PXRM*2.0*57: VA-Advance Directive Notification and Screening Template

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Template Opening Screenshot

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☐ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

*Must select one

○ ADVANCE DIRECTIVE NOTIFICATION AND/OR SCREENING PERFORMED: Provide the patient or representative with information about advance directives and ask if the patient has an advance directive.

○ ADVANCE DIRECTIVE NOTIFICATION AND SCREENING NOT PERFORMED: I was not able to perform the advance directive notification and screening because:

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ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

<No encounter information entered>

* Indicates a Required Field

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Template First "HELP ME" Option

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☑ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

VHA Handbook 1004.02 requires that patients must be asked whether they have an advance directive or mental health advance directive at certain encounters. Advance directives are sometimes known by other names such as Living Will, Durable Power of Attorney for Health Care, or Psychiatric Advance Directive. Screeners can use all of these terms to inquire whether a Veteran has an advance directive. Encounters requiring this screening include:

- all patients in Community Living Centers;
- admission to VA home care or hospice care;
- as part of hospital discharge planning when the patient is discharged to a long-term care or rehabilitation facility in the community;
- at the following encounters, unless there is documentation of advance directive notification and screening within the last year:
    - check-in for first primary care and mental health appointment(s);
    - check-in at VHA Ambulatory Surgery Center;
    - each admission to a VHA inpatient facility.

Also, all patients and CLC residents must be asked whether they want more information about advance directives and whether they want assistance in completing the advance directive forms. If so, the screener must direct the patient to the requested assistance. This assistance may be provided by social workers or others who are appropriately trained, and must be available to patients in all clinical settings.

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Notification and Screening

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☐ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

*Must select one

◉ ADVANCE DIRECTIVE NOTIFICATION AND/OR SCREENING PERFORMED: Provide the patient or representative with information about advance directives and ask if the patient has an advance directive.

ADVANCE DIRECTIVE NOTIFICATION: Provide the patient or representative with information about advance directives.

☐ HELP ME understand the need to provide the patient with written notification about advance directives.

*Notification

○ I provided the patient or representative with written notification about advance directives.

○ I did not provide the patient or representative with written notification about advance directives because:

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

○ The patient has an advance directive on file.

○ The patient has an advance directive that is NOT on file.

○ The patient does NOT have an advance directive.

○ The patient/representative does not know.

OPTIONAL - FOR CLINICIANS ONLY

OPTIONAL - MH Preferences

○ The patient's advance directive on file contains information about mental health treatment preferences.

○ The patient's advance directive on file does not contain information about mental health treatment preferences.

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ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION:
ADVANCE DIRECTIVE SCREENING:

<No encounter information entered>

* Indicates a Required Field

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HELP ME Understand the Need

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☐ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

*Must select one

◉ ADVANCE DIRECTIVE NOTIFICATION AND/OR SCREENING PERFORMED: Provide the patient or representative with information about advance directives and ask if the patient has an advance directive.

ADVANCE DIRECTIVE NOTIFICATION: Provide the patient or representative with information about advance directives.

☑ HELP ME understand the need to provide the patient with written notification about advance directives.

Per the Patient Self-Determination Act (PSDA) of 1990 and VHA Handbook 1004.02, all patients must be given written notification stating their right to accept or decline medical treatment, to designate a Health Care Agent, and to document their treatment preferences in an advance directive. Patients must be informed that VA does not discriminate against patients based on whether or not they have an advance directive. NOTE: VA Form 10-0137A (Your Rights Regarding Advance Directives) satisfies this notification requirement. Consider also providing the patient with VA Form 10-0137B (What You Should Know About Advance Directives).

*Notification

○ I provided the patient or representative with written notification about advance directives.

○ I did not provide the patient or representative with written notification about advance directives because:

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ADVANCE DIRECTIVE NOTIFICATION:
ADVANCE DIRECTIVE SCREENING:

<No encounter information entered>

* Indicates a Required Field

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Notification - Provided

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☐ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

*Must select one

◉ ADVANCE DIRECTIVE NOTIFICATION AND/OR SCREENING PERFORMED: Provide the patient or representative with information about advance directives and ask if the patient has an advance directive.

ADVANCE DIRECTIVE NOTIFICATION: Provide the patient or representative with information about advance directives.

☐ HELP ME understand the need to provide the patient with written notification about advance directives.

*Notification

◉ I provided the patient or representative with written notification about advance directives.

Optional comment: Test text.....

NOTE: Giving the patient a copy of the VA Form 10-0137A (Your Rights Regarding Advance Directives) satisfies this requirement. Consider also providing the patient with VA Form 10-0137B (What You Should Know About Advance Directives).

○ I did not provide the patient or representative with written notification about advance directives because:

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ADVANCE DIRECTIVE NOTIFICATION:
Provided the patient or representative with written notification about advance directives.
Test text.....

<No encounter information entered>

* Indicates a Required Field

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Notification – Not Provided

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☐ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

*Must select one

◉ ADVANCE DIRECTIVE NOTIFICATION AND/OR SCREENING PERFORMED: Provide the patient or representative with information about advance directives and ask if the patient has an advance directive.

ADVANCE DIRECTIVE NOTIFICATION: Provide the patient or representative with information about advance directives.

☐ HELP ME understand the need to provide the patient with written notification about advance directives.

*Notification

○ I provided the patient or representative with written notification about advance directives.

◉ I did not provide the patient or representative with written notification about advance directives because:

*Required comment: *Test text

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ADVANCE DIRECTIVE NOTIFICATION:
The patient or representative was not provided written notification
about advance directives because:
Test text

<No encounter information entered>

* Indicates a Required Field

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Screening – Patient Has AD On File in CPRS

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

- [x] The patient has an advance directive on file.

The patient or representative says the patient has an advance directive. It is on file in the patient's electronic health record. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

Optional comment: Test text

- [ ] The patient has an advance directive that is NOT on file.
- [ ] The patient does NOT have an advance directive.
- [ ] The patient/representative does not know.

Visit Info | Finish | Cancel

ADVANCE DIRECTIVE SCREENING:
The patient or representative says the patient has an advance directive. It is on file in the patient's electronic health record. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.
Test text

Health Factors: ADVANCE DIRECTIVE YES

* Indicates a Required Field

Screening – Patient Has AD NOT On File in CPRS

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

- ○ The patient has an advance directive on file.
- ◉ The patient has an advance directive that is NOT on file.

  The patient or representative says the patient has an advance directive. It is not on file in the patient's electronic health record. Recommended that the patient or representative provide VA with a copy. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

  Optional comment: Test text

- ○ The patient does NOT have an advance directive.
- ○ The patient/representative does not know.

Visit Info | Finish | Cancel

ADVANCE DIRECTIVE SCREENING:
The patient or representative says the patient has an advance directive. It is not on file in the patient's electronic health record. Recommended that the patient or representative provide VA with a copy. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.
Test text

Health Factors: ADVANCE DIRECTIVE YES

* Indicates a Required Field

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Screening – Patient Does NOT Have AD

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

- ○ The patient has an advance directive on file.
- ○ The patient has an advance directive that is NOT on file.
- ◉ The patient does NOT have an advance directive.

  The patient or representative says the patient does not have an advance directive. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

  Optional comment: Test text

- ○ The patient/representative does not know.

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ADVANCE DIRECTIVE SCREENING:
The patient or representative says the patient does not have an advance directive. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.
Test text

Health Factors: ADVANCE DIRECTIVE NO

* Indicates a Required Field

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Screening – Patient Cannot Answer, Representative Does Not Know

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

- ○ The patient has an advance directive on file.
- ○ The patient has an advance directive that is NOT on file.
- ○ The patient does NOT have an advance directive.
- ◉ The patient/representative does not know.

The patient or representative did not know whether the patient has an advance directive or was unable to respond. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

Optional comment: Test text

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ADVANCE DIRECTIVE SCREENING:
The patient or representative did not know whether the patient has an advance directive or was unable to respond. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.
Test text

Health Factors: ADVANCE DIRECTIVE UNKNOWN

* Indicates a Required Field

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Screening – Clinician Selects – Patient's AD Contain MH Preferences

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

- (●) The patient has an advance directive on file.

  The patient or representative says the patient has an advance directive. It is on file in the patient's electronic health record. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

  Optional comment:

- ( ) The patient has an advance directive that is NOT on file.
- ( ) The patient does NOT have an advance directive.
- ( ) The patient/representative does not know.

OPTIONAL - FOR CLINICIANS ONLY

OPTIONAL - MH Preferences

- (●) The patient's advance directive on file contains information about mental health treatment preferences.

  Optional comment: test text.....

- ( ) The patient's advance directive on file does not contain information about mental health treatment preferences.

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ADVANCE DIRECTIVE SCREENING:
The patient or representative says the patient has an advance directive. It is on file in the patient's electronic health record. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

The patient's advance directive on file contains information about mental health treatment preferences.
test text.....

Health Factors: ADVANCE DIRECTIVE YES, ADVANCE DIRECTIVE-MH PREFERENCES-YES

* Indicates a Required Field

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Screening – Clinician Selects – Patient's AD Does NOT Contain MH Preferences

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE SCREENING: I asked if the patient has an advance directive, and determined that:

*Screening

- (●) The patient has an advance directive on file.

  The patient or representative says the patient has an advance directive. It is on file in the patient's electronic health record. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

  Optional comment:

- ( ) The patient has an advance directive that is NOT on file.
- ( ) The patient does NOT have an advance directive.
- ( ) The patient/representative does not know.

OPTIONAL - FOR CLINICIANS ONLY

OPTIONAL - MH Preferences

- ( ) The patient's advance directive on file contains information about mental health treatment preferences.
- (●) The patient's advance directive on file does not contain information about mental health treatment preferences.

Optional comment: test text

Visit Info | Finish | Cancel

ADVANCE DIRECTIVE SCREENING:
The patient or representative says the patient has an advance directive. It is on file in the patient's electronic health record. Inquired if they want more information or assistance in completing a new advance directive form, and directed them to that assistance, if desired.

The patient's advance directive on file does not contain information about mental health treatment preferences.
test text

Health Factors: ADVANCE DIRECTIVE YES, ADVANCE DIRECTIVE-MH PREFERENCES-NO

* Indicates a Required Field

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Notification and Screening NOT Performed

Reminder Dialog Template: ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

☐ HELP ME understand when advance directive notification and screening is needed and when assistance should be offered.

*Must select one

○ ADVANCE DIRECTIVE NOTIFICATION AND/OR SCREENING PERFORMED: Provide the patient or representative with information about advance directives and ask if the patient has an advance directive.

◉ ADVANCE DIRECTIVE NOTIFICATION AND SCREENING NOT PERFORMED: I was not able to perform the advance directive notification and screening because:

☑ HELP ME understand when performing advance directive notification and screening may not be possible.

Per VHA Handbook 1004.02, there may be circumstances when it is not possible to perform advance directive notification and screening, such as the patient is not conscious and no representative is available.

*Reason for not performing advance directive notification and screening (required):

*Required comment: *Test text.....

Visit Info | Finish | Cancel

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING

ADVANCE DIRECTIVE NOTIFICATION AND SCREENING NOT PERFORMED:
Test text.....

<No encounter information entered>

* Indicates a Required Field

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