

SECTION	Approval date:	
Medical Records Documentation	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Advance Health Care Directive	Revision date:	

POLICY:

Adults 18 years of age or older and emancipated minors shall be offered information or has executed an Advance Healthcare Directive (California Probate Code, Sections 4701).

PROCEDURE:

III. Advance healthcare directive (advance directive) shall be discussed with each member 18 years of age or older. State and Federal requirements shall be followed accordingly. An advance directive outlines a patient's preferred types of health care services and treatments and designates who is to speak on the patient's behalf if he or she becomes incapable of making personal health care decisions. According to the Federal Patient Self Determination Act (PSDA), patients with decision-making capabilities have the right to accept or refuse medical treatment or life sustaining procedures. Health plan policies states that adult members, age 18 years or older, has the right to prepare an advance directive.

Discussing and pre-paring advance directives with patients can:

- a) Ensure the care and services desired by the patients are provided according to his or her wishes, including the refusal of treatment.
- b) Designate the person who is delegated to make decisions on the patient's behalf if he or she becomes incapable of making such decisions.
- c) Ensure family and friends abide by the wishes of the patient regarding the type of care and treatment determined in advance.

IV. DOCUMENTATION

Providers shall consider discussing advance directive during routine office visits with members, instead of waiting until a member is acutely ill. The Advance Medical Directive reference is available, in English and Spanish, and is attached to this policy.

If an advance directive is prepared by member, encourage the member to share a copy with his or her family to notify them about who is designated to make decisions on the member's behalf in the event he or she can no longer make personnel health care decisions. This may initiate early health care planning discussions to enable a smoother transition before there is a medical crisis. It should be documented in the patient's medical record whether an advance directive had been discussed or executed, if possible. A copy shall be in the medical record and updated every 5 years.

V. ADDITIONAL INFORMATION

Physician orders for life-sustaining treatment (POLST) programs provide an organized process for completing advance directives. More information on advance directives and POLST are available on the following web sites:

- www.chcf.org/topic/serious-illness-end-of-life-care/
- www.cancer.org/index