

Olympic Medical Center Advance Directives

Note: Printed copies are for reference only. Please refer to SharePoint for the latest version.

POLICY

Olympic Medical Center makes every effort to obtain written documentation of patient's specific health care wishes. Individuals, 18 years of age and older at the time of inpatient admission or during the pre-admission process, are provided written information regarding an individual's rights under state and federal law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.

ADVANCE DIRECTIVES

Advance Directives are defined as written instructions, such as a Directive to Physicians, formerly known as a living will, Durable Power of Attorney for Health Care, or a Physicians Order for Life Sustaining Treatment ("POLST" or Code/No-Code agreement) recognized under state law (whether statutory or as recognized by the courts of the state), and relating to the provision of such care when the individual is incapacitated.

DIRECTIVE TO PHYSICIANS

A Directive to Physicians indicates the type of treatment that an individual wishes to receive or forgo under specified circumstances.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

A Durable Power of Attorney for Health Care designates a proxy to make treatment decisions when a person is unable to make informed health care decisions for him/herself. Notary publics will be maintained on staff for notarization purposes.

POLST – PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

A POLST is a written agreement between a physician and a patient, in which the Physician makes certain advance orders for treatment to be received in specific situations. A patient presenting to the hospital with a signed POLST form will have these outlined wishes honored but a Physician order must be obtained within 24 hours of admission.

WITNESSES

A witness to an Advance Directive shall not be an employee of the health care facility, attending physician, employee of the attending physician, or any person who has claim against any portion of the estate of the declarer upon the declarer's death at the time of the execution of the directive.

RESUSCITATION STATUS

Every patient admitted to the hospital of Olympic Medical Center is automatically placed in a full resuscitating status. Exceptions to this policy are made by consultation of the physician with the patient or the patient representative, or in accordance with the patient's Advance Directives.

INPATIENT SETTINGS: [Note: Appendix A, Advance Directive Flow Chart]

- A. At the time of admission or during the pre-admission process, Advance Directive information is made available to all patients.
 1. The Admitting Nurse will obtain a 'yes' or 'no' in response to whether the patient has an advance directive (AD). If the answer is yes, a request will be made to obtain a copy to have scanned into the EHR and a comment will be entered in EPIC by the admitting nurse. Healthcare team members will follow up with the patient as needed to document requests made to obtain the patients AD. Priority scanning of these documents is done when a copy is sent to Health Information Management.
 2. Case Management will see persons 18 years of age or over to answer any questions, provide educational information and Advance Directive brochure and forms, if the patient requests this.
 3. Patients admitted to the hospital are automatically placed in a full resuscitating status, *unless* directed otherwise. Exceptions are:
 - a) Patient has executed an Advance Directive and it is in the medical record.
 - b) Consultation of the M.D. with the patient regarding wishes and M.D. documents this as a Physicians order; or
 - c) Consultation of the M.D. with the patient representative regarding wishes and M.D. documents this as a Physicians order.
- B. When a patient is incapacitated at the time of admission, Case Management will:
 1. Try to determine from DPOA, guardian / family member accompanying the patient if an Advance Directive has been executed.
 2. Document in patient's electronic medical record what the decision-maker stated was 'the substance' of the directive if they do not have a copy with them to provide for the medical record.
- C. Case Management will provide the following educational materials as appropriate:
 1. The "*Who will decide if you can't*", pamphlet about Health Care Directives and Durable Powers of Attorney for Health Care.
 2. POLST forms
- D. If the patient revokes the Advance Directive, then document the revocation in the *Progress Notes* of the electronic medical record, stamp or write 'revoked', date and initial, and give the original back to the patient.

- E. The Patient Information Packet is provided on admission and is a primary source of Advance Directive literature.
- F. Notary service will be provided, if the patient / family requests.

OUTPATIENT SETTINGS:

Patients presenting to the OMP Outpatient Clinics may be queried as to the existence of Advanced Directives and if one exists all efforts will be made to secure a copy for the medical record.

Advance Directives brochures will be available in OMC outpatient settings. These will include resources of additional information and assistance for patients.

In the Short Stay Unit of the Hospital, the patient will be queried during nursing assessment about the availability of an Advanced Directive.

Medical Emergency Response

In the ambulatory outpatient care settings, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the signed consent for treatment or services that day implies consent for resuscitation and transfer to a higher level of care.

For outpatient settings not on the hospital campus, “911” will be called for patient transport to the Hospital Emergency Department; wherein the Hospital Code Blue is called. Exceptions are:

- 1) Short Stay Unit of the Hospital – the patient’s wishes based on available Advanced Directives will be honored.
- 2) Cancer Center, Specialty Clinics, and Primary Care Clinics- when the patient’s physician is present and a copy of the Advanced Directive or POLST is immediately available and verified, then the physician will direct the type of care and/or transport necessary to comply with the patient’s wishes.

APPROVED BY:

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ADVANCED DIRECTIVES / POLST PROCESS

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