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| Owner: | <i>Chad Smith: Dir, SSCD Clinical Services RN</i> |
| Policy Area: | <i>Patient Rights & Ethics</i> |
| References: | |
| Applicability: | <i>SSCD</i> |

Advance Health Care Directives Policy

SCOPE

This policy applies to Sutter Health ambulatory surgery centers managed by Sutter Surgery Center Division.

PURPOSE

To provide patients or, as appropriate, patient representatives or surrogates with written information concerning policies on Advance Directives, including a description of the applicable State health and safety laws and if requested, official state advance directive forms.

DEFINITION

California law gives patients the ability to insure that their health care wishes are known and considered, if they become unable to make these decisions for themselves.

Completing an Advance Health Care Directive form allows the individual to do either or both of two things:

- A. To appoint another person to be a health care agent or "attorney-in-fact", who has legal authority to make decisions about the individual's medical care, if the individual is unable to make decisions
- B. To write down the individual's health care, for example, a desire not to receive treatment that prolongs the dying process if the individual is terminally ill. The doctor and the agent must follow the individual's lawful instructions.
- C. In addition, the form allows the individual to express their wishes about organ and tissue donation.

The Advance Health Care Directive is now the legally recognized format in California for both a living will and the Durable Power of Attorney for Health Care, which allows the individual to state their desires about their health care in any situation in which they are unable to make their own decisions, about life-sustaining treatment and for appointing a health care agent.

POLICY

The Center requires that patients and/or their representatives be notified in writing prior to surgery regarding the surgery center policy.

The type of Advance Health Care Directives that may apply to this setting are called "requests to forego resuscitative measures" or "do not resuscitate orders (collectively referred to as a DNR)". A DNR order is typically used by terminally ill patients who do not want to be resuscitated should they suffer a cardiac or

respiratory arrest or other life-threatening situation.

Based on reasons of conscience, a "do not resuscitate" element of an Advance Directive will not be honored, as the center is an outpatient facility where only elective surgery and/or procedures are performed. All reasonable efforts will be taken to revive, including cardiopulmonary resuscitation and/or other stabilizing measures, and transfer patients to a hospital in the event of deterioration. Therefore all patients shall be presumed as having consented to cardiopulmonary resuscitation when signing the consent for surgery and will be informed of such.

Cardiopulmonary Resuscitation (CPR) shall be defined as: the administering of any means or device to restore or support resuscitative functions in a patient, whether by mechanical devices, chest compressions, mouth-to-mouth resuscitation, cardiac massage, tracheal intubation, manual or mechanical ventilators or respirators, defibrillation, the administrations of drugs and/or chemical agents intended to restore cardiac and/or respiratory functions in a patient where cardiac or respiratory arrest has occurred or is believed to be imminent.

The following policies have been instituted due to the nature of the services provided by the Center

- A. Patients are not required to have an Advance Health Care Directive to receive care at the center
- B. On the basis of conscience, a DNR order contained in Advance Health Care Directive will not be honored by the center.
- C. In the event of a life-threatening emergency, patients are resuscitated, treated, stabilized, & transported to a higher level of care, as necessary

PROCEDURE

- A. By agreeing to resuscitation and signing the consent that acknowledges their understanding of the center's policy, the patient is not revoking an Advanced Health Care Directive or Durable Power of Attorney for Health Care.
- B. All patients and/or their representatives are informed in writing of the facility policy regarding Advance Health Care Directives prior to the start of surgery*.
- C. If the patient has an Advance Directive they are instructed to bring it to the center on the day of surgery.
- D. Upon admission, the patient is again questioned as to whether or not he/she has an Advance Health Care Directive. If the patient has an Advance Health Care Directive, but did not bring it, the admission staff will document this on the medical record.
- E. If the patient brought their Advance Health Care Directive, a copy will be placed in their chart. The medical record will be prominently marked to inform all staff caring for the patient of the presence of an Advance Health Care Directive. A copy is added to the medical record to ensure that it will accompany the patient should they be transferred to a higher level of care.
- F. Staff and/or anesthesia will verify that the patient understands the center policy not to honor a "do not resuscitate" element, if their Advance Health Care Directive contains such an order. The patient is always given the option to have their procedure performed elsewhere if they wish and to discuss with their physician.
- G. The patient acknowledges that they have been informed in writing of the policy by signing "Patient Acknowledgment of Advance Directive Policy" statement in the consent and/or through electronic preregistration.

- H. In the event of a patient transfer or transfer of medical records from this facility to another, the Advance Health Care Directive will always be part of the record transferred with the patient.
- I. Facility staff may not assist patients in formulating an Advance Health Care Directive.
- J. If requested, the patient will be given official State advance directive forms and provided information for the Office of the Attorney General http://ag.ca.gov/consumers/general/adv_hc_dir.htm and/or the State Ombudsman Program 916-323-6681.
- K. Patients may be informed via telephone call, electronic pre-registration, patient brochure

REFERENCE

CMS Conditions for Coverage, 416.50(c), (Rev. 99, 01-31-14)

AAAH Accreditation Handbook, Patient Rights, 2014

California Probate Code 4700-4701

All revision dates:

3/17/2015

Attachments:

[Patient Notification Advance Health Care Directive](#)

Approval Signatures

| Step Description | Approver | Date |
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| | Shea Lansberry: Dir, SSCD Clinical Services RN | 3/17/2015 |