

Tool- Advance Directive Policy and Procedure Checklist

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Tool: Advance Directive Policy and Procedure Checklist

§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.

§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.

§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.

Purpose and Intent of 483.10

To develop a comprehensive Advance Directive Policy and Procedure to inform and educate residents about these rights and the facility policy for exercising these rights into treatment, care, and services. The overall intent of this requirement is that the facility promotes these rights by:

- Establishing and maintaining policies and procedures regarding these rights;
- Informing and educating the resident about these rights and the facility's policies regarding exercising these rights;
- Helping the resident to exercise these rights; and
- Incorporating the resident's choices regarding these rights into treatment, care and services.

To assure that the individual facility has followed all the required steps for the development and implementation of a comprehensive Advance Directive Policy and Procedure in accordance to the new Requirements of Participation, the following checklist captures specific action items for successful completion. The far left column represents the actual RoP language and the right column indicates specific leadership strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable. Please note that CMS has not issued it interpretative guidance for the new Requirement of Participation, therefore additional updates may be necessary once they are released.

Suggested Checklist: Comprehensive Advance Directive Policy and Procedure

Regulation	Recommended Actions
<p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p>	<p><input type="checkbox"/> Review current resident rights documentation, postings, education, admission policy to ensure updated language on advance directives is embedded. Include revised definitions as well as the language related to an incapacitated resident and their advance directive options <i>(i.e. If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.)</i></p>
<p>§483.10(g)(12) (a) The facility must-comply with the requirements specified in 42 CFR part 489, subpart I (<i>Advance Directives</i>). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept</p>	<p><input type="checkbox"/> Review and revise Policy and Procedure for Advance Directives to include the residents right to formulate an advance directive, refuse medical or surgical treatment and right to refuse to participate in experimental research, periodic assessment of resident decision maker, ongoing assessment of resident decision making ability and when to invoke the legal decision maker, relevant</p>



Regulation	Recommended Actions
<p>or refuse medical or surgical treatment and, at the <i>resident's</i> option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>§483.24(a)(3) Personnel provide basic life</p>	<p>medical conditions, ongoing assessment and care plan process, communication of resident choices to the IDT, identification of process if facility is unable to provide care consistent with the Advance Directive. Review with the (Quality Assurance, QAPI).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review admission packet for updates to advance directive section including definitions, incapacitated resident rights, as well as CPR guidance and provide the resident written information for Policy and Procedure for Advance Directives <input type="checkbox"/> Facility must display in the facility written information and provide to residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. May be added to admission packet. <input type="checkbox"/> Update all definitions: Advance care planning, Advance directives, Cardiopulmonary resuscitation (CPR), Durable power of attorney for health care (a.k.a. Medical Power of attorney), Health care decision making, Health care decision making capacity, Life sustaining treatment, Legal representative (e.g., "Agent," "Attorney in fact," "Proxy," "Substitute decision- maker," "Surrogate decision- maker"), Treatment <input type="checkbox"/> Provide staff education: revised Advanced Directive Policy and Procedure, location of advance directives in chart, ongoing communication with resident and resident



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<p>support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident’s advance directives.</p>	<p>representative, ongoing assessment to determine change of condition or instances (emergency or urgent) to comply with advance directives, communicate with practitioners and provide care consistent with wishes/choices, where the documented decision maker is located in the chart, determination of when the advance directive will be put into place, update of resident plan of care, and communication with physician family, and IDT. Update training for orientation, annual, agency staff, as needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implement a monitoring/audit component to verify compliance with the system. <input type="checkbox"/> On admission provide the resident written information for Policy and Procedure for Advance Directives. <input type="checkbox"/> Facility must display in the facility written information and provide to residents and applicants for admission, oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. May be added to admission packet. <input type="checkbox"/> Update all definitions: Advance care planning, Advance directives, Cardiopulmonary resuscitation (CPR), Durable power of attorney for health care (a.k.a. Medical Power of attorney), Health care decision making, Health care decision making capacity, Life sustaining treatment, Legal representative (e.g., “Agent,” “Attorney in fact,” “Proxy,” “Substitute

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	<p>decision- maker,” “Surrogate decision- maker”), Treatment.</p> <ul style="list-style-type: none"><li data-bbox="808 449 1435 527"><input type="checkbox"/> Implement a monitoring/audit component to verify compliance with the system.<li data-bbox="808 646 1435 793"><input type="checkbox"/> Review and update the Policy and Procedure for administering CPR include steps per American Heart Association (AHA) guidelines.<li data-bbox="808 835 1435 1066"><input type="checkbox"/> Develop a system to identify those residents with advance directives, specifically DO NOT RESUSCITATE orders. Review system to prevent duplication of orders. What area of the chart will current DNR order be found? Who is responsible for updating?<li data-bbox="808 1108 1435 1451"><input type="checkbox"/> Evidence of current CPR training that includes hands-on skills practice and in-person assessment and demonstration of skills for all Facility Staff including Facility Management, sign in sheets available to identify proof of training. Role play as part of yearly education “what to do when a resident suffers cardiac arrest” steps to take.

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The below areas serves as a cross reference for facility leaders to conduct addition policy and procedure review across departments to incorporate the changes set forth in **§483.10(g)(12) Advance Directives**. This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference: (additional areas for review)

- Resident Rights
- Resident Postings
- CMS Definitions
- Admission Agreement
- Admission Policy
- Resident Education
- Resident Representative Education
- CPR Policy and Procedure
- Transitions of Care Policies and Procedures
- Admission, transfer, discharge policies and procedures
- Change of Condition policies and procedures
- Notification policies and procedures
- Individualize Resident Assessment policies and procedures
- Comprehensive Person Centered Care Plan policies and procedures
- Physician Policies
- Medical Director Policies
- Resident Care Policies
- Hospital Transfer Agreements
- Medical Records and Retention
- Employee Orientation
- Annual Training Requirements
- Quality Assurance and Performance Improvement

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