Title: Advance Directives

I. POLICY
It is the policy of [HOSPITAL NAME] (a) to ask Adult patients upon presentation to the Emergency Department (ED) or admission to the hospital whether they have an Advance Directive, to add patients’ Advance Directives (when possible) to their medical records, and to provide patients with information regarding Advance Directives, (b) to support the completion of an Advance Directive for Adult patients who wish to complete one during hospitalization, and (c) to honor Adult patients’ Advance Directives contained within their medical records. For other clinical sites affiliated with [HOSPITAL NAME], this policy may be used as guidance by a patient’s treating physician.

II. DEFINITIONS
A. Adult – any person, male or female, who meets one of the following criteria:
   1. is 18 years of age or older;
   2. has entered into a valid marriage (whether or not the marriage has terminated by dissolution);
   3. is on active duty with any one of the Armed Forces of the United States;
   4. has received Declaration of Emancipation pursuant to appropriate California law;
   5. is 15 years of age or older and living separate and apart from his or her parents or legal guardian and who is managing his or her own financial affairs regardless if the source of income.
B. Advance Directive – a written instruction that relates to the provision of healthcare which is to be used when an Adult patient either lacks Decision-Making Capacity and hence is unable to participate in his or her own healthcare decision-making, or retains Decision-Making Capacity but delegates decision-making authority to another individual. Typically, instructions include written expression of the patient’s preferences and values regarding healthcare choices and authorization of another person to make healthcare decisions on behalf of the patient.
C. Agent – a Legal Representative authorized by an Advance Directive.
D. Decision-Making Capacity – a patient’s ability to understand the nature and consequences of a healthcare decision relative to his or her care, including significant benefits, risks, and alternatives, and to communicate a decision.
E. Legal Representative – an individual authorized to make healthcare decisions for a patient in accordance with an order of a Court or an Advance Directive (or other legally-recognized documentation granting power of attorney for healthcare for the patient to another individual).
F. Licensed Independent Practitioner – a member of the Medical Staff who holds a License or a Physician-in-Training who holds a License and who is enrolled in an approved postgraduate Physician-in-Training program at the Medical Center where engaging in the practice of medicine is required as part of such training program.
G. Surrogate Decision-Maker – an adult recognized to make decisions for the patient when there is no Legal Representative, or an adult explicitly identified by the patient during a specific admission to make decisions during that admission (even if there is an Agent otherwise identified by the patient’s Advance Directive).
H. Physician – a member of the Medical Staff with appropriate clinical privileges to provide indicated medical services.
I. *Physician of Record* – a member of the Medical Staff who, without reference to Medical Staff membership category, is the principal provider of professional services to the patient during hospitalization and directs the care for that patient during the course of the stay as evidenced by signed written orders and progress notes. The Physician of Record may designate another Physician or a Licensed Independent Practitioner to act on his or her behalf.

J. *POLST* – a *Physician Orders for Life Sustaining Treatment* form complying with California law that indicates previously ordered medical interventions to be provided or withheld for a patient (based on, at the time of completion, the patient’s medical condition and preferences) and which the patient or the patient’s Legal Representative or Surrogate has provided to the Medical Center.

**III. PURPOSE**
To outline the procedures for (a) inquiring whether Adult patients have Advance Directives, adding Advance Directives to patients’ medical records, and providing patients with information regarding Advance Directives, (b) supporting Adult patients in the completion of Advance Directives during hospitalization, and (c) honoring Adult patients’ Advance Directives.

**IV. PROCEDURE**
A. Inquiring whether Adult patients have an Advance Directive, adding Advance Directives to Adult patients’ medical records, and providing Adult patients with information regarding Advance Directives:

1. The Admissions staff, nurse, or other hospital personnel completing the admitting process for a patient being admitted to the hospital or presenting to the ED will ask the patient, or the patient’s Legal Representative or Surrogate if a patient lacks Decision-Making Capacity, whether the patient has an Advance Directive. The answer will be documented on the Admissions intake, in the inpatient unit Admission Navigator under “Directives,” or other designated information documentation templates in the patient’s medical record and will be communicated to the next nurse receiving the patient on transfer in the SBAR hand-off report.

   **NOTE:** If the patient lacks Decision-Making Capacity and there is no Legal Representative or Surrogate present but the patient is accompanied by other individuals who are participating in the admission process, such other individuals may be treated as the patient’s Surrogate and thus asked whether the patient has an Advance Directive.

a. If the patient has previously completed an Advance Directive and the patient (or Legal Representative or Surrogate) has brought the Advance Directive to the hospital, a copy of the Advance Directive shall be placed in the Patient Rights/Advance Directive section of the patient’s medical chart and the Hospital Information Department will scan the document into the Encounters Tab of the “Chart Review” section of the electronic medical record.

b. If the patient has provided a completed Advance Directive to the hospital on a previous hospital admission:

   i. the nurse will check the Media Tab of the “Chart Review” section of the electronic medical record to verify the presence of a scanned copy of the previously provided Advance Directive;

   ii. if a scanned copy of the previously provided Advance Directive is present, the nurse will verify with the patient (or Legal Representative or Surrogate) that the
scanned Advance Directive is current.

c. If the patient has previously completed an Advance Directive but the patient (or Legal
Representative or Surrogate) has not provided the Advance Directive to the hospital
or if the scanned copy in the electronic medical record is identified as no longer valid:
i. the patient (or Legal Representative or Surrogate) will be instructed to arrange for
a copy of the Advance Directive to be given to the patient’s nurse or Physician of
Record as soon as possible so that the Advance Directive may then be placed in
the Patient Rights/Advance Directive section of the patient’s medical chart and/or
scanned into the Encounters Tab of the “Chart Review” section of the electronic
medical record.

ii. The Admissions staff, nurse, or other hospital personnel completing the admitting
process will:

• document in the patient’s medical record that the patient (or Legal
Representative or Surrogate) has been instructed to provide a copy of the
patient’s Advance Directive to the patient’s nurse or Physician of Record.

• request and document in the patient’s medical record the patient’s
wishes/pertinent instructions contained in the patient’s Advance Directive.

d. The patient’s nurse or Physician of Record, once provided a copy of the patient’s
Advance Directive, will document that the patient’s Advance Directive has been
received and will then place it in the Patient Rights/Advance Directive section of the
medical chart and the Hospital Information Department will scan the document into
the Encounters Tab of the “Chart Review” section of the electronic medical record.

e. The patient’s Physician of Record will review the documentation in the patient’s
medical record provided by the admissions staff, nurse, or other hospital personnel
completing the admitting process and should document in his or her Admission Note
or initial Progress Note whether the patient has an Advance Directive, and if so, any
pertinent instructions contained therein.

2. The Admissions staff, nurse, or other hospital personnel completing the admitting process
will provide the patient (or Legal Representative or Surrogate) with a packet of
information which contains materials regarding the patient’s rights to make decisions
concerning health care, including the right to accept or refuse medical or surgical
treatment (even if such treatment is life-sustaining) and the right to formulate an Advance
Directive. Information regarding Cedars-Sinai Medical Center’s policies with respect to
the implementation of the patient’s rights to make decisions concerning healthcare will
also be provided.

a. If the patient is being admitted into the hospital and the patient (or Legal
Representative or Surrogate) requests additional information regarding Advance
Directives, the Admissions staff, nurse, or other hospital personnel completing the
admitting process shall direct the patient (or Legal Representative or Surrogate) to the
patient’s Physician of Record or to a Case Manager, a Palliative Care team member, a
Patient Relations represented, or a Social Worker, any of whom can be accessed once
the patient is admitted.

b. If the patient is in the ED and the patient (or Legal Representative or Surrogate)
requests additional information regarding Advance Directives, the Admissions staff,
nurse, or other hospital personnel completing the admitting process shall direct the
patient (or Legal Representative or Surrogate) to talk with his or her Physician of
Record. The patient may also, if subsequently admitted to the hospital, ask to speak
to a Case Manager, a Palliative Care team member, a Patient Relations represented, or a Social Worker, any of whom can be accessed once the patient is admitted.

c. The Admissions staff, nurse, or other hospital personnel completing the admitting process will document that the initial packet of information has been provided, whether additional information was requested, and to whom the patient (or Legal Representative or Surrogate) was referred in order to obtain such additional information as such information may be documented on the Admissions intake, in the inpatient unit Admission Navigator under “Directives,” or other designated information documentation templates in the patient’s medical record and will be communicated to the nurse receiving the patient on transfer in the SBAR hand-off report.

3. When a patient is admitted to the hospital or brought to the ED in such a condition such that it is inadvisable to take the time to inquire whether the patient has an Advance Directive or to provide information regarding patients’ rights and Advance Directives, such inquiry and provision of information will be performed as soon as reasonably feasible by the patient’s nurse.

NOTE: The nurse will communicate the inability to inquire if the patient has an Advance Directive or provide information regarding patients’ rights and Advance Directives to the next nurse receiving the patient on transfer or shift in the SBAR hand-off report until the information has been received or given.

B. Supporting Adult patients in the completion of Advance Directives during hospitalization

1. In addition to a patient’s Physician of Record, a Case Manager, a Palliative Care team member, a Patient Relations represented, or a Social Worker is available upon request to assist patients in the technical aspects of completing an Advance Directive – for example, helping to locate a notary or witnesses, writing in text as directed by the patient if the patient is unable to write, making copies, etc. Assistance shall not include providing legal advice, selecting the Agent, and other substantive directions.

2. A blank copy of California’s standardized “Advance Health Care Directive” form (published by the California Hospital Association) may be downloaded from a variety of free websites, including [WEBSITE ADDRESS ASSOCIATED WITH HOSPITAL IF HOSPITAL MAKES ADVANCE DIRECTIVE FORMS AVAILABLE ONLINE]. Blank paper copies may also be obtained from a Case Manager, a Palliative Care team member, a Patient Relations representative, or a Social Worker.

3. To be valid, the “Advance Health Care Directive” form must (a) contain the date of its execution, (b) be signed either by the patient or in the patient’s name by another adult in the patient’s presence and at the patient’s direction (when the patient is unable to write), and (c) be signed and acknowledged by a notary public or by at least 2 witnesses satisfying at least the following requirements:

a. must be an Adult;

b. must directly observe either the signing of the Advance Health Care Directive form by the patient or the patient’s acknowledgment of another signing on the patient’s behalf;

c. may not be the patient’s physician, nurse, or other licensed healthcare provider involved in the care of the patient, nor an employee of the patient’s physician or of Cedars-Sinai Medical Center (additional restrictions may apply; contact Risk Management for further information).
NOTE: The requirements outlined in section IV.B.3.c above do not apply to a notary public before whom an Advance Health Care Directive is signed and acknowledged.

4. The patient’s Physician of Record may not be included in a patient’s Advance Directive as the patient’s Agent, nor may an employee of [HOSPITAL NAME] be listed as the patient’s Agent unless that employee is a relative of the patient (i.e., related by blood, marriage, adoption, or a registered domestic partner) or the patient is also an employee of [HOSPITAL NAME].

5. Once completed, the Physician of Record, or the Case Manager, Palliative Care team member, Patient Relations representative, or Social Worker, who has assisted the patient in completing an Advance Directive, should document in the patient’s medical record that a new Advance Directive has been completed. A copy of the newly completed Advance Directive should be placed in the Patient Rights/Advance Directive section of the patient’s medical chart and/or scanned into the designated location of the patient’s electronic medical record.

C. Honoring Adult patients’ Advance Directives

1. An original or copy of an Advance Directive, or an original or copy of a written revocation of a prior Advance Directive, will be accepted as valid whether or not the Advance Directive or written revocation was completed in California. If there is question regarding the validity of an Advance Directive or written revocation, Risk Management shall be contacted.

2. Unless otherwise stipulated in an Advance Directive, the authority of the Agent becomes effective only on a determination that the patient lacks Decision-Making Capacity, and ceases to be effective on a determination that the patient has recovered Decision-Making Capacity. The Agent must be reasonably available and willing to make decisions in order to be accepted as the Agent.

3. Unless otherwise specified in an Advance Directive, the Agent is authorized to make healthcare decisions for the patient to the same extent the patient may make decisions for him - or herself. These include, but are not limited to:
   a. selecting and discharging physicians;
   b. approving or disapproving diagnostic tests, surgical procedures, and programs of medications;
   c. consenting to HIV testing when necessary to render appropriate care or to practice preventative measures, receiving the results of such HIV testing, and disclosing the results of an HIV test in accordance with applicable law;
   d. giving directions to provide, withhold, or withdraw artificial nutrition and hydration and other forms of life-sustaining treatment, including cardiopulmonary resuscitation;
   e. requesting, receiving, examining, copying, and consenting to the disclosure of medical or any other healthcare information;
   f. selecting and agreeing to discharge placement (Exception: see section IV.C.5 below)
   g. making decisions that may become effective after the patient’s death, including, but not limited to:
      i. making a disposition under the California Uniform Anatomical Gift Act;
      ii. authorizing an autopsy;
      iii. directing the disposition of remains

4. The Agent is not authorized to consent to any of the following:
   a. commitment to or placement in a mental health facility;
b. convulsive treatment;
c. psychosurgery;
d. sterilization;
e. abortion.

5. Unless a specific termination date is stipulated within it, an Advance Directive is valid indefinitely unless revoked by the patient. The manner in which an Advance Directive, or the elements contained therein, may be revoked includes, but is not limited to:
   a. a patient having Decision-Making Capacity revokes the designation of an Agent by signing or presenting a signed written document, or by executing a new Advance Directive, or by personally informing the Physician of Record;
   b. a patient having Decision-Making Capacity revokes the instructions contained within an Advance Directive, other than the designation of an Agent, at any time and in any manner that communicates an intent to revoke;
   c. a patient having Decision-Making Capacity objects to a specific decision made by the Agent who has otherwise been appointed to make decisions on the patient’s behalf even when the patient is recognized as having Decision-Making Capacity; such revocation of a specific decision may be made at any time and in any manner that communicates intent to revoke;
   d. a new Advance Directive automatically revokes a prior Advance Directive or the elements of a POLST with which it conflicts;
   e. a change in the status of a patient’s marriage, specifically, its dissolution or annulment subsequent to the execution of an Advance Directive in which the Agent was the patient’s spouse, automatically revokes the patient’s designation of the former spouse as an Agent. However, if the Agent’s authority has been revoked solely by the dissolution or annulment of the marriage, the Agent’s authority is revived if the patient remarries the Agent.

NOTE:  a former spouse may serve as a patient’s Agent if the patient executes a new Advance Directive naming his or her former spouse as the Agent.

6. A member of the patient’s healthcare team who is informed of a revocation of a patient’s Advance Directive, or the elements contained therein, shall promptly communicate the fact of the revocation to the Physician of Record and document such information in the patient’s medical record.

D. When there are questions or concerns regarding the authenticity and/or legal status of a patient’s Advance Directive, Risk Management shall be contacted as soon as possible.

E. When any of the individuals directly involved in the care of the patient, including, but not limited to, the patient, the patient’s Agent or other Legal Representative or Surrogate, Physician of Record, other physicians, nurses, and social workers, have questions or concerns regarding the appropriateness of decisions being made under the aegis of an Advance Directive, Clinical Ethics Consultation should be requested. Any of the individuals directly involved in the care of the patient may request Clinical Ethics Consultation.

V. RELATED POLICIES AND PROCEDURES
• Clinical Ethics Consultation
• Consent: Authorization for & Consent to Surgery or Special Diagnostic/Therapeutic Procedures
• Health Care Decisions
• Informed Consent
• Patient Rights and Responsibilities
• Physician Orders for Life-Sustaining Treatment
ATTACHMENT 1
LOCATION OF ADVANCE DIRECTIVE SCANNED INTO CS-LINK

Scanned Advance Directive record – Encounters tab (hyperlink):
Scanned Advance Directive record – Media tab:
The scanned Advance Directives from previous hospital encounters will be found on this tab.

![Epic Electronic Health Record System Screenshot]

The scanned Advance Directives from previous hospital encounters will be found on this tab. The image shows the Media tab selected, which lists various documents and their associated metadata. The screenshot highlights a document entry with the title 'Advance Directives and Living Will'.