

CENTRAL STATE HOSPITAL
PROCEDURE

SUBJECT: ADVANCE DIRECTIVES: CLIENT SELF-DETERMINATION IN THE
PLANNING OF MEDICAL AND/OR SURGICAL TREATMENT FOR
PHYSICAL CONDITIONS

ANNUAL REVIEW MONTH: March

RESPONSIBLE FOR REVIEW: Chief Medical Officer

LAST REVISION DATE: March 2008

The purpose of this procedure is to assure that clients are informed of their right to formulate advance directives.

Participants:

- Admitting Physician
- Admissions Office Coordinator
- Attending Physician
- Service Director
- Ethics Forum Chairperson
- Director, Staff Development and Training Department
- Risk Management Director/Legal & Special Services Officer (LSSO)
- Director, Health Information Management Department
- Chief Executive Officer
- Chief Medical Officer

UPON ADMISSION OF CLIENT

RESPONSIBLE PERSON

RESPONSIBILITY

Admitting Physician

Determine if the client presently has decision-making capacity, and document determination in client's medical record.

**Admissions Office
Coordinator**

1. Give a copy of Georgia Advance Directive for Health Care to each admitted client. Refer to a member of the CSH Ethics Forum if further information is requested.

2. Place the copy of the Georgia Advance Directive for Health Care in the medical record if client is not able to comprehend it at the time of admission.
3. Ask each client whether he/she has a previously executed advance directive. If the client is unable to provide this information, ask any friend or relative accompanying the client about the existence of an advance directive.
4. If a client with decision-making capacity has an advance directive with him/her, make a copy, date it and have the client initial it, and place the copy in the client's medical record.
5. If the advance directive includes the appointment of a Health Care Agent, document the name, address and telephone number of the agent in the medical record.
6. Check each advance directive for completeness and if validity is questioned contact the LSSO Director.
7. If the client does not have a copy of the advance directive with him/her, request that a copy be provided to the hospital as soon as possible.
8. Assure that form CSH-425, "Client Advance Directive", is completed when possible and placed in the client's medical record. If the client is not able to (a) give or receive information due to his physical or mental condition at the time of admission, (b) check "No." and forward form CSH-425 to the Service Director for completion

when the client's condition improves.

9. Notify Service Director of all advance directives needing follow-up.

Attending Physician

1. Determine if the client presently has decision-making capacity, and document in client's medical record.
2. Assure that client's agent (under a DPOA), next of kin, and representative(s) are notified when the client's condition brings the advance directive(s) into force.

Service Director

1. If the Georgia Advance Directive for Health Care, has been placed in the medical record by Admissions staff due to the client's inability to understand, assure that this form is given to the client upon his/her attaining mental condition enabling him/her to understand. Complete CSH form 425 and document that the client has received the form. If the client continues to be unable to understand, effort should be made to contact family.
2. Receive previously executed advance directive from admissions/client/family.
3. If the client is determined to have decision-making capacity, have the client sign or initial the previously executed advance directive, date it, and place it in the medical record.
4. If the client is determined not to have decision-making capacity at the present time, place the advance directive in the medical

record without a new date and signature.

5. Place an advance directive decal on the front of the medical record. Staff involved in client treatment shall be aware of advance directives of clients.
6. If the client has a DPOA, verify name, address and telephone number of agent and document in the medical record on the admission summary and/or special request form.

INITIATION/REVISION OF ADVANCE DIRECTIVES

Service Director

If a client desires to execute or revise an advance directive following admission, notify the Chairperson of the CSH Ethics Forum.

**Ethics Forum
Chairperson or designee**

1. Meet with the client when further information or assistance has been requested.
2. Provide blank forms (CSH Forms 26 Rev. 6/93, Georgia Statutory Short Form DPOA for Health Care and, Living Will) to clients upon request. Make appropriate referrals to outside sources if more assistance is required.
3. Give any completed advance directive/revision to the service director.

Attending Physician

1. Determine the decision-making capacity of the client and document in the client's medical record.
2. Assure that the client's agent (under a DPOA), next of kin, and representative(s) are notified when the client's condition brings the advance directive(s) into force.

Service Director

1. Receive advance directive and check for completeness. If validity is questioned, contact the LSSO Director.
2. If the advance directive is a Durable Power of Attorney, verify name, address and telephone number of the agent and document in the medical record on the admission summary or special request form.
3. If the attending physician has determined that the client has decision-making capacity, have advance directives/revisions maintained in the medical record. These copies are not to be "thinned out" of the medical record at any time.
4. Place an advance directive decal on the front of the medical record.
5. If the attending physician has determined that the client does not have decision-making capacity, an advance directive may not be initiated. Return the document to the client and explain why it will not be entered into the medical record.
6. When clients are transferred, either temporarily or permanently, to another facility send a copy of the advance directive with the client.

REVOKING EXISTING ADVANCE DIRECTIVES

Service Director

If the client expresses a desire to revoke an existing advance directive, contact the Ethics Forum Chair or designee, if possible. Clients may revoke their advance directives at any time, regardless of their

decision-making capacity.

**Ethics Forum Chair
or designee**

1. Meet with the client when further information or assistance about a revocation has been requested.
2. At the client's request, provide assistance in Revocation any time (without regard to the client's mental or physical condition) by any of the following methods:
 - a. By obliterating, tearing, or otherwise destroying the document in a manner indicating intention to revoke;
 - b. By a written revocation by the client signed and dated by the client or by a person acting at the direction of the client; or
 - c. By an oral or any expression of the intent to revoke the document in the presence of a witness 18 years of age or older who, within 30 days of the expression of such intent, signs and dates a written confirmation that such expression was made.
3. Inform the service director of the revocation/amendment as promptly as possible.

Service Director

1. File any revocation in the client's medical record and insure that the copy in the medical record is clearly marked "REVOKED".
 2. Clearly stamp or write the word "REVOKED" across the face of the decal on the front of the medical record.
-

WHEN CONDITIONS SPECIFIED IN AN ADVANCE DIRECTIVE ARE MET

Attending Physician

1. Follow the guidelines provided by the advance directive when providing medical or surgical treatment to the client.
 2. If the client has both a Living Will and a DPOA for Healthcare, the DPOA will take precedence.
 3. Consult with the LSSO Director when necessary.
-

STAFF TRAINING

**Director,
Staff Development
and Training Department**

Provide a general training program to all direct care staff on advance directives and the implementation of this policy/procedure.

CONSULTATION

LSSO Director

Consult with Ethics Forum Chair/designee, physicians and other staff as required.

MONITORING/FOLLOW-UP

**Director, Health
Information Management
Department**

Monitor compliance with this policy/procedure and report any problems or deviations to the Chief Executive Officer and Chief Medical Officer.

**Chief Executive Officer
and Chief Medical
Officer.**

Direct necessary action(s) to insure compliance.

SEE ALSO: CSH POLICY 1.08 - DO NOT RESUSCITATE

Approved:

This procedure has been approved by the CEO and CMO in July 2008.

Attachment I:
Client Advance Directive Checklist and Documentation

ADVANCE DIRECTIVE CHECKLIST

Client able to give or receive information?

Yes Georgia Advance Directive for Health Care, given: Date/Time _____

Employee Signature/Title _____

No Date/Time _____

Employee Signature/Title _____

If client is a minor or has a legal guardian, so note and no further documentation is necessary. If client is initially unable to give or receive information, document follow up efforts with employee signature/title and date/time (continue on reverse if more space is needed):

Client has:

Advance Directive Copy Filed in Special Request (CSH-650) sleeve: Date _____ Time _____

Specific instructions if any re: nutrition &/or hydration:

If copy not initially available, document efforts to get copy with employee signature/title and date/time:

Other Directives, if any, described below and/or filed in Special Request (CSH-650) sleeve:

No Advance Directive

Client: Please read the following statements:

1. I have been given written materials on my rights to accept or refuse medical and surgical treatment and my right to formulate advance directives. I have been informed of my rights and options under Georgia law concerning the making of treatment decisions and the formation of advance directives such as a Living Will or Healthcare Power of Attorney.
2. I understand that I am not required to have an advance directive in order to receive medical treatment at Central State Hospital.
3. I understand that the terms of any advance directive that I execute will be followed to the extent possible under the law by Central State Hospital.

Client's Signature/Date/Time

Employee's Signature/Date/Time

Client Identification