



## ST. ANN'S COMMUNITY

**Policy Name: Advance Directives**

**Policy No: RI-1**

**Responsible Dept: Medical, Social Work, Nursing**

**Original Date: 12/91;**

**Re-written: 6/1/06**

### Policy Statement

To ensure resident's/patient's advance directives are honored.

### Policy and Procedures

- I. Healthcare Proxy form/living will/other advance directives.
  - A. Admissions to make every effort to inform resident/patient/family to bring copy of healthcare proxy form and/or advance directive on the day of admission.
  - B. Social Work to request a copy of the healthcare proxy form and/or advance directive on the day of admission and immediately file in the "advance directives" tab of chart in plastic sleeve labeled "outside advance directives". Social Work to request copies of these documents be forwarded to them if not available on the day of admission. If resident is admitted for long term care and has never selected a healthcare proxy, social work to insure that form is completed if resident is able.
- II. MOLST form/initial review
  - A. Admitting MD to review and complete with resident/patient on the day of admission or review with healthcare proxy/surrogate if resident/patient deemed to lack capacity.
  - B. If resident/patient deemed to lack capacity to make health choices on their own behalf, supplemental documentation form for adults will be completed. Admitting physician will request second MD opinion for lack of capacity. If second MD disagrees regarding lack of capacity, discussion will be held with admitting MD. If still no agreement a third MD opinion will be obtained to reach consensus.
  - C. If patient/resident deemed to lack capacity on the day of admission, and there is no HCP/surrogate to review MOLST form, assumption will be a full code approach unless clear documentation in transfer records indicates otherwise.
  - D. Admitting MD will complete pink card indicating eligibility for CPR, ventilator, and hospitalization and place in pocket in front of chart.
- III. MOLST form subsequent review and renewal
  - A. Physician to review and sign MOLST form every 60 days.
  - B. Medical to review MOLST form annually if resident deemed to have capacity.
  - C. Social Work to review MOLST form annually with healthcare proxy/surrogate for those residents previously deemed to lack capacity. If healthcare proxy/surrogate request any change, this will be called to the attention of the MD/NP who will then follow-up accordingly.
  - D. Form should be reviewed if:
    - i. Resident/patient is transferred to the hospital

- ii. There is a significant change in resident/patient health status
    - iii. Resident/patient treatment preference is changed
  - E. Whenever new MOLST form completed, MD/NP will write “VOID” in large letters across pages 1 and 2 and send to Medical Records along with pink card. Order to be written “New MOLST done – notify Medical Records”
  
- IV. Chart Organization – the following will be under the advance directive tab of chart in the following order:
  - A. Most Recent MOLST PAGES 1 AND 2 – DO NOT REMOVE
  - B. Copy of most recent MOLST PAGES 1 AND 2
  - C. Most recent MOLST renewal pages 3 and 4 – DO NOT REMOVE
  - D. Supplemental MOLST – DO NOT REMOVE
  - E. Copy of Supplemental MOLST
  - F. Outside Advance Directives (such as HCP/Living Will)
  - G. Medical/Social Work Annual Review of MOLST
  
- V. Transfer of resident/patient to hospital or outside appointments or outside functions
  - A. Send copy of most recent MOLST and for those residents/patients who are DNR and lack capacity, send a copy of supplemental MOLST indicating HCP/surrogate request for a DNR order on resident/patients behalf.

Regulatory Reference Sources						Revised Date:
X	42 CFR	483.15		OSHA		11/7/03
	JCAHO		X	DOH	415.5	1/11/05
	CMS			Other		
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