



Lakeshore Surgicare

POLICIES AND PROCEDURES

TITLE: Advanced Directives

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Authorized By: Board of Managers

Endorsed By: MEC

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Reviewed By: K. Messina; JMcLaughlin

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POLICY:

1. The Center recognizes the patient's right to have Advanced Directives and a Living Will according to the Federal and State of Indiana laws and statutes.
2. The Center also recognizes that the purpose of being an ambulatory surgery center is to provide elective surgical procedures to ASA Class I, II and stable III patients.
Therefore, the Board of Managers and the Medical Staff has elected not to recognize and/or provide patient care during the patient's admission to the Center in accordance with either the patient's advanced directives and/or living will.
3. Patients and/or significant others will be provided information regarding the Center's policy on Advanced Directives and Living Wills prior to surgery.
4. The exception to this policy would be any qualified patient that presents with a Physician Orders for Scope of Treatment (POST) form. This immediately actionable physician order will be presented to the Center from the qualified patient. Once this is presented a copy will be immediately scanned into the electronic medical record under the orders tab, and the original given back to the patient. Refer to the La Porte Hospital policy Univ-PC- for POST procedures and guidance.

PROCEDURE:

1. Patients will be asked on admission if they have Advanced Directives and/or a Living Will in place and the answer will be documented on the medical record.
2. If the patient does not have Advanced Directives/Living Will, the patient may request and receive limited information regarding Advanced Directives/Living Wills and how they can obtain additional information. Legal opinions will not be provided or offered by personnel and/or medical staff.
3. If the patient has a copy of the document (Advanced Directive and/or Living Will), a copy will be made and placed within the medical record.
4. The patient will be required to sign a Release of Understanding (Advanced Directives/Living Will) if the patient and/or the patient's authorized representative elects to continue with the surgery. The executed Release of Understanding will be filed within the medical record. A notation will be placed in the clinical record indicating the patient has an Advanced Directive/Living will.
5. If the patient elects not to continue with the procedure, a notation will be made on the medical record as to why the procedure was cancelled and the physician's office will be notified.
6. In the event that the procedure is continued and the patient would require transfer to a tertiary care facility, a copy of the Advanced Directives/Living Will be made and accompany the patient.



Lakeshore Surgicare

AMBULATORY SURGERY CENTER PATIENT CONSENT TO RESUSCITATIVE MEASURES Not a Revocation of Advance Directive or Medical Powers of Attorney

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 that can answer your questions as to its risks, your expected recovery and care needed after your surgery.

Therefore, it is our policy, regardless of the contents of any advance direct or instructions from a health care surrogate or attorney, in fact, that if an adverse event occurs during your treatment at this facility we will initiate resuscitative 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 by your signature below does not revoke or invalidate any current health care directive or health care power of attorney.

If you do not agree to this policy, we are pleased to assist you to reschedule the procedure.

Please check the appropriate box to answer the following question:

Have you executed an advance health care directive, a living will and/or a power of attorney that authorizes someone to make health care decisions for you?

- Yes, I have an advance directive, living will or health care power of attorney.
- No, I do not have an advance directive, living will or health care power of attorney.

If you checked the first box “yes” to the question above, please provide us a copy of that document so that it may be made part of your medical record. Information regarding advanced directives is available upon request.

By signing this document, I acknowledge that I have read and understand its contents and agree to the policy as described. If I have indicated I would like additional information, I acknowledge receipt of that information.

By:		
	Patient’s Printed Name	Signature
	Date	
By:		
	Patient/Guardian Printed Name	Signature
	Date	
By:		
	Responsible Person Printed Name	Signature
	Date	