


<b>Name of Policy:</b>	<u>Guardianship</u>	
<b>Policy Number:</b>	3364-131-35	
<b>Department:</b>	Outcome Management	
<b>Approving Officer:</b>	Director of Nursing/Chief Nursing Officer	
<b>Responsible Agent:</b>	Manager, Outcome Management	

<input checked="" type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/>	<input type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

Outcome Management will assist patients who are found by a physician to lack capacity to make informed decisions related to his or her healthcare needs by requesting that a guardian be appointed by the probate court.

**(B)**

- 1 A physician will determine if the patient lack capacity and the ability to give informed consent for health care decisions.**
- 2 T he physician will prepare a report (Statement of Expert Evaluation) for the probate court, documenting the need for guardianship,nature and degree of alleged incapacity,and brief mental status examination.**
- 3 A social workr from the Outcome Mangement Department will contact persons in order of priority to serve as guardian.Persons having next priority for appointment as guardian are as follows:**
  - a. Hlthcare power of attorney.**
  - b. Spouse of the incapacitated person (includes common law marriages if established prior toOctober ●)**
  - c. Adult children of the incapacitated person.**
  - d. Parent(s) of the incapacitated person.**

- e. Sibling(s) of the incapacitated person.
  - f. If affiliated, the Developmental Disability and/or Mental Health and Recovery Services Board(s).
  - g. A participant in the guardianship program through Lucas County Probate Court.
4. The social worker will gather the original Statement of Expert Evaluation and supporting medical documentation to provide to the prospective guardian to apply for guardianship.

<p><b>Approved by:</b></p> <p>/s/ _____ Date _____  Monecca Smith MSN, RN  Chief Nursing Officer</p> <p>/s/ _____ Date _____  Megan Naparstek MSW, LISW-S, ACSW  Manager of Outcome Management</p>	<p><b>Review/Revision Date:</b>  6/25/2015  08/07/2020</p> <p><b>Next Review Date:</b> 08/2023</p>
<p><b>Policies Superseded by This Policy:</b> None</p>	

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*