



## *Ambulatory Clinic Policy and Procedure*

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| Title: <b>ADVANCE DIRECTIVES</b>  | Policy Number: <b>EP 6.18</b>  |
| Regulation: Health & Safety Code § 166 and 25 TAC 157.25<br>Reference: The Joint Commission | Effective Date: <b>08/2019</b> |

### **Policy Statement:**

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to provide resources needed to better assist patients and their family with end-of-life decisions and the needed documents for formalizing the patient’s wishes.

### **Scope and Distribution:**

This policy applies and will be distributed to all Texas Tech Physicians of El Paso ambulatory clinics.

### **Procedure:**

1. Patients will be provided information and forms for use regarding Advance Directives upon request by the patient or physician. A referral to a social worker may be initiated to assist in formalizing/documenting advanced directives. Alternatively, appendices to this policy can be used to assist the patient with this process. In all instances where a provider may reasonably anticipate impending circumstances requiring decisions about future medical care, the provider should discuss these issues with the patient and family in advance to allow the patient to document their wishes before they become unable to make their wishes known about future medical care, including end-of-life decisions.

\*NOTE: At no time will clinic personnel or healthcare providers give legal opinions or advice suggesting the appropriate decision in executing Advance Directive documents.

2. All patients when signing the Consent to Treatment/Health Care Agreement form will note if they have an “Advance Directive.” **If the answer is yes**, they will be asked to provide a copy to be kept in their medical record and communicate it to their provider. **If the answer is no**, they will be instructed to communicate to their provider if interested in having one. The medical record will reflect if the patient has an Advance Directive. Any Advance Directive document will be scanned into the medical record under the label Advance Directive.
3. The provider who anticipates impending circumstances requiring decisions regarding future medical care will discuss these issues with the patient and family and provide guidance on formalizing/documenting an advance directive. The provider may not require that any particular form be executed. If the patient fails to document his wishes, the provider should document any specific wishes voiced by the patient in the medical record.
4. It is the physician’s responsibility to certify or document in the medical record when a patient suffers from a terminal or irreversible condition as defined on the first page of the “Directive.” See 6.18.A, Directive to Physicians and Family Surrogates (English) or 6.18.A.1, Directive to Physicians and Family Surrogates (Spanish).
5. Out of Hospital Do Not Resuscitate Procedure.



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- a. The attending physician will complete and sign the “Physician’s Statement” and/or Section “D”, when appropriate, of 6.18.E, Out-of-Hospital Do Not Resuscitate (OOH-DNR) Order, form as requested by the patient or if the patient is incompetent, the patient’s legally authorized representative.
- b. The physician completing the OOH-DNR shall note the existence of the order in the patient’s medical record.
- c. It is the policy of TTUHSC to honor a valid OOH-DNR order presented at the time of an end-of-life event. A valid OOH-DNR form includes the following:
  - i. Completed statutory form including the names, signatures and other information required of persons executing or issuing or witnessing the order;
  - ii. A date for the issuance or execution of the form; and
  - iii. Signatures of the patient or legally authorized representative executing or issuing the order and the attending physician. A copy of the original OOH-DNR order is acceptable. (See 6.18.E, Out-of-Hospital Do Not Resuscitate (OOH-DNR) Order).
- d. TTUHSC shall also honor an acceptable OOH-DNR identification device. The following are considered acceptable devices:
  - i. An intact, unaltered plastic bracelet with the word “Texas” (or a representation of the shape of Texas and the word “STOP” imposed over the shape) and the words “Do Not Resuscitate”; or
  - ii. An intact, unaltered metal bracelet or necklace with the words “Texas Do Not Resuscitate-OOH”.
- e. When an end-of-life event appears eminent and an OOH-DNR order or device is presented or an applicable Advanced Directive is present, the provider should:
  - i. Establish the identity of the person as the person who executed or issued the OOH-DNR order;
  - ii. Determine that the OOH-DNR is valid as set forth in paragraph “c” above;
  - iii. Call EMS to assess and transport the patient as appropriate to the nearest emergency department;
  - iv. Move the patient and family to a private area and provide comfort measures until EMS arrives;
  - v. Assure that the OOH-DNR order or device accompanies the patient when transported to the ED;
  - vi. Note the event in the medical record.
- f. An OOH-DNR order can be revoked by the patient or the legal representative who issued the order on behalf of the patient at any time.
- g. TTUHSC will not honor an OOH-DNR of a person known to be pregnant or if there are any indications of unnatural or suspicious circumstances. Under these conditions, the provider shall begin resuscitation efforts and call 911 to have the patient transported to the nearest emergency department.
- h. When a patient inside the clinic (i.e., exam room) expires with a valid OOH-DNR, Texas Tech police must be notified. The family of the patient will be consulted regarding disposition of the body.



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| Signatory approval on file by: Juan Figueroa, M.D.<br>Director of Clinical Operations<br>Clinic Operations Committee, Chairman<br>Paul L. Foster School of Medicine |  |