
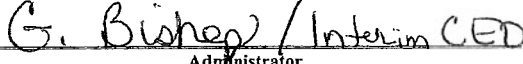



0230.3

 <b>QUINCY VALLEY MEDICAL CENTER</b>	Reference Number:	Tag #:	Original Date:	Effective Date:	Supersede Date:
	Total Pages:		09/04/2017	09/04/2017	
<b>APPROVALS:</b>  G. Bishop / Interim CEO Administrator  Department Manager			<b>SUBJECT:</b> Advanced Directives		
			Policy	Procedure	Protocol
<b>Manual Distribution:</b> Acute, ED		<b>Originating Department:</b> Acute		<b>Affected Departments:</b> Acute, ED	

**DEFINITION/PURPOSE**

Patients have the right to decide what type of medical care they want, even if they are unable to speak for themselves.

Advanced Directives are legal documents where persons write down how they want their health care handled if they can no longer make or communicate their decisions.

**GENERAL INFORMATION**

**Acute, & Observation patients:**

Upon admission to acute, or observation patient status, the patient will be provided with written information concerning the right to refuse, or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. During the admission process, the admitting Nurse, Nursing Administration, or Social Worker will review with the patient, and/or family members or legal representative (if the patient is incapacitated and unable to receive the information about his or her right to formulate and advance directive), the facility policy described therein and the attached written material used in assisting in the process of documentation of wishes that includes a POLST form, making your wishes known through advanced directives form and a written brochure in English and Spanish that further explains 2 types of advanced directives "Living Will", and "Durable Power of Attorney for Health Care". In the case of an Observation patient who may only be here for a few hours, at a minimum the information will be presented, including providing the brochure and given the same opportunity as described in this policy with consideration of their short time period. If an Observation patient requests assistance in formulating advance directives other than a POLST, Nursing Administration, and/or a Social Worker will be informed to arrange or assist in arranging that assistance.

**Emergency Patients:**

All Emergency Patients or their legal representative will be asked their Code Status. All Emergency Patients or their legal representative will be offered information on Advanced Directives if they wish to learn more. All Emergency patients Code status will be documented in their medical record, as well as whether they requested and received information on Advanced Directives.

1. In accordance with current OBRA definitions and guidelines governing advance directives, our facility has defined advanced directives as preferences regarding treatment options and include, but are not limited to:
  - a. **Advance Directive** — a written instruction, such as a living will or durable power of attorney for health care, recognized by State law, relating to the provisions of health care when the individual is incapacitated.
  - b. **Living Will** — a document that specifies a resident's preferences about measures that are used to prolong life when there is a terminal prognosis.

6. If the patient, or patient representative refuses treatment, the facility and care providers will:
  - a. Reassess the patient for significant change of condition related to the refusal.
  - b. Determine the decision-making capacity of the patient and invoke the decisions of the legal representative if appropriate to the situation.
  - c. Document specifically what the patient, or representative is refusing.
  - d. Assess and document the stated reason for the refusal.
  - e. Advise the patient or representative of the consequences and/or potential outcomes of the refusal.
  - f. Offer pertinent alternative treatments; and
  - g. Modify the care plan as appropriate, providing all other appropriate services of refusal.
  
7. The patient's attending Provider will clarify and present any relevant medical issues and decisions to the patient, or legal representative as the patient's condition changes in an effort to clarify and adhere to the patient's wishes.

**RELATED ATTACHED DOCUMENTS:**

POLST Form

Making Your Wishes Known Through Advanced Directives Form

Your Rights and End of Life Care: Advance Directives Brochure (English & Spanish)

# Physician Orders for Life-Sustaining Treatment

Last Name - First Name - Middle Initial

Date of Birth \_\_\_\_\_ Last 4 #SSN \_\_\_\_\_ Gender \_\_\_\_\_  
 \_\_\_\_\_ M F

**FIRST** follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST form is always voluntary. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

**A CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

Check One  CPR/Attempt Resuscitation  DNAR/Do Not Attempt Resuscitation (Allow Natural Death)

**Choosing DNAR will include appropriate comfort measures and may still include the range of treatments below. When not in cardiopulmonary arrest, go to part B.**

**B MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

Check One  **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer: EMS contact medical control to determine if transport indicated to provide adequate comfort.**

**LIMITED ADDITIONAL INTERVENTIONS** Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Avoid intensive care if possible.**

**FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: (e.g. dialysis, etc.) \_\_\_\_\_

**C SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:

- Patient  Parent of Minor
- Guardian with Health Care Authority
- Spouse/Other as authorized by RCW 7.70.065
- Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name

Phone Number

**X** Physician/ARNP/PA-C Signature (**mandatory**)

Date (**mandatory**)

PRINT — Patient or Legal Surrogate Name

Phone Number

**X** Patient or Legal Surrogate Signature (**mandatory**)

Date (**mandatory**)

Person has:  Health Care Directive (living will)  
 Durable Power of Attorney for Health Care

**Encourage all advance care planning documents to accompany POLST**

**SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

# QUINCY VALLEY MEDICAL CENTER

## MAKING YOUR WISHES KNOWN THROUGH ADVANCED DIRECTIVES

Federal law, state law and hospital policy require us to advise you of your right to make decisions concerning your medical care, including your right to accept or refuse medical and surgical treatment. Quincy Valley Medical Center is committed to help you facilitate your specific wishes.

You can make your wishes known about your future medical treatment through ADVANCE DIRECTIVES such as:

- LIVING WILL—a document stating your personal directives about life-prolonging treatment
- DURABLE POWER OF ATTORNEY FOR HEALTH CARE—a document selecting care decision for you if you become unable
- ORGAN DONATION

Whatever your decision concerning ADVANCE DIRECTIVES may be, YOU WILL RECEIVE THE SAME QUALITY MEDICAL TREATMENT.

\_\_\_\_\_ I have NOT executed an Advance Directive

\_\_\_\_\_ I HAVE executed an Advance Directive

LIVING WILL—Location of form \_\_\_\_\_

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Location of form \_\_\_\_\_

Designee's Name \_\_\_\_\_

\_\_\_\_\_ I have received the Advance Directives Packet (Optional)

I have read the above statement concerning my right to accept or refuse medical treatment and my right to formulate Advance Directives.

SIGNED:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Surrogate Decision Maker

\_\_\_\_\_  
Date

<http://www.doh.wa.gov/livingwill/> to register.

### **Can I change my Advance Directive?**

Yes. You may change or cancel your **Living Will** or **Durable Power of Attorney for Health Care** by destroying them, putting your changes in writing, or telling someone about the changes. You should destroy all old copies.

When changing any Advance Directive you should tell your family, doctor, attorney, and anyone else who may be involved in your health care. You must tell your doctor of any changes or they may not be effective. You should also update any Advance Directive you have registered at the Washington State Living Will Registry.

### **Will hospitals and doctors honor my Advance Directive?**

Yes. Hospitals and doctors support patients' rights to make their own medical decisions. They follow Advance Directives that meet state law and medical ethics standards.

Hospitals must tell you their policies on Advance Directives *and* if there are any conflicts they know of between your Advance Directive and hospital policies. If there is a conflict, but you want to continue treatment with a doctor or facility, a written plan of action must be agreed upon and included in your medical record.

If you have more than one type of Advance Directive and there is conflict between them, the newer document will be followed.

For more information on Advance Directives or a referral, please contact:

**Your Hospital's Social Services Department** 509-737-5348

**AARP (American Association of Retired Persons):**  
1-888-687-2277

**Northwest Justice Project**  
**Low-Income non-King County clients:**  
1-888-201-1014

**King County Bar Association:**  
**Attorneys for Low-Income clients:**  
(206) 267-7010

**Lawyer referral for all other clients:**  
(206) 623-2551

# **Your Rights and End-of-Life Care: Advance Directives**

You have the right to decide what type of medical care you want, even if you cannot speak for yourself.

Advance Directives are legal documents where you write down how you want your health care handled if you can no longer make or communicate decisions.

This brochure answers questions about how to make an Advance Directive in Washington State.

There are two types of Advance Directives:

- **Living Will**
- **Durable Power of Attorney for Health Care**

**What is an Advance Directive and why do I need one?**

An "Advance Directive" is a legal document that gives instructions about your future medical care. With an Advance Directive, you can direct your medical care even when you are too ill to communicate or are unconscious. You may also use an Advance Directive to appoint a person other than yourself to make health care decisions for you. An Advance Directive is an excellent tool to help those who care for you provide you with the type of care you really want.

As long as you can say what care you want you can accept or refuse any medical care.

**It is your choice whether or not to complete an Advance Directive--there is no legal requirement to have one.**

Under Washington State law, you have the right to make decisions about your medical care through Advance Directives. If you plan ahead, you can direct your care even while unable to communicate.

**Do I have to have an Advance Directive to go to a hospital?**

No. Hospitals cannot discriminate based on whether a person has an Advance Directive. However, it is a good idea to have one in case you become unable to communicate your wishes.

**What is a Living Will?**

This is a legal document completed by you that lets you tell your doctor what you *do* or *do not* want if you are diagnosed with a terminal condition or are permanently unconscious and unlikely to recover. You may choose to decline treatment that

prolongs the dying process.

**What is a Durable Power of Attorney for Health Care?**

This is a legal document completed by you that identifies the person you want to make your health care decisions for you if you are unable to make them for yourself. You can say what health care decisions you want made for you and what those decisions should be. You can also decide when the Durable Power of Attorney for Health Care goes into effect.

**What does terminal condition mean?**

This means a patient's condition is not curable, whether by injury, disease, or illness. In this situation, life-sustaining treatment serves only to prolong the process of dying. Your doctor decides if you have a terminal condition.

**What does permanently unconscious mean?**

This means a patient has an incurable and irreversible condition from which he or she probably will not recover. Two doctors must agree when someone is permanently unconscious.

**How do I prepare an Advance Directive?**

Forms are available for both types of Advance Directives from hospitals, doctors, advocacy organizations, or attorneys. An attorney may also help you prepare your Advance Directive.

**Living Wills** must be signed and dated by you in the presence of two witnesses. These two witnesses must also sign and cannot be: related to you by blood or marriage; in line to inherit your money or property if you die; people you owe money to; your doctor or your doctor's employees; or employees of the health care

facility where you are a patient or resident.

**A Durable Power of Attorney for Health Care**

must be signed and dated by you. It is recommended that it also be notarized in case you take it out of state. The person you choose to make health care decisions for you should be someone you trust. The person you choose cannot be: your doctor; an employee of your doctor; or an administrator, owner, or employee of a health care facility in which you live or are a patient (unless the person is also your spouse, adult child, or sibling).

**When does an Advance Directive become effective?**

A **Living Will** becomes effective after you sign it and when your doctor diagnoses you with a terminal condition or when two doctors diagnose you to be in a permanent unconscious state. You decide when a **Durable Power of Attorney for Health Care** becomes effective. It can be effective immediately, even if you are able to make decisions for yourself or it can become effective only when you are unable to make decisions.

**Where should I keep my Advance Directive?**

You and your family should agree on a safe place to keep your original Advance Directive. You should give copies to your doctor, attorney, and anyone you appoint to make health care decision for you. If you are admitted to a hospital, take a copy with you. You can also register your Advance Directive at the Washington State Living Will Registry, which will allow health care providers to access your Advance Directive even if you do not have it with you. Go to:

## ¿Puedo cambiar mis Directivas Anticipadas?

Sí. Puede cambiar o cancelar su **Testamento en vida** o **Poder legal duradero para atención de la salud** ya sea destruyendo el documento, efectuando los cambios por escrito o indicándole a alguien acerca de los cambios. Debería destruir todas las copias antiguas.

Cuando cambia cualquier Directiva Anticipada debería avisarle a su familia, médico, abogado y cualquier otra persona que pudiera estar involucrada en su atención de la salud. Debe avisarle a su médico sobre cualquier cambio o éstos podrían no hacerse efectivos. También debería actualizar cualquier Directiva Anticipada que haya registrado en el Registro de Testamentos en Vida del Estado de Washington.

## ¿Los hospitales y médicos respetarán mis Directivas Anticipadas?

Sí. Los hospitales y médicos apoyan los derechos de los pacientes de tomar sus propias decisiones médicas. Ellos respetan las Directivas Anticipadas que cumplen con la ley estatal y los estándares de ética médica.

Los hospitales deben informarle acerca de sus políticas en cuanto a las Directivas Anticipadas y si existiera algún conflicto sobre el cual ellos tuvieran conocimiento entre sus Directivas Anticipadas y las políticas del hospital. Si existiera un conflicto, pero usted desea continuar el tratamiento con un médico o establecimiento, se debe acordar un plan de acción por escrito e incluirlo en sus registros médicos.

Si usted tuviera más de un tipo de Directiva Anticipada y existe un conflicto entre éstas, se seguirá el documento más nuevo.

Para más información sobre las Directivas Anticipadas o una derivación, comuníquese con:

**Departamento de Servicios Sociales de su Hospital** 509-787-3531

**AARP (Asociación Americana de Personas Jubiladas):**  
1-888-687-2277

**Northwest Justice Project (Proyecto de Justicia del Noroeste)**  
**Clientes de bajos ingresos que no sean del Condado de King:**  
1-888-201-1014

**Colegio de Abogados del Condado de King:**  
**Abogados para clientes de bajos ingresos:**  
(206) 267-7010

**Derivación jurídica para todos los demás clientes:**  
(206) 623-2551

# Sus derechos y la atención médica terminal:

## Directivas anticipadas

Usted tiene derecho a decidir qué tipo de atención médica desea, incluso si no puede hablar por usted mismo.

Las Directivas Anticipadas son documentos legales en los que usted escribe cómo desea que se maneje su atención de la salud en caso de que no pueda tomar o comunicar sus decisiones.

Este folleto responde a las preguntas sobre cómo realizar una Directiva Anticipada en el Estado de Washington.

Existen dos tipos de Directivas Anticipadas:

- **Testamento en vida**
- **Poder legal duradero para atención de la salud**

### **¿Qué es una Directiva Anticipada y por qué necesito una?**

Una "Directiva Anticipada" es un documento legal que da instrucciones acerca de su atención médica futura. Con una Directiva Anticipada, puede dirigir su atención médica incluso cuando está demasiado enfermo para comunicarse o está inconsciente. También podría usar una Directiva Anticipada para designar a un tercero para tomar decisiones de atención de la salud por usted. Una Directiva Anticipada es una excelente herramienta para ayudar a las personas que lo quieren a brindarle el tipo de atención que usted realmente desea.

Mientras usted pueda decir qué tipo de atención desea, puede aceptar o rechazar cualquier atención médica.

**Es su decisión completar o no una Directiva Anticipada--no existe un requerimiento legal para tenerla.** De conformidad con las leyes del Estado de Washington, usted tiene derecho a tomar decisiones sobre su atención médica a través de las Directivas Anticipadas. Si planea con anticipación, puede dirigir su atención incluso cuando no pueda comunicarse.

### **¿Debo tener una Directiva Anticipada para acudir a un hospital?**

No. Los hospitales no pueden discriminar en base a si una persona tiene una Directiva Anticipada. Sin embargo, es una buena idea tener una en caso de que no pueda comunicar sus deseos.

### **¿Qué es un Testamento en Vida?**

Es un documento legal realizado por usted que le hace saber a su médico lo que usted *desea* o *no desea* si fuera diagnosticado con una condición terminal o queda inconsciente de forma permanente y con pocas probabilidades de recuperación. Puede elegir rechazar un tratamiento que prolongue el proceso de muerte.

### **¿Qué es un Poder legal duradero para atención de la salud?**

Es un documento legal realizado por usted el cual identifica a la persona que usted desea tome sus decisiones de atención de la salud en caso de que no pueda tomarlas por usted mismo. Puede decir cuáles decisiones de atención de la salud desea que se tomen por usted y qué decisiones se deberían tomar. También puede determinar cuándo entra en vigencia el Poder legal duradero para atención de la salud.

### **¿Qué significa condición terminal?**

Significa que la condición del paciente no tiene cura, ya sea por una lesión, dolencia o enfermedad. En esta situación, el tratamiento para mantener con vida sirve únicamente para prolongar el proceso de muerte. Su médico decide si padece de una condición terminal.

### **¿Qué significa inconsciente de forma permanente?**

Esto significa que un paciente padece de una condición sin cura e irreversible de la cual no se recuperará. Dos médicos deben estar de acuerdo cuando una persona está inconsciente de forma permanente.

### **¿Cómo preparo una Directiva Anticipada?**

Los formularios están disponibles para ambos tipos de Directivas Anticipadas en hospitales, médicos, organizaciones defensoras o abogados. Un abogado también podría ayudarle a preparar su Directiva Anticipada.

**Testamentos en vida** deben ser firmados y fechados por usted en presencia de dos testigos. Estos dos testigos también deben firmar y no pueden: estar emparentados con usted por vía sanguínea o matrimonial; estar en la línea de herencia de su dinero o propiedades si usted fallece; ser personas a las que usted le debe dinero; ser su médico o el médico de sus empleados; ni ser empleados de un establecimiento de atención de la salud donde usted es paciente o residente.

Un **Poder legal duradero para atención de la salud** debe estar firmado y fechado por usted. Se

recomienda que también sea legalizado con notario en caso de que lo lleve fuera del estado. La persona que elija para tomar las decisiones de atención de la salud por usted debería ser alguien en quien usted confíe. La persona que elija no puede ser: su médico; un empleado de su médico; o un administrador, propietario o empleado de un establecimiento de atención de la salud en el cual usted viva o sea paciente (a menos que la persona sea también su cónyuge, hijo adulto o hermano).

### **¿Cuándo se hace efectiva una Directiva Anticipada?**

Un **Testamento en vida** se hace efectivo después de firmarlo y cuando su médico le diagnostica una condición terminal o cuando dos médicos le diagnostican un estado de inconsciencia permanente. Usted decide cuándo un **Poder legal duradero para atención de la salud** se hace efectivo. Puede hacerse efectivo de inmediato, incluso si usted no puede tomar decisiones por usted mismo o puede hacerse efectivo únicamente cuando usted no pueda tomar decisiones.

### **¿Dónde debería guardar mis Directivas Anticipadas?**

Usted y su familia deberían acordar un lugar seguro para guardar el original de sus Directivas Anticipadas. Debería entregarle copias a su médico, abogado y a cualquier persona que usted designe para tomar las decisiones de atención de la salud por usted. Si es admitido en un hospital, lleve una copia consigo. También puede registrar sus Directivas Anticipadas en el Registro de Testamentos en Vida del Estado de Washington, el cual permitirá a sus proveedores de atención de la salud acceder a sus Directivas Anticipadas incluso si usted no las tiene consigo. Visite: <http://www.doh.wa.gov/livingwill/> para registrarse.



## ADVANCED DIRECTIVES

Current state law requires that healthcare facilities provide information to assist patients in making decisions related to medical care, including the right to accept or refuse treatment and the right to formulate Advanced Directives. Advanced directives include: Directive to Physicians, Power of Attorney for Healthcare, Code/No Code Status (CPR) or Do Not Resuscitate (DNR), Organ or Tissue Donation.

This information is provided to help you understand the subject, to provide for your wishes, and protect your rights. You are not required to make an advanced directive, however, if no directives are made, healthcare personnel are obligated to take all measures possible to prolong life (life support).

### **What is a Living Will?**

In Washington State, a Living Will is also known as a "Directive to Physicians". It is a legal document directing your attending physician to withhold artificial life-sustaining treatment if you have any incurable illness, irreversible brain damage, or terminal coma. Current law requires that resuscitation be attempted and life support initiated if death is discovered in a reasonable length of time, unless medical staff are directed otherwise by "Directive to Physicians".

Included in the Living Will (Section C) you will find specific questions regarding code status (CPR), antibiotic use, and non-oral nutrition and fluids. These questions will clarify your decisions regarding treatment. Consult your physician with any questions you may have. You may leave this blank and have yourself or surrogate decision maker decide as situations arise. You should be sure your surrogate decision maker fully understands your wishes.

If you decide to use a Living Will, sign the Directive to Physicians in the presence of two witnesses. Neither witness may be related to you by blood or marriage, be an heir of your estate or have a claim against your estate, nor be your attending physician or employee of same or of a health facility in which you are a patient. These witnesses may be clergymen, lawyer, or close family friends, etc.

Read and think about your Living Will. Discuss your directive with your family and encourage them to understand your wishes. Discuss your concerns with your physician or clergymen if you desire. If you decide to sign a Living Will or Directive to Physicians, give a copy to your physician for your medical record, and provide a copy to a friend or relative who may be notified in case of an emergency.

Periodically review your Living Will. If you wish to make changes or revoke it, notify your physicians and family.

We have provided a manual written by the State for further reading, and a copy of a Living Will. If you have further questions, concerns or needs, please feel free to contact your physician. Example forms of "Power of Attorney for Healthcare" are available upon request, as is information regarding organ/tissue donation.

This institution is an Equal Opportunity Provider.