

Kindred Hospital Seattle	<b>Title of Policy</b> END OF LIFE SUPPORT REQUESTS	<b>Page No</b> 1 of 3
	<b>Manual</b> Patient Care	<b>Section</b> Ethics and Healthcare Decision Making
	<b>Effective Date:</b> 06/1994	<b>Supersedes or Revised Date:</b> 11/2013

**ADDENDUM Attached** (Please read every page of policy and addendum)

**PURPOSE:**

When an individual, whether a patient or a family member, expresses a desire to terminate a patient's life support treatment, state law must be carefully followed. This policy describes applicable state reporting requirements for hospitals.

**POLICY:**

The Hospital complies with state law governing requests for Termination of Life Support. These requirements are detailed on KNECT/ Hospital Division/ Legal Resources under the State Documents Section. While efforts have been made to provide specific instructions for handling these requests, legal requirements for reporting may change at any time. Therefore, if any doubt exists regarding the applicability of state law to the request being considered, contact the Law Department for clarification at the following contact:

Chief Counsel, Hospital Division  
Kindred Healthcare, Inc.  
680 South Fourth Avenue  
Louisville, KY 40202-2412  
502-596-7218

**PROCEDURE**

1. In all cases, the following procedures should be followed: The CEO shall review the Termination of Life Support requirements on KNECT and assure the state-mandated process is followed.
4. The CEO ensures forms required by state law are completed, whether by physician/LIP, family members or the patient. 3. The CEO and the physician will review the supporting documentation of the request to discontinue life support. If there are concerns regarding the legal sufficiency of the supporting documentation or there is a dispute among the involved parties, the Hospital CEO will confer with Corporate Law Department and Vice President/Chief Clinical Officer/Senior Director of Clinical Operations (as applicable) or Executive Director. The physician will have discussed, established and documented the process for the withdrawal/termination of life support prior to its initiation, in consultation and concurrence with the patient/family and the hospital staff. No Kindred employee shall be compelled to participate in the process. The patient will continue to receive any medication or treatment necessary to provide comfort or alleviate pain during the review process.
5. If the documentation is in order and all requirements of state law have been met, the physician proceeds with the termination. They physician shall remove designated medical devices (such as ventilator and nutritional feedings) himself/herself or may delegate it to qualified licensed staff (e.g. RT or RN). If the documentation is not complete, the CEO/designee works with the physician and hospital staff to complete the documentation.

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6. The patient shall receive comfort care measures as appropriate, including pain or anxiety medications, oral and other personal care. Visitation rules shall be liberally applied, including visitations by spiritual advisors, family and friends.
7. At a minimum, the Ethics Committee should review, on a quarterly basis, a summary of Termination of Life Support Activity. Additional required reviews may be designated/required by the Regional Vice President or Hospital CEO.
8. All completed Termination of Life Support forms shall be kept in the medical records.

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	<p align="center"><b>Effective Date:</b> 06/1994</p>	<p align="center"><b>Supersedes or Revised Date:</b> 11/2013</p>

**SEATTLE ADDENDUM**

1. Complete forms as required by state law in the Termination of Life Support Manual Index:
  - Forms for use with Incompetent Patient Without a Declaration (Forms 100, 200, 300)
  - Forms for use with Incompetent Patient With a Declaration (Forms 101, 201, 301)
  - Forms for use with Competent Patient (Forms 102, 202, 302)
  
3. Additional supporting documentation should be summarized:
  - Type of life support to be terminated/withdrawn
  - Summary of patient's medical condition (vitals, glasgow coma scale, condition)
  - Summary of discussions regarding the termination of life support with the patient/family are documented
  - Copy of any previously executed living will or advance directive
  - Copy of any document legally designating another person to make health care decisions for the patient, e.g. Durable power of Attorney for Health Care
  - Any other pertinent items

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**References**

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<b>Manual</b>	<b>Section</b>	<b>Policy Number</b>
<b>Patient Care</b>	Ethics and Healthcare Decision Making	H-PC 02-017
	Effective Date: 08/2004	Supersedes or Revised Date: 5/2012

**ADDENDUM Attached** (Please read every page of policy and addendum)

**PURPOSE**

To outline the requirements and actions of Kindred Hospital Seattle in regard to Advance Directives and patients' rights to self-determination.

In accordance with Washington State law, Kindred Hospital Seattle recognizes the rights of patients to make a written directive to their physician to withhold or withdraw life-sustaining treatment in the event of a terminal condition or a permanent unconscious condition. Kindred Hospital Seattle also recognizes that a person's right to control his or her healthcare may be exercised by an authorized representative who validly holds the person's durable power of attorney for healthcare.

**DEFINITIONS:**

1. Advance Directive: a written document voluntarily executed by the declarer generally consistent with the guidelines of RCW 70.122.030.
2. Permanent Unconscious Condition: an incurable and irreversible condition in which the patient is medically assessed within reasonable medical judgement as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state.
3. Terminal Condition: an incurable and irreversible condition caused by injury, disease, or illness, that within reasonable medical judgement, will cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.

**POLICY**

It is Kindred Hospital Seattle's policy to comply with the Patient Self-Determination Act 42 U.S.C. 1866 (f) and state law regarding advance directives. Accordingly, to comply with federal law, Kindred Hospital Seattle will provide written information to all adult individuals at the time of admission as inpatients concerning their rights to determine their medical treatment. This written information must tell patients about:

1. Their rights under state law to make decisions concerning their medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
2. The written policies of the facility respecting the implementation of such rights.
3. An Advance Directive may include a living will, a durable power of attorney for healthcare, or other written documents executed by the individual, signed, and dated that express the individual's healthcare treatment decisions.

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4. Advance Directive law varies from state to state. Procedures detailing the use of advance directives at Kindred Hospital Seattle are specific to Washington State law. Kindred Hospital Seattle maintains a copy of the advance directives statues for Washington state.
5. Under federal law, Kindred Hospital Seattle must document in the patient's medical record whether or not the patient has executed an advance directive.
6. Kindred Hospital will honor Advance Directives in accordance with state law unless a treatment decision conflicts with the conscience of the hospital. The hospital reserves the right to refuse a request for termination or continuation of various types of life support on a case-by-case basis for ethical or moral reasons. Likewise, the hospital reserves the right to refuse a request to terminate life support for a competent patient. The hospital will make a reasonable effort to assist with the transfer of a patient to another healthcare facility if the hospital cannot respect a treatment decision as a matter of conscience.
7. In the event that a patient, or a patient's family, agent or other representative, desires to make a treatment decision that involves discontinuation of life supporting treatment, all relevant documents will be reviewed by the Chief Executive Officer. The law requires a separate opinion by a second physician who agrees that the patient's condition is terminal or persistently unconscious. This second opinion must be made a part of the patient's medical record. At the conclusion of the review, the attending physician and the patient, or the patient's family, agent or other representative, will be informed as to whether the decision may be implemented in accordance with applicable state law without further documentation or court authorization, and whether the hospital can honor the request as a matter of conscience.

## **PROCEDURE**

1. All patients admitted to Kindred Hospital Seattle, regardless of whether an Advance Directive already exists for the patient, must be provided with written information concerning their rights under state law to make decisions concerning his/her medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate an Advance Directive.
2. Upon admission, the Business Office will present Advance Directive information to the patient, if possible, or to the person signing the admission paperwork for the patient. If the patient has an Advance Directive, the Admissions representative will ask for a copy for our files.
3. Social Services will also determine the existence of Advance Directives as part of the initial psychosocial assessment. The social worker will assist the Business Office in attempting to obtain copies of any existing directives.
4. Social Services will provide information and forms for Living Will and Durable Power of Attorney for Healthcare when requested by the patient or family.

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5. The patient will be responsible for acquiring his/her witnesses for Advance Directives. The attending physician and employees of Kindred Hospital Seattle may not act as witnesses for patient's Advance Directive.
6. When a patient formulates an Advance Directive during hospitalization, Social Services will be responsible for obtaining a copy of the directive, filing it on the patient's paper chart, and notifying the physician of the directive.