

TITLE:	ADVANCED DIRECTIVES	POLICY 7.01
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Authority: [RCW 7.70.060, Consent Form](#)
[RCW 7.70.065, Informed Consent](#)
[RCW 7.70.068, Informed Consent](#)
[RCW 11.94, Power of Attorney](#)
[RCW 70.122, Natural Death Act](#)
[RCW 71.32, Mental Health Advance Directives](#)

PURPOSE:

This policy provides for the rights of residents and surrogate decision makers to formulate healthcare and mental health directives prior to a resident becoming incapacitated per [RCW 70.122, Natural Death Act](#), and [RCW 71.32, Mental Health Advance Directives](#).

SCOPE:

This policy applies to all Trouves Health Care residents and employees.

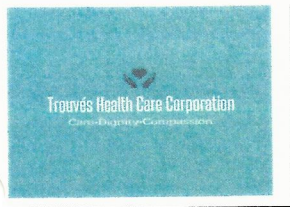
DEFINITIONS:

Advance Health Care Directive (AHD): The resident’s oral or written instructions about their future medical care in the event they are unable to express their medical wishes because of illness or incapacity.

Mental Health Advance Directive (MHAD): A written document in which the resident specifies instructions or treatment preferences to healthcare providers and/or appoints an agent to make decisions on the resident’s behalf ([RCW 71.32.020\(11\)](#)).

POLICY:

- A. Trouves Health Care support resident’s right to make decisions regarding their health care. This includes end of life decisions.
- B. Residents are informed of their rights concerning Advance Healthcare Directives and Mental Health Advance Directives (e.g., Living Wills, Durable Power of Attorney for Healthcare (DPOA) at the time of admission by a social worker. This may occur at the admission interview, during service planning or annually as necessary.
- C. Trouves honors Advance Healthcare Directives and Mental Health Advance Directives whenever possible.



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D. When a resident has designated an agent in the mental health advance directive, a member of the treatment team will notify the agent of the facility's actions to comply or not to comply with the provisions of the directive.

E. Trouves employees are not required to comply with the Mental Health Advance Directive if:

1. The instructions violate state law or ethical and/or professional practice standards;
2. If the specified treatment involves illegal or unapproved drugs; and/or
3. If the treatment is beyond the facilities' resources.

F. The existence or lack of an advance directive does not determine or affect the resident's right to access care, treatment and services.

G. A resident may have the *Physician's Orders for Life Sustaining Treatment (POLST)* form in place.

Note: The POLST is not an advance directive. It may compliment an advance directive but is a separate document. For more information, see Trouves Policy 2.11, Physician's Order of Life Sustaining Treatment (POLST) and Do Not Attempt Resuscitation (DNAR).

PROCEDURES

A. Upon Admission

1. The RN asks the resident or responsible person (e.g., guardian, legal representative) if the resident has an Advance Healthcare Directive and/or a Mental Health Advance Directive. If yes, file the directive(s) in the resident record.
2. If the resident states no, the RN asks if they would like either or both directives.
 - a. If either or both directives are requested, the RN makes a referral to the Social Worker and documents this in the resident's record.
 - b. Within 5 business days of the referral, the Social Worker meets with the resident and provides paperwork for the directive(s). This information includes a form from the Washington State Medical Association regarding advance directives and durable power of attorney for healthcare, including the name, telephone number and address of the



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Trouves contract attorney. The Social Worker may assist the resident in setting an appointment with a Trouves attorney to finalize the directive(s).

B. Annually

Within the month of the resident’s annual review, the Social Worker reviews the advance directives, assists the resident with any updates and documents this in the resident’s record.

EXCEPTIONS:

No exceptions to this policy may be granted without the prior written approval of the Director.

SUPERCEDES:

None