Salem Health®
Hospitals & Clinics

Advance Directives and POLST
Clinical House Wide Policy

Applicable Campus	Department Name	Approval Authority
Salem Health and West Valley Hospital	General Clinical House Wide	Medical Ethicist

Effective Date: March 2021 SH **Effective Date: March 2021 WVH**	**Next Review Date: February 2024** **Next Review Date: February 2023**

List Stakeholders Position or Committee	Document Status	Date of Approval
Director, Service and Care Continuum	Reviewed	03/2021
Director, Corporate Integrity, Safety and Risk Management	Revised	03/2021
Director, Care Management, Regulatory and Patient Safety	Reviewed	03/2021
WVH Director, Clinical Operations	Reviewed	03/2021
Palliative Care	Reviewed	03/2021
Ethics Committee	Revised	03/2021
Clinical Leadership Group	Reviewed	03/2021
WVH Medical Care Advisory Committee	Reviewed	03/2021
Medical Ethicist	Reviewed	03/2021
Final Approval Date SH	**Final Approval**	**03/2021**
Final Approval Date WVH	**Final Approval**	**03/2021**

Describe briefly the most recent revision made to this policy, procedure or protocol & why:
With the passage of SB 1606 and its supporting OARs, the new laws requires hospitals to allow Eligible Patients with disabilities access to designated support persons during completion of Advance Directive and POLST forms while hospitalized. Furthermore, the law clarifies that treatment cannot be conditioned on the completion of a POLST or Advance Directive.

A clarification was added regarding Provider completion of POLST on behalf or an unrepresented patient, and the requirement to contact DD services under those circumstances if patient is suspected of having an intellectual or developmental disability.

Change to “Oregon POLST®" acronym noted. When POLST was originally established only physicians (M.D. and D.O.) could sign POLST orders. In 2018, the Oregon POLST Coalition recognized that using the word “physician” in the description of POLST was not inclusive of all disciplines currently authorized to sign POLST orders. Effective January 2, 2019, the Oregon POLST form was changed to “Oregon POLST® Portable Orders for Life-Sustaining Treatment.”

Policy Content

The patient has the right to formulate Advance Directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives. An Advance Directive or POLST is not a condition of treatment. Salem Health does not discriminate in any way or make care decisions based on whether or not an individual has an Advance Directive or POLST.

Steps/Key Points Procedure

IMPLEMENTATION:

Physicians and employees of Salem Health respect and support the rights of patients to participate in direct health care decisions, including the formulation of an Advance Directive or POLST, and the right to accept or refuse medical or surgical care:

1. An Eligible Patient has the right to designate at least three Support Persons. One Support Person must be allowed to be present at all times in the emergency department and during the patient's stay, to facilitate the patient's care.
2. A hospital must ensure that a support person designated by a patient is present for any discussion in which the patient is asked to elect hospice care or to sign Advance Directives or other instruments (including POLST) allowing the withholding or withdrawing of life-sustaining procedures or artificially administered nutrition or hydration, unless the patient requests to have the discussion outside of the presence of a support person.
3. The Support Person may be held to certain conditions, to ensure the safety of the patient, the Support Person, and staff, such as: wearing personal protective equipment, following hand washing and other protocols, free of symptoms of viruses or contagious disease, etc.
4. Patients in the inpatient setting who indicate they have an Advance Directive or POLST form not currently in the chart will be advised to have it brought in to be included in their medical record.
5. If a patient brings a copy of his/her Advance Directive and/or a POLST form to an outpatient visit, Salem Health staff and practitioners will observe the expressed wishes when necessary.

Salem Health may not:

1. Condition the provision of treatment on a patient having a POLST, advance directive or any instruction relating to the administration, withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration.
2. Communicate to any individual or person acting on behalf of the individual, before or after admission to the hospital, that treatment is conditioned on the individual's having a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.
3. Suggest to any individual, or person acting on behalf of the individual, who contacts the hospital regarding treatment for the individual that admission or treatment is conditioned on the individual's having a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration;
4. Discriminate in any other way against an individual based on whether the individual has a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration.

Advance Directive

1. The patient who is 18 years of age or older has the right to formulate an Advance Directive, and to have hospital staff and practitioners who provide care in the hospital, comply with these directives in accordance with applicable federal and state laws.
2. Patients who are admitted to the ED, or bedded with any status (inpatient, observation), or admitted for a same day surgical procedure will receive an Advance Directive pamphlet.
   A. ED patients will receive a tip sheet identifying community resources that can assist in completion of the document following discharge from the ED.
   B. Upon request of a bedded patient, a hospital representative will assist a patient to complete Advance Directives.
3. In outpatient service areas the Patient Rights and Responsibilities pamphlet is offered to patients at the time of registration. This document includes information about Advance Directives.
4. A directive shall be effective when it is signed and witnessed by two Adults who witness either the signing of the directive by the patient or the patient's acknowledgment of the signature of the patient, or notarized by a Public Notary. The witnesses CANNOT be the patient's attending physician or attending health care provider, or the patient's appointed Health Care Representative or Alternate Health Care Representative. RNs and other care team members may participate as witnesses to Advance Directives if they wish.
5. The following people cannot be appointed the Health Care Representative (or Alternate):
   A. The attending physician or mental health service provider unless related by blood, marriage, or adoption.
   B. An employee of the attending physician or mental health service provider unless related by blood, marriage, or adoption.
   C. The owner, operator, or employee of the health care facility in which the principal lives or is a patient unless related by blood, marriage, or adoption, or unless the health care representative/attorney-in-fact is appointed before the principal's admission to the facility.
6. In the event that the patient's attending physician cannot, in good conscience, honor the health care directive, it is the responsibility of the attending physician, in concert with the patient and/or patient's family, to identify, as soon as possible, an alternative member of the medical staff to assume the care of the patient. This alternative medical staff member will agree to abide by the requests in the health care directive. If a transfer of care cannot be made in a timely fashion, the Medical Ethicist will be contacted to assist in resolving the dilemma.

7. The Advance Directive for Health Care remains valid for the patient's entire life unless the patient cancels it or specifies a specific period of years on the form.
8. An Advance Directive can be withdrawn at any time and in any manner that indicates the patient's intent, so long as the patient is capable. If the Advance Directive includes directions regarding withdrawal of life support or tube feeding, the patient may revoke those directions at any time and in any manner that expresses that desire, even if the patient is otherwise incapable. Documentation of either event must be in the patient's medical record, and if the patient's physician was not party to the change, staff must ensure that he/she is aware of the decision.

POLST

1. POLST forms should only be offered to patients with advanced illness or frailty who wish to turn their preferences into actionable medical orders.
2. Honor an Oregon POLST in the outpatient setting (including the Emergency Department) if the patient/surrogate presents it to staff and/or exists in EHR (EPIC). This form contains a patient's wishes regarding resuscitation and is also a valid physician's order.
3. In the inpatient setting, the admitting physician should discuss the patient's wishes with the patient/surrogate (when applicable), review the Oregon POLST form, and then enter inpatient orders for appropriate resuscitation status. (Note: a POLST is not recognized as a DNR order for inpatients. An order must be entered into EPIC for the DNR to be valid inpatient).
4. The physician should review the patient's wishes, as noted on the POLST form, with the patient or surrogate on each admission; prior to any surgical procedure; on admission into or transfer from a critical care area; and upon transfer to another level of care.
5. If the patient presents with a POLST form completed in another state, the physician is to review the form, confirm the wishes stated, and honor those wishes. The existing form should be scanned into EPIC, or a new Oregon POLST form should be completed reflecting health preferences.
6. If the patient/surrogate requests a change in the completed POLST form they brought in, the changes should be documented in a newly created POLST. The current version and/or copy should be noted as rescinded by writing "VOID" across the front of the form.
7. At the time of discharge, Health Information Management (HIM) employees will check the paper portion of the medical record; if an original POLST form is found, staff will make a copy for the chart and return the original to the patient. HIM employees will scan the POLST form for the electronic chart and fax a copy to the Oregon State POLST Registry.
8. Before a provider can complete a POLST form on behalf of an unrepresented patient who has an intellectual or developmental disability, the provider giving consent or a designated team member will contact Developmental Delay (DD) services to determine if the principal has a case manager and provide notice to the case manager. DD services notification is not required if POLST is completed by patient or their authorized surrogate decision maker. Please contact ethics for further guidance on such cases.

Definitions – Insert N/A if not applicable
1. **Advance Directive**: A written instruction, such as a durable power of attorney for health care, recognized under state law (whether statutory or as recognized by the courts of the state), relating to the provision of health care when the individual is incapacitated. 2. **Eligible Patient**: A Patient admitted to a hospital or in an emergency department who needs assistance to effectively communicate with hospital staff, make health care decisions or engage in activities of daily living due to a disability, including but not limited to: A. A physical, intellectual, behavioral or cognitive impairment; B. Deafness, being hard of hearing or other communication barrier; C. Blindness; D. Autism; E. Dementia 3. **Portable Orders for Life-Sustaining Treatment (Oregon POLST®)**: Designed to improve the quality of care people receive near the end-of-life. The POLST is based on effective communication of Patient wishes, documentation or portable orders for life-sustaining treatments and promise by a health care professional to honor these wishes. 4. **Support Person**: a family member, guardian, personal care assistant or other paid or unpaid attendant selected by the Eligible Patient to physically or emotionally assist the patient or ensure effective communication.

Equipment or Supplies - Insert N/A if not applicable – N/A
N/A
Form Name and Number or Attachment Name - Insert N/A if not applicable – N/A
N/A
Expert Consultants Position -
Medical Ethicist, Director of Service Excellence, Corporate Integrity
References (Required for clinical Documents) :
• The Patient Self-Determination Act • 42 CFR 482.13(b)(3) • 42 CFR489.102 • ORS 127.505-127 .660 • SB 1606, ORS 127.635 • ORS 127.700-127.735 • OARs 333-501-0055, 333-505-0030, 333-505-0033 and 333-505-0050 • Oregon POLST Program website: Oregon POLST History • POLST Guidebook for Health Care Professionals
Policy, Procedure or Protocol Cross Reference Information – Insert N/A if not applicable
• SH Policy: Informed Consent, Patient Access to Support Persons while in the Hospital, Exclusion from Patient Care, Resuscitation Status
Computer Search Words
POLST, Advance Directive, Power of Attorney, Support Person
Is there a Regulatory Requirement? Yes
Joint Commission, CMS, Oregon Statutes and Administrative Rules

Review and Revision History		
History	Review or Revision	Date
SH & WVH- Retiled from Advance Directives to Advance Directive and POLST. With the passage of SB 1606 and its supporting OARs, the new laws requires hospitals to allow Eligible Patients with disabilities access to designated support persons during completion of Advance Directive and POLST forms while hospitalized. Furthermore, the law clarifies that treatment cannot be conditioned on the completion of a POLST or Advance Directive. A clarification was added regarding Provider completion of POLST on behalf or an unrepresented patient, and the requirement to contact DD services under those circumstances if patient is suspected of having an intellectual or developmental disability. Change to "Oregon POLST®" acronym noted. When POLST was originally established only physicians (M.D. and D.O.) could sign POLST orders. In 2018, the Oregon POLST Coalition recognized that using the word "physician" in the description of POLST was not inclusive of all disciplines currently authorized to sign POLST orders. Effective January 2, 2019, the Oregon POLST form was changed to "Oregon POLST® Portable Orders for Life-Sustaining Treatment."	Revision	03/2021
SH & WVH – Adopted guidance from passing of Senate Bill 1606. Adding language from that Act that further guides the patients' rights to designate support persons and prohibits discrimination against persons who have an Advance Directive.	Revision	09/2020
WVH	Review	07/2020
SH & WVH - Clarified language in Policy Content section. In "Steps/Key Points Procedure" section #3, language was added to clarify follow up for patients who present to the inpatient setting with advance directive not in chart.	Review	08/2019
SH- Clarified language in Policy Content section. In "Steps/Key Points Procedure" section #3, language was added to clarify follow up for patients who present to the inpatient setting with advance directive not in chart.	Revision	06/2019
WVH- Updated Hospital name from Salem Health West Valley to West Valley Hospital and logo.	Revision	04/2018
WVH- Changes made to reflect new hospital names and reformatted template.	Revision	04/2017
SH	Revision	06/2016
SH & WVH	Review	06/2016
WVH	Review	02/2015, 04/2014
	Revision	12/2012, 11/2010 07/2009, 12/2006 11/2003, 08/2001 02/1998, 10/1997
	Review	09/2005, 04/1998
	Revision	10/1993
New Policy	New	09/1992