COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Advance Directives		**NUR-003**
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing		
DEPARTMENT	REFERENCE	
Nursing	See below	

SCOPE

This policy applies to all adult patients receiving care and treatment at Mangum Regional Medical Center and notifies patients of their rights to make health care decisions, to formulate advance health care directives, and to accept or refuse medical or surgical treatment.

PURPOSE

Health care providers are required by the Patient Self-Determination Act of 1990 and other applicable law to advise adult patients of their rights to make health care decisions, to formulate advance health care directives, and to accept or refuse medical or surgical treatment. Mangum Regional Medical Center will inform adult patients with capacity about their options and rights to make their own decisions; provide support and assistance to individuals desiring advance directives; and provide education to patients, professionals, and the community. The purposes of this policy are to ensure statutory compliance and to enhance patient autonomy and self-determination.

DEFINITIONS

Advance Directive is defined as a legal document signed by a competent person that provides guidance for medical and health-care decisions (such as the termination of life support or organ donation) in the event the person becomes incompetent to make such decisions. An Advance Directive may include a living will, the appointment of a health care proxy, and anatomical gift donations (or all or any of the foregoing).

Advance Directive for Mental Health Treatment. Oklahoma law recognizes the fundamental right to control decisions related to mental health treatment and provides that a competent adult may make an Advance Directive for Mental Health Treatment to express mental health treatment preferences or instruction which may include, but is not limited to, consent to mental health treatment.

Capacity is defined as the functional ability to (1) comprehend information relevant to the particular decision to be made; (2) deliberate regarding the available choices, considering his or her own values and goals; and (3) communicate a decision verbally or non-verbally.

Durable Power of Attorney for Health Care (DPOA-HC) is a document that allows a patient to appoint an individual called an "Agent" or "Attorney-in-Fact." An Attorney-in-Fact cannot execute an Advance Directive on behalf of a patient.

Patient Representative is an attorney-in-fact for health care decisions acting in accordance with the Uniform Durable Power of Attorney Act, a health care proxy acting in accordance with the Oklahoma Advance Directive Act, or a guardian of the person appointed under the Oklahoma Guardianship and Conservatorship Act.

Physician Orders for Life-Sustaining Treatment (POLST) is a document, completed and signed by the treating physician, which is intended to interpret the wishes of a patient who has an advanced, progressive illness, into physician orders that must be followed by all health care providers who interact with the patient. The POLST form is designed to focus end-of-life health care on the patient's treatment wishes by making them more explicit for any subsequent caregivers.

POLICY

A. To comply with the Oklahoma Advance Directive Act, the Oklahoma Uniform Statutory Form Power of Attorney Act, the Oklahoma Physician Orders for Life-Sustaining Treatment Act, and other applicable laws regarding informed consent and the patient's right to accept or refuse medical or surgical treatment. Because of these requirements and 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 the hospital to provide written information to all adult inpatients and outpatients who are in the emergency department, who are in an observation status, or who are undergoing same-day surgery, with capacity, regarding:
    1. Their rights to accept or refuse medical or surgical treatments; and
    2. Their rights to make advanced directives

    The written information will include a statement of limitation if the hospital cannot implement an advance directive on the basis of conscience. The Hospital's issuance of the written information to the patient or the patient's representative will be documented in the patient's medical record.

B. To document in each patient's medical record whether or not they have executed an advance directive.

C. To not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

D. To allow a surrogate decision-maker, under the specified provisions in the Oklahoma Advance Directive Act, to consent to care and medical treatment to maintain the physical and mental condition of an adult patient who does not have the capacity or ability to make health care decisions or who does not have a legal guardian or agent named under the Durable Power of Attorney for Health Care Act.

E. To provide educational opportunities to its staff and the community on issues concerning advance directives.

PROCEDURE

A. Upon admission, a case manager, or member of the nursing staff will provide each patient with information regarding Advance Directives; however, if a patient is incapacitated at the time of admission, then the case manager or member of the nursing staff may present the information to the patient's family or surrogate. The case manager or nursing staff member must present the information to the patient when the patient is no longer incapacitated (or to the patient's representative if patient is mentally incapacitated.)

An advance directive may be revoked in whole or in part at any time and in any manner by the declarant (the patient), without regard to the declarant's (patient's) mental or physical condition. A revocation is effective upon communication to the attending physician or other health care provider by the declarant (patient or a witness to the revocation). The attending physician or other health care provider will make the revocation a part of the declarant's (patient's) medical record and communicate the revocation to the appropriate persons.

B. If the patient desires, the patient may complete an Advance Directive or an Advance Directive for Mental Health Treatment. A patient should seek the assistance of an attorney in completing a Durable Power of Attorney for Health Care. The patient's physician may complete and sign a Physician Order for Life-Sustaining Treatment, but the physician should only complete a POLST for patients who are near the end of life.

C. If the patient already has executed an Advance Directive prior to admission, the patient shall provide the executed original, or a copy with an original signature, to a hospital admissions staff member for filing in the patient's medical record. If the admissions staff member has any questions regarding the validity of the Advance Directive, he or she will present the questions to the Chief Clinical Officer. If the staff member has no questions regarding validity, the staff member shall place a copy of the advance directive to the physician's order sheet. The Advance Directive shall become part of the patient's medical record. If the patient asserts he or she previously has provided an executed Advance Directive to the hospital, the medical record department will retrieve the document.

D. If the Chief Clinical Officer or other administrative staff receive questions regarding the validity of the Advance Directive, the CCO will notify the attending physician or other

healthcare provider of the questions and notify the Risk Manager and/or hospital counsel to resolve the questions.

E. If the patient asks to complete an Advance Directive, a designated hospital staff member shall assist the patient in completing the Advance Directive. If the staff member questions the competency or capacity of the patient, the staff member shall notify the attending physician or other healthcare provider to resolve the question.

F. The attending physician or other healthcare provider will make a notation in the patient's medical record when the Advance Directive becomes operative. An Advance Directive becomes operative when it is communicated to the attending physician and the declarant (patient) is no longer able to make decisions regarding administration of life-sustaining treatment.

G. If an adult patient is incompetent or incapable of communication at the time of admission and has not executed or issued an Advance Directive, then Oklahoma law prioritizes classes of persons who are authorized to make general health care decisions for any person who is persistently unconscious, incompetent, or is mentally or physically unable to communicate. The statutory decision-making authority does not authorize every decision-maker to make *all* healthcare decisions for the patient.
    a. A general or limited Guardian appointed by the court pursuant to the Oklahoma Guardianship and Conservatorship Act;
    b. Health Care Proxy;
    c. Agent/Attorney-in-Fact (per a DPOA-HC);
    d. Spouse;
    e. Adult Children;
    f. Parents;
    g. Adult Siblings;
    h. Other Adult Relations (in order of kinship); and
    i. Close Friends who have maintained regular contact with the patient sufficient to be familiar with the patient's personal values. Execution of an affidavit stating specific facts and circumstances documenting such contact constitutes prima facie evidence of close friendship.
    j. Prior to making a health care decision for a patient pursuant to this section, a person shall provide to the attending physician or other healthcare provider a signed copy of the following statement. The attending physician or other healthcare provider will enter the signed statement into the patient's medical record. "I hereby certify that:
        - I have not been convicted of, pleaded guilty to or pleaded no contest to the crimes of abuse, verbal abuse, neglect or financial exploitation by a caregiver; exploitation of an elderly person or disabled adult; or abuse, neglect, exploitation or sexual abuse of a child;
        - I have not been found to have committed abuse, verbal abuse or exploitation by a final investigative finding of the State Department of Health or Department of Human Services or by a finding of an administrative law judge, unless it was overturned on appeal; and

- I have not been criminally charged as a person responsible for the care of a vulnerable adult with a crime resulting in the death or near death of a vulnerable adult."

H. If a patient is admitted with an Advanced Directive or Durable Power of Attorney for Health Care and lacks the capacity to make health care decisions as certified in writing by the patient's attending physician, then the designated representative under the applicable document may make treatment decisions on behalf of the patient according to the terms of the document.

I. The hospital shall provide community education regarding advance directives, and hospital personnel shall document when they provides such community education.

REFERENCES

Patient Self-Determination Act of 1990
Oklahoma Advance Directive Act, 63 O.S. § 3101.1 et seq.
Oklahoma Uniform Statutory Form Power of Attorney Act, 15 O.S. § 1001 et seq.
Oklahoma Physician Orders for Life-Sustaining Treatment Act, 63 O.S. § 3105.1 et seq.

ATTACHMENTS

Attachment A: State of Oklahoma Advance Directive Form
Attachment B: Certification of Individual Making Health-Care Decision for Patient
Attachment C: Oklahoma POLST Form

REVISIONS/UPDATES

Date	Brief Description of Revision/Change