

SUBJECT: <b>Advance Directives</b>	PAGE 1 of 4	REVIEWED/ REVISED	
	EFFECTIVE DATE 12/01/91	12/1992 07/1994 07/1998 10/2004 01/2005 09/2006 05/2009 11/2012 11/2015 11/2019 02/2024	06/1993 11/1997 03/2000 12/2004 02/2005 11/2007 06/2011 12/2014 11/2017 02/2023
DEPARTMENT:  All Departments	PREPARED BY/TITLE Director of Coordinated Care		
DIVISION:  Hunt Regional Medical Center	APPROVED BY/TITLE Risk Management Committee		

Purpose: To establish a consistent process for advising patients of their rights to accept or refuse medical treatment and to document the patient’s decisions.

Scope: This policy applies to the Hunt Regional Healthcare (HRH) team providing care to the emergency room, inpatient, observation, and day surgery population.

Definitions:

- Advance Directives- legal documents that allow patients to convey their decisions about end-of-life care ahead of time.
  - Directive to physicians- (i.e., living will) is an oral or written instruction to administer, withhold, or withdraw life-sustaining treatment in the event of a terminal or irreversible condition.
  - An out-of-hospital- DNR order- instructs healthcare providers acting in an out-of-hospital setting to withhold cardiopulmonary resuscitation and other life-sustaining treatment.
  - A Medical Power of Attorney- this document allows the patient to select a delegate to make healthcare decisions on their behalf in accordance with their wishes when they are unable to make those decisions on their own behalf.
  - Declaration for Mental Health Treatment- this document allows the patient to make decisions in advance in relation to mental health treatment specifically as it relates to psychoactive medications, convulsive therapy, and emergency mental health treatment. The instructions within this declaration would only be followed if a court determines the patient is incapacitated to make treatment decisions.
- Registration Staff- the person(s) responsible for the patient's registration. In some cases, this could be a registered nurse, emergency department staff, or other designated personnel.

Policy Statement:

- It is the policy of HRH to comply with the Advance Directives Act.
- It is also the policy of HRH to comply with Texas law regarding informed consent and the patient's right to accept or refuse medical or surgical treatment.
- Because of these requirements, and in order to honor the wishes of the patient or patient's legal representative regarding medical treatment and the withdrawal or withholding of life-sustaining procedures, it is the policy of HRH to provide written information to all emergency room patients, inpatients, observation patients, and same day surgery patients upon registration, regarding:
  - Their right to accept or refuse medical or surgical treatment,
  - The existence of written policies of this facility respecting the implementation of such rights.
- In accordance with federal law, it is the policy of HRH to provide written information to all emergency

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room patients, inpatients, observation patients, and same day surgery patients upon registration regarding their right to formulate a declaration for medical health treatment, and the written policies and procedures of this facility respecting the implementation of such rights.

- HRH employees will document in each adult's medical record whether or not he/she has executed an advance directive.
- HRH shall treat all patients equally in the provision of medical care without regard as to whether or not the patient has executed on issues concerning advance directives.
- Patients are not required to execute advance directives; however, HRH registrars will provide emergency room patients, inpatients, observation patients, and same day surgery patients with information regarding advance directives and the existence of the hospital's policies in reference to the patient's rights in this matter.
  - The Frequently Asked Questions about Advance Care Planning information sheet is distributed to all emergency room patients, inpatients, observation patients, and same day surgery patients at the time of registration. An advance directive form may be obtained by contacting the hospital social worker, chaplain, shift manager, or through the district website.
  - The signature of the patient, family member, or legal guardian acknowledging receipt of the written material regarding advance directives is required.
  - Registration will ask the patient to complete (including signature and date) the "Advance Directive Acknowledgment" form and scan the form into the patient's record.
  - Patients asking for assistance in formulating a Medical Power of Attorney for Health Care may do so by contacting Social Services, a chaplain, or their attorney
- Advance directives for medical and surgical treatment appropriately signed and witnessed remain effective until revoked by the patient.
- Advanced Directive Revocation:
  - Patients have the right to revoke or change advance directives at any time, and in doing so, are expected to notify the physician(s) as well as other healthcare workers of the change or cancellation.
  - The Declaration for Mental Health Treatment is effective for 3 years or until revoked. However, if the patient is incapacitated on the third anniversary following the execution of the document, it remains effective until the person is no longer incapacitated. Activation of the Declaration for Mental Health Treatment requires a finding of incapacitation by a court.
- In accordance with State law, patients who do not have an advance directive, and become incapable of making health care decisions for themselves, will have to depend on family decisions with regard to the continuance of life support/treatments.
- In the absence of a directive to physicians, a medical power of attorney, or a legal guardian, persons authorized to make life support decisions are listed in order of priority as follows:
  - Spouse
  - The patient's reasonably available adult children.
  - The patient's parents
  - The patient's nearest living relative.
- If the patient is incapacitated, does not have an Advance Directive, and does not have a legal guardian or available family member from the list above, treatment decisions may be obtained by another physician who is not involved in the treatment of the patient concurring with the treating physician.
- Health care team members shall continue to provide compassionate and appropriate care to any patient, who according to his/her advance directive, has elected to have life support systems withdrawn.

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- In compliance with the Texas Health and Safety Code, Title 2, Chapter 166, Physicians who believe as a matter of conscience that they are unable to implement the patient's advance, are expected to negotiate with a peer of equal qualifications to accept the patient assignment. Nursing staff members who experience the same feelings as those described above are to notify their immediate supervisor to make alternate arrangements for the patient's care.
  - The case will then be forwarded on to the Ethics Committee and the policy entitled Bioethical Treatment Decisions will be followed.
  - Life-sustaining treatment will continue to be provided to the patient during this time.
- Out of Hospital DNR Order:
  - Patients may choose to have an out-of-hospital do not resuscitate order.
  - "Out of hospital setting" means a location in which health care professionals are called for assistance, including long-term care facilities, private homes, hospital outpatient or emergency departments, physician's offices, and vehicles during transport.
  - This document should be obtained and completed through the attending physician.
  - A copy of the out-of-hospital DNR order form should also accompany the patient and be verified as valid before the DNR order is initiated.
  - The presence of a DNR identification device on the body of a person (usually a bracelet or a necklace) is considered conclusive evidence that the person has executed or issued a valid out-of-hospital DNR order or has had one executed on his behalf.
  - Responding health care professionals shall honor the DNR identification device as if a valid DNR order form were found in the possession of the person.

Procedure:

- Upon registration of emergency room patients, inpatients, observation patients, and same day surgery patients, Registration should:
  - Provide to the patient as part of assessment/orientation a copy of the "Frequently Asked Questions about Advance Care Planning" information sheet.
  - Provide the patient with the hospital policy in relation to Advance Directives.
  - Explain that because of the "Advance Directive Act", HRH is under federal obligation to inform all patients of their rights to make decisions regarding their health care,
  - Ask the patient to complete (including signature and date) the "Advance Directive Acknowledgment" form and scan the form into the patient's medical record.
- If the patient indicates that they already have an executed advance directive, the staff should:
  - Receive the document at the time of registration and scan it into the patient's medical record.
  - If the patient does not present a copy of the "Advance Directive" upon registration the Registrar should ask the patient if they have ever provided a copy of their "Advance Directive" to the hospital during a prior admission and if it is the most up to date copy.
  - If the patient is unable to produce the advance directive at the time of registration and a copy is not on file at the hospital the Registrar should:
    - Ask the patient or family member to bring a copy of the "Advance Directive" to the Hospital.
    - If the patient is admitted, the nurse, physician, or other clinician should enter a Social Services consult.
    - Social Services will then follow up with the patient and family to complete an interim advance directive if desired.
  - If the patient is admitted, they will be reminded no less than twice to produce the document or formulate a new one:
    - Reminded once at admission
    - Reminded a second time on the patient care unit by the Social Worker.

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- If the patient does not have an advance directive and wishes to formulate one, the staff should:
  - Contact the hospital social worker by placing a Social Service consult for advanced care planning.
  - Competent patients wishing to formulate an advance directive are to be advised to discuss the material with their family, physician(s), legal advisor, and/or religious counselor before signing any documents.
  - The patient should be advised that they must fully understand the information.
- In cases where an advance directive is completed on-site, the advance directives must be signed in the presence of two witnesses.
- For purposes of witnessing an Advance Directive, the witnesses must comply with the following criteria:
  - Each witness must be a competent adult; and
  - At least one of the witnesses must be a person who **is not**:
    - A person designated by the declarant to make a treatment decision;
    - A person related to the declarant by blood or marriage;
    - A person entitled to any part of the declarant's estate after the declarant's death under a will or codicil executed by the declarant or by operation of law,
    - The attending physician;
    - An employee of the attending physician;
    - An employee of a health care facility in which the declarant is a patient if the employee is providing direct patient care to the declarant or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of health care facility; or
    - A person who, at the time the written advance directive is executed or, if the directive is a non-written directive issued under this chapter, at the same time the non-written directive is issued, has a claim against any part of the declarant's estate after the declarant's death.
- Once an advance directive has been executed:
  - The patient's attending practitioner is to be informed that the patient has executed an advance directive, and
  - A copy of the advance directive is to be scanned into that patient's medical record. This copy then becomes a part of the patient's permanent medical record.
  - The original Advanced Directive is retained by the patient, who in turn should inform appropriate persons, of its filed location.
- Patients with a written "Declaration for Mental Health Treatment", who need inpatient mental health services will be screened to determine whether an emergency medical condition exists, will be provided appropriate stabilizing treatment, and then transferred as appropriate to a facility that provides inpatient mental health services.