

# Hospital Policy and Procedure Manual

Subject: Patient Self-Determination Act

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## POLICY

Hospital adheres to the Ethical and Religious Directives for Catholic Health Care Services. Within that framework, Hospital recognizes the right of patients to make their own health care decisions. This includes the right to accept or reject medical or surgical treatment, and to prospectively express those personal wishes through the execution of a Living Will and/or Durable Power of Attorney for Health Care (hereinafter referred to collectively as "Advance Directives"). Advance Directives allow the patient's wishes to be known in the event the patient is no longer able to make informed health care decisions.

Hospital will provide patients with information about their rights to execute Advance Directives, and, upon request, offer standardized Advance Directive forms. However, Hospital employees will not witness or notarize Advance Directives, but may make accommodations or otherwise assist the patient in obtaining those services.

Whether or not a patient decides to execute an Advance Directive is a matter of personal choice. The quality of care provided by Hospital will not be affected by this patient decision, and Hospital will make every attempt to fully comply with the patient's instructions as expressed in a valid Advance Directive.

## PROCEDURE

### I. OUTPATIENTS

#### A. Surgery and Endoscopy Center, Day Surgery Center, Endoscopy Lab, Cardiac Cath Lab

In accordance with federal and state law, these areas will prominently display "You Have the Right" pamphlets in public areas.

In those instances where a patient or patient's family presents an Advance Directive upon admission to the Surgery and Endoscopy Center, Endoscopy Lab or Cardiac Cath Lab, all requirements set forth in Section II of this policy for inpatients will be initiated and followed during the pendency of the outpatient's stay,

#### B. All Other Outpatient Areas

Because Advance Directives would rarely be expected to have applicability in outpatient settings, the law only requires hospitals to make outpatients aware of their right to prospectively express healthcare wishes. Accordingly, all areas providing outpatient services will prominently display "You Have

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the Right" pamphlets in public areas. These materials outline every patient's right to execute an Advance Directive. Patients seeking additional information should be instructed to contact their personal attorney.

**C. Out-patients (Day Surgery) Changed to In-patient Status**

The Admitting Officer will document the change in status on the Advance Directive Acknowledgement form and burst for follow-up by Pastoral Care.

**II. INPATIENTS**

**A. ADMITTING DEPARTMENT**

1. The Admitting Officer will ask each adult patient, admitted as an inpatient, including those patients processed through Pre-Admission Testing and the Emergency Department, but excluding patients being admitted to the Behavioral Health Center, if they have executed an Advance Directive. In the event the patient is unable to respond and there is no family member available, the Admitting officer will document the reason in the "Comment" section of the Acknowledgement Form.
2. The Admitting Officer will provide each patient with a copy of the pamphlet "You Have the Right," which discusses every patient's right to execute an Advance Directive, and the Hospital summary of the Hospital's Policy on the withholding or withdrawing of life-sustaining treatment.
3. The Admitting Officer will attempt to answer questions by patients about their Advance Directive rights. If a patient requests an Advance Directive, the Admitting Officer will provide a packet containing Living Will and Durable Power of Attorney for Health Care forms along with an explanatory cover letter. When patients ask questions that require follow-up, warrants immediate attention, or requires expertise beyond the capabilities of the Department, a referral will be made to the Pastoral Care Department during normal hours of operation, or the Nursing Supervisor at all other times.
4. The Admitting Officer will complete the form "Acknowledgment of Advance Directive Information." If the Admitting Officer is unable to complete the Acknowledgment form, the Admitting Officer will document the reason on the "Comment" section of the Acknowledgement form. This form will be burst as follows:

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- a. Original (White Copy) and Physician (Yellow Copy) forwarded to the Nursing Unit with the patient's completed admission chart.
  - b. Pastoral Care (Pink Copy) forwarded to Pastoral Care office.
  - c. One copy (Goldenrod Copy) to be given to the patient or patient's family/significant other.
5. If an Advance Directive is available at the time of admission, the Admitting Officer will photocopy the form(s) and return the original(s) to the patient or patient's family. If an Advance Directive is dated prior to October 10, 1991, the effective date of the Ohio law, a referral will be made to Legal Services. The Admitting Officer will imprint the photocopy of the Advance Directive and the "Acknowledgment of Advance Directive Information" form with the patient's I.D. stamper, and forward both documents to the nursing unit with the patient's admission chart.
6. In the event the patient indicates the existence of an Advance Directive that cannot be presented at admission, the Admitting Officer will:
- a. If an individual is in possession of the Advance Directive, the Admitting Officer will obtain that individual's name and telephone number from the patient, and, the patient, if able, or the Admitting Officer will make an attempt to contact the identified individual and request delivery of the Advance Directive to the nursing unit to which the patient has been admitted. The Admitting Officer will record this in the Comment section of the "Acknowledgment of Advance Directive Information" form.
  - b. If the Advance Directive has been filed with a County Recorder's office the Admitting Officer will obtain the name of the county in which the document was filed, and, as soon as possible, contact the County Recorder's office and request facsimile transmission of a copy of the document. The Admitting Officer will document contact with the Recorder's office to obtain the advance directive in the Comment Section of the "Acknowledgement of Advance Directive Information" form.

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When received, the facsimile copy of the patient's Advance Directive will be forwarded to the nursing unit for inclusion in the patient's medical record.

- c. Instruct the patient to complete, sign and date the "Instructions Contained in Unavailable Advance Directive" form (this form reflects the essence of a person's Living Will or Durable Power of Attorney for Health Care). The Admitting officer will imprint with the patient's I.D. stamper, and burst the form as follows:
  - i. Original to the Nursing unit with the patient's completed chart;
  - ii. Copy to the patient or patient's family.

If the patient does not understand this form the Admitting Officer will make a referral to Pastoral Care. The Pastoral Care staff will assist the patient with completion of the "Instructions Contained In Unavailable Advance Directive" form.

## **B. NURSING DEPARTMENT**

### **1. Admission of Patient to Unit**

The Registered Nurse assigned to the patient will review the Advance Directive section of the chart. This section may include:

- "Acknowledgement of Advance Directive Information" form.
- "Instructions Contained In Unavailable Advance Directive" form.
- Living Will.
- Durable Power of Attorney for Health Care.

The nurse will notify the attending physician of information contained in this section of the medical record and document notification on the "Acknowledgement of Advance Directive" form. The nurse will also obtain orders necessary to comply with the patient's instructions.

### **2. Advance Directive Not Available Upon Admission**

In the event the Advance Directive has not been received within 72 hours of the patient's admission; a referral will

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be made to the Pastoral Care Department to offer the patient the option of executing a new Advance Directive.

3. Delivery or Execution of an Advance Directive

When an Advance Directive is delivered after the patient has been admitted to the nursing unit, or when a new Advance Directive is executed the following steps will be followed:

a. The DCC will copy the Advance Directive and return the original to the patient or the patient's family. The DCC will imprint the copy of the Advance Directive with the patient's ID stamper, place the copy of the document in the Advance Directive section of the chart.

b. The DCC will check that the original of the Directive contains the patient's signature, is signed by two witnesses or has a Notary seal, and is dated. Any defect will be immediately reported to the patient's registered nurse.

If an Advance Directive is dated prior to October 10, 1991, the effective date of the Ohio law, a referral will be made to Legal Services.

c. Inform the Registered Nurse assigned to the patient that an Advance Directive has been placed in the patient's chart.

4. Transfer of Advance Directive to Other Areas of Hospital.

An Advance Directive, once delivered to any area within Hospital, is effective in all other areas. Accordingly, a patient's Advance Directive delivered to a medical-surgical unit remains in effect if the patient is subsequently transferred to the Skilled Nursing Unit, Inpatient Rehabilitation Unit, Behavioral Health Center, and vice versa. In those instances, the following procedure will be followed:

The transferring unit's DCC will copy documents contained in the "Advance Directive" section of the Medical Record and forward with all other paperwork to the receiving unit.

C. BEHAVIORAL CENTER INPATIENTS

Advance Directives will be included in the admission packet and a signature will be obtained during the admission process by the

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Nursing Staff. Protocol outlined in Policy 4.4 will be adhered to in accordance with State requirements. Questions pertaining to Advance Directives will be directed to the Behavioral Health Center Client Rights Officer. Informative packets are available in the Behavioral Health Center for all patients to better understand personal health care decisions.

**D. PATIENTS UNABLE TO PROVIDE INFORMATION AT TIME OF ADMISSION**

In the event a patient and persons accompanying the patient upon admission are unable to provide any information, relative to the existence of an Advance Directive, the Admitting officer will note that fact in the Comment section of the Acknowledgment of Advance Directive Information and burst the form.

**E. PASTORAL CARE DEPARTMENT RESPONSIBILITIES**

Pastoral Care Staff will review, on a Monday thru Friday basis, the "Acknowledgment of Advanced Directive Information" forms obtained from the Admitting Department to identify and provide follow-up service to patients who request additional information and to interview patients transferred from out-patient to inpatient status regarding Advance Directives.

The Department of Pastoral Care will serve as a referral agent for those patients requesting information regarding Advance Directives.

In the event that a patient requests assistance from a representative of their church or faith tradition, the Pastoral Care Department will facilitate the appropriate contact and arrange for patient visitation.

In those situations that have been identified as requiring immediate attention, or where patients have questions of a spiritual nature about Advance Directives, the matter should immediately be referred to the Director of Pastoral Care or the Priest Chaplain on duty.

**F. PATIENT ADVOCATE/BIOMEDICAL ETHICS COMMITTEE RESPONSIBILITIES**

Members of the Patient Advocacy Department will serve as the liaison between patients/families, physicians/staff and the Biomedical Ethics Committee in all instances where there is any concern that a conflict of interest may exist. Patient Advocacy or Biomedical Ethics Committee intervention may be requested by any patient, family member, significant other, physician or Hospital employee.

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**G. LEGAL SERVICES OFFICE RESPONSIBILITIES**

Legal Services will serve as the resource for questions related to the law governing Advance Directive, for monitoring changes in the law, and for reviewing all Advance Directives executed prior to October 10, 1991 for enforceability under Ohio law.

**H. EDUCATION DEPARTMENT RESPONSIBILITIES**

The Education Department, in consultation with the Legal Services Department, will prepare and conduct in-service education for Hospital including Medical Staff, House Officers, and Departments involved in the enforcement of this policy, on an as needed basis.

**I. MEDICAL STAFF RESPONSIBILITIES**

Members of the Medical Staff are encouraged to discuss Advance Directives with their patients prior to admission to Hospital and to make Advance Directive forms available to their patients in the physician's office by using the informational pamphlets and forms provided by the Hospital.

**J. THE MEDICAL RECORD**

The "Advance Directives" section of the Medical Record will contain the photocopy of the patient's Advance Directive(s), if available, the "Acknowledgment of Advance Directive Information", and the "Instructions Contained in Unavailable Advance Directive" forms, as applicable.

The Limitation of Treatment Orders form will be placed in the Physicians Orders section of the medical record.

**III. CONSCIENCE CLAUSE**

The law recognizes that an attending physician, an employee or agent of the attending physician, or an employee or agent of the Hospital has the right to refuse to comply with a patient's wishes, as expressed in an Advance Directive, on the basis of the objector's conscience or religious beliefs.

Hospital personnel, who, on the basis of conscience or religious belief, are unable to comply with an Advance Directive, will notify their supervisor. The supervisor will immediately assign that patient to an alternate caregiver.

If the attending physician is not willing or able to comply with the patient's wishes as expressed in an Advance Directive, the attending

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physician will promptly inform the patient and will not attempt to unreasonably prevent or delay the transfer of the patient to the care of a physician who is willing and able to comply with the patient's wishes.

#### IV. REVOCATION OF ADVANCE DIRECTIVES

Under Ohio law, a patient has the unrestricted right to revoke an Advance Directive. The patient's revocation of a Directive is initiated by simply informing the attending physician, or any other person including Hospital Personnel, of their desire to revoke the Directive. When notice of a revocation is given to Hospital personnel, either by the patient or by someone who heard the revocation, the patient's Registered Nurse will be informed of the revocation as soon as possible.

The Registered Nurse will confirm the decision with the patient, and, immediately inform the attending physician of the revocation. The revocation is effective when it is directly relayed or related to the attending physician.

The Registered Nurse will document the revocation by writing "Revoked" in red ink across the front page of the Advance Directive, and sign and date the document. In addition, the Registered Nurse will document the follow-up conversation with the patient and the physician in the Physician's Progress Notes, and sign and date that entry.

APPROVED BY: Biomedical Ethics Committee

DATE: 2/22/01

IMPLEMENTATION DATE: 12/91

**ACKNOWLEDGMENT OF ADVANCE DIRECTIVE INFORMATION**

Hospital recognizes my right to make health care decisions for myself. This includes my right to accept or reject medical or surgical treatment. I may also express my wishes in documents called Advance Directives, (a Living Will and/or Durable Power of Attorney for Health Care) so that my wishes will be known if I am unable to make informed health care decisions for myself.

I have received printed information at this time about Ohio's Law on my right to make a Living Will and/or Durable Power of Attorney for Health Care, and \_\_\_\_\_ Hospital's Policy for implementing my right to make decisions about my treatment including my right to have treatment withheld or withdrawn.

If I am referred to a home health care agency or nursing home upon discharge from Hospital, I agree to permit \_\_\_\_\_ Hospital to provide that organization a copy of this form and/or a copy of my Advance Directive(s).

**PLEASE CIRCLE THE APPLICABLE ANSWERS TO THE FOLLOWING QUESTION:**

HAVE YOU MADE AN ADVANCE DIRECTIVE?

Yes, I am providing \_\_\_\_\_ Hospital with the ORIGINAL of my Advance Directive(s) for photocopying for my Medical Record. I have made no oral or written changes to the provided Advance Directive(s).

Yes, I have a  Durable Power of Attorney for Health Care and/or a  Living Will to be brought in by:  
 \_\_\_\_\_ (NAME/RELATIONSHIP) \_\_\_\_\_ (PHONE NO.)

Yes, I have a Durable Power of Attorney for Health Care and/or a  Living Will that has been filed with the County Recorder of \_\_\_\_\_ County in the State of \_\_\_\_\_.

No, I would like more information after I arrive on my assigned patient care unit.

No, I would like a copy of Advance Directive forms.  
 [ \_\_\_\_\_ check if forms provided]

No, I have made no Advance Directives, and I request no follow-up.

DO YOU HAVE?  DNR Comfort Care Order  DNR Comfort Care-Arrest Order

\_\_\_\_\_  
 PATIENT/RESPONSIBLE PARTY DATE RELATIONSHIP TO PATIENT

**HOSPITAL USE ONLY**

Advance Directive copy placed in Medical Record by: \_\_\_\_\_ Date

Attending Physician notified of Advance Directive information by: \_\_\_\_\_ Date

INDIVIDUAL CONTACTED FOR ADVANCE DIRECTIVE	DATE/TIME	COMMENTS

\_\_\_\_\_ Information provided to patient's family/others.  
 \_\_\_\_\_ Comments: \_\_\_\_\_

LEGAL-fk-2/01

DISTRIBUTION: MEDICAL RECORD COPY - WHITE  
 ATTENDING PHYSICIAN COPY - YELLOW  
 PASTORAL CARE COPY - PINK  
 PATIENT COPY - GOLD

**EMBOSS HERE WITH PATIENT'S STAMPER**

# INSTRUCTIONS CONTAINED IN UNAVAILABLE ADVANCE DIRECTIVE

*To be completed on behalf of patients that have executed an Advance Directive, that is not available at the time of admission to \_\_\_\_\_ Hospital.*

I understand this document does not constitute, replace, or alter any Advance Directive I have previously executed. This form is only intended to provide my physicians and Hospital general direction in the event I can no longer provide consent or make healthcare decisions and until which time my Advance Directive is delivered to \_\_\_\_\_ Hospital, I execute a new Advance Directive, or my surrogate decision maker is able to act on my behalf.

## 1. DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS

I have a Durable Power of Attorney for Healthcare. \_\_\_\_\_  
(Name of Durable Power of Attorney)

Durable Power of Attorney has authority, consistent with all applicable laws, to provide consent on my behalf for the following:

- Execute releases and consent to treatment.
- Select, employ, contract, and discharge healthcare personnel or facilities.
- Refuse life-sustaining treatment.
- Refuse resuscitation efforts.
- Refuse nutrition and hydration.

## 2. LIVING WILL

I have a Living Will, effective in the event I become terminally ill and am unable to provide consent or make healthcare decisions. In my Living Will I refuse the following measures and direct my attending physician not to:

- Administer resuscitation measures.
- Administer artificial life support measures (i.e., mechanical ventilation, dialysis)
- Administer life-sustaining treatment of any form.
- Administer nutrition and hydration.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

3/98