WHITMAN HOSPITAL & MEDICAL CLINICS

Effective:	*10/27/2005, 12AM EST*
Approved:	*12/2/2020, 6:33PM EST*
Last Revised:	*11/20/2019, 12AM EST*
Expiration:	*12/2/2021, 6:33PM EST*
Owner:	*Joan Hendrickson: MSU/Care Manager*
Policy Area:	*Care Management*
References:	

Advance Directive Procedure

Purpose

It is the policy of Whitman Hospital & Medical Clinics (WHMC) to encourage and respect patient self-determination. Each patient's ability and right to participate in health care decision-making, also known as Advance Care Planning is honored.

This Advance Directive (AD) policy is intended to encourage Advance Care Planning for patient's 18 years of age and older and to assure compliance with the **Patient Self-Determination Act** which is required as a condition of participation in Medicare and Medicaid programs.

Definitions

The term "Advance Directive, Durable Power of Attorney (DPOA) for Health Care and Health Care Directive" starts with a conversation about future health care decisions and includes written instruction for adults 18 years of age or older, about their future health care decisions, if a sudden event, serious accident or illness that one is unable to make decisions. A Power of Attorney for Health Care or Health Care Agent is the appointed trusted person to carry out the instructions of a person's wishes, goals and goals for treatment. The existence or lack of 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. Every attempt will be made to honor a patient's wishes whether they have an Advance Directive or not.

Procedure

- The admitting Nurse is responsible for completing the AD section in the electronic medical record (EMR).
- The request for the AD is made if one is completed when the patient's AD is brought in a copy is made for placement in the current medical chart and the original is returned to the patient at discharge.
- The AD is maintained in the permanent electronic medical record.
- If the patient does not have an AD readily available and an AD copy exists on an old record, the nurse or health unit coordinator prints a copy if available from the EMR.
- If the patient 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.
- The patient is to be encouraged to consult with his/her physician.
- When a new AD paper copy arrives in HIM, the information will be scanned in the patient's permanent medical record.
- If the patient does not have an AD and wants more information, a referral is made to the Care Manager.

- If the patient does not wish further information, document this in the electronic record.
- If the patient wishes to review, revise, or complete an AD, the nurse enters a referral to Social Services.
- If the Care Manager is unavailable, an appropriate time will be arranged between patient, admitting nurse and Care Manager.
- 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:
    - Enter an EMR referral to the Care Manager.
    - Assess the availability of a family member or surrogate decision-maker who has access to an AD or who can provide information.
    - Asks family/other to bring in an AD, if possible.
    - Documents name of patient surrogate/representative in the electronic record.
    - If not able to contact family or other decision maker, refer to Social Services for follow-up using EMR referral mechanism.

Care Management Responsibilities:

- 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 when there is any concern, question or confusion about who is the proper surrogate.
- The Care Manager will document in the EMR Social Work Evaluation any action/referral.
- Any unresolved ethical dilemmas regarding surrogacy can be forwarded by staff, patient or family members to the Care Manager who will engage the Ethics Committee (see Ethics Committee Case Consultation Process Policy) for consultation.

Outpatients:

- For outpatients, information and referral assistance regarding Advance Directives and WHMC policy will be made available, upon request.
- WHMC observation patients are treated the same as inpatients.
- Outpatients requesting further assistance and information on AD will be encouraged to talk with their physician, who can refer the patient for an Advance Care Planning facilitation by contacting the Advance Care Planning Coordinator in Care Management.

Surgical or Diagnostic Procedures:

- Patients may come to outpatient or inpatient procedures with specific directives.
- The physician, surgeon and/or anesthesia provider will discuss advance directives or intent with the patient for the procedure time period as necessary.

Education for Staff and Community:

- The Advance Care Planning Committee provides outreach and education to the community and WHMC staff.
- The Care Management Manager will provide changes and/or updates to the DOH website and Public Relations Department at WHMC for placement on WHMC website.
- In accordance with the **WAC 246-320-141 subsection 5-8**. The updated policy is sent to: hospitalpolicies@doh.wa.gov
- All discussions with the patient regarding Advance Directives, Durable Power of Attorney for Health Care will be documented in the patient's EMR.
- Any updated or completed Advance Directives or Living Will will be copied and scanned to the patients EMR by HIM.

Attachments

Hierarchy Poster m201906.pdf
HB 1175 FAQs.pdf
HCPNW Advance Directive v.2019.07 (2).pdf

Approval Signatures

Approver	Date
Joan Hendrickson: MSU/Care Manager	12/2/2020, 6:33PM EST