



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

ADVANCE DIRECTIVES (DECLARATIONS)

Effective Date: June 19, 2020

Policy: TX-02

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- I. PURPOSE:** To provide procedures for informing patients of their right to issue an advance medical directive and to receive assistance from staff in this matter.
- II. POLICY:** The Montana State Hospital (MSH) will educate patients, staff and community about the right of individuals to issue advance medical directives.
- III. DEFINITIONS:**
 - A. Advance Directive:** A written instruction a person prepares in advance of serious illness or injury with the intent of making one's wishes clear about the use of life-sustaining treatment, should a medical condition leave them unable to make such decisions. An advance directive usually refers to a "living will" or a "durable power of attorney for health care." Under Montana Statute, the terms "living will" and "durable power of attorney for health care" are referred to as "declarations."
 - B. Living Will:** A document initiated by any capable/competent adult person directing both family and practitioner to withhold or withdraw medical treatment which would only prolong the process of dying in the event of incurable or irreversible conditions. In Montana Statute, the "living will" is referred to as a Type A Declaration.
 - C. Durable Power of Attorney for Healthcare:** A person designated to make healthcare decisions for another person, should the latter become incompetent or incapacitated. In Montana Statute, this is referred to as a Type B Declaration.
- IV. RESPONSIBILITIES:**
 - A. Registered Nurse:** Completes nursing assessment and assesses preferences of patient concerning advance directives.
- V. PROCEDURE:**
 - A. Responsibility to Patient, Family and Treatment.**
 1. Upon admission, as part of the routine nursing assessment, each patient will be asked whether they have an advance directive and whether they would like to receive more information about advance directives. These questions may be deferred if the patient's mental condition or behavior prevents a meaningful exchange of information.

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2. If the patient reports they have made an advance directive, this information will be provided to the patient's social worker who will attempt to obtain a copy for the medical record. When the hospital is aware an advance directive has been issued for a patient, a sticker indicating "Advance Directive" will be placed on the cover of the patient's medical record.
3. When a patient who has an advance directive is transferred to another healthcare facility, a copy of the advance directive will be provided to the receiving facility.
4. Current desires of the competent patient will take precedence over and supersede any previous directive. Changes in advance directives may be made at the request of the patient, guardian, or "durable power of attorney for health care" in the manner prescribed by law.
5. If a patient requests to receive information about advance directives, the treating licensed independent practitioner will assess the patient's competence to make the necessary decisions. If the patient is assessed to be competent, the Program Manager will be notified and will assign an appropriate staff member to complete this task. When an assessment of a patient's competence is needed immediately due to an emergency medical condition, any licensed independent practitioner may assess the patient's competence to make advance directive decisions. Advance directives information will also be discussed with patient's "durable power of attorney (DPOA) for health care," treatment guardian and families, as appropriate.
6. The hospital's treatment programs may develop alternative procedures for providing advance directive information when appropriate to meet the needs of a specific patient population (e.g., Geriatric Program). Any alternative procedures must be approved by the hospital's administration.

B. Responsibility for Staff and Community Education:

1. Staff Development will provide advance directive training during orientation and other in-service educational programs.
2. Community education will be carried out primarily when MSH staff members contact patient families and others to discuss issues related to treatment and advance directives.

VI. REFERENCES: None.

VII. COLLABORATED WITH: Medical Director, Director of Nursing, Director of Health Information, AMDD OLA, and Staff Development.

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- VIII. RESCISSIONS:** TX-02, *Advance Directives* dated July 3, 2014; TX-02, *Advance Directives (Declarations)* dated July 3, 2014; TX-02, *Advance Directives (Declarations)* dated July 13, 2009; TX-02 *Advance Directives (Declarations)* dated August 22, 2006; TX-02 *Advance Directives (Declarations)* dated November 7, 2003; TX-02 *Advance Directives (Declarations)* dated February 14, 2000; HOPP 13-05A.41196, *Advance Directives (Declarations)*, dated April 11, 1996.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.
- XII. ATTACHMENTS:** For internal use.
- A. POLST form

Signatures:

Kyle Fouts
Hospital Administrator

Thomas Gray, MD
Medical Director