

## **Advance Directives Policy and Procedure**

Competent adults may issue advance directives in accordance with applicable laws. An advance directive has the meaning as defined in Texas Health and Safety Code, Chapter 166.002. The facility maintains policies and procedures implementing advance directives with respect to all adult residents.

The facility will, when a resident is admitted, provide the resident or the appropriate person as referenced in the below paragraph, the advance care planning educational material provided by HHSC; the resident's rights under Texas law (whether statutory or as recognized by the courts of the state) to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives; and the facility's policies respecting the implementation of these rights, including written policies regarding the implementation of advance directives.

The facility will, within 14 days after the resident is admitted, provide, orally review and discuss the information provided in the advance care planning educational material provided by HHSC and the importance of planning for end-of-life care with the resident or with the appropriate person as referenced in the below paragraph. Further review and discussion with the resident or with the appropriate person as referenced in the below paragraph of the written information regarding advance directives care planning educational material provided by HHSC will take place annually and when there is a significant positive change or a significant deterioration in the resident's clinical condition. Documentation of these oral discussions and the provisions of the written information will be documented in the resident's clinical record.

The facility will document in the resident's clinical record whether or not the resident has executed an advance directive. The facility will not condition provision of care or discriminate against a resident based on whether or not the resident has executed an advance directive.

The facility will ensure compliance with the requirements of Texas law, whether statutory or as recognized by the courts of Texas, respecting advance directives.

The facility will provide, individually or with others, education for the staff and the community on issues concerning advance directives. Staff will receive appropriate in-service training and the community will be advised through regularly communicated newsletters.

The facility provides the attending physician, emergency medical technician, and hospital personnel with any information relating to a resident's known existing advance directive and assist with coordinating physicians' orders with the resident's known existing advance directive.

If a resident is in a comatose or otherwise incapacitated state, and therefore is unable to receive information or articulate whether the resident has executed an advance directive, the facility will provide, review, and discuss written information regarding advance directives, including advance care planning educational material provided by HHSC and facility policies regarding the implementation of advance directives, in the following order of preference, to:

1. the resident's legal guardian;
2. a person responsible for the resident's health care decisions;
3. the resident's spouse;
4. the resident's adult child;
5. the resident's parents; or
6. the person admitting the resident.

If a resident is in a comatose or otherwise incapacitated and therefore is unable to receive information or articulate whether the resident has executed an advance directive, and if the facility is unable, after diligent search, to locate one of the above persons in the previous paragraph, the facility will not be required to provide written information regarding advance directives. The facility will document in the resident's clinical record its attempts to make a diligent search.

If a resident, who was incompetent or otherwise incapacitated and was unable to receive information regarding advance directives, including written policies regarding the implementation of advance directives, later becomes able to receive the information, the facility will provide, review, and discuss the written information at the time the resident becomes able to receive the information.

If the resident or a relative, surrogate, or other concerned or related person presents the facility with a copy of the resident's advance directive, the facility will comply with the advance directive including recognition of a Medical Power of Attorney, to the extent allowed under state law. If no one comes forward with a previously executed advance directive and the resident is incapacitated or otherwise unable to receive information or articulate whether he has executed an advance directive, the facility will document in the resident's clinical record that the resident was not able to receive information and was unable to communicate whether an advance directive existed.