



### Editorial Notes *from Joseph Breault, MD*

*Welcome to the spring issue of the Ochsner Bioethics Newsletter.*



Included at the end of this newsletter is the Ochsner Bioethics Resources sheet that includes links to information on how to request a bioethics consult at any Ochsner facility, how to access the bioethics education programs at Ochsner, and how to contribute to the bioethics education fund, as well as end-of-life resources. Additional bioethics resources are available on the [Ochsner Bioethics Resources web page](#).

The article in this issue by Ann Lockhart explains the progress that has been made at Ochsner on the advance directives workflow. After explaining what advance directives are, Ann explains the operationalization process her team is working on to help ensure that all patients who come to Ochsner are asked about advance directives. It is seemingly easy to say we should ask adult patients about advance directives, but as we think through how and when this inquiry happens, it can quickly get complicated. Who should be asking and when? If the patient asks for more information, what do we provide? Where are advance directives located in Epic? What happens when a patient has multiple advance directive documents in his/her medical record? Please provide feedback to Ann and her team about the advance directives workflow so the process can be improved as much as possible.

Finally, we invite everyone to attend the 6th Annual Clinical Ethics Symposium; the agenda is on the right. Please click to [www.ochsner.org/cme](http://www.ochsner.org/cme) to register (the symposium is free for employees) for the May 14 Saturday morning program.

## 6th Annual CLINICAL ETHICS SYMPOSIUM

Saturday, May 14, 2016

- 7:30 – 8:00 AM **Breakfast**
- 8:00 – 8:15 AM **Intro and Bioethics Resources**  
Joe Breault, MD
- 8:15 – 9:45 AM **Relieving Pain and Suffering: Understanding the Ethical Principles of Pain Management**  
  
Sonya Malhotra, MD  
*Internal Medicine, Pediatrics, Hospice & Palliative Medicine*  
*Medical Director & Associate Section Chief, Ochsner Palliative Medicine*  
*Senior Lecturer, Ochsner Clinical School at the University of Queensland*  
*Assistant Professor of Internal Medicine & Pediatrics, Tulane University School of Medicine*
- 9:45 – 10:00 AM **Break/Networking**
- 10:00 – 11:00 AM **Bioethics Mock Panel Case Presentation**  
Chris Blais, MD
- 11:00 – 12:00PM **Bioethics Mock Panel Case Presentation**  
Michael White, MD, PhD

**CME Accreditation Statement** The Ochsner Clinic Foundation is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CME Designation Statement** The Ochsner Clinic Foundation designates this live activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Ochsner Health System Nursing Professional Development is an approved provider of continuing nursing education by Louisiana State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

**Disclosure** The presenters, their spouses or partners, have no actual or potential conflict of interest in relation to this program or presentation. All presentations have been peer reviewed to eliminate any commercial bias.

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# A Review of Advance Directives and the Perfect Advance Directive Workflow

*Ann Lockhart, RN MN, AVP, Clinical Transformation and Informatics, Ochsner Health System Elmwood Campus*

## What Is an Advance Directive and Why Is it Important?

Every patient has a right to take an active role in his or her own healthcare. Unfortunately, during times of sudden illness or when accidents happen, this is not always possible. Advance directives are legal documents allowing an individual (an adult 18 or older) to give instructions to healthcare providers about the kind of healthcare he/she wishes to have, or not have, in the event he/she loses the ability to make decisions.

Residents in Louisiana can complete any of the following:

1. **Living Will** – enables an individual to provide instructions about the kind of care he/she wishes to receive in the event he/she becomes incapacitated or is unable to participate in treatment decisions.
2. **Healthcare Proxy** – also known as durable power of attorney for health-care, allows an individual to name another individual to speak for him/her when medical decision making is required, if and only if, the individual is not able to speak for himself/herself.
3. **Five Wishes** – a combined living will and health care power of attorney addressing an individual's personal, emotional, and spiritual needs, as well as medical wishes.
4. **LaPOST** – Louisiana Physician Orders for Scope of Treatment is a best-practice model for patients with serious, advanced illnesses to state their preferences for end-of-life treatment in a physician's order.

It is important to note that individuals have the right to change their written directions as long as they are capable of communicating with their family or healthcare providers. It is only in the absence of such ability that healthcare professionals follow the directives outlined in the written document.

The advance directive allows families and healthcare professionals to know exactly how patients wish to be cared for in the event they are unable to speak for themselves. Having a valid advance directive that states one's end-of-life wishes will take unnecessary burden off family members, friends, and caregivers. The advance directive supports a person's autonomy to make decisions about his/her life and healthcare. Completing an advance directive is the right thing to do for a patient's peace of mind.



## Perfecting the Advance Directives Workflow

The Ochsner Health System Project Team consists of Nursing Informatics, legal counsel, Health Information Management, ambulatory nurses, System Nursing Professional Development, Quality and Safety, the Chief Nursing Officer, and Revenue Cycle

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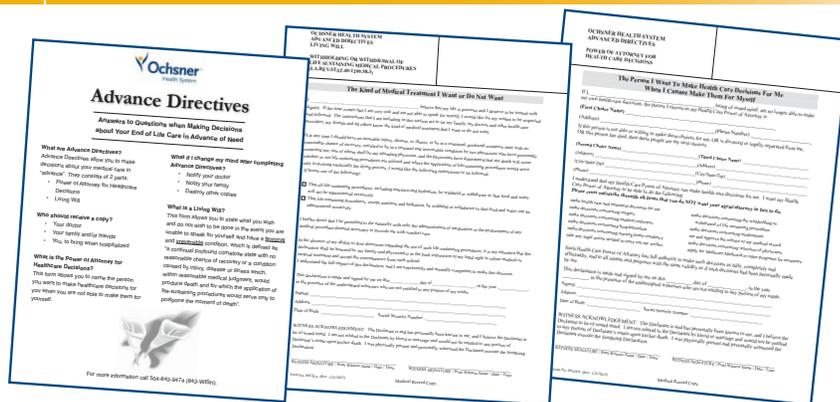
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members. They have come together to prepare a standardized workflow throughout Ochsner to better serve our patients' end-of-life wishes. The team aims to create the perfect advance directive workflow for both inpatient and outpatient facilities.

**What would the perfect advance directive workflow look like? To understand the ideal advance directive workflow, put yourself in the shoes of a patient who has just arrived at the clinic for a wellness visit:**

*You sign in with the registration clerk who collects your billing information. After a few minutes, a nurse calls your name and guides you to the exam room. In the exam room, the nurse checks your weight and takes your vital signs. You feel somewhat relaxed as you follow the nurse's directions. Then she sits down at a computer and begins to ask you a series of questions. "Do you have an advance directive?" she asks. This is the first time you have been asked this question, so you answer, "No, I do not have an advance directive." The nurse asks if you would like more information about advance directives and you, interested in learning more, answer "Yes" and request more information.*

*The nurse prints a copy of the Ochsner Advance Directive and/or Five Wishes documents for you. Because you are healthy and came in for a routine wellness visit, you were not expecting to talk about an advance directive and you ask, "Why would I need an advance directive?" The nurse responds that this is the perfect time to complete an advance directive, when you are well and can make your own end-of-life decisions. In the difficult event that you are unable to speak for yourself, you are prepared. "The truth is," she says, "everyone should have an advance directive." The nurse hands you the documents to complete at home and asks you to return the advance directive to the clinic at your next visit or to bring a copy any time for processing. "Is there a resource person to answer my questions once I am home?" you ask. The nurse hands you a business card with information to contact an Ochsner patient relations representative. The nurse turns back to the computer and selects "Mark as Reviewed" in the advance directive section of the electronic medical record (EMR) to show that she has spoken with you about advance directives.*



*Shortly after the nurse completes her assessment, the physician arrives to examine you. The physician also asks you questions about advance directives from his/her standardized workflow. The doctor looks in the EMR and finds that you have requested more information and sees that the nurse has given you documents to review and a printed copy of the advance directive. The physician asks if you have any questions. Since you had no questions and planned to review the documents at home, the doctor checks "Mark as Reviewed" in the chart, noting the day and time that the advance directive was reviewed.*

*Once you have completed the advance directive and returned the copy to the clinic, the nurse looks for your signature, a date, and two witnesses to ensure a valid advance directive. The nurse faxes the advance directive to the Health Information Management Department to be placed into your EMR. Now that the document is in your EMR, healthcare professionals across Ochsner Health System have immediate access to your advance directive. In the event of an unexpected emergency, you have the comfort knowing that your end-of-life wishes are clear.*

We wish the advance directive workflow could always run perfectly, but we recognize an opportunity to do a better job presenting this information to our patients across the system. As we initiate dialogue with our patients regarding end-of-life decisions, the number of patients who wish to execute or place an advance directive document on file will likely increase.

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With standardization of the advance directive workflow throughout the system, Ochsner healthcare professionals can ensure quality care that respects patients' end-of-life wishes. With a standardized workflow, the nurse or physician asks patients about advance directives upon arrival at the healthcare facility, prints the advance directive documents, and provides assistance completing the form. If a patient presents at the hospital without an advance directive document, the nurse will ask the patient or family if the document is available. If so, the family would be able to bring in the document. The nurse notes this process in the EMR, and a follow-up prompt appears in the patient's chart until the document is received or it is determined that the patient does not have an advance directive available.

Because of the multiple points of entry and various historical record systems, it is possible that multiple advance directive documents may exist in a patient's record. The most recently dated document should be considered the current, valid advance directive. However, multiple power of attorney (POA) documents could exist and still be considered valid, as a patient could have more than one type of POA.

Currently, as documents are received from patients, they are sent to the Health Information Management Department to be scanned into the patient's record. Prior to accepting an advance directive, it should be reviewed for completeness. To be valid, the document should meet the following requirements: (1) the advance directive must be signed/dated by the patient, and (2) the advance directive must be signed by two adult witnesses, not related to the patient by blood or marriage and not in line to inherit, or named in a will to inherit, any portion of the patient's estate.

We are currently working on a procedure that will enable staff in clinical areas to fax documents into a work queue to be electronically indexed to the patient's record. We expect this procedure to significantly improve the turnaround time of getting advance directive documents to the patient's chart. Within the hospital setting, a Health Information Management representative circulates through each unit and scans current documents into patients' EMRs throughout the day.

The aim of the project team is to provide a systemwide advance directive workflow for all healthcare professionals to easily access. As with any patient's healthcare encounter, it is the intent of the health professional to respect the patient's autonomy and end-of-life wishes. It is important for healthcare professionals to know the patient's wishes before a health crisis occurs. As Dr. Joe Bisordi stated, "Getting good at advance directive planning offers an opportunity to help people and also decrease unnecessary costs for those with terminal disease." As a healthcare system, we have the opportunity to educate patients on end-of-life documents and to further serve their wishes before an end-of-life event occurs.

## RESOURCES

### Ochsner's Advance Directives:

<http://ochweb/documents/Forms%20Management/00128%20Advance%20Directives%20brochure%203%20pages.pdf>

### Five Wishes:

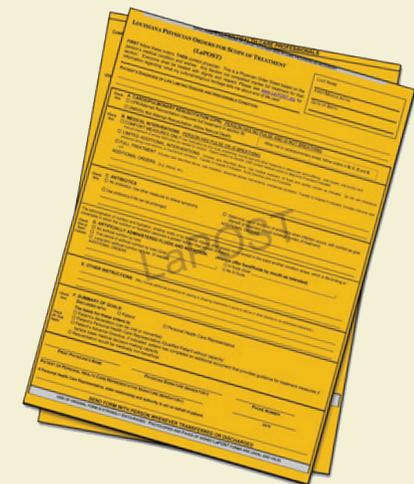
<http://ochweb/documents/Best%20Practices/RobertWoodsJohnsonFiveWishesnoWM1.pdf>

### LaPOST:

<http://www.lhcqf.org/images/stories/LaPOST-DOCUMENT.pdf>

### Power of Attorney for Healthcare Decisions:

<http://ochweb/documents/Forms%20Management/00128-b%20Power%20of%20Attorney%20page%203.pdf>





### Bioethics Resources *for You*

#### How to Request a Bioethics Consult at Any Ochsner Facility

- Request a consult online - <http://academics.ochsner.org/bioethicsform.aspx>
- Call an Ochsner Chaplain 504-842-3286
- Call Risk Management 504-842-4003
- Contact your OMC local bioethics coordinator

|              |                           |
|--------------|---------------------------|
| Any Clinic   | Contact Chaplain's Office |
| OMC-Eastbank | Contact Chaplain's Office |
| OMC-Westbank | Contact Chaplain's Office |
| OMC-Kenner   | Aderonke Akingbola, MD    |
| OMC-Baptist  | Frank Wharton, MD         |
| OMC-BR       | Ralph Dauterive, MD       |
| OMC-St. Anne | Jana Semere, CNO          |
| OMC-Elmwood  | Contact Chaplain's Office |
| OMC-Slidell  | James Newcomb, MD         |
| Chabert MC   | Jana Semere, CNO          |

*"...most hospitals in the USA provide clinical ethics consultation that is mainly due to the requirement of The Joint Commission for Accreditation of Healthcare Organizations—in 2007 renamed the Joint Commission—that accredited hospitals must have a method for addressing ethical issues that arise."*  
 From <http://www.iep.utm.edu/bioethic/>



#### What is a bioethics consult?

- Medical Ethics Website <http://academics.ochsner.org/bioethics.aspx>
- Bioethics Consultations and Resources <http://www.ochsnerjournal.org/doi/pdf/10.1043/1524-5012-11.4.357>

#### What is sometimes helpful prior to a bioethics consult?

- Asking the chaplain to come visit
- Holding a family conference <http://www.atsjournals.org/doi/pdf/10.1164/rccm.2501004>
- Requesting a palliative care consult <http://ochweb/page.cfm?id=2429>
- Having a discussion with Risk Management <http://ochweb/page.cfm?id=3325>

#### Bioethics Education Fund

When a bioethics consult is called, the expectation is that those providing services are well trained, not just people of good will. This training is the responsibility of the Bioethics Committee. Please support the committee's educational work by donating to the Bioethics Education Fund - Endowed, managed by the Philanthropy Department as fund #3804126. In Lawson, employees can select the Bioethics Education Fund in the dropdown box during the annual giving campaign, and anyone can click <http://www.ochsnerphilanthropy.com/products/donation> and choose the Bioethics Education Fund in the dropdown box. Every donation, however small, does great good and is used to build an endowment fund to permanently support bioethics educational programs at Ochsner.

#### End-of-Life Resources

- **5 Wishes** <http://academics.ochsner.org/bioethicsdyn.aspx?id=54656>
- **Advance Directives, Living Wills, & Healthcare Power of Attorney** <http://ochweb/page.cfm?id=965> scroll down to Advance Directives
- **Palliative Care** <http://ochweb/page.cfm?id=2429>
- **State Living Will Declarations** <http://www.sos.la.gov/OurOffice/EndOfLifeRegistries/Pages/default.aspx>
- **UpToDate: Ethical Issues in Palliative Care** <http://www.uptodate.com/contents/ethical-issues-in-palliative-care>
- **Katy Butler: Slow Medicine** <http://katybutler.com/site/slow-medicine/>
- **Dr. Atul Gawande: Letting Go** [http://www.newyorker.com/reporting/2010/08/02/100802fa\\_fact\\_gawande?currentPage=all](http://www.newyorker.com/reporting/2010/08/02/100802fa_fact_gawande?currentPage=all)
- **LaPOST: Handbook for Health Care Professionals** <http://lhcf.org/images/stories/LaPOST/LaPOST-Handbook-for-Health-Care-Professionals-2013.pdf>
- **LaPOST: State Website** <https://lhcf.org/lapost-home>
- **LaPOST video: Using the LaPOST Document to Improve Advance Care Planning (intranet only)** <http://mediasite.ochsner.org/mediasite50/Viewer/?peid=b54700807b474e1e8fe96113ca985e4b>
- **Respecting Choices Training** [http://respectingchoices.org/training\\_certification](http://respectingchoices.org/training_certification)

#### Bioethics Education Program

- **Bioethics Grand Rounds** - Saturday, May 14, 2016
- **Bioethics Website** (consults) - <http://academics.ochsner.org/bioethics.aspx>
- **Bioethics Website** (resources) - <http://ochsner.org/bioethics>
- **Quarterly Bioethics Newsletter** - <http://ochsner.org/bioethics>
- **The Ochsner Journal Bioethics column** - <http://www.ochsnerjournal.org>
- **Schwartz Rounds**