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Beaumont Health System has adopted the following policy for Beaumont- Royal Oak, Beaumont- Troy, and Beaumont- Grosse Pointe.

POLICY

A patient has the right to make decisions regarding medical and mental health treatment. This includes the right to formulate Advance Directives. Beaumont Health System will not discriminate against any patient based upon the patient's decision to execute or refrain from executing an Advance Directive.

DEFINITION

An Advance Directive is a written document in which a competent, adult patient specifies what medical care or mental health treatment the patient would want to have or forego should he/she lose the ability to make treatment decisions. There are two types of Advance Directives: a Durable Power of Attorney for Health Care and a Living Will.

DESCRIPTION

1. A Durable Power of Attorney for Health Care is a form of Advance Directive by which a patient gives another person the power to make medical treatment, mental health treatment and personal care decisions. It may also authorize that person to make an anatomical gift of all or part of the patient's body. In addition to designating someone to make these decisions, the patient may include a statement of his/her wishes regarding care, treatment and anatomical gifts. The Durable Power of Attorney for Health Care must be a part of the patient's medical record before it is implemented.
2. The person designated by the patient to make these decisions is called the patient advocate. The patient advocate:
 - a. May make medical treatment decisions for the patient only when the patient is unable to participate in treatment decisions. The determination that a patient is unable to participate in treatment decisions must be documented by two (2) physicians or one (1) physician and a licensed psychologist.
 - b. May make mental health treatment decisions for the patient only when the patient is unable to give informed consent to mental health treatment. The determination that a patient is unable to give informed consent for mental health treatment must be documented by two (2) physicians one of whom is a licensed psychiatrist.
 - c. Cannot initiate decisions to withhold or withdraw life-sustaining treatment unless the Durable Power of Attorney for Health Care contains a clear and convincing statement authorizing the patient advocate to make such decisions and acknowledging the patient's understanding that such a decision could or would result in the patient's death. However, the patient advocate

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<p>may consent to a recommendation by the physician to withhold or withdraw life sustaining treatment.</p> <p>d. Cannot consent to the forced administration of medication in connection with mental health treatment unless the Durable Power of Attorney for Health Care contains a clear and convincing statement authorizing the patient advocate to make such a decision.</p> <p>e. May consent to an anatomical gift of all or part of the deceased patient's body <i>provided all</i> of the following conditions are met:</p> <ul style="list-style-type: none">○ The patient's Durable Power of Attorney for Health Care authorizes the patient advocate to make an anatomical gift;○ The patient has been declared dead by a licensed physician or determined to be unable to participate in medical treatment decision by two (2) physicians or one (1) physician and a licensed psychologist;○ The patient advocate's consent to the anatomical gift is obtained upon or immediately before the patient's death. <p>f. May not consent to an anatomical gift of all or part of the deceased patient's body <i>if any</i> of the following apply:</p> <ul style="list-style-type: none">○ The deceased patient had made an anatomical gift by will, donor card or other properly executed document of gift;○ The deceased patient had expressed an unwillingness to make an anatomical gift;○ The deceased patient had revoked his/her Durable Power of Attorney for Health Care;○ The anatomical gift of all or part of a body is contrary to the religious beliefs of the deceased patient. <p>3. A Living Will is a form of Advance Directive by which the patient informs the health care team and family members what types of medical care and treatment the patient wishes to receive or not receive should he/she become terminally ill or permanently unconscious and unable to make or communicate decisions. Living Wills are not authorized by statute in Michigan; however, they do provide doctors and hospitals with evidence of the patient's wishes. A Living Will should be respected.</p>			

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INFORMING PATIENT OF DECISION-MAKING RIGHTS AND OPTIONS – SELF-DETERMINATION ACT

1. Federal law requires the hospital to inform all adult inpatients at the time of admission about their rights under state law to have an Advance Directive and the hospital's policy concerning the implementation of Advance Directive's.
2. Patient Registration or other specified personnel are responsible for providing this information to the patient. As part of the initial admitting process, the following will be distributed:
 - a. Written description of a patient's rights under state law to make decisions regarding medical care, including the right to formulate Advance Directives.
 - b. Written information describing Beaumont Hospitals' policies governing implementation of such rights.
3. This information is contained in the patient publications entitled "Patient Rights and Responsibilities", "Together We Care", and "My Instructions to Health Care Providers".

INITIAL PATIENT CONTACT

1. At the time of the adult inpatient's admission, the Patient Registration personnel will ask if the patient has an Advance Directive, (i.e., Durable Power of Attorney for Health Care or Living Will). If the patient provides the hospital with a copy of his/her Advance Directive, it will be scanned into the patient's electronic medical record. If the patient has an Advance Directive but has not provided the hospital with a copy, the patient or the patient's surrogate will be asked to do so. If a patient asks for additional information from a health care worker, a referral will be made to Social Work (Royal Oak), Pastoral Care, a Patient Representative (when pastoral care is unavailable) (Troy), or Spiritual Care (Grosse Pointe). If the patient has no Advance Directive, does not wish to make one and specifically requests that no further information be provided, then the matter will not be pursued.
2. On subsequent admissions, any patient with an Advance Directive in his/her medical record will be asked whether they have updated or revoked the existing Advance Directive. If the Advance Directive has been revoked or updated, the new document will be scanned into the patient's electronic medical record.

EXECUTING ADVANCE DIRECTIVE AFTER ADMISSION

1. Beaumont Health System provides a general form of Durable Power of Attorney for Health Care. A sample form is provided with the patient publications.
2. Michigan law requires that the Durable Power of Attorney for Health Care be:
 - Dated and signed by the patient in the presence of two witnesses and;

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- Signed by the two witnesses. (Witnesses must be at least 18 years of age and competent.)

Witnesses **CANNOT** be:

- Employee or volunteer of Beaumont Health System;
- Physician;
- Patient advocate;
- Spouse, parent, child, grandchild, brother, sister of the patient;
- Beneficiary of the patient's will or presumptive heir;
- Employee of a life or health insurance provider, other health care facility or community mental health services program.

PATIENT ADVOCATE ACCEPTANCE FORM

Before allowing the patient advocate to participate in the decision-making process for a patient, the Patient Advocate Acceptance Form must be signed by the patient advocate and placed into the medical record. The sample form contains the Patient Advocate Acceptance form.

REVOCATION

1. A patient may revoke his/her Advance Directive at any time by any manner that communicates the patient's intent to revoke, even if the patient is deemed incompetent.
2. A patient may waive the right to revoke a patient advocate's authority to make mental health treatment decisions by specifically including the waiver in his/her Durable Power of Attorney for Health Care.
3. If a patient's revocation is not in writing, the health care worker who witnesses the revocation shall notify the physician and administrative supervisor/manager/designee. The patient's revocation shall be documented in the electronic medical record. The administrative supervisor/ manager/ designee shall notify the patient advocate of the revocation and Legal Affairs as necessary.

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IMPLEMENTATION OF ADVANCE DIRECTIVES

1. Implementation of a patient's treatment wish, as expressed in the patient's Advance Directive, must be by a specific, physician's order.
2. If the physician's beliefs or values are such that he/she cannot implement the patient's Advance Directive, the physician must so inform the patient, patient advocate or appropriate surrogate. Consideration should be given to requesting a clinical ethics consultation. (See Patient Care Corporate, Policy #309). If the issue cannot be resolved, the physician should make arrangements to transfer care of the patient to another physician within the hospital or to another health care facility willing to honor the patient's treatment decision.
3. The Department of Legal Affairs shall be contacted if any question or conflict arises regarding the interpretation, implementation or revocation of an Advance Directive.
4. Complaints concerning Advance Directive requirements may be made by writing to the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, PO Box 30664, Lansing, MI 48909 or by calling the Health Care Facility, Complaint Hotline at 1-800-882-6006.

OUTPATIENT HOSPITAL SETTINGS

1. The requirements of federal law regarding Advance Directive's apply to adult hospital inpatients. Advance Directives are not implemented in the outpatient setting. However, see section below "Emergency Medical Response – Ambulatory Sites and Outpatient Clinics" regarding patients' options in hospital outpatient settings.
2. The hospital assists its outpatients in obtaining information, completing an Advance Directive and making an Advance Directive a part of the patient's permanent electronic medical record.
 - a. Advance Directive brochures and forms are available in outpatient settings.
 - b. If an outpatient requests information, the patient will be given the brochure and form and referred to someone with whom the patient can discuss Advance Directive, e.g., pastoral care, social work, legal affairs. The patient will be told to send the Advance Directive, when completed, to Patient Registration or MISD.
 - c. If an outpatient presents an Advance Directive to the staff, staff will forward the Advance Directive to Patient Registration or MISD for inclusion in the patient's electronic medical record.
3. If a patient arrests in the outpatient setting, EMS will be called.

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EMERGENCY MEDICAL RESPONSE – AMBULATORY CLINICS AND OUTPATIENT SITES

The Emergency Medical Response - Ambulatory Sites and Outpatient Clinics policy (Patient Care-Corporate Policy #494) directs that Beaumont staff respond in emergency situations involving EMS and outpatient settings include the following:

1. If the Beaumont employee is given an Advance Directive by the individual or an adult accompanying the individual, the Beaumont employee will provide the Advance Directive to the EMS personnel.
2. Advance Directives include, but are not limited to: a Durable Power of Attorney for Health Care, Do Not Resuscitate Order (DNR) and/or DNR identification bracelet; and a living will.

PROCEDURES

Advance Directives Procedure, #305-1.
Troy Advance Directive Consult Team, 305-2

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