



LOMA LINDA  
UNIVERSITY  
MEDICAL CENTER

# LOMA LINDA UNIVERSITY MEDICAL CENTER

## OPERATING POLICY

<b>CATEGORY:</b>	PATIENTS' RIGHTS	<b>CODE:</b>	P-10
<b>SUBJECT:</b>	PATIENTS' RIGHTS REGARDING ADVANCE DIRECTIVES AND ACCEPTANCE/ REFUSAL OF MEDICAL CARE	<b>EFFECTIVE:</b>	05/2019
		<b>REPLACES:</b>	04/2016
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### Related Policies:

[Patients' Rights and Responsibilities \(P-1\)](#)

[Code Status/Limitation of Treatment For Adults \(P-4\)](#)

[Code Status/Limitation of Treatment For Patients Between Birth and The Eighteenth Birthday \(P-15\)](#)

[Employees Witnessing Signatures on Patients Personal Legal Documents \(Q-9\)](#)

Clinical Skills: [Nursing Documentation \(LLUMC – Adult\)](#) (see “demos” section for printing POLST)

### Definitions:

#### Advance Health Care Directive:

A written instruction, such as a living will or durable power of attorney for health care, recognized under State law, relating to the provision of health care when the individual is incapacitated. The document may provide guidance as to the patient’s wishes concerning provision of care in certain situations and/or delegate decision-making authority to another individual and/or designate a “support person” for visitation rights. Completed by the patient.

#### Life-sustaining Procedure:

Any medical procedure or intervention that, when administered to a patient, will serve only to prolong the process of dying or an irreversible coma or persistent vegetative state. It shall not be defined to include the administration of medication or the performance of any medical procedures provided for a patient’s comfort, care, or alleviation of pain.

#### Terminal Condition:

An incurable or irreversible condition that without the administration of life-sustaining treatment will, within reasonable medical judgment, result in death within a relatively short time.

#### Permanent unconscious condition:

An incurable and irreversible condition that, within reasonable medical judgment, renders the patient in an irreversible coma or persistent vegetative state.

#### POLST:

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An order regarding specific medical treatments desired or declined. Appropriate for individuals who are seriously ill or frail and toward the end of life. Completed by the health care provider, signed by patient/surrogate. Original form travels with the patient.

1. Loma Linda University Medical Center (LLUMC) recognizes that the patient has the right to:

- 1.1 Make decisions about medical care as defined in Policy [Patients' Rights and Responsibilities \(P-1\)](#)
- 1.2 Formulate an advance directive in accordance with California and federal law;
- 1.3 Name an agent who will have legal authority to speak for the patient regarding health care matters;
- 1.4 Formulate a declaration pursuant to the California Natural Death Act;
- 1.5 Orally designate an adult to make health care decisions for the patient, when such oral designation is made to the supervising healthcare provider (the oral designation is effective only during the first 60 days of the patient's course of treatment/illness or admission to LLUMC).

2. For all adult and emancipated minor inpatients, LLUMC shall:

Note: For non-emancipated minors, reference Policy [Code Status/Limitation of Treatment For Patients Between Birth and The Eighteenth Birthday \(P-15\)](#).

- 2.1 Provide written information at the time of admission/registration concerning an individual's right to make decisions regarding his or her medical care, including the right to accept or refuse treatment and the right to formulate advance directives.
  - a. This information shall also be provided to patients in the Emergency Department, on observation status, and undergoing same-day surgery.
  - b. If the patient is incapacitated at the time of admission, the advance directive information may be given to a family member or agent, but the required information must also be given to the patient if/when the patient becomes able to understand and respond to the information (reference Policy P-1, Patients' Rights and Responsibilities).
- 2.2 Not condition the provision of care or otherwise discriminate against a patient based on whether or not he or she has executed an advance directive.
- 2.3 Comply with California and federal law regarding advance directives.

- 2.4 Educate staff concerning its policies and procedures on advance directives.
  - 2.5 Provide community education regarding advance directives.
  - 2.6 Inform individuals that complaints concerning advance directives may be made to the California Department of Public Health.
3. LLUMC staff shall:
- 3.1 Provide the patient with an advance directive form if the patient indicates the desire to execute an advance directive.
  - 3.2 Make reasonable attempt to obtain a copy of the advance directive or a POLST form if the patient's family or agent indicates that one has been executed.
    - a. The patient may provide a verbal declaration of his or her wishes to the physician.
    - b. If the patient has an existing POLST form, the original (or a copy) should be provided, and a copy retained for the medical record.
  - 3.3 Make a good faith examination of the advance directive to determine whether it appears to comply with applicable law.
  - 3.4 Review the advance directive and/or POLST form with the patient or his or her agent.
  - 3.5 Document in a designated part of the patient's medical record whether or not he or she has executed an advance directive or has a POLST form.
    - a. A copy of the advance directive/POLST shall be included in the medical record.
    - b. Documents provided shall be kept on file regardless of whether the persons is or is not in good health at the time they are received
  - 3.6 Comply with an individual health care instruction of the patient and a reasonable interpretation of that instruction made by a person then authorized to make health care decisions for the patient, provided it is consistent with LLUMC policies and Medical Staff Rules and Regulations.
    - a. Outpatient Settings: LLUMC honors advance directives/POLST in outpatient settings, however should there be an inadvertent/unexpected occurrence, emergency support shall be summoned and a copy of the POLST form given to them.

- 3.7 Comply with a health care decision for the patient that is made by a person authorized to make health care decisions for the patient, to the same extent as if the decision had been made by the patient while having capacity (exceptions: mental health placement/treatment, convulsive therapy, psychosurgery, sterilization, abortion).
- 3.8 Assist the patient/agent with making alternative arrangements in situations in which there is a refusal to comply with an advance directive health care instruction for reasons of conscience.
  - a. This applies to the directive's content related to medical conditions or procedures, not to designation of an individual as the patient's representative or support person.
4. The patient's physician shall document in a Limitation of Treatment Progress Note any limitations or special instructions and enter/write orders as appropriate (reference Policy [Code Status/Limitation of Treatment For Adults \(P-4\)](#)). Caregivers may decline to follow any non-clinical instructions or directions.
5. Where a patient having capacity has named both a surrogate decision-maker orally pursuant to section 1.5 and an agent pursuant to an advance directive, the surrogate is the appropriate decision-maker for the applicable time period. The designation of a surrogate does not revoke the designation of an agent unless the patient revokes the advance directive.
6. A patient having capacity may revoke all or part of the advance directive, other than the designation of an agent, at any time and in any manner that communicates an intent to revoke (e.g. by statement, tearing up the document, etc.). Such a revocation shall be made a part of the patient's medical record.
  - 6.1 A patient having capacity may revoke the designation of an agent only by a signed writing or by personally informing the supervising healthcare provider. A reasonable effort shall be made to notify the agent of a revocation of an advance directive or disqualification of an agent when the supervising health care provider becomes aware of such.
  - 6.2 An employee shall promptly notify a nursing supervisor if a patient makes known his or her desire to revoke the advance directive.
    - a. The nursing supervisor should note the communication in the medical record and immediately inform the attending physician.
    - b. The attending physician, whether informed directly by the patient or by nursing personnel, shall enter into the medical record the time, date and place of revocation, and the time, date and place he or she received notice of the revocation, if different.

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**APPROVERS:** Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Ethics Committee, LLUMC Medical Staff President and Chair of MSEC, Senior VP, Patient Care Services



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## OPERATING PROCEDURE

**CATEGORY:** PATIENTS' RIGHTS **CODE:** P-10.A  
**EFFECTIVE:** 05/2019  
**SUBJECT:** ADVANCE DIRECTIVES (INPATIENT AREAS) **REPLACES:** 04/2016  
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INITIATOR OF ACTION	ACTION
RN	<p>WHEN THE PATIENT ARRIVES IN THE PATIENT CARE AREA:</p> <ol style="list-style-type: none"><li>1. Completes admission/triage assessment and ascertains advance directive/POLST status.</li></ol> <p>NOTE: If patient unable to provide information, obtains information from family/representative as available. If patient later becomes able to give information, repeats this process with the patient.</p> <ol style="list-style-type: none"><li>2. Documents the patient's Advance Directive status and/or a POLST form in the medical record (e.g., Advance Directive section in LLEAP)</li></ol> <p><u>If patient desires information regarding advance directive:</u></p> <ol style="list-style-type: none"><li>3. Provides pamphlet "Your Right to Make Decisions About Medical Treatment."</li></ol> <p><u>If patient has executed an advance directive or has a POLST form:</u></p> <ol style="list-style-type: none"><li>4. Obtains a copy of the advance directive or the original POLST if the patient has it, , and places a copy in the hard chart under the appropriate tab.</li></ol> <p>NOTE: The patient/family retains control of the original POLST form. If it is placed in the hard chart (perhaps because family/agent not present to take it), it must be returned to the patient/family/agent on discharge. An original POLST is not to be sent to HIM</p> <ol style="list-style-type: none"><li>4.1 Sends a copy to HIM to be scanned into the medical record</li></ol>

INITIATOR OF ACTION	ACTION
	<p>NOTE: If an advance directive/POLST is present in the electronic medical record, confirm with patient that it is current.</p> <p><u>If patient reports that there is an executed advance directive but does not have it with him or her and there is no copy in the medical record:</u></p> <p>5. Requests that patient/family provide a copy.</p>
IF PATIENT DECIDES TO MAKE AN ADVANCE DIRECTIVE DURING HOSPITAL STAY	
Physician/RN/Team member	6. Assists patient and/or family member with contacting Social Work regarding patient's request for assistance.
Social Worker	7. Provides patient with information regarding advance directive document and assists with preparation as indicated.
Patient/Person Assisting with Completion of Document	8. Gives a copy of the document to bedside nurse or unit secretary for placement in patient record.
RN/Designee	9. Notifies physician that patient has executed an advance directive.
Unit Secretary/RN	10. Documents advance directive status in the medical record
	11. Records date document received with his or her initials.
Physician	12. Places a copy of the advance directive in the hard chart under the appropriate tab.
	12.1 Sends a copy to HIM to be scanned into the medical record
Physician	13. Reviews advance directive/POLST with patient/his or her agent or surrogate decision-maker if and when status changes and writes orders as appropriate.
RN/Other Caregiver	14. Notifies physician of patient's desire to provide oral declaration of his or her wishes.
Physician	15. Discusses patient's wishes with patient and documents these statements on an appropriate progress note form and writes

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<b>INITIATOR OF ACTION</b>	<b>ACTION</b>
Any Individual or Department Receiving a Copy of an Advance Directive	orders as appropriate.  16. Sends any fully executed Advance Healthcare Directive to the appropriate patient care area if the patient is in the hospital, or to the HIM Department if the patient has been discharged.
Physician	<b>IMPLEMENTING AN ADVANCE DIRECTIVE</b>  17. Assesses patient's advance directive.  18. Documents any statement expressed by patient regarding change in advance directive and/or refusal to accept medical or surgical treatment and writes orders as appropriate.