

	<u>Originally Issued</u> 1997	<u>Current Revision</u> 2014
Subject: Advanced Medical Directives		

It is the policy of this facility to respect and encourage patients to control the decisions relating to their own health care, including the decision to have life-sustaining treatment withheld or withdrawn in an instance of a terminal or permanently unconscious condition.

Communication through Advance Medical Directives will guide health-care providers and those surrogates designated to carry out the patient’s wishes regarding medical decisions for the patient if the patient loses decision-making capacity. Advance Medical Directives, however, are not required in our facilities to receive care.

No physician, health facility, health provider, health care service plan, or any type of insurer shall require any person to execute a directive as a condition for being insured or for receiving health care services.

PURPOSE: Each patient’s ability and right to participate in medical decision-making should be maximized and should not be compromised as a result of being admitted for care in our facilities. This policy is intended to implement that goal and to assure compliance with the Patient Self-Determination Act, a requirement for participation in the Medicare or Medicaid program.

PROCEDURE:

A. Provision of Written Patient’s Rights Information:

Inpatient

Every patient, 18 years of age or older, admitted as an inpatient, or the patient’s surrogate, will be provided written information about his/her rights under state law to make decisions concerning medical care, including the right to formulate advance directives. Exceptions are patients admitted for routine lab, routine x-ray, or dietary and/or diabetic consults.

Outpatient

A summary of patient’s rights will be posted in all outpatient departments. Patients may request a full copy of their rights, including information about Advance Medical Directives.

B. Inquiry About Advance Medical Directives

1. During the admission process, the patient will be asked whether he/she has completed an advance medical directive. The answer to this inquiry will be documented on the Advance Directive form. If an advance medical directive has been completed, a copy of the directive will be placed in the patient’s

medical record as soon as it is available. The patient has the right to change his or her advance medical directive at any time.

2. In the absence of the actual advance medical directive, and in accordance with applicable state law, the patient's wishes are documented in the patient's medical record on the admission assessment database form. The physician may also document the patient's wishes in the progress record.
3. Physician Orders for Life Sustaining Treatment (POLST)
 - The patient may also have a bright green POLST form that summarizes an advance directive.
 - This form will outline patient wishes and medical interventions.
 - These are considered physician orders and are signed by the patient and physician. **See POLST Procedure and Form.

C. Provision of Information

Also during the admission process, the patient or the patient's surrogate shall be given information about the facility's policies with respect to implementing the patient's rights to consent to or refuse medical treatment and to make advance directives. This information is contained in the "Advance Medical Directive" booklet, which will be given to the patient or family member.

D. Documentation

Information about whether the patient has completed an advance medical directive and about the facility's providing the patient with information about his/her rights under state law to consent to or to refuse treatment and to complete an advance medical directive is documented on the "Advance Medical Directive" form and placed in the patient's medical record.

E. Patient Education

An educational booklet will be given to the patient or surrogate decision-maker(s) by the Admitting Department and/or Nursing Units. Questions will be directed to the appropriate resource, e.g., physician, Palliative Care Service, Case Management, chaplain, etc.

F. Staff Education

Educational information about advance medical directives and organization policies will be provided through in service education programs and will be discussed during new employee orientation.

G. Community Education

In order to assure that the community served by this facility is knowledgeable about advance medical directives and the patient's right to refuse treatment, education may be provided through community health and wellness classes.

H. Compliance Monitoring

In order to monitor compliance with the Patient Self-Determination Act, adequate documentation of the above patient contacts and decisions will be monitored via chart review and the Performance Improvement process.

I. Witnessing

Staff may not act as a witness to the execution of patient's legal documents (e.g. wills, living wills, or power of attorney). See Definitions of Conditions of Living Will.

II. A. **Conditions of Living Will and/or Advance Medical Directives**

1. Any adult may issue such directive.
2. The document shall be signed by two witnesses who are:
 - a. Not related to declarer by blood or marriage.
 - b. Not entitled to any part of the estate of the declarer under any will, codicil, or operation of law.
 - c. Not the attending physician or an employee of same.
 - d. Not an employee of the health facility in which the declarer is a patient.
 - e. Not a person who has a claim against declarer.
3. The Directive or copy of it should be part of the patient's records retained by the attending physician.
 - a. Copy of directive to be forwarded to the health facility when the withholding or withdrawal of life support treatment is contemplated.
4. Before the directive can be implemented, one of the two conditions must be met:
 - a. The diagnosis of a terminal condition by the attending physician must be verified in writing and made a permanent part of the patient's medical record, or
 - b. The patient must be diagnosed, in writing, to be in a permanent unconscious condition by two doctors, both of whom have personally examined the patient.
5. Or the patient must be diagnosed, in writing, to be in a permanent unconscious condition by two doctors, both of whom have personally examined the patient.

B. **Format and Location for Directives**

See Advance Medical Directive form located in Admitting, Case Management and Pastoral Services.

C. **Revocation of Directive**

1. Directive may be revoked at any time, without regard to declarer's mental state of competency.
2. Advance Medical Directives may be canceled or changed by destroying the original document and informing friends, doctor, and anyone else who has copies that they have been canceled. To initiate a change, a new Advance Medical Directive should be written and dated. Copies of the revised

documents should be given to all appropriate parties, including the physician.

3. There will be no criminal or civil liability on the part of any person for failure to act upon a revocation unless that person has actual or constructive knowledge of the revocation.

D. Criminal or Civil Liability Under the Patient Self-Determination Act

1. No physicians, licensed health personnel, or health care facilities will be subject to civil or criminal liability as long as they:
 - a. Are acting in good faith in accordance with the requirements of this Act.
 - b. Withhold only those procedures defined as “life-sustaining” in this Act, and do so only to “qualified patients”.
2. Conditions for Criminal Liability
 - a. Gross Misdemeanor – willfully concealing, canceling, defacing, obliterating, or damaging the directive of another without declarer’s consent.
 - b. First Degree Murder – falsifying, forging the directive of another, or willfully concealing, withholding, or withdrawing life-sustaining procedures.

E. Acting on or Refusing to Act on the Directive

1. Prior to withholding or withdrawing life-sustaining procedures, the attending physician shall:
 - a. Make a reasonable effort to determine that the directive complies with the conditions for such directives as set forth in this Act.
 - b. If the patient is mentally competent, make a reasonable effort to determine that the directive and all steps proposed by the attending physician are currently in accord with the desire of the qualified patient.
2. Directive shall be considered conclusive and to be the final directions of the patient unless there has been a revocation as defined in this Act.
3. Refusal to act on the directive:
 - a. A physician may refuse to effectuate a directive.
 - b. If any physician refuses to effectuate a directive, he shall transfer the qualified patient to another physician who will effectuate the directive.
 - c. The attending physician of the hospital shall inform a patient or patient’s authorized representative of the existence of any policy or practice that would preclude the honoring of the patient’s directive at the time the physician or facility becomes aware of the existence of such a directive. If the patient, after being informed of such policy or practice, chooses to retain the physician or facility, the physician or facility shall prepare a written plan suitable to the patient or patient’s surrogate. This will be filed with the patient’s directive that sets forth the physician’s or facility’s intended actions should the patient’s medical status change to a state that would activate the directive.

- d. No nurse, physician, or practitioner can be required to participate in withdrawal or withholding of life sustaining treatment, and no person may be discriminated against in employment or privileges because of participation or refusal to participate in withdrawal or withholding of such treatments.

F. Suicide

Withholding or withdrawal of life-sustaining procedures from a qualified patient in accordance with this Act and patient's directive shall not constitute suicide.

DEFINITIONS

Absence of Decision-Making Capacity

A condition of the patient in which the capacity to make informed decisions about medical care is 1. temporarily lost, due to unconsciousness, the influence of mind-altering substances, or treatable mental disability; 2. is permanently lost due to irreversible coma, persistent vegetative state, or untreatable brain injury rendering understanding by the patient impossible; or, 3. has never existed (e.g., congenital mental disability or severe brain injury resulting in the patient never gaining the capacity to make informed decisions about medical care).

Advance Medical Directive

A written instruction (such as a living will, durable power of attorney for health care, or other documentary evidence recognized by this state) relating to the provision of medical care when the author becomes incapacitated.

Life-Sustaining Treatment

Any medical intervention, including the administration of fluids and nutrition by artificial means, that sustains life for a qualified patient only to prolong the process of dying.

Medical Decision-Making

Authorization for treatment, withholding or withdrawing of treatment (including life-sustaining treatment) obtained from the patient or, if the patient lacks decision-making capacity, the patient's surrogate decision-maker.

Surrogate Decision-Maker

An individual chosen by the patient to make medical decisions for the patient when the patient is incapable of doing so. This individual may be formally appointed by the patient in a durable power of attorney for health care, or by a court in a conservatorship or guardianship proceeding. In the absence of a formal appointment, the surrogate may be informally authorized by virtue of a close relationship with the patient (e.g., family member or close friend).

	<u>Originally Issued</u> 2000	<u>Current Revision</u> 2014
Subject: Patient Rights and Responsibilities		

On behalf of the patients of Valley Hospital & Medical Center and their families, we have established the following as rights and responsibilities of the patient. The Hospital presents these rights and responsibilities in the Patient Information Guide with the expectation that they will contribute to the well being and healing process of the patient. In addition, these guidelines are relevant for the patient facing end of life.

PATIENT RIGHTS

Access to Care

Valley Hospital does not discriminate based on ethnicity, culture, language, physical or mental disabilities, social economic status, sex, sexual orientation, gender identity, age, religion or source of payment. The patient has the right to access treatment. This includes the patient's right to select his/her own physician.

Right to Treatment

The patient has the right to access care as long as that care is within the Hospital's capacity, mission, and policies. The patient has the right to be involved in post-discharge decisions and to be told of any services in which the Hospital has an interest, including educational institutions, home health agencies or insurers. When the Hospital cannot provide the care a patient needs, the staff will inform the patient of other choices for care. If it is necessary and medically advisable, the Hospital may transfer the patient to another facility as long as the transfer is accepted by the receiving facility.

Respectful Care

The patient has the right to considerate and respectful care that is consistent with his/her personal values and beliefs to the extent that they can be accommodated within the mission, vision, values and policies of the Hospital.

Informed Consents/Decision Making

The patient has the right to make informed decisions regarding medical care without undue influence and to expect from physician's disclosure of medical findings, alternate treatments and associated risks and benefits. The patient has the right to receive from his/her physician the information necessary to give informed consent prior to the start of any procedure or treatment. Except in emergencies, such information should include, but not necessarily be limited to, the specific procedure or treatment, the medically significant risks involved, and the probable duration of incapacitation. Patients, and when appropriate their families, are informed about the outcomes of care including unanticipated outcomes.

Research

The patient has the right to consent or refuse to participate in proposed research studies or clinical trials affecting care and treatment and to have those studies fully explained prior to consent. Any refusal to participate will not compromise a patient's access to other Hospital services.

Advance Medical Directives

The patient has the right to make an Advance Medical Directive (such as a living will for health care, health care proxy, or durable power of attorney for healthcare) concerning treatment to designate a surrogate decision-maker with legal parameters.

Ethical Concerns/Care at the End of Life

There are times when ethical questions about medical care and treatment options pose dilemmas for patients, families, physician, and staff. Ethical issues that could arise in the course of care include conflict resolution, withholding resuscitative services, foregoing or withdrawing of life-sustaining treatment. The Hospital has established an Ethics Committee to provide consults/advice upon request regarding issues mentioned above.

Ethics Committee

A multidisciplinary group of physicians, chaplains and Hospital staff are available for consultation. Patients and families may access the Ethics Committee by contacting the Administrative Supervisor via the hospital operator by dialing "0" or by calling 509.924.6650 and ask for the Administrative Supervisor to be paged.

Notice of Privacy Practices

The patient has a right to our Notice of Privacy Practices that explains how we may use and disclose health information. It also discusses the patient's health information rights and provides contact information to communicate questions or concerns.

Treatment Privacy

The patient has the right to every consideration of privacy and may exclude family members from his/her health care decisions. Care discussions, consultations, examinations and treatments shall be conducted in a way to respect each patient's privacy.

Personal Privacy

The patient has the right to wear his/her own clothing, to manage his/her own personal finances, to receive and send mail unopened, and to associate with persons of his/her own choice as appropriate to the patient's medical condition.

Confidentiality

The patient has the right to confidentiality of all communications and records about his/her care. The patient has the right to be informed of the Hospital's confidentiality practices as required by law. Medical records and all other information will be kept confidential unless disclosure is required by law, written consent, or allowed within the limits of the law.

Communication

The patient has the right to be informed of any restrictions of communications, (i.e., phones, visitors, etc.). Restrictions will be determined with the patient's participation. Hearing, speech-impaired patients, and patients who require interpreters have the right to effective communication assistance. We also provide immediate interpreter services via a specialized telephone service.

Participation in Care Planning

The patient has the right to:

- Make informed decisions regarding his/her care.
- Be told of his/her health status.
- Be a part of care planning and treatment.
- Decide if family members will participate in his/her care.

- Be involved in ethical questions that arise regarding his/her care and to refuse treatment, including withholding resuscitative services and foregoing or withdrawal of life-sustaining treatment to the extent permitted by law.
- Choose a decision-maker in the event that the patient is incapable of understanding a proposed treatment or procedure or is unable to communicate his/her wishes regarding care.
- Obtain the form Physician Order for Life-sustaining Treatment (POLST) that will outline end-of-life directions.
- Donate organs and other tissue (RCW 68.50.500 and 68.50.560)

Managing Pain Effectively

The patient has the right to be involved in pain management decisions and to receive aggressive and appropriate pain management when indicated. As a patient, you can expect information about pain and pain relief measures. The pain management should optimize the comfort of the patient throughout his/her treatment.

Protective Services

The patient has the right to be free from all forms of abuse or harassment. The patient has a right to protective services, especially when evidence of neglect, abuse, exploitation, or hazardous living conditions are found and appropriate intervention is taken.

Restraints

The patient has the right to be free from restraints of any form that are not medically necessary. They are not used as a means of coercion, discipline, convenience, or retaliation by staff.

Secure Environment

The patient has the right to a safe environment. This includes reasonable measures for the management of infection, emergency preparedness, safe medical equipment, facility security and reasonable care to promote a safe and violence-free environment.

Visitation Rights

You have the right to consent to receive the visitors who you designate, including but not limited to a spouse, domestic partner (including same sex domestic partner), another family member, or a friend. You may withdraw your consent to receive any visitor at any time. To the extent this Hospital places limitations or restrictions on visitation; you have the right to set any preference of order or priority for your visitors to satisfy those limitations or restrictions. The Hospital does not and will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. The Hospital will ensure that the visitors chosen by you will be able to enjoy full and equal visitation privileges, consistent with your preferences.

Transfers

The patient has the right to expect that the Hospital will provide health services within the standard of care. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, the patient will be informed of risks, benefits and alternatives. The patient will not be transferred to another institution unless that institution agrees to accept the patient.

Discharge Planning

The patient or his/her designated representative has the right to be told of realistic care alternatives when hospital care is no longer appropriate.

Billing Explanation

The patient has the right:

1. To be informed of services and related charges available in or through the facility
2. To receive an itemized bill, regardless of source of payment

3. To a detailed billing explanation. The patient may question charges associated with procedures and with billing and will be advised of the availability of financial assistance if appropriate.

Complaints and Grievances

The patient has the right to be informed of available resources for resolving disputes, grievances and conflicts within the institution.

To help ensure that your stay with us is as pleasant and comfortable as possible, we want to hear about any concerns or complaints you may have. Please let us know how we can better serve you by following these simple steps:

- First, share your concerns with your nurse or his/her immediate supervisor. Hopefully we can resolve the problem at that time.
- If you are not satisfied with the outcome, please contact our Administrative Supervisor via the hospital operator by pressing “0”, or by calling 509.924.6650 and ask for the Administrative Supervisor to be paged.
- We will address your concern in a timely manner and attempt to resolve your concern efficiently. If you are not satisfied, you may submit a grievance in writing that will be referred to Risk Management. You may also submit your grievance directly with a state agency. For instance, in filing a grievance or for State agency numbers, please contact Washington State Department of Health; toll free at 1-800-633-6828 or Medicare patients may call Qualis (Washington/Idaho) 1-800-445-6941.

PATIENT RESPONSIBILITIES

Health care delivery is enhanced by the involvement of the patient as appropriate to his/her condition as a partner in the health care process. In addition, the health care providers are entitled to reasonable and responsible behaviors on the part of patients and their families.

Patient Responsibilities include at least the following:

- Providing information. The patient is responsible for providing to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health. The patient and family are responsible for reporting perceived risks in their care and unexpected changes in the patient’s condition. The patient and family help the organization improve its understanding of the patient’s environment by providing feedback about service needs and expectations.
- Participation in health care decisions. The patient has the responsibility to participate in decisions about his/her health care and to participate in the development and implementation of their plan of care. Patients are also responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.
- Following instructions. The patient and family are responsible for following the care, service, or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. Effort is made to adapt the plan to the patient’s specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family are responsible for understanding the consequences of the treatment alternatives and not following the proposed course
- Accepting consequences. The patient and family are responsible for the outcomes if they do not follow the care, service, or treatment plan.
- Showing respect and consideration. Patients are responsible for being considerate of other patients, helping to control noise and disturbances, and following smoking policies. Patients are

also responsible for being considerate of the organizations rules concerning patient care including respect for personnel and property.

- Meeting financial commitments. The patient and family are responsible for promptly meeting any financial obligation agreed to with the organization.