HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Patient Self Determination **Effective Date: 9/30/2004**
Policy Number: HW121 **Med Staff:**
Regulation: **Admin:**

I. POLICY

Hardin County General Hospital recognizes the right of its patients to make informed decisions about the medical care, including the right to accept or refuse medical or surgical treatment including life-sustaining care – even if the refusal could hasten death and the right to formulate Advance Directives. Additionally, this hospital recognizes the rights of patients lacking decisional capacity to have surrogates make decisions on their behalf as governed by the conditions outlined in the health Care Surrogate Act.

It is this hospital's policy to comply with applicable law concerning the use of Advance Directives. Treatment preferences expressed by patients in their Advance Directive will be honored so long as those preferences are allowed by law. In so doing, Hardin County General Hospital shall not condition care or discriminate against individuals based on whether they have executed an Advance Directive no to require any person to execute an Advance Directive.

Two types of Advance Directives authorized by Illinois Statute are: Living Will and Durable Power of Attorney for Health Care. Hardin County General Hospital will honor these as Advance Directives as well as DO NO RESUSCITATE orders.

In the case(s) of those patients who do not have an Advance Directive and are, or become, unable to make decisions regarding health care, a person(s) can be appointed surrogate within the guidelines of the Health Care Surrogate Act. Should a Health Care Surrogate have to be appointed, the patient's case will be taken under advisement by the Hospital Ethics Committee.

STAFF AND COMMUNITY EDUCATION
This hospital shall educate its staff about the PSDA by conducting an in-service with existing staff; reviewing the policies, procedures, and forms used to comply with State law.

New employees will also be educated during staff orientation.

II. DEFINITIONS

NA

III. RESPONSIBILITY

The roles and responsibilities of informing patients of their rights to make informed decisions about their medical care will be handled from a team approach. Those team members include (but are not limited to) the attending physician; admitting personnel; R.N. completing the

Nursing Assessment; social services; Ethics Committee. The roles and responsibilities are enumerated in this section by department:

ADMISSIONS

1. Written information regarding Advance Directives will become part of the patient admission packet;
2. Admitting personnel will give each patient, upon admission, a patient admission packet;
3. Admissions will document on face sheet whether patient does/does not have an Advance Directive after admissions is notified by Social Services of the status.

NURSING

1. Advance Directive Acknowledgement form is completed at time that nursing assessment is done;
2. Advance Directive Acknowledgment form is placed on patient's record;
3. Social Services notified of Advance Directive status of patient(s);
4. Notation made in nurses notes regarding Advance Directive and referral to Social Services;
5. Copy of Advance Directive obtained from patient, if one has been executed.

SOCIAL SERVICES

1. All patient's referred to Social Services for Advance Directive information and/or counseling will be seen;
2. Advance Directive forms will be readily available;
3. Social Services will notify Admissions of Advance Directive status on patient(s);
4. Documentation on those patient's seen will be done in customary manner for Social Service entries.

PHYSICIANS

1. Attending physician will note treatment preferences of patient(s) who have verbally made known those preferences but have not executed an Advance Directive in the patient's medical record;
2. Attending physician will notify patient and/or family and Ethics Committee if attending physician feels he cannot in good conscience, honor the Advance Directive;
3. Attending physician will discuss with patient and/or family what alternative(s) they have for seeking physician and/or a facility that will honor their directive.

ETHICS COMMITTEE

1. In the event that a patient's Advance Directive becomes the determining factor of medical treatment, that case will be reviewed by the Ethics Committee;
2. All cases that require appointment of a Health Care Surrogate will be referred to the Ethics Committee;
3. Cases where the attending physician and/or family cannot reach a consensus on the Advance Directive will be referred to the Ethics Committee.

IV. EQUIPMENT

NA

V. PROCEDURES

INFECTION CONTROL: N/A

1. At the time of every adult individual's admission to Hardin County General Hospital, (adult meaning any patient including certain minors who have capacity under state law to consent to medical treatment) the Admitting Clerk shall:

    A. Provide the individual with written information summarizing the law of this state pertaining to Advance Directives in the form provided by the State (Illinois Department of Public Health) and this policy;

    B. These written materials are part of the Admission packet for inpatients.

2. The Advance Directive Acknowledgment will be completed at the time the Nursing Assessment is done on admission by the admitting R.N. The Advance Directive Acknowledgment will become part of the in-patient chart.

3. Patients who wish to ask questions about Advance Directives and/or discuss the written materials given to them during the admission process shall be referred to Social Services. When counseling patients, Social Services shall try to ensure that patients are adequately informed about their rights and options and able to give an informed consent before signing an Advance Directive.

4. When a patient makes verbal expressions of treatment preferences to his or her primary physician, but does not execute an Advance Directive, the physician shall note these preferences in the patient's medical record.

5. The hospital shall supply Advance Directive forms to individuals who request them. The Social Service Department is to be notified when patients request Advance Directive forms. In the event that the forms requested are not available, individuals will be referred to the appropriate organization for procurement of said forms.

6. When discussing Advance Directives with patients, hospital personnel shall in no event condition care or discriminate against individuals based on whether they have executed an Advanced Directive nor require any person to execute an Advance Directive.

7. Whenever any hospital personnel becomes aware that a patient has an Advanced Directive, the personnel shall request a copy of that directive from the patient. Copies of Advance Directives are to be kept in the Medical Records Department. Patients will be encouraged to also provide copies of their Advanced Directive to their physician and any agent named in the directive and to discuss their directives with their physician, any such agent(s) and appropriate family members.

8. Hospital personnel shall comply with applicable state statutory and case law concerning the Health Care Surrogate Act by following this institution's separate policy.

VI. DOCUMENTATION

NA