

# LAC+USC MEDICAL CENTER POLICY

Subject: <b>ADVANCE DIRECTIVES</b>	Original Issue Date: 12/01/91	Policy # <b>204</b>
	Supersedes: 4/8/14	Effective Date: 7/23/21
Departments Consulted: Office of Risk Management Nursing Services Ethics Resource Committee Fetus/Infant/Child Ethics Committee Clinical Social Services	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer  (Signature on File) Chief Executive Officer

## PURPOSE

To ensure that patients are provided information concerning their right to prepare advance health care directives and to ensure compliance with regulatory requirements regarding advance directives.

## POLICY

Adults who present for hospital admission shall be informed in writing that one method by which they may exercise their right to make health care decisions is through the use of an advance health care directive. They shall also be asked whether or not they have executed a written advance directive, which includes a Physician Order for Life-Sustaining Treatment (POLST) and, if so, to make a copy available for the medical record.

The advance health care directive shall serve as the legally recognized expression of the patient's wishes if a health care decision is required and the patient is without decision-making capacity.

A patient may also make health care instructions orally that express his or her wishes regarding treatment and/or designate a surrogate to make health care decisions. An oral designation of a surrogate is effective for the course of treatment or illness or during that stay in the hospital when the designation is made.

Using either oral or written communication, the patient has a legally protected right to revoke or change an advance health care directive or other health care instruction at any time. This includes the right to disqualify a person acting as a surrogate.

Information will be offered to any patient who has not executed an advance health care directive and wishes to do so.

Provision of care shall not be conditioned on whether or not a patient has executed an advance health care directive.

Except for reasons of law or of professional and/or personal ethical conflict, Medical Center health care providers shall comply with:

- The written or verbal instructions of a patient with decision-making capacity expressing what health care interventions he or she would want and/or would decline.
- A reasonable interpretation of those instructions made by a legal/surrogate representative authorized to make health care decisions for the patient.

- The patient's choice of individual(s) authorized to make decisions on the patient's behalf if the patient is unable.
- The health care decisions of such designated individual(s) to the same extent as if the decision had been made by the patient while having decision-making capacity.

The Medical Center shall provide education to its health care providers and to the community on issues concerning advance health care directives.

In any health care setting, when there is reasonable doubt about the existence and/or content of the advance directive, the default plan of action may include providing emergency care (e.g., CPR, 911 call, etc).

All valid "living wills", "Natural Death Act Declarations", "Durable Powers of Attorney for Health Care", and POLSTs remain valid unless expired. All such documents must be interpreted in accord with the California Health Care Decisions Law and are subject to review by the Office of Risk Management.

**DEFINITIONS**

**Advance Directive**

Either an individual health care instruction or a power of attorney for health care.

**Durable Power of Attorney For Health Care**

A written document designating an agent to make health care decisions for the patient.

**Individual Health Care Instruction**

An oral or signed written instruction from the patient regarding a health care decision.

**Health Care Decision**

A decision made by the patient or the patient's legal/surrogate representative concerning the patient's health care, including the selection or discharge of health care providers and institutions; acceptance or refusal of diagnostic tests, surgical procedures, and medication; and directions to provide, withhold, or withdraw all forms of health care, including cardiopulmonary resuscitation and artificial nutrition and hydration, within the limits prescribed by law.

**POLST (Physician Orders for Life-Sustaining Treatment)**

A non-facility specific set of physician's orders patients may present to the hospital with, regarding life-sustaining treatment. After discussion with a patient or surrogate about treatment decisions, the form is completed by the physician (or other health care professional under the direction of a physician) and signed by the physician and the patient or their surrogate. By California law, the orders once signed by both the physician and patient, POLST becomes part of a patient's medical record. Because it's a dynamic document, POLST can be modified or revoked, based on new information or changes in a patient's condition or preferences.

**Capacity**

The adult patient demonstrates capacity to make decision when he or she has been determined to have the following abilities:

- Ability to understand the given information about diagnosis, treatment, and the relationship of the proposed treatment to his or her medical condition;
- Ability to evaluate the risks, benefits, and alternatives of the proposed treatment and to make choices with appropriate reasons;
- and
- Ability to communicate his or her choice from the treatment options.

**PROCEDURES**

- Upon hospital admission or early during the hospitalization when the general consent is initially obtained, each patient or patient surrogate will be asked whether the patient has an Advance Directive, including a POLST. The response will be noted in the appropriate field of the general consent form and in the automated electronic system. The patient, or the designee, will be provided a copy of the Advance Directive Brochure, “Your Right to Make Decisions About Medical Treatment”, in English or Spanish.
- In the ambulatory care setting when the general consent is initially obtained or updated, each patient or patient surrogate will be asked whether the patient has an Advance Directive or POLST. The response will be noted in the appropriate field of the general consent form and in the automated electronic system. Registration staff will provide the patient, or their designee, a copy of the Advance Directive Brochure, “Your Right to Make Decisions About Medical Treatment”, in English or Spanish.
- If a patient provides a copy of his/her Advance Care Directive or POLST, record date obtained and at that time, to the extent possible, it should be confirmed/corrected by the patient to represent his or her current wishes, then place Directive in the patient’s health/medical record.
- A hospitalized patient with capacity may make an oral health care instruction by personally informing the physician with primary responsibility for the patient’s health care. All orally expressed advance health care directives and/or other health care instructions must be promptly recorded in the medical record and are valid until they are discharged.
- A hospitalized patient with capacity may alter prior health care instructions at any time in a signed written statement or orally by personally informing the physician.
- If, for reasons of conscience or of professional or personal ethics, any physician is unable to comply with a patient’s advance health care directive or other health care instructions, the physician shall notify his or her supervisor to request transfer of the patient’s care to another health care provider.

**RESPONSIBILITY**

Attending Staff

Pastoral Care Staff

Subject: **ADVANCE DIRECTIVES**

Effective Date:  
7/23/21

House Staff  
Mid-Level Providers  
Nursing Staff  
Health Information Management

Clinical Social Work Staff  
Clinic Registration Staff  
Patient Financial Services  
Administration

**PROCEDURE DOCUMENTATION**

Attending Staff Manual  
Nursing Services and Education Policy Manual  
Departmental Policy and Procedure Manuals

**REFERENCES**

Patient Self-Determination Act  
45 Code of Federal Regulations Part 160 and 164; HIPAA Privacy Rule  
California Code of Regulations, Title 22, Section 70707 (18)  
Health Care Decisions Law, California Probate Code, Sections 4600-4805  
LAC+USC Medical Center Department of Nursing Services Policy# 202  
DHS Policy #326, An Adult Patient's Right to Participate in and Direct Decisions Affecting His or Her Health Care  
Joint Commission Standards (Patient Rights and Organization Ethics)  
California Healthcare Association Consent Manual

**REVISION DATES**

April 1, 1995; October 20, 1998; April 16, 2002; May 10, 2005; September 24, 2008;  
April 8, 2014; July 23, 2021