INFORMATIONAL GOALS

Discuss the differences between Advanced Directives and Code Status
Discuss methods to develop systems to determine the resident's Code Status in an emergency situation
Discuss how to develop systems to determine which staff will be certified in BLS
Discuss methods to make sure that CPR certification is kept current

REGULATORY GUIDANCE

F155

§483.10(b)(4) AND (8) RIGHTS REGARDING:
REFUSAL OF MEDICAL OR SURGICAL TREATMENT,
PARTICIPATION IN EXPERIMENTAL RESEARCH AND ADVANCE DIRECTIVES.
THE INTENT

The Intent is to promote the residents’ rights by providing information so residents or their representatives have information which will allow them to make choices regarding medical treatment at the end of life.

ADVANCE DIRECTIVES:

ONE OF THE CENTRAL TENETS OF PERSON-CENTERED, INDIVIDUALIZED CARE IS THE RIGHT TO FORMULATE AN ADVANCE DIRECTIVE

WHAT IS AN ADVANCE DIRECTIVE?

Written instruction prepared when the adult resident was competent relating to the provision of medical care in the event the resident becomes incompetent or unable to participate in medical treatment decisions.
FACILITY POLICIES ON ADVANCE DIRECTIVES NEED TO BE:

- CLEAR
- SPECIFIC
- CONTAIN DEFINITIONS
- DEFINE AUTHORITY

REVIEW F-155 AND UTILIZE THE VERBAGE AND DEFINITIONS IN THE DEVELOPMENT OF THE FACILITY POLICY

UTILIZE AVAILABLE TOOLS IN THE IMPLEMENTATION OF THE POLICY
MANY DIFFERENT TEMPLATES AVAILABLE:

- STATE BAR OF MICHIGAN – ELDER LAW AND DISABILITY RIGHTS SECTION
- GOOGLE SEARCH ON ADVANCE DIRECTIVES REVEALS A MULTITUDE OF TEMPLATES AVAILABLE
- HAVE TEMPLATES AVAILABLE FOR RESIDENTS' USE

RESIDENT/FAMILY EDUCATION:

THE PUBLIC STILL UNAWARE OF THE PATIENT SELF DETERMINATION ACT OF 1990!!!

RESIDENTS NEED EDUCATION ABOUT THE BENEFITS OF COMPLETING AN ADVANCE DIRECTIVE.

NOT THE RIGHT TIME!! NOT THE RIGHT PLACE!!

IF NOT NOW, WHEN!!!!!!
DELINEATE BETWEEN THE ADVANCE DIRECTIVE POLICY AND THE CODE STATUS POLICY!!!
THEY ARE NOT ONE IN THE SAME!!!

ADVANCE DIRECTIVE COVERS MORE ISSUES THAN CODE STATUS OF A RESIDENT:

- RIGHT TO REFUSE
- RIGHT TO EXPERIMENTAL TREATMENT
STAFF EDUCATION IS AN INTEGRAL ROLE IN THE IMPLEMENTATION OF THE ADVANCE DIRECTIVE POLICY

STAFF NEEDS TO BE EDUCATED ON THE ADVANCE DIRECTIVE POLICY

STAFF NEEDS TO BE AWARE OF WHERE THAT INFORMATION IS KEPT ON THE RESIDENT

STAFF NEEDS TO KNOW THAT THE ADVANCE DIRECTIVES ARE TO BE DISCUSSED WITH THE PHYSICIAN AND ORDERS NEED TO BE WRITTEN AND ARE REFLECTIVE OF THE RESIDENT’S WISHES.

GOOD OPPORTUNITY TO EDUCATE STAFF FOR THEMSELVES AND THEIR FAMILIES!
“THE ABILITY OF A DYING PERSON TO CONTROL DECISIONS ABOUT MEDICAL CARE AND DAILY ROUTINES HAS BEEN IDENTIFIED AS ONE OF THE KEY ELEMENTS OF QUALITY CARE AT THE END OF LIFE”

INVESTIGATIONAL PROTOCOL

OBJECTIVES

During the survey process the surveyor will follow the investigational protocols set forth by CMS;

to determine whether a facility has promoted the resident’s right to formulate an advance directive.
Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident’s advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order.

**INTENT**

All Facilities must have policies and procedures that reflect that CPR must be performed on all individuals who do not have a DNR status.

All Facilities must ensure that there is at least one qualified person capable of carrying out CPR in the facility at all times.

The facility must be able to identify the code status of each resident.
FACILITY POLICY DEVELOPMENT

MUST, AT A MINIMUM, DIRECT STAFF TO INITIATE CPR AS APPROPRIATE.

CPR TO BE INITIATED:

- FOR RESIDENTS WHO HAVE REQUESTED CPR
- FOR RESIDENTS WHO HAVE NOT FORMULATED AN ADVANCE DIRECTIVE
- FOR RESIDENTS WHO DO NOT HAVE A VALID DNR ORDER
- FOR RESIDENTS WHO DO NOT SHOW AHA SIGNS OF CLINICAL DEATH

CAUTION
• POLICY INCLUDES THE INITIATION OF CPR AND THE CONTINUATION UNTIL EMS ARRIVES

• POLICY SHOULD INCLUDE WHO IS CPR CERTIFIED AT THE FACILITY
  • LICENSED STAFF ONLY?
  • CNA'S?
  • OTHER ANCILLARY STAFF?

• SHOULD INCLUDE IN THE POLICY HOW EMERGENCY SUPPLIES ARE:
  • KEPT
  • MAINTAINED
  • LOCATED

• IF ALL LICENSED STAFF IS NOT CERTIFIED, HOW IS IT ENSURED THAT A CERTIFIED STAFF IS ON DUTY AT ALL TIMES??????
NEED TO IDENTIFY WHEN STAFF WILL BE TRAINED:
  • UPON HIRE?
  • WITHIN PROBATIONARY PERIOD?

NEED TO IDENTIFY WHO WILL TRACK CERTIFICATION AND NEED TO RECERTIFY

POLICY SHOULD ADDRESS HOW RESIDENT CODE STATUS IS IDENTIFIED:
  • MUST MAINTAIN PRIVACY AND DIGNITY
  • MUST BE EASY TO IDENTIFY AND HAVE QUICK ACCESS TO CODE STATUS
  • MUST HAVE A SYSTEM IN PLACE TO UPDATE AS CONDITION CHANGES

ADDITIONAL POINTS FOR CONSIDERATION:
  • RESIDENT WISHES/ADVANCE DIRECTIVES ARE REVIEWED WITH PHYSICIAN AND ORDERS WRITTEN AND TRANSCRIBED APPROPRIATELY
  • INCORPORATED INTO THE RESIDENT PLAN OF CARE
• MOCK CODES/DRILLS SHOULD BE PRACTICED

• DOCUMENTATION OF AN EMERGENCY MEDICAL SITUATION/CODE IS CRITICAL.

  • A STRONG NARRATIVE NOTE WITH A TIGHT TIMELINE WILL AVOID PROBLEMS IN THE LONG RUN!

SURVEY IMPLICATIONS

Record review of the facility’s policy and procedure regarding administration of CPR will be reviewed.

Interview the NHA, DON or other person as designated to determine the process to ensure there is a qualified staff person in house at all times and how they determine when the code status should be re-evaluated.
INTERVIEW

Interview staff to determine their understanding of the policy.

Interview staff to determine how a resident’s code status is designated.

INTERVIEW CONT’D

Interview the resident, or their representative to ensure that their understanding of the resident’s code status is reflected in the resident’s plan.

OBSERVATION

Observe to ensure that the code status is easy to determine according to the policy.
CLOSED RECORD REVIEW

Closed record review:

should not reflect instances where the resident was a full code (either requested CPR or had not formulated an advance directive which indicated a DNR) and CPR was not initiated by staff..