

<b>Advance Directives</b> <b>Holzer Health System</b>	Original Date of Issue:	10/1991
	Revision Date:	05/1999, 09/2007, 05/11, 05/14, 11/16, 06/17, 08/17, 10/19, 12/23
	Review without Revision Date:	10/1998, 02/2001, 05/01, 05/05, 2/21, 05/22
	Effective Date:	12/18/2023
	Policy Number	
<b>Department: Administrative</b>		
<b>Scope and Application:</b> Applies to all Holzer Health System as defined in this policy.		
<b>Policy:</b> It is the policy of Holzer Health System (HHS) to encourage patient and family involvement in care decisions and support the patient's right to execute an Advance Directive. Their wishes must be respected and followed in accordance with applicable state and federal laws. If a provider or any other staff member is unable to comply with a patient's Advance Directives, arrangements must be made to provide alternate personnel or facilities to meet their needs. Issues regarding compliance with a patient's Advance Directives must be addressed as needed by a Patient Experience Representative, Care Management, the Director of Chaplaincy, Corporate Compliance and/or Legal/Risk Management. (Please see the HHS Ethics Committee Referral and Access policy) Information on contacting regulatory agencies will be provided upon request.		
<b>Purpose:</b> To guide staff in honoring patient Advance Directives with regard to care, treatment, and services.		

**Procedure**

1. Types of Advance Directives (AD):
  - a) Durable Health Care Power of Attorney
  - b) Living Will Declarations
  - c) Organ and Tissue Donation form (please see LOOP policy)
  - d) Determination of Resuscitative Status (please see DNR policy)
  - e) Declaration of Mental Health
2. **Ambulatory Patients:** Ambulatory/Outpatients who request information about ADs will be given written information that includes applicable state health and safety laws and official state advance directive forms. (Please refer to the AD Ambulatory Protocol)
3. Information regarding ADs must be made available upon request. All patients or their representative, in the Ambulatory Surgery Centers, Emergency Department and Inpatient Observation status, must be asked if they have ADs. If a patient or their representative present with a copy of their ADs, a complete copy shall be scanned and placed in their medical record. (Please refer to the AD Acute Protocol)
  - a) Upon receipt of a patient's Advance Directive, a staff member must review the document to verify it is appropriately signed (i.e. witnessed by two eligible adults or notarized). Any questions regarding the validity of an Advance Directive must be referred to a Patient Experience Representative, a member of the Care Management Department, a Palliative Care Representative, the Director of Chaplaincy, Corporate Compliance, the Legal/Risk Management Department or other trained personnel. If necessary, a referral to the Ethics Committee may occur. (Please see the HHS Ethics Committee Referral and Access Policy)
4. All patients, 18 years of age or over, shall be asked during their Inpatient admission assessment if they have an Advance Directive.
5. If a patient or their representative requests information regarding ADs, they shall receive an AD pamphlet and/or a copy of the most recent "Choices, Living well at the End of Life – Advance Directives Packet". At the patient's request, nursing will initiate communication with a Patient

Experience Representative, the Care Management Department, Palliative Care Representative, Chaplain, or other trained personnel who will assist individuals with questions or completion of the relevant AD form(s). **HHS staff members will not provide legal advice. If a patient or representative/family wish to seek legal counsel, any expense incurred is their responsibility.**

6. If the patient completes his/her AD(s) while at HHS, the original copy of the AD(s) shall be returned to the patient after a copy is scanned into the patient's medical record.
7. Providers must incorporate the provisions of a patient's Living Will Declaration into the patient's medical treatment plan. Each patient shall be given competent and conscientious care whether or not they have an AD.
8. Any provider, nurse or caregiver who is unable, on grounds of conscientious objection, to honor the terms of a patient's ADs must arrange for transfer of care to an alternate staff member or facility. The staff member providing the care must render competent professional care until the time the transfer can be completed.
9. An AD made in another state is recognized if it complies with the laws of the patient's home state at the time it was executed and if it expresses intent substantially the same as provided for by the State of Ohio.
10. **Patients may revoke or modify an AD by:**
  - a) **Living Will, Durable Health Care Power of Attorney or Declaration of Mental Health** - by notifying Holzer Health System of their desire to do so, in writing, on the approved [Revocation form](#).
    - Ambulatory and Acute Care Setting: If the patient wishes to revoke their Living Will, Durable Health Care Power of Attorney or Declaration of Mental Health, they can complete a Revocation form at any Holzer location. (Copies of the Revocation form are available through the Print Shop.)
      - The HHS staff member who receives the Revocation Form must follow the appropriate AD Protocol (please see attached) to ensure the revocation form is uploaded into the patient's medical record.
  - b) **Organ & Tissue Donation Registry**- by the patient reaching out to their state's Organ Donor Registry website and changing their status.
  - c) **Determination of Resuscitative Status (DNR)**- by having the patient's Provider complete a new DNR order when the resuscitative status has changed. Please refer to Determination of Resuscitative Status (DNR) policy for further information.
11. If ethical disputes arise regarding treatment decisions based upon interpretation of a patient's ADs, any individual who is actively involved in the patient's care may request an Ethics Committee consultation. Such a consultation/referral may be achieved by contacting a Patient Experience Representative, the Care Management Department, a Palliative Care Representative, the Compliance Department or a Chaplain. (Please see the HHS Ethics Committee Referral and Access policy)

### **References**

ORC- Living Will: §2133.02  
 ORC- HCPOA: §1337.11 - §1337.17  
 ORC- Mental Health Declaration: §2135.02  
 ORC- DNR: §2133.21  
 OAC- DNR Protocol: §3701-62-01 - §3701-62-14

### **Definitions**

- **Advance Directives** - are legal documents in which patients express their wishes about the kind of health care they want to receive should they become unable to make their own treatment decisions.
  - **Declaration of Mental Health** - Is a form that allows the patient to state their own preferences regarding their mental health treatment and to select a person to make mental health care decisions for the patient when they cannot make these important decisions.
  - **Do Not Resuscitate or DNR Order** - means a Provider's medical order that is written into a patient's record to indicate that the patient should not receive cardiopulmonary resuscitation.
  - **Living Will Declaration** - means a legal document that allows a competent adult ("declarant") to specify what health care the declarant wants or does not want, when he or she becomes terminally ill or permanently unconscious and can no longer make his or her wishes known.
  - **Durable Health Care Power of Attorney** - means a legal document that lets the patient authorize an agent to make health care decisions for the patient in most health care situations when the patient can no longer make such decisions. Also, the patient can authorize the agent to gather protected health information for and on behalf of the patient immediately or at any other time. A Durable Health Care Power of Attorney is NOT a financial power of attorney. The Durable Health Care Power of Attorney document also can be used to nominate person(s) to act as guardian of the patient's person or estate. Even if a court appoints a guardian for the patient, the Durable Health Care Power of Attorney remains in effect unless the court rules otherwise.
- **Immediate Family/Representative** - Means a patient's spouse, parents, children, grandparents, siblings, grandchildren, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, step-parents, step-children, step-siblings, or a legal guardian or other person who stands in the place of a parent.
- **Life Sustaining Treatment** – means any medical procedure, treatment, intervention or other measure that, when administered to a patient, mainly prolongs the process of dying.
- **Permanently Unconscious State** – means an irreversible condition in which the patient is permanently unaware of himself or herself and surroundings. At least two providers must examine the patient and agree that the patient has totally lost higher brain function and is unable to suffer or feel pain.
- **Holzer Health System** - includes and refers to the following entities:
  - Holzer Hospital Foundation dba Holzer (including Home Health, Hospice, and Extra Care);
  - Holzer Medical Center - Jackson;
  - Holzer Clinic LLC;
  - Holzer Senior Care (including Holzer Assisted Living - Gallipolis and Holzer Assisted Living - Jackson);
  - Holzer Dental Clinic Jackson, LLC dba Dental Health Partners; and
  - Holzer Vanguard (including Holzer Family Pharmacy)