

Home Care Services

HomeMed • MedEQUIP • Michigan Visiting Care
Michigan Visiting Nurse • Wheelchair Seating Service

POLICY

UMHHC-HCS: 200.020
First Approved Date: 8/1997
Current Approved Date: 6/9/10
Approval Signatures:
Signatures on File

TITLE: Advance Directives

POLICY:

- A. Advance Directive status will be obtained from all competent home care patients 18 years or older (or from the person holding the patient’s Medical/Health Care Power of Attorney), receiving clinical respiratory, home nursing, or rehab technology services (new equipment). The home care clinician/professional (home visiting/infusion nurse, therapist, respiratory therapist, or rehab engineer) will inquire about the patient’s decisions regarding Advance Directives (Durable Power of Attorney for Health Care or Living Will) at the initial service evaluation or assessment. Information about an Advance Directive will be provided to the patient/authorized caregiver upon request. If an Advance Directive exists, it will be maintained in the patient’s home and the home care clinician/professional will request a copy from the patient or family. Note: If the patient was referred through UMHHC, the Advance Directive can be located in CareWeb Imaged docs. Each HCS department will determine where information about an Advance Directive is stored and will communicate this location (e.g. patient notes, demographic page, etc) to the department’s staff.
- B. Directives that limit the initiation of care will not be honored in the home care setting unless the directives are documented and/or the home care clinician/professional is available and aware of the patient’s explicit wishes or in the event that the patient is wearing identification that makes his wishes clearly known.
- C. Advance directives may include the request for DNR (do not resuscitate) or DNI (do not intubate). Orders will be obtained and followed to the extent permitted and required by law. Refer to UMHHC–HCS policy [200.021 Provision and Withholding/Withdrawal of Resuscitative and Life Sustaining Care](#).
- D. In the absence of advance directives, UMHHC-HCS will provide appropriate and complete care according to the plan of care and as authorized by the physician. Refer to UMHHC–HCS policy [200.021 Provision and Withholding/Withdrawal of Resuscitative and Life Sustaining Care](#)
- E. The Durable Power of Attorney/Advance Directive is effective *only* when the patient is unable to participate in his/her own medical treatment decisions (as determined and documented by the attending physician and another physician or licensed psychologist). The patient’s designated advocate can then make medical treatment choices based on the advance directive. The patient advocate may make a decision to withhold or withdraw treatment allowing the patient to die when the patient expressed in a clear and convincing manner, that the advocate is authorized to make such a decision and acknowledges that such a decision would or could allow the patient’s death.
- F. UMHHC-HCS will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has formulated an advance directive. Refer to UMHHC–HCS policy [200.021 Provision and Withholding/Withdrawal of Resuscitative and Life Sustaining Care](#)

DEFINITIONS:

- 1. Advance Directives: A document signed by a competent person giving direction to health care providers about treatment choices in certain circumstances.
 - A. Durable Power of Attorney for Health Care: Allows the patient to name a “patient advocate” to act on behalf of the patient, should the patient become incompetent, by carrying out the patient’s wishes. This can be a family member, friend or any other person the patient trusts as long as they are at least 18 years old and competent.

- B. Living Will: Allows the patient to state their wishes in writing, but does not name a patient advocate.
2. Witness: Someone other than family, physicians or health care facility employee. Michigan law states that neither the provider caring for the patient nor family members can witness an advance directive.

PROCEDURES:

- A. UMHHC-HCS will provide information regarding a patient's right to make decisions concerning health care, which include the right to accept, refuse, or withdraw medical or surgical treatment, even if that treatment is life sustaining, and the right to formulate advance directives. Patients will also be provided with information regarding UMHHC-HCS's related policies as applicable. Further written information (Making Health Care Choices at UMHS and/or Living Wills and Durable Powers of Attorney for Health Care) and consultative resources (UMHHC Social Work Department) can be provided upon request.
- B. If conditions are such that it is not practical to provide information to the patient/representative at the time of admission, such information will be provided as soon as feasible after admission and this will be documented in the record. If the patient lacks decision-making capacity, information will be provided and inquiry made directly to the patient's caregiver or representative. This will be noted in the record.
- C. MVN clinical staff must provide information to the patient/representative during the initial visit.
- D. Physician orders will be obtained as necessary, following the Provisions and Withholding/Withdrawal of Resuscitative and Life Sustaining Care Policy.
- E. The patient/caregiver is requested to provide copies to UMHHC-HCS of any revisions made to an Advance Directive or revocation of the Advance Directive during the course of home care/services. Changes to an Advance Directive will be documented in the patient's file per department process by the clinician/professional receiving the information. Changes will be communicated to relevant home care staff. Note: For patients referred from UMHHC, changes will be noted in CareWeb.
- F. During the orientation period, UMHHC-HCS staff receives education regarding Advance Directives for health care, related policies and procedures, and the staff role regarding documentation and communication of a patient's Advanced Directive.

EXHIBITS:

REFERENCES:

- 1. [UMHHC-HCS Policy 200.021 Provision and Withholding and/or Withdrawal of Resuscitative and Life Sustaining Care](#)
- 2. [UMHHC Policy 03-07-010 Advance Directives](#)
- 3. UMHHC-HCS Patient Information Booklet

APPROVAL AND REVISIONS:

August 1997: Consolidation of HM (CL.031) and ME (RI.012) policies to one single policy
August 1998: Revised to reflect all service divisions
August 2001: Reviewed and updated
August 2004: Reviewed and updated
August 2006: Reviewed and updated
June 2009: Reviewed and integration of MVN/MVC
August 2009: Reviewed and updated
June 2010: Reviewed, no changes