

<b>Columbia County Health System</b>	
<b><i>Acute Care, Booker, Palliative Care, Clinic</i></b>	Ref. No.: 1492
Effective Date: 07/19/2019	Subject
Approval:  Kurt Frauenpreis (MD, Chief of Staff), Shane McGuire (CEO), Stephanie Carpenter (RN, CNO)	<b><i>End of Life Care Policy</i></b>
	<input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol

**PURPOSE:**

To ensure that patient, resident, and customer rights and wishes are communicated and respected in regards to end of life care decisions.

**POLICY:**

Columbia County Health System (CCHS) staff will facilitate the process of discovery, documentation and communication of patient, resident, and customer's decisions for their own end of life care. The following areas are to be addressed:

- Code Status
- Advanced Directives
  - Living Will
  - Medical Durable Power of Attorney
  - POLST form
- Comfort Measures Only/Palliative Care
- Pain Management
- Organ and Tissue Donation
- Death with Dignity Act

**SCOPE:**

This policy shall apply to all who receive services within CCHS inpatient, outpatient, long-term care, and clinic services:

**DEFINITIONS:**

***Advanced Directive:*** Framework for foregoing or withdrawing life sustaining treatment and withholding resuscitative services. Refers to any or all legal documents which state a person's choices about medical treatment, or which name someone who will make decisions if a person is unable to make decisions for themselves. Tells healthcare providers whether or not the patient wishes life-sustaining treatments or procedures administered in the event a person experiences a terminal condition or permanent unconscious state. This does not refer to any financial assets or property, and only deals with medical issues while a person is still living. May include any or all of the following forms: Living Will, Medical Durable Power of Attorney, POLST form.

**Code Status:** "Codes" are the performance of life preserving interventions in the event of critical medical conditions in which death is imminent, likely or possible without life sustaining medical procedures which may include CPR, defibrillation and/or the insertion of tubes or lines which may be connected to life preserving medical equipment.

**Palliative Care:** is specialized care for people living with serious illness. Care is focused on relief from the symptoms and stress of the illness whatever the diagnosis. The goal is to improve and sustain quality of life for the patient and the family. It is appropriate at any age and at any stage in the illness and can be provided along with active treatment. Palliative Care facilitates autonomy, access to information, and choice.

**Comfort Measures/Care:** focuses on quality of care at the end of life not extending life by medical means. This also includes Hospice Care.

**Living Will:** Also known legally as **Health Care Directive**, the Living Will is a document in which a person may request to withhold or discontinue care in the event that they are formally declared by their physician to be terminally ill or in a permanent unconscious condition. It also may specify whether they want artificial hydration or pain medications in that situation.

**Medical Durable Power of Attorney(POA):** Legal document which allows a person to appoint one, or multiple individuals, to make medical decisions regarding health care interventions or goals for them if they become temporarily or permanently unable to do so. The individual(s) may be family or even a close friend. It cannot be the attending physician, an employee of that physician, or an owner, operator, or employee of any healthcare facility in which the patient may be receiving care.

**Organ Donation:** Includes both organ and tissue donation. Organ donation preferences may be listed on a Washington state driver's license as well as may be referred to in the advanced directive. Donation of tissue after death may include eyes, bones and other tissue.

**Pain Management:** The goals of pain and symptom management may change toward the end of life and can include medications which might not normally be used, or in doses higher than usual in non-end of life situations.

**Physician Order for Life Sustaining Treatment (POLST):** Green colored 2-sided form approved by the Washington State Department of Health and Washington State Medical Association. Used to communicate patient choices regarding use or limitation of life preserving procedures to the health care team. This form is signed by the health care provider and may be used to limit or withdraw any or all interventions or assign comfort measures only. Completed form should be placed on the home refrigerator for EMS communication, copies should be placed in patient charts in clinic, long-term care or hospital. Photocopy and faxes of signed forms are legal and valid.

**Patient:** For the purposes of this policy, the *patient* refers to all persons listed above in SCOPE.

## **PROCEDURE:**

1. Advanced Directive: Any CCHS staff member responsible for registering the patient shall be responsible for initial documentation of advanced directive.

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

- 1a. If the patient has completed advanced directive form(s), it shall be noted “Yes”, and copies of the forms (Living Will, POA, POLST, etc.) shall be included in the patient chart as soon as obtainable.
  - 1b. If there is no advanced directive, registration staff shall document that “No” advanced directive exists. Documentation of “unknown” existence of Advanced Directive shall only be entered in rare instances where it was truly impossible to ascertain if the patient had an advanced directive.
  - 1c. In addition to documentation of “No” advanced directive, staff shall offer information about advanced directives, and/or refer the patient to a staff member trained to initiate and facilitate conversation regarding end of life care decisions.
  - 1d. There are many Advanced Directive forms available including Washington Advanced Directive, Legal Documents to Assure Future Health Care Choices (available in the ER, clinics or online at [www.advdir.com](http://www.advdir.com)), Five Wishes form at [www.agingwithdignity.org](http://www.agingwithdignity.org), and many others. Most of these forms do not require notary but do need witnesses to the signature.
  - 1e. Advanced Directive information and forms at CCHS can be found in the Admitting Office, Acute Care, Emergency, and Booker Rest Home Nursing Stations, and Clinic Reception Desks. Staff working in those areas shall be responsible for knowing where they are kept.
2. Code Status: For each admission, verification of wishes regarding code status should be done by nursing or provider staff, with the patient and/or family, as early as possible in the admission process to any hospital or long-term care unit. Status choices may include but are not limited to Full Code, Do Not Intubate, Do Not Resuscitate, and Comfort Measures Only. Corroborating documentation should be obtained for any request for limitations placed on care such as may be outlined in existing Advance Directives. The admitting or attending physician shall be promptly notified that limitations of care request and/or other Advance Directives exist.
3. POLST: Copies of this form are available at minimum in the emergency room. POLST forms must be copied on any bright green paper of durable quality. Information regarding these forms may be found at [www.WSMA.org/POLST](http://www.WSMA.org/POLST). Patients shall be encouraged to place completed form on their home refrigerator for EMS communication. At CCHS, copies shall be placed in patient charts in clinic, long-term care and/or hospital.
4. Organ Donation: Family members should be queried as soon as possible regarding organ donation preferences in the event of brain death on life support or death. Columbia County Health System does not have the life support capabilities required for organ donation. Those patients would require a transfer while on life support to a facility capable of maintaining the life support through the tissue matching process and able to provide an operating room for procurement of organs.
5. Tissue Donation: Preference for donation of tissue after death including eyes, bones and other tissue should be evaluated at the time of impending or actual death. Referral phone call must be made to the LifeNet Health 1 888 266 4466 regarding patient qualification for donation. Document the call on the Authorization of Release of Body/embalming form. Any further discussion with family members will take place only at the discretion of the NW Tissue Center staff. Arrangements for procurement may be made via CCHS or via funeral homes where procurement shall take place.

6. Death with Dignity Act: CCHS and its medical staff have opted not to participate in the DWDA in which patients with terminal conditions may choose an option of medication to end their lives prior to "natural" death. Although we do not participate, employees are not prevented from assisting patients and families to obtain information on the DWDA in Washington State. Information may be found at [www.EndofLifeWA.org](http://www.EndofLifeWA.org) or call toll free at 1 877 222 2816 or email at [info@EndofLifeWA.org](mailto:info@EndofLifeWA.org)

**Links to Policies which may also apply:**

[Death Upon Arrival](#)

[Death of a Resident](#)

[DO NOT RESUSCITATE](#)

[Advance Care Directives](#)

[ADVANCE DIRECTIVE INFOv2 BUS005](#)

[ADVANCED LIFE SUPPORT PROTOCOL](#)

[Postmortem Care](#)

[Authorization of Release of Body](#)

[ORGAN & TISSUE DONATION](#)

[Death with Dignity Act](#)



<b>Columbia County Health System</b>		
<b>Administration &amp; Medical Staff</b>		Ref. No.: 1216
Effective Date: 12/12/2019		Subject
Approval:  Angela Moore (RN, DNS), Kurt Frauenpreis (MD, Chief of Staff), Shane McGuire (CEO), Stephanie Carpenter (RN, CNO)		<b><i>Death with Dignity Act</i></b>
		<input checked="" type="checkbox"/> <b>Policy</b> <input checked="" type="checkbox"/> <b>Procedure</b> <input type="checkbox"/> <b>Protocol</b>

**PURPOSE:**

To provide policy and procedure regarding the Death with Dignity Act/Initiative 1000.

**POLICY:**

1. Washington law recognizes certain rights and responsibilities of qualified patients and health care providers under the Death with Dignity Act ('Act'). Under Washington's law, a health care provider, including Columbia County Health System (CCHS) is not required to assist a qualified patient in ending that patient's life.
2. CCHS has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, CCHS providers, employees, independent contractors and volunteers shall not assist a patient in pharmacologically ending a patient's life under the Act. In addition, no provider may participate on the premises of the hospital or in property owned by the hospital.
3. No patient will be denied other medical care or treatment because of the patient's participation under the Act. The patient will be treated in the same manner as all other CCHS patients. The appropriate standard of care will be followed.
4. Any patient wishing to receive life-ending medication while a patient at this hospital may be assisted in transfer to another facility of the patient's choice. The transfer should assure continuity of care.
5. All providers at CCHS are expected to respond to any patient's query about life-ending medication with openness and compassion. CCHS believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to



learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, CCHS's goal is to help patients make informed decisions about end-of-life care.

**PROCEDURE:**

1. All patients, if requested, will be provided with educational materials about end-of-life options. These materials will include a statement that CCHS does not participate in the Act.
2. If, as a result of learning of CCHS's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, CCHS staff will assist in making arrangements for the transfer. If the patient wishes to remain at CCHS, staff will discuss what end-of-life care will be provided consistent with hospital policy.
3. If a patient requests a referral to a physician who will fully participate under the Act or expresses the desire to take medication that will result in the patient's death, the provider may choose to provide the patient with a referral, or may instruct the patient that he or she must find a participation provider on his or her own. The relevant medical records will be transferred to the physician taking over the patient's care. A nurse receiving such a request will be responsible for:
  - a. Informing the patient's attending provider within one working day that the patient wishes to take life-ending medications.
  - b. Ensuring that the medical record is complete and all required documentation is included. A copy of the Do Not Resuscitate (DNR) order, copies of advance directives, and Physician Order for Life Sustaining Treatment (POLST) form, if such documents are in the medical record, are to be included.
  - c. Communicating with other clinicians involved with the patient to ensure continuity of care.
  - d. Documenting all communication in the patient's medical record.
4. Nothing in this policy prevents a provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis.



5. Nothing in this policy prevents a provider from providing information about the “Washington State Death with Dignity Act” to a patient when the patient request information.
6. Nothing in this policy prohibits a provider who is employed by or who is an independent contractor of CCHS from participating under the Act when not functioning with the scope of his or her capacity as an employee or independent contractor of CCHS.

### **SANCTIONS:**

If a provider participates in the Act beyond what is allowed in the policy, CCHS may impose sanctions on that provider. CCHS shall follow due process procedures provided for in the medical staff by-laws.

A provider who desires to participate in the Act is encouraged to bring their request to the Board of Commissioners.

### **PUBLIC NOTICE:**

CCHS will provide public notice of this policy in the following ways: posting the policy or information about the hospital’s stance on the Death with Dignity Act on the hospital’s web page; informing local media; including information in hospital materials regarding advance directives; and including information in patient right’s document.

### **RESOURCES:**

Any patient, employee, independent contractor, volunteer or provider may contact Social Services or Patient Advocate for assistance.