Advance Directives/Advance Care Planning Regulatory and Statutory Requirements Summary

Key: H=Hospital, HH=Home Health, AL=Assisted Living (required to follow HH regs), HO=Hospice, SNF=Skilled Nursing Facility (Nursing Home), TCU=Transitional Care Facility (qualifies as a "Nursing Facility" under CMS and follows SNF regs), ASC=Ambulatory Surgical Center, HOD=Hospital Outpatient Department, BEH=Behavioral Unit, HCH=Health Care Home Clinic

• Provide and document Advance Directive rights information given –in advance of providing care -includes ED, SDS, Obs care-any person likely to be incapacitated -must use exact written description provided @ MN Dept of Health to comply with MN state law	H	HH AL	HO	SNF/TCU	ASC	HOD		
• If patient incapacitated Advance Directive rights information given to designated representative(agent) -Follow up procedures must be in place to provide information to patient once no longer incapacitated	H	HH AL	HO	SNF/TCU	ASC	HOD		
• Assess, document and periodically reassess if resident has capacity				SNF/TCU				
• Document in <u>prominent, readily noticeable</u> part of medical record if patient has a directive -SNF/TCU: obtain, incorporate and consistently maintain documents	H	HH/AL	HO	SNF/TCU	ASC			
• Determine/identify and document the name of any legally authorized representative(agent)/decision maker -SNF/TCU: verify representative has the legal authority	H			SNF/TCU			BEH	
• If patient incapacitated and has designated a "support person" to exercise visitation rights, support person must receive visitation rights handouts in addition to legally designated decision maker (agent) -Patient must also receive once no longer incapacitated. -Must be documented in the medical record	H							
• Mechanism in place to create and/or update advance directive. Ability to refer pt to resources for assistance. -ASC-provide health care directive document if requested	H			SNF/TCU	ASC	HOD	BEH	HCH
• Staff and practitioners are aware of the directives of the patients in their care and honor them in accordance with law, regulation and capabilities. -SNF and TCU- Facility's care must reflect a resident's wishes as expressed in the directive. ACP is ongoing and an integral aspect of comprehensive care planning process. Facility responsible to incorporate information and discussions into medical record and care plan and communicating resident's wishes to staff.	H			SNF/TCU	ASC		BEH	
• Transfer of patients to other facilities includes a copy of the patient's advance directive	H		HO		ASC			
• Pts with care plan must include goals and action plan for end-of-life care and health care directives when appropriate. Goals should be updated in care plan with the pt as frequently as is warranted by their condition.								HCH
• Staff education on policies and procedures for advance directives	H	HH/AL	HO	SNF/TCU	ASC			
• Community education on advance directives. Must document efforts	H	HH/AL	HO	SNF/TCU				
• Written policy on ADs, forgoing or withdrawing life sustaining treatment, & withholding resuscitative services	H					HOD		
• Patient or representative has right to make informed decisions, be informed of health status, be involved in care planning, request/refuse treatment. Hospitals must provide written information on directives, forgoing or withholding treatment and resuscitation.	H		HO					
• Not condition provision or access of care or otherwise discriminate based on the presence of a directive	H	HH/AL	HO	SNF/TCU	ASC			
• Providers may consciously object to follow a directive if allowed by State law -note MN law does not provide clarity on reasons for declination-must transfer if unwilling to provide	H	HH/AL	HO	SNF/TCU	ASC			
• Document wishes re: organ donation when made known & honor within limits of law, regulation, & capability.	H							
• CPR must be initiated in accordance with directive or POLST orders pending EMS unless obvious signs of clinical death or peril to rescuer.CPR certified staff must be available at all times. "No CPR" policies are prohibited.				SNF/TCU				
• Other: Meaningful Use (H): document whether admitted pts 65+ have an advance directive	H							