

**SWEDISHAMERICAN / A DIVISION OF UW HEALTH  
HOSPITAL PATIENT SERVICES POLICY AND PROCEDURE MANUAL**

<b>SECTION</b> <b>Patient Services</b> <b>Multidisciplinary</b>	<b>POLICY NUMBER</b> 20.500.010.14	
	<b>EFFECTIVE DATE</b> 12/10/2014	
<b>NAME</b>  <b>ADVANCE DIRECTIVES</b>	<b>SUPERSEDES</b> 20.500.010.13	<b>DATED</b> 02/12/2014
	<b>REVIEW DATE</b> 12/10/2014	

**I. PURPOSE**

To establish a health system-wide policy regarding patients' Advance Directives that is in compliance with the Illinois Living Will Act, the Illinois Healthcare Durable Power of Attorney Act, the Illinois Health Care Surrogate, the Illinois Hospital Licensing Act, the Illinois Mental Health Treatment Preference Declaration Act and the Federal Patient Self-Determination Act of 1990.

**II. SCOPE**

This policy applies to all Medical Staff and to all employees of SwedishAmerican Health System.

**III. DEFINITIONS FOR PRACTICE:**

- A. Advance Directive - A document in which a person either states choices for medical treatment or designates who should make treatment choices if the person should lose Decisional Capacity. (The term can also include oral statements by the patient.)
- B. "Advance Directive" is a general term that includes the following:
  - 1. Living Will - A legal document by which an individual directs his or her physician to withdraw or withhold medical treatment that would serve only to postpone death when the individual is diagnosed with a terminal condition, death appears imminent and is unable to provide further instruction.  
A Living Will is valid if signed by the individual or his or her Legal Representative, and two witnesses.  
A Living Will executed in another state is valid if executed in accordance with the laws of that state or Illinois law.
  - 2. Durable Power of Attorney for Healthcare - A legal document in which an individual names an agent to make healthcare decisions in the event the individual becomes unable to make decisions for himself/herself.  
A power of attorney for healthcare is valid if signed by the individual, or his or her Legal Representative, and a witness.
  - 3. IDPH Uniform DNR Advance Directive, (Physician Orders for Life-Sustaining Treatment) - The (POLST)- A legal document which reflects an individual's wishes about cardiopulmonary resuscitation and life sustaining treatments such as medical interventions and artificially administered nutrition. To be

valid, the form must be signed by the individual, or a Legal representative, and be signed by one witness. It is a physician order thus the physician's signature is required.

4. Mental Health Treatment Preference Declaration- A legal document that allows a person with mental illness to state their wishes to receive psychotropic drugs, electroconvulsive treatment, or be admitted to a mental health facility for up to 17 days, when the person is incapable. In addition, they also select someone to make health care decisions on their behalf during a period of incapacity. A Mental Health Treatment Preference Declaration must be signed by the individual or his or her Legal Representative and by two witnesses. It is valid for 3 years from the date signed. However, if the individual is receiving mental health treatment, the document will not expire. Additional Information regarding this document is available from the Center for Mental Health.

- B. "Decisional Capacity"- means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision in the matter as determined by the attending physician. 755 ILCS 40/10
- C. "Incapable" means that, in the opinion of 2 physicians or the court, a person's ability to receive and evaluate information effectively or communicate decisions is impaired to such an extent that the person currently lacks the capacity to make mental health treatment decisions. 755 ILCS 43/5.
- D. "Legal Representative" means a legally authorized representative including a guardian, health care power of attorney or surrogate decision maker as determined by the Health Care Surrogate Act.

#### IV. ROLE RESPONSIBILITIES

##### A. Physician/Midlevel Provider:

1. Any physician/midlevel provider who is notified of the existence of an Advance Directive shall make the directive part of the patient's medical record. If the physician is unwilling to comply with the provisions of the patient's directive, then the physician shall make arrangements for the transfer of the patient and the appropriate medical records to another physician who will honor the patient's directive.
2. Any physician who has been notified of the existence of a Living Will after the diagnosis of a terminal condition will record the patient's terminal condition in the medical record and implement the terms of the Living Will when death becomes imminent.
3. In the event that a patient has revoked or wishes to revoke the Advance Directive, the physician shall record in the medical record, the time, date, and the place the physician received revocation.

##### B. Nursing and Support Staff:

1. Nursing and support staff will assist the physician and the patient whenever necessary to facilitate compliance with the procedures in accordance with Illinois and federal law regarding Advance Directives.
2. Any nurse or other healthcare professional assigned to care for a patient who has an Advance Directive and is unable to comply with the terms of the document because of personal beliefs and conscience, may request assignment off the case. Such a request will be honored as long as it is possible to provide quality care to the patient with other personnel.

## V. PRACTICE

### A. Revocation:

1. A Health Care Power of Attorney may be revised or revoked at any time by the individual who signed the form. Revocation must be in writing, signed and dated by the individual or a person acting at the direction of the individual.
2. Living Will or a Health Care Power of Attorney may be revoked at any time by the individual who signed the form by:
  - a. Being destroyed or defaced in a manner indicating intention to cancel.
  - b. A written revocation of the Advance Directive signed and dated by the individual who executed the Advance Directive, or signed and dated by a person acting at the direction of the individual.
  - c. An oral or other expression of the intent to revoke the Directive must be done in the presence of a witness 18 years of age or older. This witness must sign and date the document confirming that such an expression of intent was made.
3. To be effective, a mental Health Preferences Declaration revocation must be signed by the individual and the physician.
4. An IDPH Uniform DNR Advance Directive may be revoked in writing and must be signed by the individual or his or her Legal representative.

B. The revision or revocation of the Advance Directive is effective upon communication to the physician by the patient or another person who witnessed the revision.

C. Upon receiving a revision or revocation of an Advance Directive:

1. The physician will place any written revision or revocation received from a patient in the patient's medical record, progress notes.
2. The physician or his/her designee will forward a copy of any written revision or revocation received from a patient to Health Information Management Services (HIMS).
3. If the Advance Directive is revoked, all information noting the existence of the Advance Directive will be updated in the medical record.

D. Witnessing Advance Directives

1. A family member who is at least 18 years of age may witness a Living Will. However, in the case of a Living Will, the family member must not have an inheritance or financial interest as stated in the Living Will Witness Attestation statement of the document.
2. A person related by blood, marriage or adoption may not witness a Mental Health Treatment Preferences Declaration.

3. A Power of Attorney for Health Care must not be witnessed by a parent sibling or descendent of the spouse of a parent, sibling or descendent of the individual executing the Power of Attorney for HealthCare or his or her agent.
4. Employees providing direct patient care to the individual who signed the form shall not act as witnesses of these patient documents, however, where an alternative witness is not readily available, with the exception of directors and executive officers, other health system employees may act as witnesses.
5. If witnessing of the document is required, SAHS policy, "Employee Right to Refuse to Witness Wills and Other Personal Legal Documents for Patients" will be followed.

## VI. INPATIENTS AND ADVANCE DIRECTIVES

### A. Screening of Inpatients for Presence of Advance Directives:

1. Upon inpatient admission, or as soon as patient's condition permits, all adult patients must be asked if they have an Advance Directive.
2. All patients must be provided with a printed copy of the Statement of Illinois Law on Advance Directive prepared by the Department of Public Health in compliance with Illinois law.
3. SAH will comply with an Advance Directive to the extent permissible under the law.
4. In the absence of an advance directive when the patient is unable to make his/her own medical decisions, the physician will identify a surrogate in accordance with the Illinois Health Care Surrogate Act.

### B. Inpatients Without Existing Advance Directives:

1. If an inpatient does not wish to make a verbal or written AD, this decision is noted in the patient's medical record.
2. The admission and/or treatment of the patient cannot be based upon the patient's refusal to provide or execute an Advance Directive.
3. If an inpatient requests assistance with completion of an Advance Directive, a referral may be made
  - a. By telephone to Hospital Pastoral Care, Guest Relations, or Discharge Planner.
  - b. On evenings and weekends, by contacting the Administrative Supervisor for assistance with screening, referrals to the on-call Social Worker or Chaplain.

### C. Advance Directives Exists but Not On Inpatient's Medical Record:

1. The family of the inpatient will be advised by the Hospital staff that it is their responsibility to bring a copy of the Advance Directive to the hospital at the earliest opportunity.
2. Patient care staff will document this request in medical record.

3. When the original document is presented during an inpatient hospitalization:
    - a. A copy of the document will be brought to the nursing unit by the family.
    - b. The Health Unit Technician (HUT) or RN will receive the document; place the document in the Legal/Consent section of the Medical Record.
    - c. It is the nurse's responsibility to review the Advance Directive with the patient to confirm authenticity and to develop the care plan with respect to the content of the directive.
    - d. If the patient has an IDPH Uniform DNR AD that does not include an exception for resuscitation during surgical procedures, the patient shall be consulted and the document must be amended to include this exception. The amendment must be signed by the patient or his or her Legal Representative, witnessed and signed by the anesthesiologist prior to surgery.
    - e. If there are any questions concerning the validity of the document, Risk Management should be contacted.
  4. In extreme situations when the written document is not available and the inpatient requests to verbalize treatment preferences:
    - a. The inpatient will be provided the opportunity to explain the substance of his/her original advance directive including treatment preferences, preferred surrogates and statement regarding his/her wishes concerning end of life issues.
    - b. The inpatient's wishes must be recorded on paper notes and must be signed by the patient. This should then be witnessed by family or hospital staff. The paper document will be scanned into the chart upon discharge.
    - c. Whenever possible, it is preferred that nursing staff contact discharge planning, Hospital Pastoral Care or Guest Relations for an emergent advance directive consult to record the patient's wishes.
    - d. Discharge Planning will record the patient's wishes, completing the appropriate Forms per Illinois law and will place the completed form in the legal section of the medical record.
    - e. Registration will be notified that the Advance Directive is available.
  5. Inpatient admission from another health care facility
    - a. Transfer papers will be inspected by the inpatient's admitting nurse for the presence of Advance Directives.
    - b. If the Advance Directive is not present in the transfer packet, the transfer facility will be asked to supply a copy of the document if one has been executed.
    - c. If an Advance Directive exists but the facility is unable to supply this document, the inpatient's family/guardian will be contacted.
- D. Advance Directive Exists in SAH Medical Record
1. Upon admission, an inpatient may indicate that their Advance Directive was provided at the time of a previous hospitalization.
  2. Upon patient discharge, Health Information Management System department will review the medical record for Advance Directive documents. If they are present, the documents will be scanned into the patient's permanent record.

VII. OUTPATIENTS AND ADVANCE DIRECTIVES

- A. Upon registration, if requested or warranted by treatment or services provided, a patient must be informed of SAH's Advance Directive Policy.
- B. In a life-threatening emergency in any Hospital outpatient setting, a properly executed IDPH Uniform DNR Advance Directive must be complied with if provided. In the absence of a properly executed IDPH Uniform DNR Advance Directive, SAH will proceed with full resuscitation to err on the side of life.
- C. In other circumstances, if a legally executed Advance Directive is made available to the SAH, the patient's wishes will be integrated into the patient's treatment plan.
- D. If a life threatening emergency occurs in a Hospital outpatient setting, in the absence of an IDPH Uniform DNR Advance Directive refusing resuscitation SAH staff will be expected to respond with the appropriate emergency medical response as defined below:
  - 1. For any outpatient department housed inside the Hospital, staff will proceed with Code Blue procedures.
  - 2. For any outpatient department located outside of the Hospital building, staff will notify Emergency Medical Services (EMS), CPR will be initiated and care will be transferred to the EMS responders upon their arrival.
- E. All outpatient settings will provide Advance Directive patient education information and assistance with completion of AD as provided by the Health System through Hospital Pastoral Care, and Guest Relations.

VIII. AUTHORITY

Reviewed and approved by the Bioethics Committee of the Medical Staff.

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Ann Gantzer, PhD, RN, NEA-BC  
Vice President, Patient Services & CNO

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Date