

Kimel Park Surgery Center

PURPOSE

To familiarize staff members and patients and their family members with legal responsibilities and Facility policies in responding to patient emergencies and to provide needed information to other health care facilities in the event of an emergency patient transfer to a higher level of care.

POLICY

All staff members will be given an initial orientation and periodic training on the legal responsibilities of KPSC concerning advance directives.

All Medical Staff members and affiliates will be informed of KPSC's policy on advance directives.

All patients will be informed before the day of surgery that advance directives for "do not resuscitate" are not honored at KPSC. In every instance of an emergency or life-threatening situation, advanced cardiac life support procedures will be instituted and patients will be transferred to a higher level of care.

Upon admission, the patient is again questioned as to whether or not he/she has an Advance Directive and at this time will be asked to sign the facility waiver of the directive for the duration of the encounter.

Patients who express an interest in formulating advance directives will be given information and referred to their primary physician.

PROCEDURE

1. Staff members attend orientation and training programs in KPSC to identify their roles in discussing advance directives and/or providing information to patients.
2. Notify Medical Staff members and medical affiliates of KPSC's policy on advance directives; place documentation of notification in the Medical Staff member or affiliate's file.
3. Interview patients during the preadmission process to ascertain pre-existence of advance directives and/or interest in formulating advance directives.
 - > Request patients with existing advance directives to present all documentation concerning advance directives.
 - > Refer patients who express an interest in formulating advance directives to their primary doctor.
4. Ask patients to sign a witnessed statement indicating their understanding of KPSC's policy on advance directives.
5. If the patient has advance directives, place it in an easily identifiable location in the patient's medical record and on the summary sheet, if available or indicate on the patient record if an advance directive has been executed.
6. In the event of a transfer to a higher level of care, include documentation of the patient's advance directives with the patient transfer.

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AMBULATORY SURGERY CENTER PATIENT CONSENT TO RESUSCITATIVE MEASURES

Not A Revocation of Advance Directives Or Medical Powers Of Attorney

All Patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights.

However, unlike in an acute care hospital setting, the surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

It is our policy, as a matter of conscience and as permitted by state law, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event or unexpected deterioration occurs during your treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or health care power of attorney. Your agreement with this policy by your signature below does not revoke or invalidate any current health care directive or health care power of attorney.

If you do not agree with this policy, we are pleased to assist you to reschedule this procedure.

Please check the appropriate box in answer to these questions. Have you executed an advance health care directive, a living will, or a power of attorney that authorizes someone to make health care decisions for you?

- Yes, I have an Advance Directive, Living Will or Health Care Power of Attorney. Copy Obtained Y / N
 No, I do not have an Advance Directive, Living Will or Health Care Power of Attorney.
 I would like to have information on Advance Directives. Information Provided to Patient

IF YOU CHECKED THE FIRST BOX "YES" TO THE QUESTION ABOVE, PLEASE PROVIDE US WITH A COPY OF THAT DOCUMENT SO THAT IT MAY BE MADE A PART OF YOUR MEDICAL RECORD.

By signing this document, I acknowledge that I have read and understand its contents and agree to the policy as described. If I indicated I would like additional information, I acknowledge receipt of that information.

BY: _____ DATE: _____
(Signature)

If consent to the procedure is provided by anyone other than the Patient,
the person providing the consent or authorization must sign this form.

I acknowledge that I have read and understand its contents and agree to the policy as described.

BY: _____
(Signature)

(Print Name)

Relationship to Patient

- Court Appointed Guardian
 Attorney in Fact
 Health Care Surrogate
 Other _____

Witness: _____
(ASC Employee) Date

PATIENT IDENTIFICATION: