Advance Directive - Oregon

I. Policy Statement: Saint Alphonsus Medical Center – Baker City and Saint Alphonsus Medical Center – Ontario support and respect a patient's right to participate in medical care decision making. Through education and inquiry about Advance Directives, this facility will encourage patients to communicate their health care preferences, decisions, and values to their care givers and others.

II. Definitions:

A. Advance Directive: A document executed by a patient that contains:
   1. A form appointing a healthcare representative; and
   2. Instructions to the healthcare representative.
   3. An Advance Directive includes any supplementary document or writing attached by the patient to the document.

B. POLST: a Physician Order for Life-Sustaining Treatment signed by a physician, naturopathic physician, nurse practitioner or physician assistant.
   1. For Idaho residents, this is a POST, Physician Order for Scope of Treatment

C. Instrument: an Advance Directive form appointing a healthcare representative or other document governing health care decisions.

D. Life-Sustaining Procedure: any medical procedure, pharmaceutical, medical device or medical intervention that maintains life by sustaining, restoring or supplanting a vital function. Does not include routine care necessary to sustain patient cleanliness and comfort.

E. Artificial Nutrition and Hydration: a medical intervention to provide food and water by tube, mechanical device or other medically assisted method. It does not include the usual and typical provision of nutrition and hydration such as by cup, hand, bottle, straw or eating utensil.

F. Hospice Treatment: treatment that focuses on palliative care, including care for acute pain and symptom management, rather than curative treatment, provided to a patient with a terminal condition.

G. Incapable: in the opinion of the court in a proceeding to appoint or confirm a health care representative, or in the opinion of the patient's attending physician or attending health care provider, a patient lacks the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient's manner of communicating if those persons are available.

H. Adult: All capable individuals 18 years of age or older, and all married or formally adjudicated emancipated minors.

I. Health Care Representative:
   1. A competent adult appointed to be a health care representative or an alternate health care representative that makes health care decisions for the patient if the patient becomes incapable;
   2. A person who has authority to make health care decisions for a patient as defined in the Withholding or Withdrawing Life-Sustaining Procedures - Oregon Policy; or
   3. A guardian or other person, appointed by a court to make health care decisions for a patient

J. Patient with Disability Needing Assistance: a patient admitted to a hospital or in an emergency department who needs assistance to effectively communicate with hospital staff, make healthcare decisions or engage in activities of daily living due to a disability, including but not limited to:
   1. A physical, intellectual, behavioral or cognitive impairment;
   2. Deafness, being hard of hearing or other communication barrier;
   3. Blindness;
   4. Autism; or
   5. Dementia

K. Support Person: a family member, guardian, personal care assistant or other paid or unpaid attendant selected by the patient to physically or emotionally assist the patient or ensure effective communication with the patient.

III. Equipment: None.

IV. Procedure:

A. General Practices:
   1. It is assumed that all patients receiving treatment at Saint Alphonsus will receive full resuscitation efforts unless the physician's orders and/or a properly executed POLST or POST is present in the medical record to indicate otherwise.
   2. Upon request, any patient shall have information provided about the general requirements, and rights and means for execution of an Advance Directive.
   3. Staff will arrange appropriate referrals for patients needing technical, medical, legal, religious or other information for execution of Advance Directives and completion of a POLST document.
   4. Validly executed Advance Directives, while legally binding on health care providers, are not self-implementing.
      a. Such documents become active only when the patient’s attending practitioner has clinical findings or conditions pertinent in the Directive.
   5. Upon transfer to a different hospital department, Hospice or hospital facility, a copy of the Advance Directive and related POLST/POST form will be sent with the patient’s pertinent medical records.

6. The hospital may not:
    a. Condition the provision of treatment on a patient having an Instrument;
    b. Communicate to any individual or person acting on behalf of the individual, before or after admission to the hospital, that treatment is conditioned on the individual's having an iInstrument;
    c. Suggest to any individual, or person acting on behalf of the individual, who contacts the hospital regarding treatment for the individual that admission or treatment is conditioned on the individual's having an Instrument; or
    d. Discriminate in any other way against an individual based on whether the individual has an Instrument.
7. In the event a patient's Advance Directive creates medical, ethical or professional dilemmas among physicians, family members, or staff, the facility Ethics Committee is available for consultation.
8. If a patient advises the hospital that their Advance Directive has been revised or updated, a current copy of the Advance Directive should be placed in the medical records and the older copy marked as void or revised.
9. A person may not be required to execute or to refrain from executing an Advance Directive as a condition for insurance.
10. Unless the Advance Directive provides otherwise, execution of an Advance Directive revokes any prior Advance Directive.
11. The directions with respect to health care decisions in an Advance Directive supersede:
    a. Any directions contained in a previous court appointment or Advance Directive; and
    b. Any prior inconsistent expression of preferences with respect to health care decisions.

B. Formulating an Advance Directive
1. If an Advance Directive is formulated while the patient is in the hospital, a copy of the Advance Directive shall be placed in the medical records. The original should be given to the patient or health care representative.
2. An Advance Directive shall be effective when it is notarized by a notary public or signed and witnessed by two Adults who witness either the signing of the instruction by the patient or the patient's acknowledgement of the signature of the patient.
    a. One witness shall be a person who is not:
        (1) A relative of the patient by blood, marriage, or adoption;
        (2) A person who at the time the health care direction is signed would be entitled to any portion of the estate of the patient upon death under any will or by operation of law;
        (3) An owner, operator, or employee of a health care facility where the patient is admitted.
    b. The health care representative may not be a witness.
    c. The attending physician may not be a witness.
    d. A hospital employee may be one of the witnesses.

C. Revocation of an Advance Directive
    1. An Advance Directive may be revoked at any time and in any manner by a capable patient, or if the Advance Directive involves the decision to withhold or withdraw life-sustaining procedures or artificially administered nutrition and hydration at any time and in any manner by which the patient is able to communicate the intent to revoke.
    2. Revocation is effective upon communication by the patient to the attending physician or health care representative.
D. Inpatient, Observation, Ambulatory Surgery and Invasive Procedure Patients
    1. Nursing:
        a. As part of the Patient Admission Assessment the nurse will verify with the patient whether they have an Advance Directive. Document the patient's response in the medical record.
            (1) If the patient has an Advance Directive on file, the nurse shall verify if the Advance Directive has been scanned into the medical record.
                (a) If it has not, the nurse shall contact Medical Records and request to have the document scanned.
            (2) If the patient has an Advance Directive but it is not on file, the nurse shall request the patient and/or family bring a copy of the Advance Directive. Document the request in the patient's medical record.
                (a) Upon receipt of the Advance Directive, the nurse shall put the Advance Directive with the paper chart and document in the electronic medical record the receipt of the document.
                (b) The document will be scanned by Medical Records upon the patient’s discharge.
            (3) If the patient does not have an Advance Directive, the nurse shall ask the patient if they would like additional information regarding the Advance Directive and/or if they will need assistance filling out the form.
                (a) The nurse shall document the patient’s response in the medical record.
                (b) If the patient requests additional information or assistance with the form, a referral shall be submitted to:
                    (i) Baker City: Case Management or Chaplain
                    (ii) Ontario: Chaplaincy or Social Worker
        b. If the Advance Directive is not in alignment with the current medical treatment plan, the nurse shall notify the attending physician and document the outcome.
    2. Attending Practitioners:
        a. Attending practitioners shall enter appropriate treatment orders to implement the Advance Directives under applicable circumstances.
        b. If there is more than one physician caring for the patient, the patient, or designated health care representative if the patient is incapable, shall designate one physician as the attending physician.

c. In following an Advance Directive or the decision of a health care representative, a physician shall exercise the same independent medical judgment that the physician would exercise in following the decisions of the patient if the patient were capable.
d. A healthcare provider has no duty to follow any instrument unless the provider has received a copy of the instrument.
e. If a patient revokes their Advance Directive, the attending physician must document the revocation in the patient's medical record.
f. A health care provider is under no obligation to participate in the withdrawal or withholding of life-sustaining procedures or of artificially administered nutrition or hydration.
g. If a physician is unable or unwilling to carry out an Advance Directive or the decision of the health care representative, the physician shall immediately notify the health care representative and shall make a reasonable effort to transfer the patient to the care of another physician.

E. Outpatient Settings and Physician Clinics:
1. It is strongly recommended that practitioners discuss the issue of Advance Directives with their patients during the course of a routine office visit.
2. If Advance Directives are presented, physicians and staff will honor and comply with the terms of a patient's Advance Directive in the outpatient setting within the limits of the law and the organization's mission, philosophy and capabilities.
a. If a code occurs in the outpatient setting and/or physician's office, the following shall occur:
(1) If the staff are **immediately** aware of the patient's code status based on an Advance Directive on file or a doctor's resuscitation order, the staff shall honor that request.
(2) If the staff are **not immediately** aware of the patient's code status, the situation shall be treated as a full resuscitation. Refer to the Do Not Attempt Resuscitation (DNAR) (Baker City) or Do Not Resuscitate (Ontario) for additional details.
3. Upon request, patients shall be given information regarding Advance Directives by nursing or the physician office staff.
4. Requests for assistance in completing the Advance Directive will be referred to:
a. Baker City: Chaplain or clinic provider
b. Ontario: Chaplain on call
5. If the patient executes an Advance Directive during an outpatient/physician office visit, a copy will be placed in the medical record.

F. Medical Records:
1. *For paper charts prior to implementation of the electronic medical record*:

a. The Medical Records Department will maintain the Advance Directive copies and related POLST document copies in the front of the patient's individual medical records.
b. At the time of re-admission the Advance Directive/POLST document will be scanned into the patient's electronic medical record when requested by the nurse or clinician.

2. *For medical records post implementation of the electronic medical record*:
   a. The Medical Records Department will scan the Advance Directive copies and related POLST documents into the patient's electronic medical record.
   b. The original shall be kept in Medical Records with the paper record.

G. Chaplain/Social Worker/Case Management
1. Upon referral, provide information to the patient on Advance Directives and assist with any requests to formulate an Advance Directive.

H. Support Person for a Patient with a Disability Needing Assistance
1. A patient with a disability needing assistance has the right to designate at least three Support Persons. One Support Person must be allowed to be present at all times in the emergency department and during the patient's hospital stay, if necessary to facilitate the patient's care.
2. For any discussion in which the patient with a disability needing assistance is asked to elect hospice or sign an Advance Directive or POLST, communication with the Support Person(s) will take place, unless the patient asks for the Support Person to not be present. The communication will be documented in the Patient's medical record.
3. The Support Person may be held to certain conditions, to ensure the safety of the patient, the Support Person, and staff, such as: wearing personal protective equipment, following hand washing and other protocols, free of symptoms of viruses or contagious disease, etc.

V. Related Policies/Forms:

A. Do Not Attempt Resuscitation (DNAR)
B. Do Not Resuscitate
C. Patient Rights and Responsibilities -- SAHS
D. Health Care Representative - Oregon
E. Withholding or Withdrawing Life-Sustaining Procedures - Oregon

VI. References:

A. Oregon Senate Bill 1606, signed July 7, 2020
B. ORS 127.505-127.660

VII. Approval Committee(s): None.