


Name of Policy: Advance Medical Directives Policy Number: 3364-100-10-12 Approving Officer: Chief Executive Officer, Chief of Staff Responsible Agent: Chief Nursing Officer Scope: University of Toledo Medical Center		 Effective date: Original effective date: 12/1/1991	
Key words: Advance Medical Directives, Medical Directives, Representatives, Competent, Informed Decision			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

The University of Toledo Medical Center (“UTMC”) recognizes that every competent adult has the right to determine what will be done to their person including the right to informed consent, to accept or refuse treatment and to execute Advance Medical Directives (“Advance Directives”). Patients have the right to designate representatives* who can act on their behalf. All adult patients admitted as inpatients will be asked if they have an Advance Directive and will be informed of the aforementioned rights. UTMC will honor advanced directives, unless revoked or temporarily suspended (see Policy # 3364-100-45-01). UTMC inpatient and outpatient settings will communicate the advanced directive policy upon request or when warranted by the care, treatment, or services provided and refer patients to resources for assistance with formulating advanced directives upon request. UTMC does not condition care or discriminate based on the presence of an Advance Directive..

(B) Purpose of Policy

To establish a uniform procedure by which UTMC for informing patients of their rights to self-determination and the use Advance Directives and ensures documentation of the presence or absence of any Advance Directive.

(C) Procedure

1. Registration

- A. Adult patients: Upon admission as an inpatient, each adult person will be informed of their right to complete an Advance Directive. They will also be asked whether they, or their legal guardian/representative, if applicable, have completed any Advance Directive documents. Any responses or absence thereof will be documented on the UTMC facesheet.
- B. Pediatric Patients: Pediatric patients may have conversations about Advance Medical Directives with their physician as appropriate. Documentation will be made in the medical record. Information regarding Pediatric Advance Directives will be obtained from the patient’s parent or guardian. Documentation thereof will be included on the facesheet or in the medical record.
- C. If the patient or guardian/spokesperson states that a copy of their Advance Directive is already in their medical record from a previous admission, this is documented on the UTMC facesheet (YES ON FILE AT UTMC). The personnel responsible for registering patients will print a copy of the Advance Directive and send to the floor with the admission packet.
- D. If a patient brings a copy of an Advance Directive on admission, a copy will be sent to the nursing unit with the patient's other documents and scanned into patient’s medical record. The Advance Directive document is to be placed in the Advance Directive section of the chart. Receipt of the Advance Directive is documented on the UTMC facesheet (YES ON FILE AT UTMC). The original Advance Directive document is returned to the patient. When HIM receives the copy of the Advance Directive within the patient’s medical record, it is scanned into Epic as the specific document type (Living Will, Power of Attorney, etc.), and the date it was signed is entered in the document description.

- E. If a patient has an Advance Directive but did not bring it with them, registration personnel will ask the patient/spokesperson to bring a copy to the hospital. The request to provide a copy of the Advance Directive will be documented on the UTM facesheet (YES, COPY REQUESTED) and an Advanced Directive request form is generated and placed in the admission packet
- F. If a patient/spokesperson are unable to bring a copy of the Advance Directive to the hospital, the patient is asked to complete a new Advance Directive.
- G. Patients without an Advance Directive are offered a copy of the advance directives booklet and any necessary forms for completion.
- H. Patients interested in creating an Advance Directive are informed of their right to designate the person of their choice, to make medical decisions on their behalf should they become incapacitated.
- I. If no additional information is desired, this is noted on the UTM facesheet (NO INFO WANTED).
- J. Admitting staff may contact the Spiritual Support Specialist for further information or assistance. Two witnesses are required for sign the document,. Nursing staff may be a witness to signature only.
- K. UTM does not provide legal counseling to complete an Advance Directive. The forms provided are self-explanatory. Patients with legal questions are referred to their personal attorney or a legal referral service for further advice. They may also wish to speak with their physician concerning medical issues regarding Advance Directives.

2. Ambulatory Clinic Setting

- A. Patients or their guardians will be informed of their right to complete an Advance Directive, which is presented to new patients. We will honor a patient's expressed advance directives unless these directives are rescinded by the patient or suspended for a temporary duration of time.
- B. Information for an Advance Directive is made available upon request.
- C. Copies of an Advance Directive brought in by patients will be scanned into the patient's chart by clinic staff. .

3. Nursing Services

- A. All Advance Directive will be filed in the "Advance Directive" section of the medical record chart. A copy will be made and faxed to HIM, the original returned to the patient/family. Registration will be contacted to reflect changes to the facesheet.
- B. On admission, staff will verify from the face sheet if an Advance Directive is "on file." If one has not been provided in the admission packet, the staff or designee will print a copy of the advanced directive and place it on the chart.
- C. Upon receiving the Advance Directive, a member of the health care team will verify with the patient that the form is still current. The form is then placed in the "Advance Directive" section of the chart, a copy is sent to HIM and Registration is contacted to change the facesheet. The original Advance Directive document is returned to the patient. When HIM receives the copy of the Advance Directive within the patient's medical record, it is scanned into Epic as the specific document type (Living Will, Power of Attorney, etc.), and the date it was signed is entered in the document description.

- 4. When additional information about Advance Directives is requested by the patient/spokesperson, the healthcare team member will contact a Spiritual Support Specialist (Pastoral Care)

5. Medical Staff

- A. Medical staff is encouraged to discuss Advance Directives with patients prior to admission or during their stay at UTM.
- B. When an Advance Directive is presented, the attending physician should review it and clarify any instructions with the patient if applicable. If the power of attorney is operative, the physician should clarify any instruction with the attorney in fact.

- C. If the Advance Directive becomes operative, the Risk Management Department, Office of Legal Affairs or the Institutional Ethics Committee may be consulted regarding questions or concerns regarding the document or procedures to follow regarding validity or appropriateness of the Advance Directive.
- D. When the patient's condition is such that the Advance Directive becomes operative, the attending physician will provide notice for decisions on life-sustaining treatment in accordance with State law.
- E. If the attending physician is unwilling or unable to comply with a Do Not Resuscitate Order, they will facilitate the transfer of the patient to a physician who is willing to implement the patient's wishes.

6. Health Information Management Department (HIM)

- A. HIM scans all received Advance Directives into the patient's medical record retaining only the most recent version.
- B.

7. Legal Affairs and Risk Management Departments

The Office of Legal Affairs and Risk Management Department may be consulted regarding the appropriateness and validity of any Advance Directive.

8. Institutional Ethics Committee

The Institutional Ethics Committee may be consulted regarding ethical considerations related to Advance Directive.

9. All Departments

- A. A previously executed Advance Directive may be verbally rescinded by a patient.
- B. Anyone becoming knowledgeable of a rescission by the patient will inform the attending physician and document the same in the general progress notes. The person receiving the information will write "Rescinded" along with the date, time and signature on the Advance Directive copy located in the chart.
- C. The department obtaining hospital consent for treatment is responsible for follow up where Advance Directive information is lacking. Questions will be completed accordingly.
- D. DNRCC and DNRCC-Arrest will be followed by all departments unless revoked or temporarily suspended (see Policy #3364-100-45-01).

(D) Definitions

Advance Medical Directive: A written instruction, such as a Living Will (LW) or a Durable Power of Attorney for Health Care (DPAHC) or a Do Not Resuscitate Order (DNRCC or DNRCC-Arrest) recognized under State law that relates to the provision of health care when the individual is incapacitated.

Living Will: Document that allows a patient to specify what s/he wants to transpire regarding healthcare should the patient become incompetent and unable to express his/her own wishes.

Durable Power of Attorney for Health Care: Document that designates another person (surrogate decision maker or "attorney in fact") to make health care decisions for the patient at any time the attending physician determines that the patient has lost the capacity to make informed health care decisions for him/herself.

Do Not Resuscitate Orders: A directive issued by a physician that identifies a person and specifies that CPR should not be administered to the person so identified.

CPR: "CPR" means cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR. "Component of CPR" means any of the following:

- Administration of chest compressions;
- Insertion of an artificial airway;
- Administration of resuscitation drugs;
- Defibrillation or cardioversion;
- Provision of respiratory assistance;
- Initiation of a resuscitative intravenous line; and
- Initiation of cardiac monitoring.

<p>Approved by:</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <hr/> <p>Date</p> <hr/> <p>Puneet Sindhwani, MD Chief of Staff</p> <hr/> <p>Date</p> <hr/> <p>Kurt Kless Chief Nursing Officer</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Chief of Staff, Accreditation Compliance, Risk Management/Compliance, Hospital Administration, Legal Affairs</i></p>	<p>Policies Superseded by This Policy: <i>7-10-12</i></p> <p>Initial effective date: 12/1/1991</p> <p>Review/Revision Date:</p> <table><tr><td>4/14/93</td><td>6/22/2011</td></tr><tr><td>9/13/95</td><td>3/5/2012</td></tr><tr><td>9/11/96</td><td>5/10/12</td></tr><tr><td>1/13/99</td><td>4/1/2015</td></tr><tr><td>3/8/00</td><td>7/1/2015</td></tr><tr><td>4/10/02</td><td>10/1/2016</td></tr><tr><td>9/11/02</td><td>6/1/2020</td></tr><tr><td>12/11/02</td><td></td></tr><tr><td>3/8/06</td><td></td></tr><tr><td>1/10/07</td><td></td></tr><tr><td>2/27/08</td><td></td></tr><tr><td>4/23/08</td><td></td></tr><tr><td>5/28/2008</td><td></td></tr></table> <p>Next review date:</p>	4/14/93	6/22/2011	9/13/95	3/5/2012	9/11/96	5/10/12	1/13/99	4/1/2015	3/8/00	7/1/2015	4/10/02	10/1/2016	9/11/02	6/1/2020	12/11/02		3/8/06		1/10/07		2/27/08		4/23/08		5/28/2008	
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