

**CONNECTICUT VALLEY HOSPITAL  
OPERATIONAL PROCEDURE MANUAL**

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| <b>SECTION I:</b>               | <b>PATIENT FOCUSED FUNCTIONS</b>         |
| <b>CHAPTER 1:</b>               | Ethics, Rights and Responsibilities      |
| <b>PROCEDURE 1.6:</b>           | <b>Advance Health Care Directives</b>    |
| <b>REVISED:</b>                 | 05/15/07; 06/03/09; 03/13; 5/9/16; 02/18 |
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**PURPOSE:** To screen for and provide all patients and their surrogates/conservators with information about their rights and responsibilities to accept or refuse treatment at Connecticut Valley Hospital (CVH) including the use of an Advance Health Care Directive (AHCD), which includes both medical and psychiatric directives, in accordance with state and federal laws. Certain exceptions apply when patients are admitted to CVH under superior court order primarily in the forensic division. These guidelines are meant to inform, support and protect persons in recovery, rights to participate in health care decision-making and to prevent discrimination based on whether they have executed an AHCD for health care.

Clinical staff will document the patient wishes with regard to every aspect of their AHCD including the patient's wishes or declaration of organ donor status.

Patients admitted to CVH who have Living Wills or other advance directives such as a Health Care Agent or Power of Attorney for Health Care, completed before October 1, 2006 will be considered valid.

Patients admitted to CVH who have advance health care directives from another state will have those directives honored by the state of Connecticut so long as they conform to Connecticut state law. Such matters should be referred to the hospital's Health Information Management (HIM) Office for further review.

**SCOPE:** Registered Nurses; Physicians and Social Workers

**POLICY:**

The policy of CVH is to support our patients' rights to make decisions regarding their health care including their right to make AHCD or to refuse to do so. For the purposes of this policy AHCD refers to both medical and psychiatric directives.

No patient will be denied admission or provided care based on whether they have signed a living will or other type of advance directive. Upon admission to CVH, patients are given written information regarding AHCD:

- a. The patient's rights under state law in relation to health care decisions;
- b. CVH's written practices respecting the implementation of such health care decisions.

CVH will ensure compliance with the requirements of state law regarding AHCD.

CVH will not condition the provision of care or otherwise discriminate against an individual patient who has executed an AHCD.

Patients have the right to have proposed medical interventions explained to their satisfaction and the right to refuse any unwanted care.

If patients do not have decision-making capacity, or if they are unable to speak for themselves, they have the right to have a surrogate/conservator make treatment decisions for them.

CVH informs all patients about the hospital's obligation to inquire about the presence and provide education of an AHCD and to provide patients an opportunity to formulate AHCD.

CVH has an obligation to determine whether or not the patient has formulated an AHCD including Organ Donor Status and document this information in the patient's medical record.

CVH has an obligation to provide education for patients about AHCD including organ donation.

***Definitions:***

*Advance Health Care Directives* - An AHCD is a legal document through which an individual provides direction or expresses their preferences concerning medical or psychiatric care and/or to appoint someone to act on the behalf of the individual should he/she become unable to make or communicate such decisions. Such AHCD may include the individual's wishes concerning organ donation. (For further information, refer [Operational Procedure 1.14 Organ/Tissue Donation](#)). AHCD are prepared *before* any condition or circumstance occurs that causes them to become unable to make or communicate actively about their medical care. In Connecticut there are two types of AHCD: (a) Advance Directive, also known as the living will or health care instructions; (b) the appointment of a health care representative formally referred to as Health Care Agent.

*Advance Directive/Living Will document* - An Advance Directive/Living Will document is a document in which an individual conveys, in writing, his/her directions regarding any aspect of health care in the event they become unable to make decisions: including but not limited to psychiatric treatment options and specific life-sustaining/support systems, procedures or treatment to be administered should they become in a *terminal condition* or *permanently unconscious*. The Advance Directive/Living Will tells the physician, or other health care providers, whether the individual wishes life support systems administered to keep them alive in these situations or whether they do not want to receive such treatment, even if it results in their death. (For further information, refer to [Operational Procedure 1.8 Do Not Resuscitate Order and Bracelet Protocol](#)).

A sample form, prepared by the Office of the Attorney General for the DMHAS and the Department of Social Services, in accordance with Connecticut General Statutes, Section 19a-575, is included in the brochure [Your Rights to Make Health Care Decisions 2006](#) which is given to all patients upon admission.

***Health Care Representative*** - A Health Care Representative, formally known as Health Care Agent is a person whom an individual authorizes in writing to make any and all health care decisions on their behalf including the decision to accept or refuse any treatment, service, or

procedure used to diagnose or treat an physical or mental condition, including the decision to provide, withhold or withdraw life support systems. A health care representative does not act unless the individual is unable to make or communicate decisions about their medical care. The health care representative makes decisions on behalf of the individual based on their wishes, as stated in an Advance Directive/Living Will or as otherwise known to the health care representative. In the event the individual's wishes are clear or a situation arises that the individual did not anticipate, the health care representative will make a decision in the individual's best interests, based upon what is known of their wishes. Psychosurgery and Electroconvulsive Therapy (ECT) are specifically excluded from the health care representative's authority. In matters where a patient is committed by the Superior Court, the role of the Health Care Representative is superseded by the role of the Conservator appointed by Probate Court for the purpose of Medication Administration Consent.

*Conservator* - A conservator of person is someone appointed by the Probate Court when the Court finds that a person is incapable of caring for him/herself including the inability to make decisions about their medical care. The patient may designate the person appointed if the event that a petition is filed on behalf of the patient. A person who is conserved by a court is known as a "ward". The conservator of person has responsibility for the general custody and care of the incapacitated individual and is consulted on all medical care decisions for the conserved person. The conservator is authorized to make all medical care decisions including involuntary medication authority for patients under certain legal categories. If the individual has executed an Advance Directive document, prior to the appointment of a conservator by the court, the conservator's consent is not required to carry out the individuals' wishes as expressed in the Advance Directive document except where involuntary medication has been ordered for certain forensic patients. If a health care representative has been appointed by the individual, the health care representative's decision will take precedent when there is a conflict between the conservator and the representative including medication refusals. A conservator shall comply with a ward's individual health care instructions and other wishes, if any, expressed while the ward had capacity and to the extent known to the conservator, and the conservator may not revoke the ward's advance health care directive unless the appointing court expressly so authorizes.

### **Special Considerations:**

Patients completing the AHCD form must be 18 years of age or older, have decision-making capacity, and be acting upon their own free will.

Certain exceptions apply to patients admitted under superior court as described above.

Copies of written AHCD are treated in the same manner as the original document.

A person with an AHCD can revoke the designation of a Surrogate Decision-Maker or Health Care Representative:

1. By making a new designation, this designation revokes any prior Advanced Medical Directive made.
2. By communicating such wishes orally or in writing when an Advanced Medical Directive/Living Willing is at issue.

3. However, if the person wishes to revoke the appointment of a health care representative, such requests must be made in writing that is observed and signed by two witnesses in order for the revocation to be valid.
4. When a marriage is dissolved or annulled, the person revokes the Advanced Medical Directive/Living Will.
5. AHCD: This revoked form signed by the patient should not be discarded. "Revoked" should be written across the front of the form and either the patient or the physician to whom the patient indicated the intention to revoke should sign it.

The patient should be offered the opportunity to execute a new form.

## **PROCEDURE:**

### **I. On Admission:**

- A. At the time of admission, the admitting nurse or admission screening personnel, provides the patient, family member of their choice or conservator (as appropriate), with written information regarding his/her rights to accept or refuse psychiatric or medical treatment and his/her right to formulate AHCD. The pamphlet given to the patient or representative is entitled, [Your Rights to Make Health Care Decisions, A Summary of Connecticut Law](#) prepared by the Office of Attorney General 2006.
- B. Each patient, family member or conservator as appropriate will be asked if they have an AHCD and whether they are an organ donor; their response will be documented in the medical record by the admitting nurse or admission screening personnel.
- C. If the patient and conservator, on behalf of the patient, answer that they have an AHCD or Anatomical Gift document (organ donor card) and provides written documentation at the time of admission then such documents are to be filed in the legal section of the medical record. An approved stick label is to be placed on the outside spine of the binder of the patient's active medical record to alert the appropriate treatment clinicians that the patient has executed an AHCD.
- D. If the patient or conservator affirms that he/she has an AHCD or is an organ donor, the admitting nurse or admission screening personnel will document *this verbal acknowledgement* in the medical record and ask the patient to provide a copy to the physician at his/her earliest convenience.
- E. They will also advise the patient that they have the option of discussing AHCD with the unit social worker so that they can assist them in the process.
  1. The patient's, and/or conservator's response is recorded on the Advance Directives Forms ([CVH-407](#) or [407a](#)).
  2. If the patient's Conservator is not present on admission, the pamphlet [Your Rights to Make Health Care Decisions 2006](#) is mailed to him/her by the Social Worker following the admission. Information regarding the patient's AHCD will be obtained by telephone. The conserved patient's medical record documentation reflects any

phone calls to the conservator and that the pamphlet was mailed to the conservator.

F. If the patient wishes to formulate AHCD:

1. The admitting nurse or admission screening personnel will provide the patient with a copy of the State of Connecticut, Office of the Attorney General, pamphlet entitled: [Your Rights to Make Health Care Decisions 2006](#) and review the booklet with them and document such educational interventions in the medical record. The admitting nurse or admission screening personnel will then refer the patient to the unit social worker or physician for further discussions about formulating AHCD and will document such referral in the progress notes of the medical record.
2. The Unit Social Worker or physician will pursue further discussions with the patient or their conservator about their desire to pursue the formulation of an AHCD including formulating an Advance Directive/Living Will; appointing a Health Care Representative; or any wishes to file an Anatomical Donation while in the hospital. As a part of this process the Unit Social Worker will provide the necessary forms (CVH-407 or 407a Rev. 10/06) and provide assistance to the patient about additional assistance, including the possible resources of a CLRP or private attorney or a patient advocate. The patient or conservator is further advised by the Unit Social Worker or physician that any final advance health care directive must include the signing off by witnesses attesting to the legitimacy of the AHCD. All persons in DMHAS facilities formulating advance directives must obtain two witnesses which will include *one witness who is not affiliated with CVH and one witness who is a physician or licensed clinical psychologist with specialized training in treating mental illness. (sec. 19a-577.)*

G. Additionally, the Unit Social Worker is responsible for:

1. Advising the patient, their families and conservators as appropriate, that an AHCD can be mailed to them.
2. Informing patients, his/her family, or conservators that an AHCD can be mailed to them.
3. Informing patients, their families and conservators (as appropriate) that they ought to mail a copy of or notify their Primary Care providers at the time of discharge that they have an AHCD or any another form of advance directive including Organ Donation designation.
4. Providing social work and counseling as needed.

H. If the patient's condition on admission makes it impossible for CVH to provide the patient with the pamphlet, [Your Rights to Make Health Care Decisions 2006](#) and/or question the patient regarding his/her advance directive and organ donor status, the Unit Nurse does this *as soon as appropriate* after admission and documents the results in the medical record. The Social Worker will then follow up with patient as they are able.

## II. During the Course of Hospitalization:

During the patient's hospital stay s/he may request information regarding AHCD. The

hospital Social Worker will provide information and direct them to the appropriate advocate.

### III. Patient and Family Education:

- A. CVH will advise patients, families or other interested parties that AHCD forms are available at a variety of locations, such as health education programs, social services, continuing care, home health, and hospice as well as by reading the State of Connecticut, Office of the Attorney General, pamphlet entitled: [\*Your Rights to Make Health Care Decisions 2006\*](#) and by contacting his/her attorney or their patient advocate. Additionally, patient education interventions are aimed at completion of advance health care directives which:
1. Recommend to patients, their families and conservators (as appropriate) that they discuss any questions regarding their medical condition and prognosis with their physician.
  2. Advise patients, their families or conservators (as appropriate) to consider their complex and difficult choices and to discuss their values and wishes with their health care representative and loved ones.
  3. Advise patients, their families and conservators (as appropriate) to distribute their completed AHCD forms to their health care representative, alternate representatives, and loved ones. Patients should keep the original documents.
  4. Refer patients and their families' questions to their attorneys or a patient advocate.

### REFERENCES

1. Consistent with the required federal legal requirements, Patient Self-Determination Act Omnibus Budget Reconciliation Act, 1990, sec. 4206; Health Care Decision Law, Probate Code Section 4600-4805, in accordance with Connecticut General Statutes Section 19a-570et seq and Public Act No. 06-195.
2. Connecticut State General Statutes as provided for under section 17a-566, 17a-587, 17a-588 or 54-56d where certain health care decisions are dependent on such court orders. These exceptions also apply to certain patients admitted under sec. 79 of PA 06-195 as it applies to 17a-543, when a conservator has been appointed with medication authority.
3. The Joint Commission Standards, RI. 2.60, RI. 270, RI. 280.
4. CMS Regulations CoP. 489.100, 489.102, 489.104
5. See Also: [\*Operational Procedure 1.8 Do Not Resuscitate \(DNR\) Order and Bracelet Protocol\*](#) and [\*Operational Procedure 1.14 Organ/Tissue Donation\*](#).
6. CVH's [\*Operational Procedure 1.8 Do Not Resuscitate \(DNR\) Order and Bracelet Protocol\*](#) should be referenced for patients and/or their representatives requesting non-resuscitation status.