TITLE: **ADVANCE DIRECTIVES**

PURPOSE: To establish policies and procedures for addressing the fundamental right of a patient to consent to or refuse medical intervention, including withholding or withdrawing life-sustaining treatment, in the event he or she becomes incapacitated or otherwise mentally or physically incapable of communication.

POLICY STATEMENT:

Harris Health System (Harris Health) recognizes the fundamental right of a patient to consent to or refuse medical intervention, including withholding or withdrawing life sustaining treatment, by completing an Advance Directive. Harris Health recognizes the authority of a duly executed Advance Directive or a duly authorized surrogate decision-maker to make health care decisions on behalf of a patient who is incompetent or otherwise unable to communicate.

POLICY ELABORATION:

For surgical patients with a Do Not Resuscitate code status, please see Harris Health Policy 7.07, End of Life Care Decisions.

I. DEFINITIONS:

A. **ADVANCE DIRECTIVE**: An appropriately witnessed document or statement that expresses a patient's wishes with regard to care when he or she is no longer able to communicate with care providers. The Texas Advance Directives Act recognizes the following three distinct types of Advance Directives:

1. **MEDICAL POWER OF ATTORNEY**: A document that designates an adult as an agent to make health care decisions for a patient in the event the patient is physically or mentally unable to communicate. In general, subject to limitations contained in the document and the statute, the agent is authorized to make any health care decision on the patient's behalf that the patient could have made, if competent. An agent under a Medical Power of Attorney may not consent to:

a. Voluntary inpatient mental health services;
b. Convulsive treatment;

c. Psychosurgery;
d. Abortion; or
e. Neglect of the patient through omission of care primarily intended to provide for the comfort of the patient.

2. **DIRECTIVE TO PHYSICIANS (DIRECTIVE)**: An instruction to administer, withhold, or withdraw life-sustaining treatment in the event of a terminal or irreversible condition.

3. **OUT-OF-HOSPITAL DO NOT RESUSCITATE (Out-of-Hospital DNR)**: A document in the form specified by the State, prepared, and signed by the attending physician of a patient that documents the instructions of the patient or the patient's legally authorized representative and directs health care professionals acting in an out-of-hospital setting not to initiate or continue the following life-sustaining treatment:

a. Cardiopulmonary resuscitation;
b. Advanced airway management;
c. Artificial ventilation;
d. Defibrillation;
e. Transcutaneous cardiac pacing; and
f. Other life-sustaining treatment specified by the State.

This does not include authorization to withhold medical interventions or therapies considered necessary to provide comfort care, to alleviate pain, or to provide water or nutrition.

B. **ADULT:** A person eighteen (18) years of age or older or a person under eighteen (18) years of age who has had the disabilities of minority removed.

C. **AGENT:** An adult to whom authority to make health care decisions has been delegated under a medical power of attorney.

D. **COMPETENT:** Possessing the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to a proposed treatment decision.

E. **INCAPACITATED or INCOMPETENT:** Lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to a proposed treatment decision.

F. **IRREVERSIBLE CONDITION:** A condition, injury, or illness that:

1. May be treated but is never cured or eliminated;
2. Leaves a person unable to care for or make decisions for his or her own self; and
3. Without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

G. **LEGALLY AUTHORIZED REPRESENTATIVE (LAR):** A person authorized by law to act on behalf of a patient with regard to a matter described in this policy, and who may include a parent, guardian, or managing conservator of a minor patient; guardian of the person of an adult patient; or person with activated power of attorney for health care decisions.

H. **LIFE SUSTAINING TREATMENT:** Treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication or the performance of a medical procedure considered necessary to provide comfort care or any other medical care provided to alleviate a patient's pain.

I. **OUT-OF-HOSPITAL SETTING:** A location where health care professionals are called for assistance, including long-term care facilities, in-patient hospice facilities, private homes, hospital outpatient clinics or emergency departments, physician's offices, and vehicles used during transport.

J. **PRINCIPAL:** An adult who has executed a medical power of attorney.

K. **QUALIFIED PATIENT:** A patient with a terminal or irreversible condition that has been diagnosed and certified in writing by the attending physician.

L. **SURROGATE DECISION-MAKER:** An individual with decision-making capacity who is identified as the person who has authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment. (Surrogate decision-makers do not have the authority to consent to withhold or withdraw life-sustaining treatment.)

M. **TERMINAL CONDITION:** An incurable condition caused by injury, disease, or illness that, according to reasonable medical judgment, will produce death within six (6) months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

II. IMPLEMENTATION:

A. Harris Health shall not condition the provision of care, or otherwise discriminate against a patient, based on whether or not the patient has executed an Advance Directive. Furthermore, there is no requirement that the directive be notarized or that the patient or Agent use forms provided by Harris Health for the directive to be valid.

B. Harris Health shall ask all inpatients, emergency room patients, observation status patients, and day surgery patients, or the patient's Legal Representative if the patient has an Advance Directive and shall document the response in the patient's medical record.

1. Emergency Department and Day Surgery:

   If the patient has an Advance Directive at the current visit or the patient requests to update an Advance Directive previously provided to Harris Health, Registration staff shall obtain a copy of the patient's Advance Directive and scan it into the patient's medical record. If the patient has an Advanced Directive but does not have a copy at the current visit, Registration will request that the patient provide a copy to Harris Health at the patient's next visit.

2. Inpatient:

   If the patient has an Advance Directive at the current inpatient stay or the patient requests to update an Advance Directive previously provided to

Harris Health, the RN caring for the patient shall obtain a copy of the patient's Advance Directive and retain it with the chart on unit. Upon discharge, the Advance Directive will be forwarded to HIM to scan it into the patient's medical record. If the patient has an Advance Directive but does not have a copy at the current inpatient stay, RN caring for the patient will request Case Management attempt to obtain a copy of the patient's Advance Directive from the patient's family and forward it to Health Information Management (HIM) to scan it into the patient's medical record. If the Case Manager is unable to obtain a copy of the patient's Advance Directive from the patient's family, the Case Manager will follow-up with the patient one time to obtain a copy.

3. If the patient does not have an Advance Directive but desires one, Harris Health will provide the patient with Harris Health Form No. 283322, Advance Directives regarding information about Harris Health's Advance Directives policy.

C. If at the time, Harris Health Form No. 283322, Advance Directives is provided, the patient is incompetent or otherwise incapacitated and unable to receive the form, the form shall be provided, in the following order of preference, to:

1. The patient's legal guardian;
2. A person responsible for the health care decisions of the patient;
3. The patient's spouse;
4. The patient's adult child;
5. The patient's parent; or
6. The person admitting the patient.

If Harris Health is unable, after diligent search, to identify one of the above individuals, attempts to identify one of the above-named persons shall be documented in the patient's medical record. If the patient later becomes able to receive Harris Health Form No. 283322 Advance Directives, the form shall be provided at the time the patient becomes able to receive the information by the Clinical Case Management Department via a referral request.

D. A competent adult patient may execute an Advance Directive at any time.

1. The patient must sign the Advance Directive in the presence of two (2) witnesses who must sign the Advance Directive. Each witness must be a competent adult. The following persons may not act as one of the witnesses:

    a. A person designated by the patient to make a healthcare or treatment decision;
    b. A person related to the patient by blood or marriage;
    c. A person entitled to any part of the patient's estate after the patient's death under a will or codicil executed by the patient or by operation of law;
    d. The attending physician;
    e. An employee of the attending physician;
    f. An employee of Harris Health if the employee is providing direct patient care to the patient or is an administrator, officer, manager, or Harris Health business office employee; or
    g. A person who, at the time the written Advance Directive is executed or, if the directive is a non-written directive, at the time the non-written directive is issued, has a claim against any part of the patient's estate after the patient's death.

2. In circumstances in which the patient is unable to write his/her wishes, the competent adult qualified patient may issue a Directive or an Out–of-Hospital DNR by non-written means of communication. In either case:

    a. The patient must issue the non-written Advance Directive in the presence of the attending physician and two witnesses.
    b. The witnesses must possess the same qualifications as indicated in Section II.D.1., above.
    c. The physician shall document the existence of the Advance Directive in the medical record documentation to include the names of the witnesses.

3. After consultation with the attending physician and other health care providers, an agent named in a Medical Power of Attorney can make any health care decision on the patient's behalf that the patient could make if competent, subject to the following:

a. The agent's authority is subject to any express limitations contained in the Medical Power of Attorney.
b. An agent may exercise authority only if the patient's attending physician certifies in the medical record that, based on the attending physician's reasonable medical judgment, the patient is incompetent.
c. Treatment may not be given to or withheld from the patient if the patient objects regardless of whether, at the time of the objection, a Medical Power of Attorney is in effect or the patient is competent.
d. The agent shall make health care decisions according to the agent's knowledge of the patient's wishes, including the patient's religious and moral beliefs or, if the agent does not know the patient's wishes, according to the agent's assessment of the patient's best interests.
e. The patient's attending physician shall make reasonable efforts to inform the patient of any proposed treatment or of any proposal to withdraw or withhold treatment before implementing an agent's advance directive.
f. The agent named in a Medical Power of Attorney may not consent to voluntary inpatient mental health services, convulsive treatment, psycho-surgery, abortion or neglect of the patient through the omission of care primarily intended to provide for the comfort of the patient.

4. To the extent that a health care or treatment decision or an Advance Directive validly executed or issued conflicts with another health care or treatment decision or Advance Directive, the health care or treatment decision made or Advance Directive executed later in time controls. Patients, surrogates, and physicians may request an Ethics Advisory Committee consultation as needed.
5. Life-sustaining treatment and cardiopulmonary resuscitation may not be withheld or withdrawn from a pregnant patient pursuant to an Advance Directive.
6. The provisions of a Directive will be incorporated in the patient's medical treatment after the attending physician has certified, and documented in the patient's medical record, that the patient suffers from a terminal or irreversible condition. The provisions of a Medical Power of Attorney will be incorporated into the patient's medical treatment after the

attending physician has certified and documented in the patient's medical record that, based on his or her reasonable medical judgment, the patient is incompetent.

7. The patient may revoke an Advance Directive at any time without regard to the patient's mental state or competency.

   a. A Directive may be revoked by:

      i. The patient or someone in the patient's presence and at the patient's direction canceling, defacing, obliterating, burning, tearing, or otherwise destroying the directive;
      ii. The patient signing and dating a written revocation that expresses the patient's intent to revoke the directive; or
      iii. The patient orally stating his or her intent to revoke the directive.

   b. A Medical Power of Attorney may be revoked by:

      i. Oral or written notification at any time by the patient to the agent or a licensed or certified health care provider or by any other act evidencing a specific intent to revoke the power, without regard to whether the patient is competent or the patient's mental state;
      ii. Execution by the patient of a subsequent Medical Power of Attorney; or
      iii. The divorce of the patient and spouse, if the spouse is the patient's agent, unless the Medical Power of Attorney provides otherwise.

8. The following person(s) may execute a Directive on behalf of a patient who is younger than eighteen (18) years of age and who has a terminal or irreversible condition that has been diagnosed, certified, and documented in the patient's medical record by the attending physician:

   a. The patient's spouse, if the spouse is an adult;
   b. The patient's parents; or
   c. The patient's legal guardian.

9. The desire of a qualified patient, including a qualified patient younger than eighteen (18) years of age, supersedes the effect of a Directive.
10. If an adult patient has not executed or issued an Out-of-Hospital DNR and is incompetent or otherwise mentally or physically incapable of communication, the attending physician and the patient's legal guardian, proxy, or agent having a Medical Power of Attorney may execute an Out-of-Hospital DNR on behalf of the patient.
11. If the patient does not have a legal guardian, proxy, or agent under a Medical Power of Attorney, the attending physician and at least one qualified relative from the following list in the following priority, may execute an Out-of-Hospital DNR on behalf of the patient:

    a. The patient's spouse;
    b. The patient's reasonably available adult children;
    c. The patient's parents; or
    d. The patient's nearest living relative.

12. A decision to execute an Out-of-Hospital DNR order under subsections 10 or 11 above must be based on knowledge of what the patient would desire, if known.
13. If there is not a qualified relative available to act for the patient, another physician who is not involved in the treatment of the patient or who is a representative of the Ethics Advisory or Medical Committee of the Pavilion in which the person is a patient must concur with the Out-of-Hospital DNR.

III. COMMUNICATION RESOLUTION:

A. If an attending physician refuses to honor a patient's advance directive or a health care or treatment decision made by or on behalf of a patient, the physician's refusal shall be reviewed by the Ethics Advisory Committee of the Pavilion in which the person is a patient. The physician will request a case conference to include, but not be limited to, health care team members.

   1. Team shall include, but not be limited to:

      a. The patient or the person responsible for the health care decisions of the patient;

b. The attending physician(s);
c. Nurse(s);
d. Nurse Case Manager(s) or Social Work Case Manager(s);
e. Spiritual care; and
f. Any interpreters that may be necessary to facilitate communication.

At this conference, every effort will be made to eliminate communication problems as a source of conflict.

2. If the case conference does not result in a consensus as to appropriate treatment and care of the patient, the attending physician will contact the Ethics Advisory Committee of the Pavilion in which the person is a patient for consultation. It is the responsibility of the physician seeking review to identify all parties who are necessary to evaluate the appropriateness of the medical care in question.
3. If the review by the Pavilion Ethics Advisory Committee fails to reach a consensus, the Chair of the Pavilion Ethics Advisory Committee will coordinate a review by Harris Health Ethics Advisory Committee. It shall be the responsibility of the Chair of the Pavilion Ethics Advisory Committee to identify all parties who are necessary to evaluate the appropriateness of the medical care in question. The attending physician may not participate as a member of Harris Health Ethics Advisory Committee during the review process.
4. The patient or the person responsible for the health care decisions of the patient who has made the decision regarding the directive or health care or treatment decision must be informed of the committee review process and the time and place of Harris Health Ethics Advisory Committee meetings not less than forty-eight (48) hours before the meeting is to convene unless the time period is waived by mutual agreement. The Medical Appropriateness Evaluation Notice (Harris Health Form No. 282307) will be used whenever possible to provide notice of the meeting and documentation of the date and time that notice was delivered to the patient or person responsible for the patient's health care decisions. The Stopping Life-Saving Treatment form (Harris Health Form No. 282309), Treatment for Patients with Terminal or Permanent Conditions (Harris Health Form No. 282308), A Guide for Patients and Families when there is Disagreement about Medical Treatment (Harris Health Form No. 282308), and a copy of the Texas

Health Care Information Collection (THCIC) resource list (located at http://www.dshs.state.tx.us/THCIC/Registry.shtm) must be provided to the patient or person responsible for the health care decisions of the patient at the time notice is provided.

5. The patient or the person responsible for the health care decisions of the patient is entitled to:

   a. Attend Harris Health Ethics Advisory Committee meeting;
   b. Receive a written explanation of the decision reached during the review process;
   c. Receive a copy of the portion of the patient 's medical record related to the treatment received by the patient at Harris Health for the lesser of:

      i. The period of the patient 's current admission to Harris Health; or
      ii. The preceding thirty (30) calendar days; and (d) receive a copy of all of the patient 's reasonably available diagnostic results and reports related to the medical record provided under subparagraph (c). The Chair of the Harris Health Ethics Advisory Committee shall prepare the written explanation and see that it is provided to the patient or the person responsible for the health care decisions of the patient. The Harris Health Ethics Advisory Committee Chair shall also ensure that a copy of the explanation of the decision reached during the review process is included in the patient's medical record.

6. The patient shall be given life-sustaining treatment during the review process.
7. If the attending physician, the patient, or the person responsible for the health care decisions of the patient disagrees with the decision reached by the Harris Health Ethics Advisory Committee, the physician shall make a reasonable effort to transfer the patient to a physician who is willing to comply with the directive or health care or treatment decision. Harris Health personnel shall assist the physician in arranging the patient transfer to another physician, an alternative care setting within Harris Health , or another facility.

8. If the patient or person responsible for the health care decisions of the patient is requesting life-sustaining treatment that the attending physician has decided and the Harris Health Ethics Advisory Committee has affirmed is medically inappropriate treatment, the patient shall be given available life-sustaining treatment pending transfer. The patient or person responsible for the health care decisions of the patient shall be advised that the patient is responsible for any costs incurred in transferring the patient to another facility. This subsection does not authorize withholding or withdrawing pain management medication, medical procedures necessary to provide comfort, or any other health care provided to alleviate a patient 's pain. The attending physician, any other physician responsible for the care of the patient, and Harris Health shall not be obligated to provide life-sustaining treatment after the 10th day after both the written decision of the Harris Health Ethics Advisory Committee and the patient's medical record are provided to the patient or the person responsible for the health care decisions of the patient unless so ordered by a court, except that artificially administered nutrition and hydration must be provided unless, based on reasonable medical judgment, providing artificially administered nutrition and hydration would: (a) hasten the patient 's death; (b) be medically contraindicated such that the provision of the treatment seriously exacerbates life-threatening medical problems not outweighed by the benefit of the provision of the treatment; (c) result in substantial irremediable physical pain not outweighed by the benefit of the provision of the treatment; (d) be medically ineffective in prolonging life; or (e) be contrary to the patient's or LAR's clearly documented desire not to receive artificially administered nutrition or hydration.
9. At the request of the patient or the person responsible for the health care decisions of the patient, an appropriate district or county court may extend the time period beyond ten (10) days if the court finds, by a preponderance of evidence, that there is a reasonable expectation that a physician or health care facility that will honor the patient's directive will be found if the time extension is granted.

B. The Harris County Attorney's Office shall serve as a resource to Harris Health personnel concerning questions about the validity of an Advance Directive. Ethical questions may be referred to the Pavilion or Harris Health Ethics Advisory Committees.

C. Harris Health shall provide educational opportunities to its staff and the community concerning Advance Directives.

REFERENCES/BIBLIOGRAPHY

TEX. HEALTH & SAFETY CODE, Chapter 166.

42 U.S.C. § 1395 cc (f), Patient Self Determination Act.

42 C.F.R. Chapter IV, Subchapter G, Part 489, Subpart I, § 489.102.

DNV-NIAHO, Patient Rights, Standard 2.SR.1and SR 2.

Harris Health Policy and Procedures 7.07, End of Life Care Decisions.

Harris Health Policy and Procedures 4215, Consent for Medical Treatment.

THCIC Registry, *http://www.dshs.state.tx.us/THCIC/Registry.shtm*.

Harris Health Policy and Procedures 7.07 End of Life Care

FORMS:

Harris Health Form No. 281147, Family Directive to Physicians for Persons Under 18 Years of Age

Harris Health Form No. 281148, Family Directive to Physicians for Persons Over 18 Years of Age

Harris Health Form No. 281649, Medical Power of Attorney

Harris Health Form No. 281651, Directive to Physicians and Family or Surrogates

Harris Health Form No. 281652, Advance Directive Discussion & Outcome

Harris Health Form No. 282307, Medical Appropriateness Evaluation Notice

Harris Health Form No. 282308, A Guide for Patients and Families When There is a Disagreement about Medical Treatment for Patients with Terminal or Permanent Conditions

Harris Health Form No. 282309, Stopping Life-Saving Treatment form

Harris Health Form No. 283322, Advance Directives

ATTACHMENTS:

APPENDIX A Information Concerning Directive to Physicians and Family or Surrogates
APPENDIX B Information Concerning the Medical Power of Attorney
APPENDIX C Procedures, Responsibilities, and Assistance with an Advance Directive
APPENDIX D Revoking an Advance Directive
APPENDIX E Not Honoring a Directive or Health care or Treatment Decision
APPENDIX F Ask Your Nurse Process Flow
APPENDIX G Advance Directive Emergency Center Process Flow

APPENDIX H Day Surgery

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Chief Medical Officer

Harris Health System Clinical Case Management

Harris Health System Department of Nursing Services

REVIEW/REVISION HISTORY:

Record reviews and revisions below:

Effective Date	Version# (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (If Board of Managers Approved, include Board Motion#)
		11/1999	Advance Directive Task Force(subcommittee of District Ethics Committee)
		12/1999	HCHD Medical Records Committee
		12/1999	HCHD Policy & Procedure Committee
		03/2000	District Ethics Committee
03/2000	1.0	03/2000	HCHD Medical Board
		10/2005	District Ethics Committee
		11/2005	HCHD Medical Board
		01/2006	HCHD Policy Review Committee
		02/2006	HCHD Medical Board
10/26/2006	2.0		Board of Managers (No. 06.10-530)
10/2008	3.0	07/01/09	County Attorney
		11/9/2011	Interdisciplinary Clinical Committee
	4.0	02/10/2015 Expedited Review	Interdisciplinary Clinical Committee
	5.0	11/10/2015 Expedited Review	Interdisciplinary Clinical Committee
		08/26 2016 Repost Appendix H Added	

APPENDIX A
INFORMATION CONCERNING DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of the document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

Two competent adult witnesses must sign the document, acknowledging the signature of the declarant. The witness designated as **Witness (1)** may not be a person designated to make a treatment decision for the patient and may not be related to the declarant by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

I. DEFINITIONS:

A. **"Artificially administered nutrition and hydration"** means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the gastrointestinal tract.

B. **"Irreversible condition"** means a condition, injury, or illness:

a. That may be treated, but is never cured;
b. That leaves a person unable to care for or make decisions for the person's own self; and
c. That, without life-sustaining treatment provided in accordance with the prevailing standard of medical care is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

C. **"Life-Sustaining Treatment"** means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

D. **"Terminal condition"** means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six (6) months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

APPENDIX B
INFORMATION CONCERNING
MEDICAL POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnosis, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (*e.g.*, your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your

behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

1. The person you have designated as your agent;
2. A person related to you by blood or marriage;
3. A person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
4. Your attending physician;
5. An employee of your attending physician;
6. An employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
7. A person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

APPENDIX C
PROCEDURE, RESPONSIBILITIES AND ASSISTANCE WITH AN ADVANCE DIRECTIVE

Nursing	1. Asks the patient or the person responsible for the health care decisions of the patient about advance directives, as a part of the hospitalization process. 2. Documents in the patient's medical record in the admission navigator if or when the patient or the person responsible for the health care decisions of the patient has provided an advance directive and the document is made a part of the paper medical record, or makes a note if an advance directive has previously provided. If an advance directive has been previously provided, locate in the medical record history and print to paper medical record. 3. Documents an entry into the patient's medical record when the patient or the person responsible for the health care decisions of the patient requests information related to advance directives. 4. When the patient has not executed an advance directive and information is requested by the patient or the person responsible for the health care decisions of the patient, document the request in the patient's medical record, which triggers a "best practice alert" in the patient's medical record. 5. The nurse responds to the "best practice alert" by linking it to a consult order for a Social Work Case Manager to see the patient or the person responsible for the health care decisions of the patient regarding the request for information. 6. Notifies the physician of the patient's medical questions concerning how an advance directive relates to the patient's health care.
Clinical Case Management	1. Receives a consult order request for assistance related to advance directives or notification of the patient's request for information in the Ambulatory setting via a work queue. 2. Notifies the physician of the patient's medical questions concerning how an advance directive relates to the patient's health care. 3. Documents the existence of an advance directive in the patient's medical record, if appropriate. 4. Provides the advance directive information and documents in the patient's medical record to include, discussions and materials provided to the patient, family, surrogate decision-makers, and other healthcare team members. 5. When a patient completes an Advance Directive while hospitalized, the completed document is copied and made a part of the paper medical record, which is sent to Healthcare Information Management (HIM) for scanning into the electronic medical record post-discharge.

HIM	Scans the paper medical record documents under the documents list, under the heading of Advance Directive or Living Will.
Physician	1. Provides information to the patient and the person responsible for the health care decisions of the patient on medical issues concerning how an advance directive may affect the patient's care. 2. Documents the discussion and outcome in the patient's medical record. 3. Once notified of the existence of a directive, certifies in the patient's medical record that the patient is a qualified patient on diagnosis of a terminal or irreversible condition. 4. Updates the patient's medical record and orders the appropriate code status, as necessary. 5. Incorporates the advance directive into the patient's plan of care for the current hospitalization, when indicated.
Nursing/Registration	1. If the patient or the person responsible for the health care decisions of the patient provides a completed advance directive (living will), the document is scanned into the document list with the heading of "Advance Directive (Living Will)". 2. Registration or Nursing will ask a screening question regarding advance directives at the time of the initial registration for all inpatient, emergency room patients, observation status patients, and day surgery patients, as applicable.

APPENDIX D
REVOCATION OF AN ADVANCE DIRECTIVE

Responsible Party	*Action*
Patient	Expresses his or her wishes to revoke an advance directive orally or in writing or by otherwise destroying the advance directive.
Physician	1. Documents in the patient's medical record: ▪ Date/time the written notification was received; or ▪ Date/time/place of the oral notification and if different, date/time/place when the oral notification was received. 2. Updates the patient's medical record accordingly. 3. Communicates with other health care providers currently responsible for the patient's care of his/her expressed wish.
Clinical Case Management	1. Records immediately upon notification, the revocation in the patient's medical record. 2. Provides notice of revocation to the agent and any Harris Health healthcare providers currently responsible for the patient's care.

APPENDIX E
NOT HONORING A DIRECTIVE OR HEALTH CARE OR TREATMENT DECISION

Responsible Party	***Action***
Patient, Agent, Health care Professional, or Attending Physician	Requests an ethics consult for "medical appropriateness" and review by the Pavilion Ethics Advisory Committee.
Physician	1. Convenes a case conference.
	2. Contacts the Pavilion Ethics Advisory Committee to request a review if no consensus is reached at case conference.
	3. Provides to Pavilion Ethics Advisory Committee all the identity of all participants necessary to evaluate the appropriateness of the medical care in question.
Pavilion Ethics Advisory Committee	1. Schedules and holds a medical appropriateness review including all parties identified by attending physician as the necessary parties involved.
	2. Arranges Harris Health Ethics Advisory Committee review, if unable to reach agreement as to care or if either party disagrees with the decision reached by the Pavilion Ethics Advisory Committee.
	3. Provides to Harris Health Ethics Advisory Committee the identity of all parties needed to attend the review.
	4. Notifies HIM to provide copy of the patient's medical records to the patient or the patient's LAR at least ten (10) days prior to the date of the scheduled review. 5. Provides forty-eight (48) hour notice of Harris Health Ethics Advisory Committee review to the patient or person responsible for the health care or treatment decisions of the patient. Provides the Medical Appropriateness Evaluation Notice (Harris Health Form No. 282307), Stopping Life-Saving Treatment (Harris Health Form No. 282309), a copy of the "Guide for Patients and Families When There is Disagreement About Medical Treatment for Patients with Terminal or Permanent Conditions" (Harris Health Form No. 282308).and a copy of the THCIC resource list located at *http://www.dshs.state.tx.us/THCIC/Registry.shtm*.

APPENDIX E (CON'T)

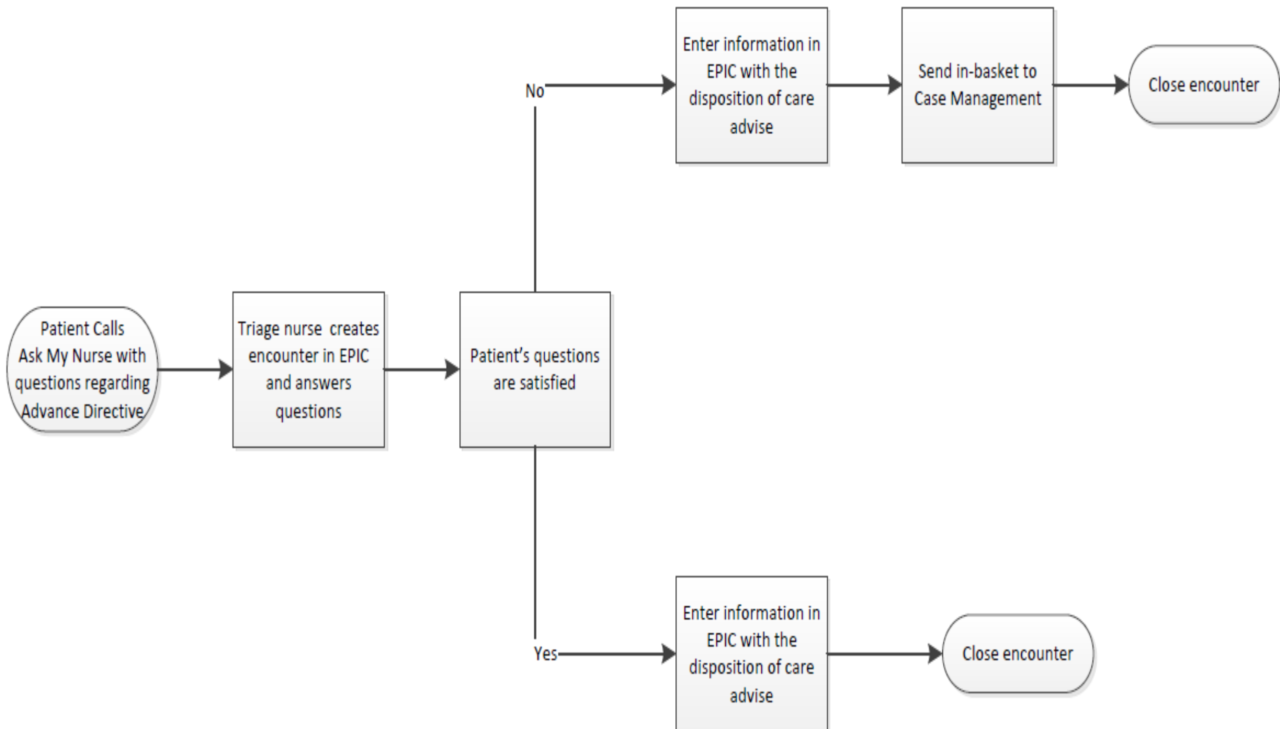
Responsible Party	*Action*
Harris Health Ethics Advisory Committee	1. Schedules review to include all necessary parties involved
	2. Conducts review of decision of Pavilion Ethics Advisory Committee.
	3. Communicates decision of committee to patient or persons responsible for the health care decisions of the patient.
	4. Prepares written explanation of the decision reached.
	5. Provides a copy of the written explanation to the patient or person responsible for the patient's health care decisions.
	6. Includes a copy of the written explanation in the patient's medical record.

Physician	1. Documents in the patient's medical record that the life-sustaining treatment requested is "medically inappropriate."
	2. Makes a reasonable effort to transfer the patient to a physician who is willing to comply with the directive or health care or treatment decision.
	3. Provides available life-sustaining treatment pending transfer to another physician, an alternative care setting within Harris Health, or another facility.
	4. Discontinues medically inappropriate treatment after the 10-day period for transfer has expired, or after such time period extended by an appropriate court of law.

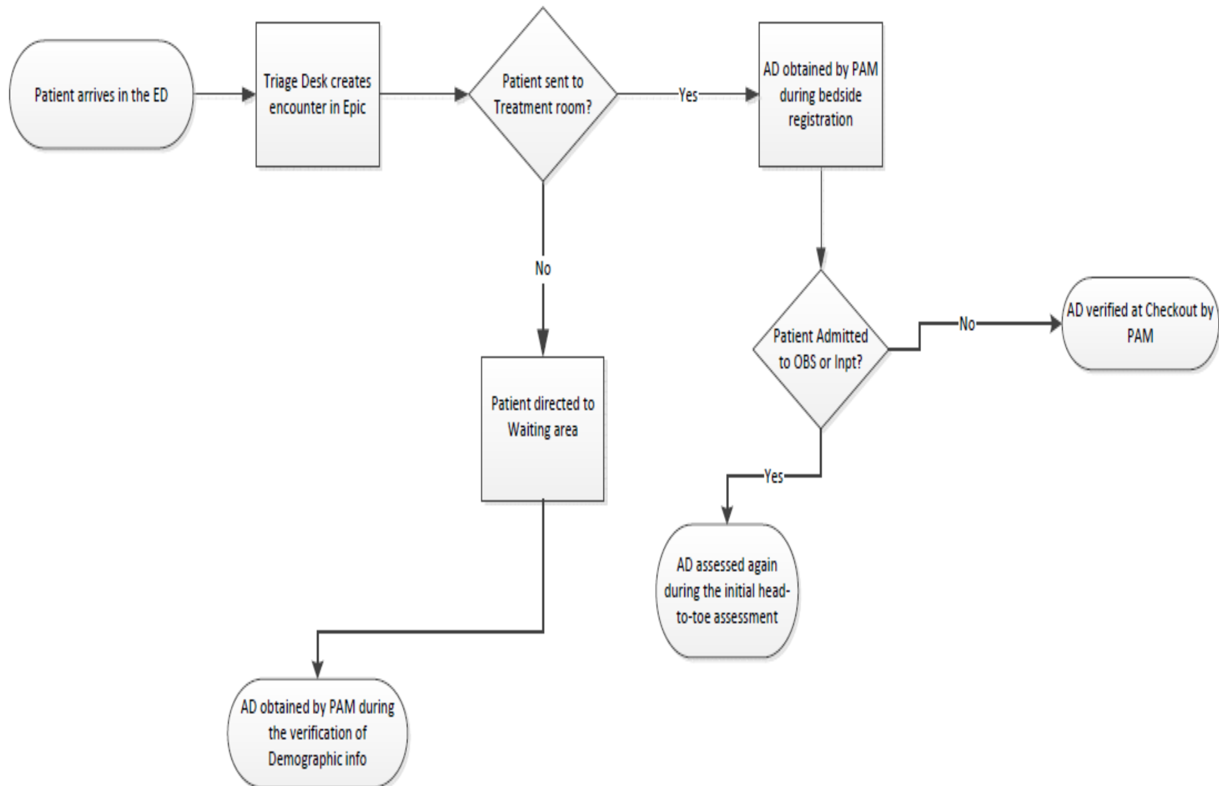
Nursing	Assists the physician in transferring the patient to another physician, alternate care setting within Harris Health or another facility.
HIM	1. If applicable, receive Directive to Physicians and Family or Surrogates (Harris Health Form No. 281651) and scan into Media Manager Tab as Description "Advance Directives". 2. Obtain a signed copy of the "Authorization for Use, Request and Disclosure of Health Information" Form No. 280342 from patient or LAR. 3. Provide complimentary copy of electronic and/or paper medical record to the Patient or the LAR at least forty-eight (48) hours prior to the scheduled Ethics Advisory Committee Review.

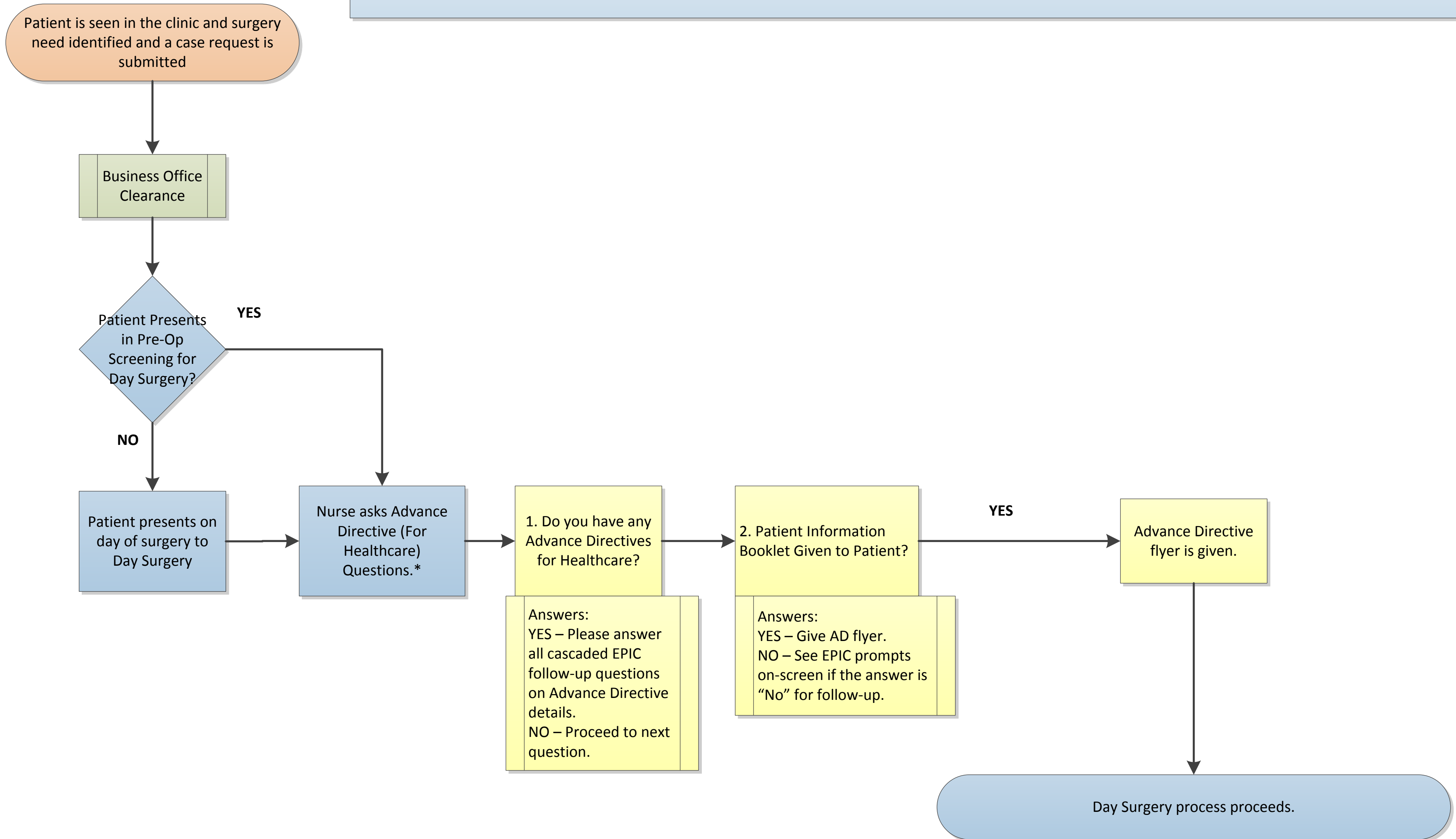
APPENDIX F

ASK YOUR NURSE PROCESS FLOW



APPENDIX G
ADVANCE DIRECTIVE EMERGENCY CENTER PROCESS FLOW





Healthcare Directives – Advanced Directives (For Healthcare)

*Patient Information Booklet Given = YES – The Advance Directive Flyer is given.