**Physician Responsibilities**

Review the medical record for Advance Directive information and discuss and/or review Advance Directives with the patient and document in the progress notes.

**NOTE:** If the patient has a Durable Power of Attorney for Health Care (DPOA), determination of incapacity (incompetence) must be made and documented by two physicians or a physician and a psychologist.

**Off-Site Responsibilities**

Provide the Advance Directive information (the IRMC booklet “Making Healthcare Choices”) to all the interested patients who are seen at an office site location. The notification will be documented on the Advance Directive Notice.

The clinical staff will inquire as to whether the patient has an Advance Directive and check the appropriate box on the Advance Directive Notice form. If the response is yes, the clinical staff shall request a copy for the patient medical record.

If the patient is incapacitated, an attempt shall be made to obtain a copy of the Advance from the person accompanying the patient. If a copy of the Advance Directive is obtained at this time, it shall be placed in the medical record.

**Advance Medical Directives**

It is Ingham policy to provide all adult patients with written information regarding:
- decisions concerning medical care
- the right to accept or refuse medical or surgical treatment
- the right to formulate Advance Directives or Durable Power of Attorney for Health Care.

IRMC respects the patient’s right to accept or refuse medical treatment.

Putting this policy, and the beliefs and laws it represents, into practice requires skillful communication between caregivers and patients.

This booklet reviews key points regarding Advance Medical Directives. For more detail regarding your specific responsibilities, please see IRMC Policy # 100-56.
Case Management

1. Nursing will notify Case Management and/or Medical Social Work that a patient has indicated that they have an Advance Directive, but the document has not yet been brought to the hospital. Case Management and/or Medical Social Work will follow up with the patient to obtain a copy of the Advance Directive and will place this under the Legal Document tab in the patient record.

2. After 48 hours, if the patient/family has not produced the document, the Case Manager and/or Medical Social Worker may offer assistance to the patient to complete another one. If the patient declines to complete another Advance Directive, the Case Manager and/or Medical Social Worker will document this in the progress note.

**NOTE:** Case Managers and/or Medical Social Workers may document in the Progress Notes at any time information related to personal discussions with the patient that may assist the physician in treatment decisions.

The Case Manager and/or Medical Social Worker will inform the patient to contact the Case Management and/or Medical Social Work Department if he/she changes their mind during hospitalization and needs assistance in completing a new Advance Directive.

If a new Advance Directive is completed, the document is copied and placed in the record. The Case Manager and/or Medical Social Worker will then document in the progress notes to alert the physician to the presence of the new Advance Directive.
Nursing Responsibilities

Evaluate the need to complete the Advance Directive Notice form at the time of the patient’s admission.

Provide the IRMC booklet “Making Healthcare Choices” to both observation and inpatients and document on the Advance Directive Notice.

Attempt to obtain a copy of a pre-existing Advance Directive and Patient Advocate Acceptance Form and place the copy under the Legal Document tab in the patient record. Nursing will document in the Nursing Notes when the Advance Directive Notice has been completed and will place this form under the Legal Document tab in the patient record.

Notify the Case Manager if there is an Advance Directive that has not yet been brought to the hospital and document the date, time, and person notified in the Physician Progress Notes.

NOTE: Nursing may document in the Progress Notes at any time information related to personal discussions with the patient that may assist the physician in treatment decisions.
**DEFINITIONS**

**Adult:** A person 18 years or older.

**Advance Directive:** An Advance Directive is a written instruction relating to the provision of health care when an individual’s condition makes it impossible for the individual to express his or her wishes. OBRA 1990 defines an Advance Directive as a Living Will, Durable Power of Attorney for Health Care, or other state law mechanisms by which an individual can give written instructions concerning his/her medical care. However, Michigan law does not recognize a Living Will.

**NOTE:** All information regarding the patient’s wishes for future care and treatment is considered when making decisions regarding the care and treatment of the patient. It is the intent of Ingham Regional Medical Center to comply with the patient’s wishes to the greatest extent possible, when those wishes are known. In cases where the patient’s wishes are not known, the best interests of the patient will guide treatment decisions.

**NOTE:** The Medical Psychiatric Consultation & Liaison Service needs to perform a consultation to determine, and document, if a patient is incapacitated.

**Michigan’s Durable Power of Attorney for Health Care (DPOAHC)** recognizes the right of a competent adult patient to execute a Durable Power of Attorney for Health Care. In this document, the competent adult patient appoints a proxy or patient advocate who is the person designated to make healthcare decisions for another should that person become incapacitated or unable to participate in his/her medical care and treatment decisions.

**Note:** Employees, physicians, and volunteers of the Hospital cannot be witnesses to the DPOA document.

**Proxy (Patient Advocate): Person** designated by the patient in a DPOA to make medical care and treatment decisions when the patient is unable, due to incapacitation, to participate in this decision process.

**Patient Advocate Acceptance Form:** Under Michigan law, every Patient Advocate must sign a Patient Advocate Acceptance Form, which shall be placed on the patient’s medical record.

The Registrar will distribute the IRMC booklet “Making Healthcare Choices” to both Observation and Inpatients. This will be documented on the Advance Directive Notice.

**NOTE:** This booklet describes state law regarding the right to formulate an Advance Directive and the Hospital’s policies respecting the implementation of the patient’s right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.

**NOTE:** If the patient is incapacitated at the time of admission, this information will be provided to the person accompanying the patient to facilitate obtaining information about Advance Directives.

The Registrar will inquire whether or not the patient has an Advance Directive and check the appropriate box on the Advance Directive Notice. If the response is yes, an attempt will be made to obtain a copy of the Advance Directive during the registration process. This copy will be placed in the admission packet that is delivered to the assigned patient care unit.

a. When anAdvance Directive exists but is not available at the time of admission, the Registrar will request that the family bring the document to the patient care unit as soon as possible and give it to the patient’s nurse, so that it can be copied, placed in the record and communicated to the physician. The Registrar will explain the rest of the Advance Directive Notice and have the patient or significant other if the patient is incapacitated sign the form.

b. If the Registrar has been unable to complete the Advance Directive Notice during the registration process, the blank form will be attached to the admission packet delivered to the patient care unit.

c. When a copy is obtained, both the Medical Durable Power of Attorney form designating a Patient Advocate and the form signifying that the Patient Advocate accepts this responsibility shall be on the hospital medical record.

d. A copy of the Advance Directive form must be obtained even if the patient has previously provided a copy to the Hospital.

**NOTE:** Copies obtained from nursing homes or any other source are valid and should be placed in the admission packet when transferring the patient to a patient care unit.
Advance Directives Quiz

Please return completed (and corrected) quiz to your manager (not Human Resources). If you have any questions about the booklet content, please contact your manager, educator, or the risk management department.

1. An Advance Directive is a written instruction relating to the provision of healthcare when an individual’s condition makes it impossible for the individual to express his or her wishes.
   a. True  
   b. False

2. If the registrar is not able to complete the Advance Directive Notice during the registration process,
   a. a blank form will be mailed to the patient’s home.
   b. the blank form will be attached to the admission packet and delivered to the patient unit.
   c. no advance directive notice will be necessary for this admission.

3. If a patient has previously provided an Advance Directive to the hospital, is it necessary to obtain another when readmitted?
   a. Yes  
   b. No

4. When nursing obtains a completed Advance Directive Notice,
   a. the nurse will document in the nursing notes and place the completed form in the patient record under the Legal Document tab. Nursing may document in the Progress notes at any time information related to personal discussions with the patient that may assist the physician in treatment decisions.
   b. the nurse will file the form under the tab marked Advance Directives and document in the Progress notes.

5. If after 48 hours, the patient/family has not produced an Advanced Directive, the Case Manager and/or Medical Social Worker may offer assistance to complete another one.
   a. True  
   b. False

6. If the patient has a Durable Power of Attorney for Healthcare (DPOAHC) determination of incapacity (incompetence) must be made by:
   a. the patient’s family and physician.
   b. two physicians or a physician and a psychologist.
   c. two physicians.

Name________________________  Badge ___________ Date __________

Answers:
1) a 2) b 3) a 4) a 5) a 6) b