Advance Care Planning Documents – Covenant 02/2025

EMR filed Document Type	Purpose of Document	Common Titles
Advance Directive/Living Will *(see validation criteria on reverse side)*	**Durable Power of Attorney for Health Care** •Designation of a medical decision-maker (**Patient Advocate**). •Usually includes medical treatment wishes. **Living Will** •Shares treatment wishes - usually *does not* designate a Patient Advocate.	•Advance Directive •Durable Power of Attorney for Health Care •Medical Power of Attorney •Patient Advocate Designation •Living Will: - *not legally recognized in Michigan (may be used as a reference for good intent)*
Power of Attorney	Designation of a financial decision-maker (**Attorney-in-Fact**). *On rare occasions, may include the designation of a Patient Advocate.*	•Power of Attorney •Durable Power of Attorney •General Power of Attorney
Personal Representative - HIPAA	Designation of individuals who may receive protected health information (no decision-making rights).	•Authorization to Disclose Protected Health Information •Nomination of Agent as Healthcare Personal Representative •Authorization for Patient Representative
Facility-Specific Treatment Wishes	Treatment wishes to be honored within a specific facility (SNF); used as a reference in other settings.	Usually includes the name of facility - common misuse of "Advance Directives" may appear on the document.
Capacity Determination	Physician documentation of patient capacity to make medical decisions.	•Capacity Determination •Letter of Incapacitation
DNR-OOH *(Do Not Resuscitate - Out of Hospital order)*	Portable Medical Order for DNR status *to be followed outside of the hospital*.	•Out of Hospital DO-NOT-RESUSCITATE (DNR) ORDER •Emergency Medical Prehospital Care DO-NOT-RESUSCITATE ORDERS
MI-POST *(Michigan Physician Orders for Scope of Treatment)*	Portable Medical Orders *to be followed outside of the hospital* - may or may not include DNR wishes.	*This is a standardized form - that includes two double-sided pages*: •MDHHA-5836, Michigan Physician Orders for Scope of Treatment (MI-POST) •MDHHS-5837, Michigan Physician Orders for Scope of Treatment (MI-POST) Patient and Family Information Sheet

Quick Reference for Basic Validation of Advance Directive

Validation

Step 1: Make sure all pages are present and legible.

Step 2: **Check for signatures and dates (_there should be at least FOUR_):**

- **Patient**

- _Two_ **Witnesses** – _signature date must match the patient's signature date._
  - **Cannot be:**
    - **Patient advocates.**
    - **Patient's spouse, parent, child, sibling, or grandchild.**
    - **Known heir at time of signing or presumptive heir (example – son-in-law).**
    - **Employees of healthcare or insurance agencies providing services to the patient.**

- **At least one Patient Advocate** – _may be signed on a different date than the patient's signature date._
  - If not present and cannot be found, may use addendum page for patient advocate signature – once completed scan into EMR with full AD.
  - FYI – All Advance Directives from the VA do not have patient advocate signature pages – an addendum page is needed outside of the VA.

Step 3: **Contact Information:** If the Patient Advocate's contact information is not present on the document and not in the EMR, ask the patient to provide phone numbers and add them to the Contact list.

If the document appears to be invalid due to one of the above concerns, share with the patient the document may not meet all the requirements, and you would like to offer follow-up and contact Tracy via CHAT message, email, or phone – tbargeron@chs-mi.com or ext. 36292. The document should still be scanned into EPIC.

Scanning: Documents should be scanned into the EMR so they are available at time of a crisis.
Please do not scan if already present – _duplicates increase workflow during a crisis, only rescan if signatures or contact information was added._
After scanning confirm document was scanned correctly:
- All pages present and visible
- Scanned as an "Advance Directive" document type
- In the description, the date the patient signed should be entered using the following format: "year/month/day Signed" – ie. "2018/04/12 Signed"

If you have any questions, please contact Tracy Bargeron at 989.583.6292.