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Owner: Joan Hendrickson: MSU/Care Manager
Policy Area: Care Management
References:

Advance Directives Procedure

Purpose

It is the policy of Whitman Hospital & Medical Center to encourage and respect patient self-determination. Each patient's ability and right to participate in healthcare decision-making should be honored and not compromised.

This Advance Directives (AD) policy is intended to implement that objective and assure compliance with the *Patient Self-Determination Act* which is required as a condition of participation in the Medicare and Medicaid programs.

Policy

The term "Advance Directives" means written instruction, such as a living will or Health Care Directive, which can include a Durable Power of Attorney for Healthcare or Healthcare Agent, for the patient's expressed preferences about medical treatment. The AD helps guide patient care decisions if the patient loses decisional capacity. The existence or lack of the AD does not determine an individual's access to care, treatment, and services. The AD will be honored by the staff and physicians of WHMC within the limits of the law and WHMC's capabilities. WHMC does not discriminate against patients based on whether or not they have an AD.

Procedure

A. Inpatient Admissions

1. Admitting Nurse's Responsibility

- a. Completes the AD section in the electronic record.
- b. The request for the AD is made
 1. if one is completed
 - a. When the Patient's AD is brought in,
 - i. a copy is made for placement in the current medical chart and
 - ii. the original is returned to the patient at discharge.
 - iii. The AD will be maintained in the permanent electronic medical record.
 - b. If the patient does not have an AD readily available and an AD copy exists on an old record, the nurse/health unit coordinator prints a copy if available from the EMR.

- c. If the patient has wishes to initiate, review or revise an AD, Social Services shall be called as a resource to assist the patient to complete a revised AD.
 - i. The patient is to be encouraged to consult with his/her physician.
 - ii. When a new AD paper copy arrives in HIM, the information will be scanned in the computer, report cover and in front of the patient's permanent medical record.
 - 2. the patient does not have an AD, a referral is made to the Social Worker.
 - a. If the patient does not wish further information, document this in the electronic record.
 - b. If the patient wishes to review, revise, or complete an AD, the nurse enters a referral to t to Social Services.
 - c. If the Social Worker is unavailable, an appropriate time for SW is requested. the admitting nurse.
 - d. If the admitting nurse determines that the patient is unable to discuss the AD during the admission process, (too ill, lacks decisional capacity) the nurse may do the following
 - i. Enter a EMR referral to the Social Worker;
 - ii. assesses the availability of a family member or surrogate decision-maker who has access to an AD or who can provide information;
 - iii. asks family/other to bring in an AD if possible;
 - iv. documents name of patient surrogate/representative in the electronic record;
 - v. If not able to contact family or other decision maker, refer to Social Services for follow-up using EMR referral mechanism.
2. Social Services Responsibilities
 - a. Based on referrals from nursing, physician or any staff member, made through the electronic record or direct patient/family request, Social Services will follow up.
 - 1. When there is any concern, question, or confusion about who is the proper surrogate.
 - 2. The Social Worker will document in the EMR Social Work Assessment any action/referral.
 - a. Any unresolved ethical dilemmas regarding surrogacy can be forwarded by staff, patient or family members to the Social Worker who will engage the Ethics Committee (see Ethics Committee Case Consultation Process Policy) for consultation.

B. Other Settings

- 1. Outpatients
 - a. For outpatients, information and referral assistance regarding Advance Directive and WHMC policy will be made available upon request. In WHMC facilities observation patients are treated the same as inpatients.
 - b. Outpatients requesting further assistance and information will be encouraged to talk with their physician.
- 2. Surgical or Diagnostic Procedures

Patients may come to outpatient or inpatient procedures with specific directives. The physician, surgeon, and/or anesthesia provider, as necessary, discusses advance directives or intent with the

patient for the procedure time period.

C. Education for Staff and Community

The Ethics Committee recommends to social services, community and staff education for Advance Directives.

D. Department of Health Notification of Changes and or Update to this Policy

1. The Care Management Manager will provide changes and or updates to the DOH website and Public Relations Department at WHMC for placement on WHMC web site.
2. In accordance with the WAC 246-320-141 subsection 5-8. The updated policy is sent to: hospitalpolicies@doh.wa.gov

DOCUMENTATION

All discussions with Patients, regarding Advance Directive, Living Wills, Durable Power of Attorney for Healthcare or Healthcare agent documentation will be documented in the Patients EMR. Any updated or completed Advance Directive, Living Will, Durable Power of Attorney for Healthcare or Healthcare agent will be copied and scanned to the patients EMR.

Attachments:

[Your Rights And End-Of-Life Care Decisions](#)

Approval Signatures

Approver	Date
Pam Akin: Chief Nursing Officer	12/18/2017, 12:45PM EST
Pam Akin: Chief Nursing Officer	12/18/2017, 12:43PM EST

