SOCIAL SERVICES DATA BASE GUIDELINES 110

ADVANCE DIRECTIVES

FACILITY POLICY

ADVANCE DIRECTIVES FOR HEALTHCARE

PURPOSE:

The purpose of this policy is to ensure that residents and/or families are informed of their right to make decisions regarding their treatment, and that the residents choices regarding treatment are respected, even at the point they are unable to communicate their treatment preferences. This policy is developed in compliance with the federal Patient Self-Determination Act of 1990.

OVERVIEW:

The following Statement of Policy, addressed to residents and families, reflects the overall policy of this facility regarding advance directives, and will be given to every new admission to the facility:

STATEMENT OF FACILITY POLICY TO OUR RESIDENTS AND FAMILIES:

ADVANCE DIRECTIVES AND LIFE-SUSTAINING TREATMENT

Under state and federal law, you have the right to make your own decisions regarding healthcare treatment. This includes your right to determine in advance what life-sustaining treatment you should be provided if, in the future, you might be unable to communicate those desires yourself.

Life-sustaining treatments are the measures we take to sustain your life and health. For example, in the event you suffer a heart attack, we will perform cardiopulmonary resuscitation (CPR) in an attempt to get your heart started again. Further, we will take any other measures ordered by your physician, Including IV's, tubes, and the administration of medications, antibiotics, and artificial hydration and nutrition In order to maintain your life. In the hospital you could have surgical procedures, a respirator, a ventilator, a dialysis machine, and blood transfusions in order to keep your vital functions working. This is called life-sustaining treatment.

You have a right to provide written instructions to your physician and your family about your desires for treatment in the future, including life-sustaining treatment. Medical science and technology have advanced to the point that with some incurable or irreversible situations where death is expected. These life-sustaining procedures prolong the dying process rather than contribute to recovery. If you desire to limit some or all of these life-sustaining treatment procedures in those situations, you should inform your doctor in writing. These instructions are called "Advance Directives." State law has established standard Advance Directive forms, called 'Living Wills" or "Healthcare Powers of Attorney" in order to communicate your instructions. These forms are available at this facility, should you desire to obtain one.

It is the policy of this facility to follow your physician's orders made in accordance with state law regarding advance directives limiting life-sustaining treatment. If there are any limitations on implementing any advance directives at this facility, they will be stated at the end of this informational statement. You are not required by this facility to have an advance directive, nor are you discouraged by this facility from having an advance directive. Quality healthcare is provided to you here whether or not you have developed a written advance directive regarding your treatment.

If you do have a signed advance directive (either a Living Will or a Healthcare Power of Attorney), you should provide a copy of this document to your physician and to this facility, We cannot follow an advance directive until we have received a copy and it becomes part of your medical record. If, in the

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Advance Directives Cont.

future, you wish to change an advance directive which you have provided the facility, you should make your wishes known to a facility staff member and your physician.

If you do not have an advance directive, treatment consistent with your plan of care will be provided, in accordance with accepted professional practice and with state and federal public health law. If we do not have any advance instructions from you, in the event of a heart attack, we will perform cardiopulmonary resuscitation (CPR) to start your heart again, and follow any other life-sustaining treatment your physician may order. If you have not given us any advance instructions regarding life sustaining treatment, and have a terminal condition and cannot communicate your wishes at that time, under the Illinois Health Care Surrogate Act, it is possible that someone who knows you well will be asked by your physician to make life-sustaining treatment decisions on your behalf. This healthcare facility provides you and all other residents with information regarding advance directives, as we are required to do by federal and state law. After reading the written material, ff you have any questions or would desire to discuss the matter further with someone, you may contact our administrator who will be pleased to assist you and your family in obtaining additional information regarding making your own treatment decisions.

This, facility honors all Advance Directives limiting life-sustaining treatment, except in the following circumstances:

If this facility is presented with an advance directive which, under the Illinois Right of Conscience Act, we cannot implement, our administrator will inform you of this as soon as possible.

PROCEDURES:

1. ADMISSIONS:

1. Responsibility. Thefacilityadmissionsrepresentativewillassisttheresidentorfamilyincompleting Form AD-1. Form AD-1 requires the resident or family to indicate whether or not the resident has an advance directive, and to indicate that the resident or family has received information regarding the night to make decisions about medical treatment and the right to formulate advance directives.

2. Existing Advance Directive. If the resident and/or family indicates that there is an advance directive signed by the resident, the admissions representative should request a copy of that advance directive. The admissions representative should inform the family that the facility cannot implement an advance directive until the facility receives a written copy of the advanced directive. The admissions representative shall be responsible for ensuring that the resident’s physician and the nursing director (or a person the nursing director designates) each receives a copy of the advance directive. The nursing director is responsible for ensuring that the advance directive becomes part of the medical record.

3. Information. Whether or not there is an existing advance directive, all newly admitted residents (or their families, guardians, or representatives, if the residents are not competent), will be given written information concerning the resident's dghts under state and federal law to make decisions about medical treatment, including the night to refuse or accept medical treatment and the night to formulate advance directives. At a minimum, the following information shall be provided:

• The Statement of Illinois Law on Advance Directives, prepared by the Illinois Department of

Public Health; and

• The Statement to Facility Policy--to Our Residents and Families: Advance Directives and Life-Sustaining Treatment,

4. Referral. If the resident or family has further questions or desires to discuss the mafter, the admissions representative will refer the resident or family to an appropriate staff representative. The admissions person will contact the designated staff person with the name of the resident or family who

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wishes to discuss advance directives further. This staff representative will have available the forms and instructions for Wills and Illinois State Form for Durable Power of Attorney for Healthcare, as provided by the Illinois Department on Aging, and will provide these forms to the resident or family, if requested. The staff representative should neither encourage nor discourage the execution of an advance directive. If a resident requests assistance in filling out an advance directive, the facility staff representative should recommend assistance by family members or clergy or a physician. Whatever assistance is provider by others in discussing or filling out an advance directive, no one but .the individual declarant can sign a Living Wig or Healthcare Power of Attorney. No facility staff member should assist the resident in filling out an advance directive.

II. NURSING

1. Advance Directives. The nursing director, or designee, will receive a copy of any resident advance directives from the facility admissions representative. The nursing director, or designee, will be responsible for communicating with the resident's physician regarding the information contained on the advance directive. The nursing director, or designee, will verify that the information contained on the advance directive is entered in the physician's orders and added to the medical record. The nursing director will determine whether any other additional method is used to communicate to the nursing staff the physician's order regarding advance directives.

2. Healthcare Surrogate. If the resident lacks the ability to communicate his or her desires regarding life sustaining treatment, and there is no valid advance directive, the physician will determine (A) if the resident has a "qualifying condition" (a terminal condition, permanent, unconsciousness or an incurable or irreversible condition); (B) if the resident lacks decisional capacity; and IC) who is the resident's healthcare surrogate. In accordance with state law, the attending physician must document the cause, nature and duration of the resident's lack of decisional capacity. One other physician, who has personally examined the resident, must concur in writing in the resident's medical record that the resident lacks decisional capacity. In accordance with state law, the physician must enter into the medical record any relevant conversations with the resident and/or family on how previously and competently stated wishes of the resident were determined or how a decision in the best interest of the resident was determined. Any decision made by a surrogate to forgo life-sustaining treatment must be expressed both to the physician and to a witness, and verified in writing on the DNR Direction from Surrogate Form. The surrogate, physician and witness will all attest to the decision in writing and this testament will be entered into the medical record.

Responsibility for compliance with the Illinois Surrogate Act rests with the individual resident's physician. The nursing director, or a designee, will provide facility physicians with a standard form called Physician Certification for Surrogate Dec6sion-Making, which will lead the physician through the Illinois Surrogate Act decision-making process.

3. Rescind an Advance Directive. Any declarant may rescind an advance directive either in writing or verbally to any staff member at any time. That staff member should immediately inform either their supervisor or the administrator. If informed, the supervisor should immediately contact the administrator. The administrator will designate who should investigate the matter, puffing in writing the time, date, and content of the resident's expressed verbal wishes. At the completion of the investigation, the physician shall be contacted. If the resident has a legal guardian and the resident expresses desires contrary to an existing advance directive, after an investigation of the matter, the administrator shall contact the guardian for instructions.

III. EDUCATION AND TRAINING

1. Staff Education. At least one in-service a year will be held with nursing staff on the topic of advance directives and life-sustaining treatment.

2. Public Education. At least once a year, the facility will inform families and the public about the resident right of having advance directives. This may be done by letter, or in a newsletter, or at a family meeting, or at a scheduled seminar, or posted facility policy, or some other appropriate means of communication.

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IV. STAFF / FACILITY DISAGREEMENT WITH SURROGATE DECISION OR ADVANCE DIRECTIVE

1. Surrogate Decision: If a staff member's personal views, beliefs or conscience precludes compliance with the surrogate's wishes regarding a resident, the staff member shall- immediately inform his or her supervisor. The supervisor shall assign another staff member to comply with the surrogate's wishes. If a physician's personal views, beliefs or conscience precludes compliance with the surrogate's wishes regarding a resident's treatment, the physician has an obligation to assist in transferring the care of the resident to another physician.

If the facility, as represented by the administrator, challenges that the choice of the surrogate is not in the best interests of a resident, the facility will inform the surrogate of the facility's reservations and objections. The facility reserves the right to challenge the surrogate's decision by initiating guardianship proceedings pursuant to the Probate Act. If the facility has reservations about the surrogate decision but chooses not to seek guardianship, then the facility will make a reasonable effort to assist the surrogate in transfer of the resident to a health care provider that will comply with the surrogate's decision. Under circumstances where the facility disagrees in conscience with surrogate decisions, the resident may be discharged from the facility, as allowed by the Illinois Right of Conscience Act and pursuant to the Illinois Nursing Home Care Act.

2. Advance Directives. If the facility, as represented by the administrator, is not able to carry out the details of a resident's advance directive, the administrator shall notify the resident and family as soon as possible after receiving a copy of the written advance directive. If the facility is not able to carry out the details of the resident's advance directive, the facility will make a reasonable effort to assist the resident or family in the transfer to a health care provider that will comply with the advance directive. Under circumstances where the facility disagrees in conscience with an advance directive, the resident may be discharged from the facility, as allowed by the Illinois Right of Conscience Act and pursuant to the Illinois Nursing Home Care Act.

Prepared and Disbibuted by the Illinois Council on Long Term Care, 1993

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FACILITY POLICY FOR

DNR (DO NOT RESUSCITATE) ORDERS

1. Normal Procedures for Cardiac or Pulmonary Arrest

In the absence of a DNR Order, CPR and other emergency procedures will be initiated in all circumstances of a resident cardiac or pulmonary arrest.

II. Effect of a DNR Order

With a valid DNR order from the resident's attending physician, cardiopulmonary resuscitation (CPR) will not be initiated (or if initiated will be discontinued) in the event of a cardiac or pulmonary arrest. By itself, a DNR order does not mean that any other life sustaining treatment, therapy, hospitalization or use of any other aspect of emergency or roubne care is to be withheld. Unless otherwise indicated in the physician's orders, a resident with a DNR order should receive routine treatment and care consistent with federal and state law and acceptable standard of practice.

It is this facility's policy to accept DNR Orders from a resident's attending physician, when such orders are in confirmation of a competent resident's written instructions or the written instructions of someone legally allowed to make such a decision on a resident’s behalf. This facility will not accept a DNR order without the written consent of a competent resident/agent/surrogate. Such orders must be written by the physician in the resident’s chart. Telephone orders for DNR are not acceptable.

Ill. Documentation

The physician will enter, sign and date the DNR order in the following two places:

1. The Request By Resident or Guardian or Agent for DNR Order. This format is also approved by the IDPH Emergency Medical System.
2. The physic7ian's order sheet on the medical record. The order must contain the words "Do Not Resuscitate" or "DNR."

IV. Duration and Review of DNR order

A DNR Order shall remain in effect for six months unless revoked sooner. An attending physician may renew or extend a DNR order at any time merely by reviewing and re-signing the DNR order as it appears on the Physician Order Sheet. No new consents shall be required for renewals. If the DNR Order is not further reviewed and re-signed by the attending physician then it will expire automatically six months after the last update signature, unless revoked sooner.

A DNR Order written in this facility will not be terminated or rendered ineffective in this facility by a temporary hospital transfer. Upon the resident's return from the hospital, the DNR Order will remain in effect unless revoked sooner or expired. However, if a resident voluntarily discharges himself or herself from the facility and is readmitted at a future date, then a new consent and a new DNR Order must be written before a DNR Order shall again be in effect. DNR Orders written at other health care institutions do not transfer automatically to this facility. CPR will be performed on a resident unless and until a DNR order is written at this facility by the resident's attending physician in accordance with these established procedures.

V. Revocation.

A DNR Order may be revoked at any time by the person who consented to the DNR Order or by the physician who wrote the DNR Order. Revocation by the person who consented must be made to the physician orally or in writing by the person who consented. Upon revocation the DNR Order forms shall be removed form the resident's record and the Physician shall amend the Physician's Order Sheet to show revocation of the DNR Order. Thereafter CPR will be provided for the resident.

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STATEMENT OF FACILITY POLICY TO OUR RESIDENTS AND FAMILIES:

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Under state and federal law, you have the right to make your own decisions regarding healthcare treatment. This Includes your right to determine In advance what life-sustaining treatment you should be provided If, In the future, you might be unable to communicate those desires yourself.

Life-sustaining treatments are the measures we take to sustain your life and health. For example, In the event you suffer a heart attack, we will perform cardiopulmonary resuscitation (CPR) In an attempt to got your heart started again. Further, we will take any other measures ordered by your physician, Including IV's, tubes, and the administration of medications, antibiotics, and artificial hydration and nutrition in order to maintain your life. In the hospital you could have surgical procedures, a respirator, a ventilator, a dialysis machine, and blood transfusions in order to keep your vital functions working. This Is called life-sustaining treatment.

You have a right to provide written instructions to your physician and your family aboutyourdesires for treatment in the future, including life-sustaining treatment. Medical science and technology have advanced to the point that with some incurable or irreversible situations where death is expected, these life-sustaining procedures prolong the dying process rather than contribute to recovery. If you desire to limit some or all of these life-sustaining treatment procedures in those situations, you should inform your doctor in writing. These instructions are called 'Advance Directives." State law has established standard Advance Directive forms, called "Living Wills" or "Healthcare Powers of Attorney" in order to communicate your instructions. These forms are available at this facility, should you desire to obtain one.

It is the policy of this facility to follow your physician's orders made in accordance with state law regarding advance directives limiting life-sustaining treatment. If there are any limitations on implementing any advance directives at this facility, they will be stated at the end of this informational statement. You are not required by this facility to have an advance directive, nor are you discouraged by this facility from having an advance directive. Quality healthcare is provided to you here whether or not you have developed a written advance directive regarding your treatment.

If you do have a signed advance directive (either a Living Will or a Healthcare Power of Attorney), you should provide a copy of this document to your physician and to this facility. We cannot follow an advance directive until we have received a copy and it becomes part of your medical record. If, in the future, you wish to change an advance directive which you have provided the facility, you should make your wishes known to a facility staff member and your physician.

If you do not have an advance directive, treatment consistent with your plan of care will be provided, in accordance with accepted professional practice and with state and federal public health law. If we do not have any advance instructions from you, in the event of a heart attack, we will perform cardiopulmonary resuscitation (CPR) to start your heart again, and follow any other life-sustaining treatment your physician may order. If you have not given us any advance instructions regarding life sustaining treatment, and have a terminal condition and cannot communicate your wishes at that time, under the Illinois Health Care Surrogate Act, it is possible that someone who knows you well will be asked by your physician to make life-sustaining treatment decisions on your behalf. This healthcare facility provides you and all other residents with information regarding advance directives, as we are required to do by federal and state law. After reading the wdften material, if you have any questions or would desire to discuss the matter further with someone, you may contact our administrator who will be pleased to assist you and your family in obtaining additional information regarding making your own treatment decisions.

This facility honors all Advance Directives limiting life-sustaining treatment, except in the following circumstances:

If this facility is presented with an advance directive, which under the Illinois Right of Conscience Act, we cannot implement, our administrator will inform you of this as soon as possible.

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Statement of Illinois Law on Advance Directives

by Frances D. Meehan, Chief Counsel

Illinois Department of Public Health

Competent adults have the right to make decisions regarding their health care. The courts of this state have recognized that this right should not be lost when a person becomes unable to make his or her own decisions. Therefore, people have the right to accept or refuse any medical treatment, including life-sustaining treatment. In order to enable them to make these decisions, patients have the right to be adequately informed about their medical condition, treatment alternatives, likely risks and benefits of each alternative and possible consequences.

The law now requires that patients be informed of the advance directives available to help assure that their wishes are carried out even if they are not longer capable of making or communicating their decisions. This document describes the advance directives that are recognized in Illinois. It should be kept in mind that every patient has the right to choose whether or not he or she wants to execute an advance directive.

11. Powers -of Attorney for Health Care

A Power of Attorney is a document that permits a person, called the principal, to delegate to another person, called the agent, the power to make any health care decision the principal could make.

The scope of the power given to the agent may be as broad or narrow as the principal wishes. The standard form grants the agent broad medical decision-making power, which the principal may limit. The law does not, however, require that this particular form be-used.

The agency relationship created by the Power of Attorney also protects the rights of third parties should the principal become incompetent. The agent, who can be anyone other than the principal's physician or health care provider, will have final decision-mak7ing authority, even more than a court-appointed guardian would have. However, a court may step in when ft is shown that an agent is not acting for the benefit of the principal in accordance with the terms of the Power of Attorney.

The agent cannot accept payment. Successor agents may be appointed if the named agent cannot or will not serve. The principal and agent must inform the physician of the agency relationship. Although under no duty to act, an agent must keep a record of all actions taken under his or her power. An agency may be revoked by the principal at any time, orally or in writing. However, modifications may only be made in writing.

III. Living Wills

The Living will is a document that allows patients to describe their wishes about the discontinuance of death-delaying procedures when they become terminally ill. Because a Living Will is a statutory creation, the law must be followed carefully for it to be effective. The Living Will Act provides a form, but does not require the use of that particular form. A Livin6Will may be made by any person who is able to make his or her own decisions and who is at least 18 years old, but it Will not go into effect until the person who makes R is in a terminal condition. A terminal condition is defined as "an incurable and irreversible condition, which is such that death is imminent and the application of death delaying procedures serves only to prolong the dying process."

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Once a patient has a terminal condition, the Living Will can say that no “death delaying procedures” should be used. Such procedures are those which "serve only to postpone the moment of death." Procedures to ease pain and the withdrawal of artificial food and water if death would result from this withdrawal and not from the existing terminal condition are not considered "death delaying procedures."

Under the Act, the patient must inform the physician of the existence of a Living Will. If the physician does not wish to comply with the provisions of the Will, he must tell the patient who then may transfer to another physician. The patient may revoke the Living Will by destroying R, or indicating orally or in writing that he wishes to revoke the Will. If the patient is pregnant and death delaying procedures would allow the baby to develop to the point of live birth, the Living Will cannot take effect.

If a patient has both a Living Will and an agent with the Power of Attorney for Health Care, then the Living Will does'not take effect unless the agent is not available.

IV. Do-Not-Resuscitate Orders

'Do not resuscitate" (DNR) or -no-code- orders are doctors' orders which tell nursing and hospital staff that if a patient suffers a cardiopulmonary arrest (heart attack) the patient does not have to be revived. Good medical practice and the policies of most facilities require that CPR (cardiopulmonary resuscitation) be started unless there is an order to the contrary in the patient's chart.

DNR orders are consistent with the other advance directives discussed here, but are not substitutes for these.

V. In the Absence of Advance Directives. . .

This statement describes some of the ways you can insure that your medical treatment will be handled according to your wishes even if you are no longer able to communicate your desires. If you have not executed an advance directive, decisions regarding your health care will have to be made by someone else (who might be the person you would have chosen) and may place additional burdens on your family or physician. If you suffer from a terminal condition, permanent unconsciousness or an incurable or irreversible condition and lack the ability to make decisions, a health care surrogate may be chosen to make life-sustaining decisions for you. The surrogate who would act in such a case would be (in order of priority): guardian of the person, spouse, any adult children, either parent, any adult brother or sister, any adult grandchildren, a close friend, or guardian of the estate. Under other circumstances, legal action may be required to have decisions made on your behalf.

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Illinois Geriatrics Society

Statement on the Efficacy of CPR in

Long Term Care Facilities

The Illinois Geriatrics Society (IGS) strongly supports the provision of all necessary care to the residents of long term care facilities (LTCS). Cardiopulmonary resuscitation (CPR) is a form of medical care which is of limited usefulness in the long term setting and which often only prolongs the process of dying and may increase the suffering of residents.

It is the recommendation of the IGS that LTCS no longer offer CPR as a form of default treatment to their residents. Unless there is an order from the attending physician to perform CPR, CPR should not be initiated. Patient/family/surrogate/Durable Powers of Attorney preferences must be sought and provisions should be made to perform CPR when requested.

Recent proposed amendments to the Illinois Department of Public Health Regulation allow LTCS to revise their current DNR policies to achieve this end. In the long term care setting the majority of residents have underlying medical conditions for which CPR would carry little to no probability of benefit. In hospitals only 10 to 15 percent of patients survive CPR to discharge. For the chronically ill elderly the figure declines to 2 to 5%. Although data from LTCS is less reliable, the figure is certainly even lower. At least three published studies suggest that for nursing home resident’s survival to discharge (from hospitals) after CPR is zero. The forced use of futile treatment is neither medically nor ethically justified.

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Facility Policy on Cardiopulmonary Resuscitation

1. General Policy:

The policy of this facility is based on the Statement on the Efficacy of CPR in Long Term Care Facilities published by the Illinois Geriatrics Society.

It is the policy of this facility that cardiopulmonary resuscitation shall be provided In the event of a witnessed arrest only when specifically requested by the resident/guardian/Power of Attorney/surrogate) and ordered by the attending physician.

All current residents of the facility (or guardian/Powers of Attorney/surrogate) at the time of the adoption of this policy will, within one year, be given verbal and written explanation of the new resuscitation policy. The prior policy will be in effect for such residents until such verbal and written explanation has occurred.

11. Procedure:

1. The facility's resuscitation policy is to be explained verbally and in writing to the resident/guardian/Powers of Attorney/surrogate. This may be done by the attending physician, director of nursing, admitting coordinator or their designee. At the time of admission, facility personnel will determine if the resident has a Living Will or Power of Attorney for Health Care. Residents lacking a Living Will or Power of Attorney for Health Care will be given the opportunity to execute these documents. Those residents felt to be medically appropriate by their attending physician will be given assistance in the appointment of surrogates.

2. The resident/guardian/Powers of Attorney/surrogate decision regarding the provision of CPR will be documented in the medical record within 7 days of admission. If a request for CPR has been made, an order for CPR will be written.

3. Other care as defined as "life sustaining treatment" by the amendments (Section 350.1235) of the Illinois Department of Public Health can be withheld in consultation with the attending physician under the following circumstances.

a. Requested by the resident Durable Power of Attorney/Court appointed guardian or

b. Requested by the resident's surrogate as defined, appointed, and acting in accordance with the Health Care Surrogate Act mild

c. A progress note is written by the attending physician defining the limits of care and the rationale for such limits and

d. Orders are written by the attending physician withdrawing any life sustaining treatment already being provided to the resident.

4. The resident/guardian/Powers of Attorney/surrogate may change his or her decision concerning CPR status and/or other life sustaining treatments by notifying the treating facility of this decision orally or in writing.

5. Nothing in this policy should be interpreted as to allow withholding of emergency treatment for other life threatening situations other than cardiopulmonary arrest.

6. Comfort care will be provided to residents at all times.

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