

## Same Day Surgicenter of Central Jersey, LLC

### POLICY: ADVANCE MEDICAL DIRECTIVES

Patients have the right to develop an Advanced Medical Directive.

### PROCEDURE:

- A. Prior to the procedure and at the time of registration, the patient will be asked if he/she has an Advance Medical Directive in effect that the Center should be aware of. Advance Medical Directives address such issues as living wills and durable powers of attorney. Patients will be provided, prior to the procedure, information concerning policies on advance directives, including a description of applicable State health and safety laws, and if requested, official State advance directive forms.
- B. The existence of such Advance Medical Directives shall be noted on the patient's chart. The Center does not acknowledge Advance Medical Directives. If the patient wishes to have Advance Medical Directives acknowledged, the Center will assist the patient in finding a hospital that will be able to provide the patient care.
- C. The Center Administration shall periodically monitor the legal status of Advance Medical Directives with the Center's attorney and track State and Federal Regulations as they are modified.
- D. If the patient does not have an Advance Directive then they will be offered information regarding an Advance Directive and may fill one out in the Center, if he/she wishes.

Note: The patient has the right to documentation in a prominent part of the patient's current medical record, whether or not he/she has executed an advance directive.

### Advance Directives-Living Wills

New Jersey State law mandates that all health care facilities ask the patient whether he/she has an Advance Directive or Living Will. Medicare has also asked ambulatory surgical centers to provide the patient or the patient's representative with information concerning its policies on advance directives prior to the procedure, including a description of applicable State health and safety laws and, if requested, official State advance directive forms.

If you have an Advance Directive or Living Will, please bring a copy of it with you to the Center on the day of your surgery.

An Advance Directive or Living Will is used by an individual to indicate their voluntary, informed choice of accepting, rejecting, or choosing among alternative courses of medical treatment.

An Advance Directive or Living Will is a document which allows you to give written instruction to those caring for you indicating the type of health care you would wish to receive or reject in the event you

become unable to express these decisions yourself.

There are three different types of Advance Directives:

1. **A Proxy Directive:**  
This is a document in which a competent adult names a trusted relative or friend to make health care decisions on his/her behalf when he/she is unable to make these decisions.
2. **An Instruction Directive:**  
In this document, the person writing it provides written instructions concerning the type of medical treatment they want or do not want performed for them and under what circumstances.
3. **A Combined Directive:**  
In this document, competent adult states his/her general wishes regarding the kind of health care, he/she wishes to receive, but appoints a trusted relative or friend to carry them out.

A brochure containing Living will information is available from the Division of Aging. If you wish to receive the brochure, please make your request to the Center or request this information from the address below:

The Division of Aging  
101 South Broad Street  
CN 807  
Trenton, New Jersey 08625

Do you have an Advance Directive or Living Will?

If yes, please send it or bring it to the Center prior to your scheduled procedure.

If no, an Advance Directive/Living Will sample template is available (see attached).

**PLEASE NOTE: IT IS NOT THE POLICY OF THE SURGICAL CENTER TO ACKNOWLEDGE ADVANCE DIRECTIVES IN THE CENTER. IF YOU WISH AN ADVANCE DIRECTIVE WILL BE PLACED ON YOUR CHART TO BE USED IN EVENT OF A TRANSFER TO A HOSPITAL WHERE YOUR ADVANCE DIRECTIVE WILL BE ACKNOWLEDGED**

Instructions: consult this Column for guidance

This declaration sets forth decisions regarding my Medical treatment

You have the right to refuse treatment you do not want, and you may request the care you do want. You may list specific treatment you do not want:

- CPR: Cardiac resuscitation
- Mechanical respiration
- Feeding Tubes
- Intravenous Fluids

Your general statement above will suffice

You may want to add: other instructions directing the care you do want pain management to die at home

If you want, you can name someone to see that your wishes are carried out, but you do not have to do this.

Advance Directive/Living Will Declaration To my family, doctors, and those concerned with my care

I, \_\_\_\_\_, being of sound mind, make this statement as a directive to be followed if I become unable to participate in decisions regarding my medical care. If my death is near and cannot be avoided, or if I become comatose and lose the ability to interact with others and have no reasonable chance of regaining this ability, or if my suffering is intense and irreversible due to my mental or physical condition, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

These directions express my legal right to refuse treatment. Therefore, I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accordance with my wishes, and in so doing to be free of any legal liability for having followed my directions. I especially do not want:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other instructions/comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROXY DESIGNATION CLAUSE: In order to carry out my instructions as stated above and to interpret them; I designate the following person to act on my behalf: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

If the person named above, is unable to act on my behalf, I authorize the following person to do so: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**POLICY: PATIENTS' RIGHTS**

Patients at the Center have the following rights by state and Federal law and regulations. It is the responsibility of all employees to ensure that the patients' rights are complied with.

Patients are given a copy of the patients' rights prior to the procedure.

The Patient's rights are also posted in the Waiting and Holding Areas in the Center.

The patient or his/her representative, if applicable, has the right to:

- o Be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient or the patient representative could understand, prior to the procedure.
- o The Center must protect and promote the exercise of such rights. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
- o Be informed, where applicable, of physician financial interests or ownership in the ASC facility. Disclosure of information must be in writing and furnished to the patient prior to the procedure.
- o Be provided, prior to the procedure with information concerning its policies on advance directives, including a description of applicable State health and safety laws, and if requested, official State advance directive forms.
- o Documentation in a prominent part of the patient's current medical record, whether or not the individual has executed an advance directive.
- o Be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
- o Be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment and to change physicians if he or she so wishes;
- o Receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s)/outcome(s). This shall occur prior to any treatment being performed. If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
- o Receive as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the Center's health care personnel free of charge;
- o Make informed decisions regarding care.
- o Participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
- o Change primary or specialty physicians if other qualified physicians are available.
- o Continuity of health care. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient sufficient opportunity to make alternative arrangements;
- o Be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
- o Voice grievances or recommend changes in policies and services to facility personnel, the governing authority and /or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination; or reprisal;
- o Use the grievance procedure to document the existence, submission, investigation, and disposition of a written or verbal grievance to the Center.
- o Documentation by the Center of all alleged violation/grievances relating, but not limited to, mistreatment, neglect, verbal, mental, sexual, or physical abuse.
- o Have all allegations reported to the person in authority of the Center.

- Have substantiated allegations reported to the state authority or the local authority, or both.
- Be provided with timeframes for review of the grievance and the provisions of a response.
- Voice grievances and to investigation of all grievances made regarding treatment or care that is (or fails to be) furnished.
- Written notice of the Centers decision which must contain the name of a facility contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.
- Exercise his/her rights without being subjected to discrimination or reprisal.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Have the person appointed under State law to act on the patient's behalf if the patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction
- Be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
- Appropriate assessment and management of pain. To education, including education for the patient's significant others (if applicable), regarding pain and symptom management in the discharge planning process; To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care .
- Information regarding credentials of healthcare professionals;
- Confidential treatment of information about the patient. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the New Jersey State Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
- Be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
- Privacy and security of individually identifiable health information;
- Receive care in a safe setting and be free from all forms of abuse or harassment.
- Not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
- Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient; and
- Not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and or legal rights solely because of receiving services from the facility.
- Have his/her rights exercised by the person appointed under State law to act on the patient's behalf.
- If a patient is adjudged incompetent under applicable State health and safety laws by a court of proper jurisdiction. If a State court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- The administrator shall provide all patients and/or their families upon request with the names, addresses, and telephone numbers of the following offices where complaints may be lodged:

The Office of Acute Care Assessment and Survey  
 Division of Health Facilities Evaluation and Licensing  
 New Jersey State Department of Health  
 PO Box 358  
 Trenton, New Jersey 08625-0358  
 Telephone: (800) 792-9770 (609) 292-9900  
 State of New Jersey  
 Office of the Ombudsman for the Institutionalized Elderly

PO Box 852  
Trenton, New Jersey 08625-0852  
Telephone 1-877-582-6995

[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

The Administrator shall also provide all patients and or families upon request with the names and telephone numbers of offices where information concerning Medicare and Medicaid coverage may be obtained. Addresses and telephone numbers shall be conspicuously posted throughout the facility, including, but not limited to, the admissions waiting area or room, the patient service area of the business, office and other public areas. The Center needs the cooperation of its patients to ensure that efficient, safe and considerate care is available to all patients.

Patients are responsible for:

- a. Providing physicians, center personnel and healthcare providers with complete and accurate information about their medical history and complete and accurate information related to their condition and care.
- b. Informing healthcare providers about all the medications they are taking as well as over-the-counter products, herbal remedies, and dietary supplements.
- c. Adhering to the treatment plans recommended by their doctors.
- d. Arranging for a responsible adult to take them home and remain with them for 24 hours if required by their physician.
- e. Telling his/her doctor about any living will, power of attorney, or other advanced directives.
- f. Being respectful of healthcare professionals, staff members, and other patients.
- g. Being responsible for medical consequences, which result from refusing treatment or not following instructions of physicians and surgery center personnel.
- h. Being considerate of the Center's staff that is committed to excellence in patient care.
- i. Supplying insurance information and paying bills promptly so that the Center can continue to serve its patients effectively. Agreeing to pay any expenses not covered by his/her insurance.