

Holy Cross Medical Center

SCOPE: Hospital Wide Clinical
Revised Date: 03/09/2021

DEPARTMENT: Case Management
APPROVED BY: CNO

ADVANCE DIRECTIVES

POLICY PURPOSE: The purpose of this policy is to ensure each patient's ability and right to participate in medical decision-making is maximized and not compromised as a result of admission for care in this facility.

Policy Statement: It is the policy of HCMC that patients who declare they have an Advance Directive will be asked to produce it for their medical record. It is also a policy of HCMC to provide information to patients who do not have an Advance Directive.

DEFINITION:

Advance Directive is a legal document with written instruction such as a Living Will or Durable Power of Attorney for Healthcare recognized under state law (whether statutory or as recognized by the courts of the state) relating to the provision of health care when the individual is incapacitated.

Supportive Data: N/A

EQUIPMENT: N/A

PROCEDURE:

- I. Upon registration as an inpatient, the patient or his or her representative will be asked by the Registration Interviewer if he/she has a valid Advance Directive. The response is entered into the Electronic Health Record (EHR).
- II. The existence or lack of an Advance Directive does not determine an individual's access to care, treatment, and services.
- III. The patient or their representative will be given a packet of information on **Advance Directives** and how to complete them if they should so desire.
- IV. During the Nursing Assessment, the patient will be asked if he/she has a valid Advance Directive and the appropriate answer will be entered on the Nursing Assessment form.
- V. If the patient reports to have an Advance Directive, the Nursing Staff completing the Nursing Assessment will ask the patient or their representative for a copy of the Advance Directive and document in the EHR.
- VI. Case Management will make the third and final attempt to contact the patient's family in an effort to obtain a copy of the Advance Directive for patients hospitalized 24 hours or greater.
- VII. Case Management will document the results of the conversation with the family/representative as well as any unsuccessful attempt in the EHR.
- VIII. When a copy is received, the Advance Directive will be scanned into the Medical Record by HIM and the copy provided will be stored on the patient's chart.
- IX. The physician will incorporate, when applicable, the provisions of the Advance Directive into the patient's medical treatment plan.
- X. Assistance will be provided to all competent patients who wish to make an advance declaration while in the hospital.
- XI. Living Will and Durable Power of Attorney for Healthcare forms will be provided to the patient by the Case Manager who will immediately notify the physician of any change in the patient's status via the Advance Directives.
- XII. Any legal expenses incurred will be the patient's responsibility.

CROSS REFERENCES: N/A

SOURCE/REFERENCES:

**NIAHO Accreditation requirements Interpretive Guidelines and Surveyor Guidance Revision 20-1
(09/21/2020) PR. 3**

KEY WORDS: Advance Directive, Living Will, Medical Power of Attorney, Legal document

APPROVAL PROCESS: Case Management, Chief Nursing Officer

Who does this policy affect?	Approvals needed	Signature/Date
If policy affects only one dept.	Service Director CNO	Pam Akin RN 2/12/2020
If policy affects more than one dept. under one service director	Service Director <input checked="" type="checkbox"/> Dept. _ Case Management <input type="checkbox"/> Dept. _____ <input type="checkbox"/> Dept.	Kathleen Whalon 2/03/2020 Patricia Pittman 03/09/2021 Hitana Espinoza, RN 7/1/2024
If policy affects more than one dept. under more than one service director	Service Director for each dept.	
If policy affects all depts. hospital-wide...should go to <i>Physician Service Meetings for "Information Only"</i>	<input checked="" type="checkbox"/> SLT <input type="checkbox"/> CEO	4/02/2019
If policy affects physician orders/responsibilities	<input type="checkbox"/> ED <input type="checkbox"/> PAM <input type="checkbox"/> S&A <input type="checkbox"/> Peri-natal MEC/Chief of Staff	
If policy affects Medical Staff & Governing Board responsibilities	MEC/Chief of Staff Governing Board/Board Chair <input type="checkbox"/> Approve <input type="checkbox"/> Info Only	
Policy History: Approved Date	Summary of Revision	2/8/2018, 4/02/19
Effective Date		7/09/2010, 4/02/19
Reviewed Date		12/29/2015, 3/10/2017, 7/10/2017, 7/13/20158, 4/2/2019, 02/02/2020 03/09/2021, 7/15/2021, 8/21/22, 2/24/23, 3/29/24, 7/1/2024
Revised Date	Summary of Revision: Changed Taos Health System to Holy Cross Medical Center	2/8/2018, 02/02/2020,
	Revised case management responsibility in the attempt to obtain the copy Added within 24 hours of admission Removed request for outpatient to produce AD	4/02/2019, 9/25/2020
	Added current CNO, shortened policy purpose and policy statement, added review dates. Removed words within 24 hours of admission and added for patients hospitalized 24 hours or greater Added words in the EMR. Removed Revision 10.0 11/1/12 ,PR.2 Replaced with 20-1 (09/21/2020) PR.3	02/12/2020 3/09/2021

	Changed Advanced to Advance, changed computer and EMR to EHR	7/1/2024
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