

103: Designated Patient Advocate Documented on a Legally Recognized Document in the Inpatient or Outpatient Medical Record



What is this measure?

- This measure will identify the proportion of patients who have a designated patient advocate documented on a legally recognized document in the outpatient or inpatient medical record.

What is a designated patient advocate?

- Patients can designate someone to make decisions for them if and only when they cannot make decisions for themselves.
- There are several terms for the same document such as:
 - Durable power of attorney for health care (DPOA-HC).
 - Health care proxy
 - Advanced Directive
 - Registration with MI Peace of Mind Registry, which counts as meeting this measure.



Order the Five Wishes guide for free at moqc.org/resources/printed-resources/.

Why is this measure important?

- A designated patient advocate can support the patient and the medical team in pursuing the patient's wishes or what the designated patient advocate decides on behalf of the patient.
- They are particularly useful when there's disagreement among others in the patient's family.
- It is not uncommon for people who haven't been involved in the patient's care to take issue with a plan of care that's already been agreed upon by the patient and the medical team.

What is included in this measure?

- Numerator = proportion of people who have a designated patient advocate documented on a legally recognized document in the inpatient or outpatient medical record. There are no exclusions.
- Denominator = all patients. There are no exclusions.
- MOQCLink question: "Is there documentation of a patient advocate on a legally recognized document in the inpatient or outpatient record?"
 - Responses = "yes" or "no."

Where can abstractors find this information?

- Notes -assessment/plan, clinic, chemotherapy teaching
- Flowsheet or consent forms
- The search option available in some EMRs
- Media tab in EPIC, document may be scanned in
- Demographics in some EMRs such as OncoEMR

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND/OR HEALTH CARE DIRECTIVE OF

(Print full name here)

(Address, City, State, Zip)

PART I. DURABLE POWER OF ATTORNEY FOR HEALTH CARE (If you DO NOT wish to name someone to serve as your decision-making Agent, mark an "X" through Part I on pages 1 & 2 and continue on to Part II.)

1. Selection of Agent: I, _____, County, Michigan, appoint the following _____, currently a resident of _____.

Name: _____

Address: _____

Phone(s): 1st _____ 2nd _____

2. Alternate Agent: If my Agent resigns or is not able or is named by me to disavow from the or is my spouse and legally order stated below to serve as my alternate Agent and to have _____.

First Alternate Agent: _____

Name: _____

Address: _____

Phone(s): 1st _____ 2nd _____

3. Durability: This is a Durable Power of Attorney, and the or to be void or voidable if I am or become disabled or incapacitated or dead or alive.

4. Effective Date: This Durable Power of Attorney is effective commencing a health-care decision to be certified by (check one) ☐ one physician OR ☐ two physicians.

5. Agent's Powers: I grant to my Agent full authority to:

A. Give consent to, prohibit, or withdraw any type of test, care, treatment, or procedure, either in my residence or elsewhere, including, but not limited to, an act of hospital admission (limited only if the following have or do):

☐ I wish to AUTHORIZE my Agent to direct a) supplied nutrition and hydration (including to ☐ "tube") OR I DO NOT AUTHORIZE my Agent to do artificially supplied nutrition and hydration (a ☐ "tube").

B. Make all necessary arrangements for health care services responsible for my care.

Initialed _____ Part I - After completed, detach, make copies as Durable Power of Attorney for Health Care and _____

MICHIGAN POWER OF ATTORNEY

I, _____, am of sound mind, and I voluntarily make this designation.

I hereby give notice that I have revoked, and do hereby revoke, any previous power of attorney given or empowering another agent to act as my true and lawful attorney in fact. I declare that all power and authority granted under said power of attorney is hereby revoked and withdrawn.

I designate _____ living at _____ my (Check one) ☐ spouse ☐ child ☐ friend ☐ other _____ (Address), to act for me as my agent, with the powers set forth in this document. If my first choice cannot serve or cannot continue to serve, I designate _____ my (Check one) ☐ spouse ☐ child ☐ friend ☐ other _____ (Address) to act for me as my agent. I have discussed this appointment with the individual or individuals I have designated for me as my agent.

EFFECTIVE DATE (You must choose one paragraph by writing your initials on the line)

_____ My agent has the powers set forth in this document immediately upon my signing it.

OR _____ My agent shall only have the powers set forth in this document when it is determined to be unable to manage my property and financial affairs effectively. That determination shall be made by my attending physician, who shall put it in writing.

TERMINATION (Check on and strike out the other)

☐ Durable Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or loss of mind.

☐ Regular Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.

POWERS

My agent shall exercise powers in my best interests and for my welfare, as a fiduciary. My agent shall have the following powers: (initial next to the powers you want your agent to have)

☐ BANKING - To receive funds, deposit funds in any financial institution, and make withdrawals by check or otherwise to pay for goods, services, and any other personal and business expenses for my benefit. To effect loan or the power to sign a power of attorney drafted by the institution, and shall have authority to execute any document.

GOVERNMENT BENEFITS - To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid.

Advance Directive

No Living Will, No Durable Power of Attorney, Last verified 6/22/2023

Advance Directive

Living Will, Durable Power of Attorney, Last verified 9/7/2023

