

OREGON STATE HOSPITAL

POLICY ATTACHMENT

PROCEDURES A: Procedures for Completing or Revising Advance Directives **POLICY: 6.025**

POINT PERSON: Chief of Medicine

APPROVED: Interim Superintendent **DATE: JULY 25, 2024**

SELECT ONE:

<input type="radio"/> New policy attachment	<input type="radio"/> Minor/technical revision of existing policy attachment
<input checked="" type="radio"/> Reaffirmation of existing policy attachment	<input type="radio"/> Major revision of existing policy attachment

I. PROCEDURES

- A. Upon admission, nursing staff must ask the patient, family member, HCR, or guardian if the patient has executed an advance directive, living will, a mental health advance directive, or has a HCR.
1. At admission, nursing staff must complete the Self-Determination Act form (OSH MR-75040) and file it in the medical record.
 2. If the patient has executed an advance directive, a copy of the form must be placed in the “Legal” section of the chart.
- B. If the patient has not completed an advance directive and does not have a HCR, the attending physician/PMHNP must assess if the patient has or lacks capacity at admission and before significant treatment decisions.
- C. If the attending physician/PMHNP assesses the patient to have capacity, the patient must promptly be offered an opportunity to complete advance directives.
1. The patient should be promptly offered the current advance directives and declaration for mental health treatment forms issued by OHA, information on the patient’s right to make health and mental health care decisions, and information on the provisions of this policy.
 2. If the patient wishes to complete advance directives, the advanced directives should be executed in compliance with applicable provisions in ORS chapter 127 and other relevant regulations.
 3. Staff must file the original or a copy of the advance directives in the patient’s medical record and give a copy to the patient or HCR.

4. The interdisciplinary treatment team (IDT) should review advance directives with the patient.
- D. A patient who has capacity may revoke all or part of an advance directive at any time in accordance with provisions of ORS 127.545. The revocation is immediately effective upon being communicated by the patient or guardian to the patient's physician/PMHNP or HCR.
1. In the latter case, the HCR must immediately notify the patient's attending physician/PMHNP of the revocation.
 2. Upon learning of the revocation, the physician/PMHNP must immediately review the patient's medical record for documentation affected by the revocation (e.g., a Physician's Orders for Life-Sustaining Treatment [POLST]), and document the change in the medical record.
- E. The patient's IDT must review the patient's advance directive upon admission or when an advance directive is completed, updated, or revoked and adjust care decisions as appropriate.
1. The IDT must review the advance directive annually or more frequently as necessary.
 2. The IDT must review the advance directive whenever the patient requests.
 3. If a patient lacks capacity, the IDT may refuse to review the advance directive when the patient requests. The patient's HCR may review the advance directive instead for the patient.
- F. Whenever a patient has implemented, updated, or revoked an advance directive, the unit Office Specialist must update the "Advance Directive" field on the medical record facesheet to reflect the advance directives.