


Name of Policy: <u>Advance Medical Directives</u> Policy Number: 3364-100-10-12 Department: Hospital Administration Medical Staff Approving Officer: Chief Executive Officer Chief of Staff Responsible Agent: Chief Medical Officer Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: 06/01/2020 Initial Effective Date: 12/1/1991
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input checked="" 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 will not condition the provision of care or discriminate against a patient based on whether or not an Advance Directive is in place.

(B) Purpose of Policy

To establish a uniform procedure by which UTMC will inform the patient of their right to self-determination and Advance Directives and document the existence of any Advance Directive.

(C) Procedure

1. Registration

- A. 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 a 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. When the 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).
- E. If the patient states they have 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 UTMC facesheet (YES, COPY REQUESTED) and an Advanced Directive request form is generated and placed in the admission packet
- F. If the patient/spokesperson states that they are unable to bring a copy of the Advance Directive to the hospital, the patient is asked if they wish to complete a new Advance Directive.

- G. If the patient indicates they do not have an Advance Directive, they will be offered a copy of the advance directives booklet and any necessary forms for completion.
- H. If the patient indicates that they would like to create an Advance Directive, they should be informed that they have the right to designate the person of their choice, to make medical decisions on their behalf should they become incapacitated.
- I. If the patient does not desire additional information, it is noted on the UTMC facesheet (NO INFO WANTED).
- J. Admitting may contact the Spiritual Support Specialist for further information. If patient wishes to sign the document, two witnesses are required. The nursing staff are able to be a witness to signature only.
- K. UTMC will not provide legal counseling to complete an Advance Directive. The forms provided are self-explanatory. Patients with legal questions must be directed to their personal attorney or a lawyer 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. Upon the request of the patient, guardian or their spokesperson, information for an Advance Directive is made available.
- C. When the patient brings a copy of an Advance Directive, a copy will be placed in the patient's chart and a copy is to be sent to Health Information Management File Room.

3. Nursing Services

- A. All Advance Directive documents 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 to the unit, a healthcare team member will note from the face sheet if an Advance Directive is "on file". If one has not been provided in the admission packet, the team member 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

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)Medical Staff

- A. The attending medical staff is encouraged to discuss Advance Directives with patients prior to admission or during their stay at UTMC.
- 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, s/he will facilitate the transfer of the patient to a physician who is willing to implement the patient's wishes.

5. Health Information Management Department (HIM)

- A. Any Advance Directive (inpatient or outpatient setting) received will be scanned into the patient's medical record. Only the most recent version will be viewable in patient's medical record.
- B. Routinely or upon request (i.e. admission) the Advance Directive volume will be provided for all Advance Directives completed. Upon discharge the Advance Directive will be scanned into the patient's medical record

and handled according to A2. Any Ambulatory Clinic may request a copy of the Advance Directive by contacting HIM.

6. Legal Affairs and Risk Management Departments

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

7. Institutional Ethics Committee

The Institutional Ethics Committee may be consulted regarding the appropriateness of any Advance Directive.

8. 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

*UTMC recognizes patient guardians, legal representatives, spokesperson and parents(for minors) as patient indicates regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

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> <p><u>/s/</u> <u>05/15/2020</u> Richard P. Swaine, CPA Chief Executive Officer - UTM Date</p> <p><u>/s/</u> <u>05/15/2020</u> Samer Khouri, MD Chief of Staff Date</p> <p><i>Review/Revision Completed By:</i> HAS General Counsel Chief of Staff</p>	<p>Review/Revision Date:</p> <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</p> <hr/> <p>Next Review Date: 06/01/2023</p>
<p>Policies Superseded by This Policy: 7-10-12</p>	