

Chapter 1 Patient Rights and Responsibilities	NYEEQASC	
Advance Directives		1.02

POLICY:

1. The Patient Self-Determination Act requires facilities participating in Medicare and Medicaid programs to inform their patients about Advance Directives (AD).
2. The organization complies with state statutes and court decisions regarding the patient's personal Advance Directives (AD) document.
3. Pursuant to CMS CfC 416.50[c], the facility will comply with the following requirements:
 - a) Provide the patient or, as appropriate, the patient's representative with written Information, prior to the start of the surgical procedure, concerning its policies on advance directives (*see below*), including a description of applicable State health and safety laws and, if requested, official State advance directive forms;
 - b) Inform the patient or, as appropriate, the patient's representative or surrogate, if applicable, of the patient's right to make informed decisions regarding the patient's care;
 - c) Document in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.

Policy Given to all Patients Prior to Surgery

All patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights.

However, unlike in an acute care hospital setting, the surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy, regardless of the contents of any advance directive or instructions from a health care surrogate attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitation or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or health care power of attorney. Your agreement with this policy does not revoke or invalidate any current health care directive or health care power of attorney. If you wish to complete an Advance Directive, copies of the official State forms are available at our facility.

4. The organization does not sanction care based on whether or not the individual has an Advance Directive (AD).



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5. Patients having a Do Not Resuscitate (DNR) will be informed that the Facility will not honor a DNR. Discussion of such action will be documented in the medical record.
 - a. Life sustaining efforts will be initiated and maintained on all patients at the Facility following the Code Blue Resuscitation policy and procedure.
 - b. The patient will be transferred to an acute care Facility for follow-up care

PROCEDURE:

1. All patients will be asked prior to surgery to verify whether they have an Advance Directive (AD).
2. Patients having an AD will be asked to provide a copy for the medical record.
3. If an AD is presented, it will be signed, dated, and notarized prior to acceptance by the organization.
4. If an AD is presented, the patient will be informed, in writing, of the center's policy to provide resuscitative measures for patients with a DNR.
5. Documentation of whether or not the patient has executed an AD will be placed in a prominent part of the patient's medical record.
6. Patients not having an AD will be asked if they wish information about ADs.
7. If the patient requests help in developing an AD, a state-specific directional packet will be provided to the patient.
8. Discussion of such action will be documented in the medical record.
9. Patients, or as appropriate, the patient's representative who do not want to waive the Advance Directive during the stay in the center, should discuss this prior to admission, and the physician will reschedule the procedure at another location.
10. Information concerning the policy on advance directives will be provided to the patient at check in, and on the website.

Associated Documentation

State-specific advance directive packet

New York: <http://www.oag.state.ny.us/health/EOLGUIDE012605.pdf>

Reference:

CMS 42 CFR 416.50(c)

CMS SOM Appendix L Revisions 3-15-2013