REVOCATION ORDER	Final result	Provider, New Referring
10/26/2010	HEALTHCARE DIRECTIVE		Herman, Eric D
10/25/2010	O HEALTH CARE DIRECTIVE	Final result	Herman, Eric D
10/20/2010	O FIVE WISHES	Final result	Provider, New Referring
10/15/2010	O HEALTH CARE DIRECTIVE	Final result	Provider, New Referring
10/10/2010	O DPOA HEALTH CARE	Final result	Provider, New Referring
10/05/2010	O DPOA MENTAL HEALTH	Final result	Provider, New Referring
10/01/2010	O POLST FORM	Final result	Provider, New Referring

**A scanned health care directive as shown in the office visit:**

**(Note the description includes the date of the patient's signature)**

**Report Viewer**

Report History | 1 | View Pane 1 | 2 | View Pane 2 | Split Up/Down | Split Left/Right | Detach Window

10/25/2010 O HEALTH CARE DIRECTIVE Final result

**Results** O HEALTH CARE DIRECTIVE (Order 70973030)

**Result Information**

Status	Provider Status
Final result (10/25/2010)	Open

**Entry Date**  
10/25/2010

**Results**  
Scan on 10/26/2010 2:54 PM by Austin, Valerie : Health Care Directive Signed by patient on 10/25/10

**Lab and Collection**  
O HEALTH CARE DIRECTIVE on 10/26/10

**MyChart Status:**  
This result is automatically blocked from release to MyChart through MyChart.

**Order** O HEALTH CARE DIRECTIVE [3610004] (Order 70973030)

**Patient Information**

Patient Name	Sex	DOB	SSN
Zzztest, Child Abc	Female	4/21/1996	123-12-1231

**Order Information**

Date	Ordering User	Department
10/26/2010	Valerie Austin	Kent Fp

**Order Providers**

Authorizing Provider	Encounter Provider	Billing Provider
Herman, Eric D.	Herman, Eric D.	Herman, Eric D.

JAIME R | Staff Message, Results, Pt Call Back, Charts, Patient Merge | 4:24 PM