(A) Policy Statement

Patients that lack the ability to properly administer their own affairs or make health care decisions because of intellectual capacity or adverse health event will be assigned to Outcome Management (OTM) for assessment and care coordination. Efforts will be made to protect the rights of the patient and identify existing Advance Directive documentation. If intellectual capacity is questionable, appropriate measures including the physician statement of incapacity, location of family or interested parties and appropriate community agencies will be identified to address guardianship needs.

(B) Purpose of Policy

Patients admitted to the hospital that are not able to manage their own affairs and health care management and who do not have an appropriate surrogate decision maker will be referred to appropriate resources to facilitate and secure legal guardianship.

(C) Procedure

1. The Admission History and the Social Work Assessment will be completed to determine base line information. If the physician determines intellectual incapacity of a patient, Family member or interested parties will be determined and educated on guardianship needs.

2. If physician determines intellectual incapacity of a patient and family or interested others are not identified, willing or able to apply for guardianship, physician will consult Social Worker and they will begin process of obtaining an appropriate guardian.

3. After further assessment the Social Worker will determine if:
   a. if they are (MRDD/Psychiatric) clients of support agencies such as Mental Retardation Developmental Disabilities or the Mental Health Board. These agencies will be contacted and explored to determine if internal resource are available to assist with the case needs.
   b. If they suspect abuse/neglect they will contact Adult Protective Services per protocol.
   c. There are other interested parties willing to obtain guardianship

4. If the Social Worker is unable to achieve guardianship through above previous measures other Community resources including Probate Court, Toledo Bar Pro Bono Services, the Toledo Bar referral program, Lutheran Social Services of Northwestern Ohio, and Advocacy and Protective Services Inc. will be explored for potential assistance or solutions for the patient in need of guardianship assignment.
5. When unable to designate a guardian through the above measures the Risk Management Department will be consulted for further intervention consultation and discuss the ability to obtain a court appointed guardian when it is in the best interest of the patient.

6. OTM will provide and request completion of the Probate Court Expert Evaluation form. Once completed a copy will be made for the patient’s medical record and the original will be given to the appropriate individual or agency that will be pursuing legal guardianship.

7. OTM will closely follow the progress made and will document progress in the patient’s medical record progress notes.

8. Tentative discharge plan and services will be set up. The patient will be discharged when a legal guardian has approved the discharge plan.

9. If the patient becomes capable of making decisions, and the guardian has already been appointed, they will work with the court appointed guardian for further assistance. If it has not been appointed, execution of a Health Care Power of Attorney will be completed, while the patient is lucid. Some patient’s may not have, or can not name an individual to be the Health Care Power of Attorney, so the lucid patient can agree to an appropriate discharge plan that will be facilitated.

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<tr>
<th>Approved by:</th>
<th>Review/Revision Date:</th>
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<tbody>
<tr>
<td>Monetta Smith MSN, RN</td>
<td>6/25/2015</td>
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<td>Chief Nursing Officer</td>
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| Policies Superseded by This Policy: | None |

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.