Weston Assisted Living

Advance Directives / Self Determination

POLICY
Weston Assisted Living Residence Assisted Living will provide a process for promoting the resident's right to make decisions regarding medical care, including the right to accept or refuse treatment and the right to formulate advance directives for health care in the event he/she should become incapacitated.

PURPOSE
To insure the residents right to self determination in accordance with the self determination act and the New Jersey Advance Directives for health Care Act and promote the principals of Assisted Living.

PROCEDURE

1. This facility will follow, in good faith, will provide for the provisions of a valid advance directive.

2. This facility will not discriminate against a resident, in any way, because he/she either has or has not executed an advance directive.

3. Written information for residents, family, staff and the community regarding health care decisions, health care options, and facility policy will be provided by this facility Social Worker, Admission Coordinator or designees.

4. Every adult resident who is admitted to this facility will be questioned as to the existence of an advance directive. This information will be documented in the medical record by the Wellness RN.

5. If a physician or other health care worker has personal convictions that prohibit them from following a valid advance directive, they may decline to honor it. That person must notify the Administrator immediately so that a transfer of resident care may be made.

a) In the event that the attending Physician has a personal conviction that prohibits them from following a valid advance directive, the Medical Director will assume the resident's care until the family/responsible party designates an alternate physician.

b) In the event that a health care worker has personal convictions that prohibit them from following a valid advance directive, they will not be assigned to care for that resident.

6. If here is a dispute between the resident/health care representative, and/or family members, and/or physicians, and the problem cannot be resolved, a consultation with the Resident Care Committee will be indicated. In the event that a satisfactory resolution is not reached, the Office of the Ombudsman will be notified. Treatment will continue until there is resolution of all disputes.

7. A resident may revoke an advance directive at any time by:

a) Oral or written notification to any reliable witness or by any other evidence of a change of mind.

b) Execution of a new advance directive.

8. An advance directive will apply only when the resident lacks the capacity to make health care decisions. Informed consent will be obtained if the resident is competent at the time a decision is required.

9. The competency of a resident to make health care decisions will be determined by:

a.When the lack of capacity to make health care decisions is clearly apparent, the Attending Physician will document this in writing. If the Attending Physician is designated by the resident as the health care representative, he/she cannot make the determination.

b. The resident's decision-making capacity is to be evaluated relative to the demand of each health care decision at issue.

c. If the capacity to make health care decisions is not clearly apparent and/or the health care representative disagrees with the Attending Physician's determination, the determination must be confirmed by one or more physicians.

d. If the resident suffers from a mental or psychological impairment or is developmentally disabled, the confirming physician must be one who has specialized training or experience in the disability.

10. An incompetent resident's wishes that life-sustaining treatment be withheld or withdrawn, as stated in the advance directive, will be honored in the event that:

a) The treatment is experimental or likely to be ineffective or futile in prolonging life, or will likely prolong an imminent dying process;

b) The resident is permanently unconscious;

c) The resident is terminal;

d) The resident has a serious, irreversible illness or condition and the likely risks and burdens associated with the treatment outweigh the benefits or the imposition of the treatment would be inhumane.

Care Plan

1)Whenever a resident enters the facility without an advance directive, the social worker, Admission Manager or Wellness Manager will provide resident and family with written information concerning:

a) An individual's right under New Jersey law to make health care decisions.

b) The facilities policy regarding advance directives.

2) The existence of an advance directive will be noted:

a) On the face sheet of the resident's chart.

b) In the Social Services section of the medical record (on the Acknowledgement page)

c) On the resident's monthly physician order form, located in the resident's chart.

d) On the resident's plan of care.

3) If the resident does not have an advance directive and wishes to make one, the social worker, admission manager, or Nurse Manager, will provide further information, including advance directive forms.

4) If the resident does not have an advance directive, this will be documented on the Acknowledgment sheet kept in the Social Services section of the medical record.

Nursing Department

1) Determine if the resident has an advance directive.

2) Notify the Attending Physician of the existence of an advance directive.

3) Discuss resident rights and treatment options with any resident/family who makes an inquiry.

4) If at any time a resident expresses interest in an advance directive, contact Social Service Department.

5) Document in the Nurses Notes the existence of an advance directive and the name of the health care representative and/or any discussion concerning advance directives.

6) Enter evidence of an advance directive in the resident care plan.

7) Note the existence of an advance directive on the transfer form. Send a copy of the directive upon transfer.

Attending Physician

1) Inquire, inform and advise the resident concerning an advance directive.

2) Document in the Medical Record the existence of an advance directive and/or the name of the health care representative.

3) Determine the competency (decision-making capacity) of the resident and document in the Medical Record the nature, cause, extent and probably duration of the resident's incapacity.

4) Discuss with the resident and/or the health care representative the nature and prognosis of the resident's condition, and the risks, benefits and burdens of the proposed treatment options and alternatives.

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ADVANCE DIRECTIVES