Enhancing Life
LibertyHealth

Jersey City Medical Center
Executive Administration

Administrative Policy and Procedure

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Policy: ADVANCE DIRECTIVES

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President & CEO		
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ADVANCE DIRECTIVES

POLICY:

Jersey City Medical Center is dedicated to the care of sick, suffering and dying patients. Respect for life, support of individual dignity and the pursuit of patient well-being are values central to the mission of JCMC. Material, human and spiritual resources are offered for the cure of illness, rehabilitation from injury and relief of suffering. Special assistance is offered to dying patients to enable them to live the end of their lives in a comfortable and dignified manner.

This policy applies to all adult patients 18 years of age and older and legally emancipated minors, including same day surgery and emergency department patients. This policy is based on the principles of patient autonomy, informed consent, good doctor/patient communication and surrogate decision-making. The provision of medical care will not be determined on the basis of whether or not the patient has completed an advance directive.

GUIDELINES:

Advance Directives – refers to a written document in which a person states his or her choices for medical treatment (instruction directive - living will) or designates a healthcare representative (medical power of attorney – proxy) who will make treatment choices if such person should lose decision-making capacity.

Closest Relative- refers to the patient's legal spouse or domestic partner, and then in order of closeness: adult child, parent, sibling, grandparent, grandchild, aunt/uncle and cousin. Although it is advisable to deal with all available family members when a patient is no longer competent, this is not a legal obligation, especially of one person has been appointed a healthcare representative or if one family member has knowledge of the patient's expressed wishes.

Decision-making capacity – refers to a patient who is at least 18 years of age (or has been declared an emancipated minor) and who has the ability to understand and appreciate the nature of his or her condition and prognosis, expected benefits and expected risks of each treatment alternative including non-treatment; the ability to weigh the alternatives and make a reasoned decision among them based upon his or her values and the ability to communicate his or her decision. A patient may have the capacity to make healthcare decisions while lacking the capacity to make other decisions such as financial ones.

Surrogate Decision-maker - refers to the patient's legal guardian for patients who have been adjudged incompetent. For patients who lack decision-making capacity, the surrogate decision-maker is the patient's healthcare representative (medical power of attorney – proxy) or closest relative. For patients who are minor, the surrogate decision-maker is the patient's custodial parent or other legal guardian. In situations where a minor has the capacity to make decisions, consideration should be given to the minor's wishes, consistent with his or he neurological status and level of maturity in addition to obtaining consent from the patient or legal guardian. The American Academy of Pediatrics standards provide that in such situations, the assent of the minor patient should be sought with more deference given to older children.

PROCEDURE

A. Provide the patient with information about Patient Rights

As part of the registration process, the patient access representative or other assigned admitting staff person shall provide the patient with written information about a patient's right to make healthcare decisions including the right to accept or refuse medical or surgical treatment. As required by the NJ Advance Directives for Health Care Act, this information shall guide patients on how to prepare an advance directive and explain surrogate decision-making and the reasons for choosing to request AND/DNR and/or Withholding – Withdrawing Life-Sustaining Medical Treatment.

B. Inquire about Advance Directive

During the registration process, the patient access representative or other assigned admitting staff person shall ask the patient whether he or she has completed an advance directive and shall document whether or not an advance directive exists in the medical record. If the patient does not have an advance directive on record or available, the patient access representative shall ask the patient and document whether he or she wants additional information and/or assistance in completing an advance directive. If the patient requests more information or help in completing an advance directive, the patient access representative shall contact the Patient Representative for assistance. During the initial assessment process, the RN or other assigned staff person shall ask the patient if he or she has advance directive and shall document in the Patient Data Base whether or not an advance directive exists. If the patient does not have an advance directive on record or available, the RN shall ask the patient and document whether he or she wants additional information and/or assistance in completing an advance directive. If the patient requests more information or help in completing an advance directive, the RN shall contact the Patient Representative for assistance.

The patient's attending physician shall also ask the patient if he or she has completed an advance directive and shall contact the Patient Representative if the patient requests more information or help in completing an advance directive.

An advance directive is made part of the patient's permanent medical record. Upon arrival at the hospital every patient shall have his or her current and past medical record accessed to search for the presence of any advance directive. If an advance directive exists, it shall be printed out and placed in the patient's current medical record as soon as possible. If a copy of the advanced directive is not in the permanent medical record, the patient and/or family will be requested to provide a copy as soon as possible so that it can be made part of the medical record. If the patient provides verbal information about his or her preferences, a summary of the patient's wishes shall be noted in the progress notes. The patient may also choose to execute a new advance directive especially if he or she wishes to make any changes.

The Patient Representative shall respond to requests for information and assistance in completing an advance directive. The Patient Representative may also seek assistance from pastoral care, nursing or case management /social work. Nurses, pastoral care, case managers/social workers and other licensed hospital employees may serve as a witness to an advance directive. JCMC employees may not serve as a patient's healthcare representative unless that person is related to the patient by blood, marriage or adoption.

C. Dispute Resolution

In the event of a dispute between the parties (e.g. patient, healthcare representative, family member, physician, nurse, social worker) about the terms or interpretation of an advance directive, the patient representative may assist, If no resolution occurs, the Ethics Committee shall provide a forum to facilitate the resolution of the issues in dispute. If there is a question of the advance directive's validity, verification may be sought from the patient's family and/or the healthcare representative or witnesses to the document.

D. Emergency Admission

In the absence of any physical evidence of an advance directive, all necessary medical interventions shall be provided to a patient who arrives in the emergency department. .As soon as the patient is stabilized, JCMC staff shall take steps to obtain a copy of the advance directive or, if the patient is alert and oriented, complete a new advance directive.

E. Pre-Hospital

If the patient or family represents EMS personnel with an advance directive, EMS staff shall document the existence of an advance directive in the EMS record, bring the document to the hospital for inclusion in the patient's medical record and inform the nursing staff and attending physician of its existence. If a paramedic is caring for a patient who requires full cardiac resuscitation and he or she is resuscitated with an advance directive and request to discontinue resuscitative efforts, the paramedic shall initiate and continue resuscitative efforts; review the document to validate the request for no resuscitation; Contact the emergency department physician regarding the document and the family's request; In good faith and with the approval of the emergency department physician, resuscitative efforts may be terminated in compliance with the patient's wishes.

F. Transfers:
If a patient has an advance directive and is transferred to another healthcare facility, a copy of the advance directive shall accompany the transfer form. A copy of the advance directive shall remain in the patient's JCMC permanent medical record.

G. The Rights of the Healthcare Professional
Nothing in this policy shall require a physician, nurse or other healthcare professional to begin, continue, withhold or withdraw healthcare in any manner contrary to law or accepted professional standards.