

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
POLICY & PROCEDURE

NUMBER: 203
VERSION: 2

SUBJECT/TITLE: ADVANCE HEALTH CARE DIRECTIVE

POLICY: To provide information to each individual 18 years and older describing his or her right to accept or refuse medical/surgical care and formulate, revise, and review an Advance Directive.

PURPOSE: To comply with the Patient Self-Determination Act (PSDA), Omnibus Budget Reconciliation Act of 1990, Probate Code 4717, AB 891, and AB3000

DEPARTMENTS: All

DEFINITIONS: An Advance Health Care Directive is a document that may authorize another person to make health care decisions for a patient when the patient is no longer able to make decisions for him or herself. The following have been identified as types of Advance Directives:

1. **Power of Attorney for Health Care (also known as Durable Power of Attorney for Health Care)**

A Power of Attorney for Health Care is a document recognized by California Statute that allows any adult person to designate a person who will have the authority to make health care decisions on the patient's behalf if the patient is unable to make such decisions; if the patient is unconscious, mentally incompetent, or otherwise unable to make such decisions. It provides for documentation of the patient's treatment choices in any medical/surgical circumstance with a provision to allow a surrogate decision maker for times when the patient is unable to make decisions. To be valid, it must include: the date of its execution, the signature of the patient, and the signature of a public notary or two qualified witnesses.

2. **Individual Health Care Instruction**

An adult having capacity may give an individual health care instruction orally or in writing. The individual instruction may be limited to take effect only if a specified condition arises if the patient so desires [Probate Code Section 4670]. Living Will forms and **POLST** forms should be treated as Individual Health Care Instructions.

3. **A Living Will**

The purpose of this document is to direct the provision, the withholding or withdrawal of life-prolonging procedures in the event that the patient becomes incapacitated and unable to make decisions regarding life

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prolonging treatments.

4. California AB3000 (Chapter 266, Statues 2009)

In 2008, the legislation (AB3000) was introduced to establish **POLST** as a legally-recognized mechanism by which patients can provide specific instructions for life prolonging measures.

POLST is an acronym that stands for **Physician Orders for Life-Sustaining Treatment**. It is a physician order that gives patients more control over their end-of-life care by specifying the types of medical treatment(s) they wish to receive. This physician order is recognized and must be honored throughout the medical system continuum when signed by the patient or his/her surrogate decision maker.

PROCEDURE:

1. At each admission for inpatients, and at least once each year in the outpatient setting, patients will be provided with the brochure, “Your Right To Make Decisions About Medical Treatment” and/or “Advance Directives”.
2. Inpatients:
 - a. The admitting worker initiates the Advance Directive questions and enters the documentation in the Hospital Information System (HIS). If the patient has an Advance Directive or **POLST**, the patient will be asked to present a copy for the medical record and this will be noted on the medical record by the admitting worker. If the patient does not have a copy, he/she will be asked to bring in a copy to be placed into the medical records.
 - b. Nursing also asks the patient if they have an Advance Directive. If the patient does not and would like more information, Nursing initiates a referral to the Social Work Department for follow-up and documents information on the “Multidisciplinary Admission/Discharge Assessment” form.
 - c. For Inpatient Psychiatry, Nursing assesses for Advance Directive on the "Notification of Patient Admission" form, filed under Consent section in chart, and refers the patient to Social Work if he or she wishes more information.
3. Outpatients:
 - a. At registration, the financial screener asks the patient if he or she has an Advance Directive annually when the General Consent is completed. The questions on the General Consent will be checked

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appropriately. HIS will also be updated to reflect the patient responses.

4. Emergency Room/ Medical Walk- In Patients:
 - a. The Financial Services worker asks the Advance Directive questions indicated on the General Consent. HIS also will be updated to reflect the patient responses.
 - b. The computerized patient tracking system will be flagged if the patient states that he or she has an Advance Directive/**POLST**, even though there may not be a hard copy available at the time of the visit for inclusion in the medical record.
5. Patients presenting at any ancillary department with a copy of their Advance Directive/**POLST** are to be referred to 2D101 where the Pre-Screen staff will update affinity to reflect “yes” patient has an Advance Directive. A copy of the Advance Directive will be sent to Medical Records Chart Files Supervisor Medical Records Room 1D114
6. ValleyCare shall not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive.
7. If available, with the patient’s verbal consent, the Financial Services worker or nursing personnel will make a copy of the Advance Directive/**POLST** and immediately place it in the medical record, if not already in the medical record.
8. At the time of admission if an Advance Directive/**POLST** has been completed but is not readily available, the admitting worker documents in the HIS that the document was requested of the patient/family. Nursing will also ask the patient/family if an Advance Directive/**POLST** has been completed. They will instruct the family to bring a copy of the Advance Directive/**POLST** to the hospital and initiate a referral to Social Work to follow up with the family within 72 hours. When the family brings in the copy, nursing will place it in the front of the medical record and document its inclusion in the progress notes.
9. The Primary Care Provider will review the Advance Directive/**POLST** and discuss any concerns regarding patient directives with the patient or surrogate decision maker and document in Medical Record the discussion.

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10. Both inpatient and outpatient settings will honor the Advance Directives/**POLST** of the patient within the limits of the law and the hospital's capabilities.
11. ValleyCare recognizes that patients can change their mind at any time during the course of treatment and their wishes will be honored. This new information must be dated and documented clearly in the medical record by the Primary Care Provider. If the patient requests that the current Advance Directive/**POLST** be removed from the medical record and/or replaced with a new Advance Directive/**POLST**, this will be done immediately by any staff member of the patient care team and the Primary Care Provider will be notified.
12. The Primary Care Provider will document all verbal communication with the patient describing treatment choices (Individual Health Care Instruction) in the patient's medical record.
13. If the patient requests additional information or assistance regarding the Advance Directive/**POLST**, nursing staff will obtain a Social Work consultation and/or offer the Social Work Department room number (1A139) if the patient or family would like to go there themselves.
14. Individuals may choose to register their Advance Directive with the Office of the Secretary of State of California.
 - a. If upon admission to the Emergency Room they are found to have a card indicating such registration, Emergency Room personnel will contact the Secretary of State's Office to obtain a copy of the Advance Directive.
 - b. Emergency Room staff will fax an inquiry for information to the office of the California Secretary of State (916-651-9805) whenever an unconscious or incapacitated patient presents to the Emergency Room with an Advance Directive identification card.
 - c. The presence of an Advance Directive identification card, and contacts and responses with the Secretary of State's Office must be documented in the medical record.

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References: Health Care Decision Law (Probate Code 8205) Probate Code 4670 Probate Code 4717 AB3000 Joint Commission Standards on Patient Rights/Ethics	
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