

### Policy

Spring Grove Hospital Center follows the Maryland Department of Health policy on Advance Medical Directives.

### General Statement

Patients have the right to make health care decisions in advance and to provide instructions should they later become incompetent, due to medical or mental impairments, to make such decisions. The existence or lack of an Advanced Directive does not determine the patient's right to access care, treatment, and services.

### Definitions

**Advance Directives:** Oral (See Procedure "H") or written instructions appointing one to make health care decisions on one's behalf, or directing treatment preferences should one become incompetent to make health care decisions. Advance directives may be a "Living Will", "Appointment of a Health Care Agent" (Power of Attorney for Health Care), or an "Organ Donation."

**Appointment of Health Care Agent (Durable Power of Attorney for Health Care):** Written directions appointing an adult to make health care decisions for declarant, subject to any specific instructions of the declarant.

**Advance Directive/Health Care Instructions:** Written directions or oral directions regarding health care should the declarant become incompetent and is suffering from terminal illness, persistent vegetative state or end-stage condition.

**Attending Physician:** The physician who has primary responsibility for the care and treatment of the patient.

**Declarant:** A competent individual who makes an Advance Directive while capable of making and communicating an informed decision.

**Living Will:** Written directions regarding health care should the individual become incompetent and is suffering from a terminal illness or is in a persistent vegetative state.

**Organ Donation:** Written directions authorizing, upon a determination of death, the removal of

bodily organs for the purpose of transplantation or scientific research.

**End Stage Conditions:** An advanced, progressive, irreversible condition caused by injury, disease, or illness.

1. that has cause severe and permanent deterioration indicated by incompetency and physical dependency and
2. for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

**Terminal Condition:** An incurable condition caused by injury, disease, or illness which to a reasonable degree of medical certainty makes death imminent and from which, despite the application of life sustaining treatments, there can be no recovery.

### Purpose of Procedure

To provide each competent individual admitted to SGHC with an opportunity to instruct what health care treatment should be provided should the individual later be unable to give informed consent and for guardians to make decisions about health care for their unit.

### Procedure

- A. At Admission every patient will be asked if they have an Advance Directive for health care, and if not whether they desire to have one executed. Patients will be informed that the existence or lack of an Advance Directive does not determine the patient's right to access care, treatment, and services. This will be documented in the chart by the Admission staff. If the patient has an Advance Directive, this will be documented by the Admission staff. Arrangements will be made immediately, if necessary, by this staff person or the unit social worker to obtain a copy of the Advance Directive for the record. If the patient so desires, they can request that another Advance Directive be executive.
- B. At Admission every patient will be given a packet of information containing an explanation of Advance Medical Directives and copies of "Advance Directives - A Guide

to Maryland Law on Health Care Decisions (Forms Included)", and education as to its content.

- C. The staff person processing the admission will note on the "Releases" Sheet of information/education given to all admissions that this has been done. (Refer to Appendix I.)
- D. Upon Admission to the Unit:
  1. By the fourth day of admission, the unit social worker will meet the patient and again offer the opportunity to decide they desire to execute an Advance Directive or not.
  2. The patient's decision will then be documented on the form SGHC-092311-A, "Advance Medical Directive," by the unit social worker.
  3. If the patient desires to execute an Advance Directive, the patient will then meet with the unit social worker and the attending psychiatrist who will document on SGHC-092311 that they have met with the patient and whether or not an Advance Directive was completed.
  4. Once an Advance Directive is completed it is to be filed in the chart under the gray Advance Medical Directive tab.
  5. If the patient does not desire to execute an Advance Directive, this will be noted on SGHC-092311 and filed in the chart under the gray Advance Medical Directive tab.
  6. If the patient has already executed an Advance Directive, this will be noted on SGHC-092311 and filed. The unit social worker will then attempt to get a copy of the directive and document these efforts.
  7. If a patient has a court-appointed guardian, no Advance Directive is necessary and this will be noted on the form.
  8. As part of the completion of the Psychosocial Assessment, the social worker will include the patient's decision as to whether or not an Advance Medical Directive has been completed.
- E. If the patient remains in the hospital for a year and has not completed an Advance Medical Directive on or prior to the anniversary of that admission date, the social worker will educate the patient about the Advance Medical Directive again.
  1. The patient's decision regarding this completion of the Directive shall be documented in the Annual Social Work Summary under "Legal".
  2. The appropriate form will be completed and filed in the chart under the gray tab for Advance Medical Directive.
- F. The completed Advance Medical Directive shall be filed under its own heading in the medical chart and a fluorescent green sticker will be put on the outside of the chart to remind staff about the Advance Medical Directive. The patient's social worker will take responsibility for notifying Health Information Service if an Advance Directive is executed.
- G. Within three days of an Advance Medical Directive having been executed by a patient, the attending physician will write a progress note confirming the patient's competency to make this decision and to understand its meaning.
- H. Should an oral Advance Directive be made to a physician with another witness present, this will be recorded in the patient's medical record and signed and dated by the physician and the witness.
- I. When planning discharge, the social worker will ask the patient if they would like an Advance Directive for Mental Health Treatment. If the patient is interested, the social worker and physician are to meet with the patient in order to assist the patient in completing the form. Either the social worker or physician signs as witness to the Advance Medical Directive for Mental Health. If the patient is interested

but wants to complete it once discharged, or if the social worker or physician are not available at the time of the discharge, the physician notes this on the aftercare plan when the plan is completed.

- J. Should a patient be transferred to a community medical facility, a copy of the patient's Advance Medical Directive will be transferred along with the patient.
- K. If the patient has executed an Advance Medical Directive or Advance Medical Directive for Mental Health while in the hospital, the patient is given the original form when discharged and a copy is kept in the patient's master chart.
- L. The hospital staff will be educated regarding the Advance Medical Directive policy through departmental structure.

### Reference

"Advance Medical Directive" Form SGHC-092311

### Approved by

 3/24/22  
 Marie Rose Alam, M.D., Chief Medical Officer Date

 3/24/22  
 Dwain Shaw, M.P.H., J.D., Chief Executive Officer Date

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