NOVAMED SURGERY
CENTER OF BATON ROUGE

PURPOSE:

To provide the health care team members information to assist them in working with patients who have Advance Directives such as a living will, healthcare surrogate or proxy appointment, or durable power of attorney.

POLICY:

In an ambulatory care setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to the center indicates the patient will tolerate the procedure in the ambulatory setting without difficulty. Per regulation, the physician must determine that the ASC setting is appropriate for the patient based upon the type of surgery planned, the type of anesthesia, and the patient's medical condition. Typically, an ASC patient does not require resuscitation. Resuscitation due to a deterioration of the patient's medical condition is not expected. Therefore, if a patient should suffer cardiac or respiratory arrest or any life-threatening condition, there will always be an attempt to resuscitate, and the patient will be transferred to a more acute level of care, that is, a hospital. However, if the patient has an Advanced Directive or Do Not Resuscitate the physician will speak with the patient regarding the ASC's policy. The ASC may temporarily suspend DNR (Do Not Resuscitate) orders for the purpose of stabilizing the patient within the ASC, with the understanding that the DNR order may be resumed after transfer to a hospital. It would be the decision of the patient and the physician to decide if they will proceed with the case.

Advance directives include written or verbal directions a patient gives in advance to state choices for health care or name someone to make those choices for the patient if the patient is unable to make decisions for himself/herself. A living will states what kinds of medical treatments would be acceptable at the end of life.

If a patient, who is to receive a procedure at the Facility, presents the staff with a Living Will, Advanced Directive or DNR order the patient must be advised that it is customary in the ASC setting to resuscitate patients. Our Facility can care for patients who do not wish resuscitative efforts if their physician and anesthesiology provider agree and the providers have a discussion with the patient about what to expect and how to manage any deterioration in their condition.

A patient or designated agent or surrogate must be informed of the right to make informed decisions regarding the patient's care. A patient may have a person designated as an agent, proxy, or health care surrogate or may have granted a person a durable power of attorney for health care. This enables the person to perform as a decision maker in the event the patient cannot speak for himself/herself. The scope of the decisions this other person may make for the patient may be defined in a document. The Facility will record whether such a document has been presented to the Facility. The document will be placed in the medical

record along with a living will, if one was also presented to the Facility for inclusion in the Facility's records. When a patient has designated someone to speak in his/her behalf when the patient cannot speak for himself/herself, that person should be contacted to advise of any pending transfer to a higher level of care. That person may express a choice of the hospital to contact for a transfer. If possible, considering the physician's privileges and close proximity of the facilities, the health care surrogate's choice should be honored. The designated person may also receive information from the physician and be asked to make decisions should the patient be unable to participate in the decision. This means that some advance directives, such as the appointment of an agent, proxy, or health care surrogate by the patient and the Facility's discussion with that agent, proxy, or health care surrogate, are honored by the Facility.

It is required by regulation that the provider or Facility notifies a patient in writing of its policy about honoring advance directives. The patient has a right to select another provider or Facility.
Patients who disagree with this policy must address the issue with the attending physician prior to signing the form acknowledging an understanding of the policy regarding advance directives and living wills.

Patients must be informed of the policy prior to the procedure and prior to anesthesia of any kind so that the patient will have the opportunity to discuss any concerns with the attending physician and/or make arrangements for a change in location for the procedure. The Facility may decide to discuss during the pre-admission phone call whether the patient has a living will or other type of advance directive and to advise of the Facility's policy.

The patient must also receive information about where he/she can learn information about a advance directives if the patient desires to consider preparing or revising one. The Facility must provide information about advance directives should the patient request this information. Information must include a description of applicable state laws. The information may include a state provided resource directory for advance directives such as a state agency, library, or state web site or sample forms provided by state agencies.

Resources are available at:
https://www.caringinfo.org/planning/advance-directives/by-state/louisiana/

https://goea.louisiana.gov/media/r5faedf0/planningforincapacity.pdf

It is not required that a patient have a living will or advance directives. It is required that the Facility inform the patient of the right to have an advance directive, the right to have the advance directive placed in the patient's medical record, the policy of the Facility to resuscitate and transfer when indicated, and the right to discuss these policies with the provider of services.

A copy of the state regulation permitting the discussion with the physician and decisions about the place for services will be reviewed by the Governing Body and attached to the minutes for that meeting.

There must be documentation in a prominent part of the patient's current medical record whether or not the individual has an advance directive.

The staff shall have annual education on Advance Directive policies and of any changes as they may occur.