HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL
Advance Directives & Appointment Of Health Care Representative

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SCOPE

All departments of Hackettstown Regional Medical Center.

PURPOSE

In compliance with the New Jersey Advance Directives for Health Care Act and the federal Patient Self-Determination Act, Hackettstown Regional Medical Center (HRMC) advises adult patients of their rights to make health care decisions, to formulate advance directives for health care and to accept or refuse medical or surgical treatment. HRMC will inform adult patients with capacity about their options and rights to make their own decisions; will provide support and assistance to individuals desiring advance directives; and educate patients, professionals and the community. This policy will ensure statutory compliance and enhance patient autonomy and self-determination.

DEFINITIONS

1. Advance Directive is defined as a "living will" (instructions directive); a durable power of attorney for health care (proxy directive); or a combined advance directive (proxy and instruction directive). An advance directive becomes effective only when the patient has been determined to lack decision-making capacity.
2. Capacity is defined as the functional ability to comprehend information relevant to the particular decision to be made; to deliberate regarding the available choices, considering his/her own values and goals; and to communicate verbally or non-verbally the decisions. By law, adult patients are presumed to have capacity unless it is determined that they lack this ability.
3. Health Care Representative – An individual appointed by a person to make medical decisions in the event he or she becomes incapacitated.

POLICY

HRMC has developed its Advance Directives Policy to ensure that all adult inpatients with capacity are given the opportunity to complete advance directives and that their rights as defined by statutory and case law are protected.

Patient Rights - All adult patients admitted to HRMC will be given a copy of the State-approved statement of patients' rights under New Jersey law to accept or refuse medical treatment and to execute advance directives. The patient also will be given information on advance directives, including forms, and instructions for contacting appropriate Hospital personnel for assistance in executing an advance directive.

No patient will be discriminated against or have care conditioned upon or compromised due to development of an advance directive.

An advance directive from another state will be accepted if it complies with New Jersey requirements.

Goals of the Advance Directives Policy

1. To inform and educate adult patients about their rights and options under the law.
2. To provide the appropriate documents and to have personnel trained to assist in the execution of the documents.
3. To permanently retain documentation in the medical record regarding advance directives.
4. To implement the patient's instructions and insure compliance with advance directives, consistent with the law.
5. To develop and maintain procedures regarding individuals' rights concerning self-determination and advance directives.

PROCEDURE

A. Key departments having responsibilities for the coordination, management and implementation of advance directives include: Medical Staff, Nursing, Registration, Pastoral Care, Patient Relations and Social Service.

1. Registration - As part of the registration process, the clerk will ask all adult patients (including Inpatient, Same-Day-Surgery, Observation) excluding all outpatient diagnostics if the patient has an advance directive.

   a. If the patient has an advance directive and has it with him/her, the clerk will place a copy on the medical record. The existence of the advance directive will be documented in Affinity.

   b. If the patient has an advance directive but no copy was available at the time of admission, the Registration clerk will document this. Family will be asked to bring in a copy as soon as possible and give it to the charge nurse on the unit.

   c. Any patient who does not have an advance directive but expresses interest in completing one will be referred to the forms in the admission packet and may call the patient representative or others outlined in this policy for assistance as instructed.

2. Nursing - As part of the inpatient admitting assessment, the nurse will assess the patient's status and check the advance directive status.

   a. If the patient is unconscious, critically ill, or otherwise incapacitated, this condition will be documented in the medical record. Family or significant other will be asked as soon as possible if an advance directive exists.

   b. If the patient previously completed an advance directive but a copy is not available at the time of admission, the patient will be asked to summarize the content of the directive. This summary will be documented by the nurse.

3. Pastoral Care/Patient Relations/Continued Care Coordinator/Social Service - Any time that a patient expresses a desire for assistance in completing an advance directive (during registration or any time after admission), a referral will be made to Pastoral Care, Patient Relations, Continued Care Coordinator or Social Services.

   a. Standard advance directive forms are made available to all patients at the time of admission. Patients will be encouraged to discuss the advance directive with family, physician, attorney, clergy and any appropriate hospital personnel.

   b. The basic requirements for completing an advance directive are:
      * Name of person completing the advance directive.
      * Names and addresses of the persons designated as health care representatives and alternates (if any).
      * A statement of the person's health care wishes
      * Signature and address of the person executing the advance directive and date that the advance directive was signed.
      * Names, addresses and signatures of two witnesses, neither of whom is designated as a health care representative (any adults, including HRMC employees, can witness the advance directive as long as they are not the direct care giver or named as the health care representative) or attestation by a notary, an attorney or other person authorized to administer oaths; and date.

   c. One copy of the advance directive will be placed on the medical record with appropriate documentation in the database and in the record. The patient will retain the original.

4. Medical Staff
   a. The attending physician is required to make a parallel inquiry at appropriate times regarding the patient's advance directive status. Ideally, discussion about advance directives should take place prior to admission for treatment of a serious illness or injury. Conversation about a patient's health care wishes is best conducted within the context of the physician-patient relationship. A summary of such discussion should be documented in the medical record.

   b. Information regarding an advance directive will be readily accessible and easily identified in the medical record.

   c. An attending physician who is unable or unwilling to comply with a patient's advance directive must transfer medical responsibility to another physician.

B. Verbal Advance Directives - If a patient has capacity and verbally expresses instructions concerning advance directives but chooses not to complete the formal written form, the Nurse, Chaplain, Patient Representative, Social Worker or Continued Care Coordinator will document this information in the chart. The patient should be encouraged to appropriately complete an advance directive.

C. Revoking or changing an advance directive: a patient can revoke an advance directive by:

1. Oral or written notification to an appropriate person (such as the health care representative, family member or physician) or by any other act which shows the patient's intention to revoke the document (such as destruction of the document). The individual need not have capacity to revoke an advance directive. Revocation is presumed to be based on a wish to have life-sustaining medical treatment continued. A patient who lacks capacity may reinstate an advance directive by the same means.

2. An adult with capacity can reaffirm or modify his/her advance directive by the same means as completing the initial advance directive.

3. Execution of a new advance directive dated and signed after the previous one deletes the former.

D. Separation/Divorce - If the patient is legally separated or divorced, the spouse or former spouse cannot continue to act as the patient's health care representative unless the proxy directive specifically authorizes this continuation. Marital status does not affect the validity of an instruction directive.

E. Determining Incapacity – An advance directive does not become effective until a determination has been made that the patient lacks decision-making capacity. Patients are presumed to be capable of making their own health care decisions unless it is determined that they lack this ability.

1. The attending physician should make the initial determination that a patient lacks the capacity to make a particular health care decision. The physician's opinion should include the nature, cause, extent and probable duration of the patient's incapacity and must be entered in writing on the medical record.

2. In most, but not all cases, the attending physician's opinion must be confirmed by one or more physicians who personally examine the patient. The confirming opinion must also be stated in writing and included in the medical record. If the suspected cause of the patient's incapacity is psychological impairment or a developmental disability, the opinion of a physician with appropriate expertise should be requested.

   The attending physician must inform the patient (if the patient is able to comprehend the information) and the patient's health care representative that she/he has been determined to be unable to make a health care decision. The patient (if applicable) and/or the health care representative should be informed that they may contest the determination by requesting a consultation with the Hackettstown Regional Medical Center's Healthcare Ethics Committee. The patient and/or the health care representative retains the option of seeking review of the determination by a court.

4. If the patient's incapacity is clearly apparent and the attending physician and the health care representative agree that confirmation is unnecessary, a confirming opinion is not required.

5. A physician serving as the patient's health care representative cannot make a determination or confirm the patient's decision-making incapacity.

F. Education:

1. HRMC will provide training regarding advance directives, with specific ongoing education promoting patient rights and compliance for Medical Staff, nurses, Patient Relations staff, social workers and other staff involved with the issues related to death and dying.

2. Community education will be provided via special programs and literature. This will be coordinated by Health Promotion and Education.

G. Outpatients:

1. A patient receiving treatment in an outpatient area of HRMC will be provided Advance Directive information upon request. Areas may refer patients to Pastoral Care, Social Services or Patient Relations to answer questions related to Advance Directives and for help completing the necessary documents.

2. HRMC honors Advance Directives in outpatient settings provided the patient/family has presented a copy of the document to the health care team and when applicable and appropriate to the setting.

3. Out-of-Hospital DNR orders, when provided, will be honored for outpatients.

REFERENCES – None

ATTACHMENT: Advance Directive Information Packet