

SAMARITAN HEALTHCARE

POLICY AND PROCEDURE	PAGE: 1 of 4	NUMBER: 8610-A-3.1	REVIEWED: REVISED: 2/20/09
ORIGINATING DEPARTMENT: ADMINISTRATION	EFFECTIVE DATE: 12/1/91	SUPERSEDES NO. DATE:	
SUBJECT: ADVANCE DIRECTIVES, HEALTHCARE	APPROVED BY:  PRESIDENT AND CEO		

Medical Advance Directives provide a method of expressing instructions and preferences for healthcare treatment. Samaritan Hospital respects and encourages a patient's right to self-determination regarding their own healthcare. Samaritan Hospital does not discriminate against patients based on whether or not they have an Advance Directive.

Samaritan Hospital is committed to provide education on Advanced Directives to staff and the community.

PURPOSE

The purpose of this policy is to describe how the hospital, hospital staff, and medical staff will comply with their legal, ethical, and other obligations concerning Medical Advanced Directives. The policy does not address all aspects of the law governing Medical Advance Directives, but attempts to focus on the most relevant to the organization. The goal is to comply with the *Patient Self Determination Act*.

DEFINITIONS

- Agent: An agent has legal authority to make decisions for a patient within the limits the patient has set on the agent's decision-making power.
- Healthcare Directive: Also known as a "living will," or "Directive to Physicians and a Durable Power of Attorney for Healthcare." This expresses the patient's preferences for future medical care including non-treatment.

PROCEDURE

1. Admitting Staff Responsibilities:
 - a. Complete sections A-C of the Healthcare Advanced Directive Form and attach to the facesheet.
 - b. *Process*:
 - i. Ask the patient being admitted or the person accompanying the patient if a Healthcare Directive has been completed. Request the most current copy and attach it to the Admission Facesheet to be sent to the nursing unit to be part of the medical record. If the patient does not present with a copy, ask the person accompanying the patient to bring a copy to the nursing unit as soon as possible.

- ii. Provide each patient or person accompanying the patient the "About Advance/Medical Directives" brochure.
- iii. If the patient or designee is not able to be questioned on admission, complete part C of the Healthcare Advance Directive Form.

2. Admitting Nurse Responsibilities:

- a. It is the admitting nurse's responsibility to review section A-C on the Healthcare Advance Directive Form and complete sections D and E as needed.
- b. *Process:*
 - i. Review Healthcare Advance Directive Form received from Admitting.
 - ii. If a Healthcare Advance Directive accompanies the patient to the unit, place it behind the Advance Directive tab in the chart. Complete documentation on the nursing data base.
 - iii. If the Healthcare Directive Form contains no information regarding the Healthcare Advance Directive, ask the patient or person accompanying the patient if they have a Healthcare Advance Directive. If they do, ask them to bring a current copy and place it behind the Advance Directive tab in the patient's chart, and complete part D and E of the Healthcare Advance Directive Form.
 - iv. If they do not have a Healthcare Advance Directive, give them the information and check the "hospital information packet given " box on the database.
 - v. If the patient desires to discuss or initiate a Healthcare Advance Directive, the staff is to contact Social Services or the House Director.

3. Nursing, Medical or Social Services Staff Responsibility During Hospitalization:

- a. Document any changes in the Healthcare Advance Directive status, as the patient or agent may change the Healthcare Advance Directive at anytime.

4. Medical Staff Role:

- a. Upon the review of the Healthcare Advance Directive, the physician or health care facility shall inform a patient or patient's authorized representative of the existence of any policy or practice that would preclude the honoring of the patient's Healthcare Advance Directive at the time the physician or facility becomes aware of the existence of such a Directive. If the patient, after being informed of such policy or Healthcare Advance Directive, chooses to retain the physician or facility, in order for the Healthcare Advance Directive to become operative, the physician or facility, with the patient or patient's representative, shall prepare a written plan to be filed with the patient's Healthcare Advance Directive that sets forth the physician's or facility's intended actions should the patient's medical status change. The physician or facility under this subsection has no obligation to honor the patient's Healthcare Advance Directive if they have complied with the requirements of this subsection, including compliance with the written plan.
- b. No physician, health facility, or health personnel, acting in good faith with the Healthcare Advance Directive or in accordance with the written plan,

shall be criminally or civilly liable for failing to effectuate the Healthcare Advance Directive of the qualified patient.

- c. No employee or the hospital or a physician providing care may act as a legal witness to a Healthcare Advance Directive to Physician by a patient of the hospital. These persons may not serve as the agent of the durable power of attorney for health care unless related to the patient by blood, marriage, or adoption. The hospital can provide notary services for Healthcare Advance Directive documents.
- d. If asked, medical staff will explain to patients and families the usefulness of Healthcare Advance Directives as a means of communicating the values and wishes of the patient. Medical staff will answer questions when requested by patients or families.

5. Discharge Planning Responsibilities:

(Note: In the absence of the social worker, the nurse responsible for the patient would assume these responsibilities.)

- a. During the discharge planning process, review Healthcare Advance Directive with the patient or their agent.
- b. Document on the Patient Transfer Form the presence of an Advance Directive when the patient is discharged to another hospital, nursing home, hospice, or home health agency, (in the OB Unit and Special Care Unit this is the responsibility of the Registered Nurse.)
- c. Attach a copy of the Healthcare Advance Directive to the Patient Transfer Form to alert the agency, (responsibility of the RN in SCU or OB)
- d. Social Services may be asked to consult with the patient or their family about forming a Healthcare Advance Directive.

6. Education for Staff and Community:

- a. The Education Department in cooperation with Nursing, Social Services, Public Relations, Ethics Committee, local nursing homes, home health agencies, and hospitals will coordinate educational programs on Healthcare Advance Directive for staff and the community.

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The patient under state law, has the right to make decisions concerning his/her medical care including the right to accept or refuse medical or surgical treatment and the right to formulate Healthcare Advance Directive regarding these rights.

It is the policy of this facility to respect and encourage patients to control the decisions relating to the rendering of their own health care, including the decision to have life sustaining treatment withheld or withdrawn in instances of a terminal or permanent unconscious condition.

The patient's right to proper care will not be changed in any way if he/she does not have a Healthcare Advance Directive.

Please complete all boxes that apply:

- A). Yes, the patient has formulated a Healthcare Advance Directive
- copy on chart requested copy for chart
 - previously provided copies/no changes have been made
 - previous copies outdated/requested new copies
- B). No, the patient has not formulated a Healthcare Advance Directive
- information given
 - does not want information
- C). Unable to question the patient or patient's agent on admission due to:

Signature of Hospital Representative

Date

- D). Follow up request for copies

Signature of Hospital Representative

Date

- E). Referral to Social Services/Chaplain*

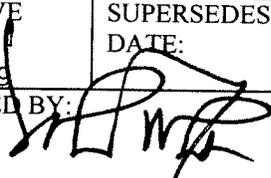
Signature of Hospital Representative

Date

* Complete only when a referral has been made

	Healthcare Advance Directive (Patient Self Determination Act)
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POLICY AND PROCEDURE	PAGE: 1 OF 3	NUMBER: 8610-D-3	REVIEWED: REVISED:
ORIGINATING DEPARTMENT: ADMINISTRATION	EFFECTIVE DATE: 3/2/09	SUPERSEDES NO. DATE:	
SUBJECT: HOSPITAL NON-PARTICIPATION in DEATH WITH DIGNITY ACT [INITIATIVE 1000]	APPROVED BY:  _____ President & Chief Executive Officer		

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 law, a health care provider, including Samaritan Healthcare, is not required to assist a qualified patient in ending that patient’s life.

2. Samaritan Healthcare has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, Samaritan Healthcare physicians, medical staff, employees, independent contractors and volunteers shall not assist a patient in ending the 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 Samaritan Healthcare patients. The appropriate standard of care will be followed.

4. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in transfer to another facility of the patient’s choice. The transfer will assure continuity of care.

5. All providers at Samaritan Healthcare are expected to respond to any patient’s query about life-ending medication with openness and compassion. Samaritan Healthcare 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, Samaritan Healthcare’s goal is to help patients make informed decisions about end-of-life care.

PROCEDURE

1. All patients will be provided with educational materials about end-of-life options. These materials will include a statement that Samaritan Healthcare does not participate in the Act.

2. If, as a result of learning of Samaritan Healthcare's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, Samaritan Healthcare staff will assist in making arrangements for the transfer. If the patient wishes to remain at Samaritan Healthcare, 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 participating provider on his or her own. The relevant medical records will be transferred to the physician taking over the patient's care. The patient's primary clinical care giver (nurse or social worker) will be responsible for:
 - a. Informing the patient's attending physician as soon as possible, but no longer than 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 Resuscitation Status (DNR) order, copies of advance directives, and POLST form 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 physician or 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 physician or provider from providing information about the "Washington State Death with Dignity Act" to a patient when the patient requests information.
6. Nothing in this policy prohibits a physician who is employed by or who is an independent contractor of Samaritan Healthcare from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of Samaritan Healthcare.

SANCTIONS

If a provider participates in the Act beyond what is allowed in the policy, Samaritan Healthcare may impose sanctions on that provider. Samaritan Healthcare shall follow due process procedures provided for in the medical staff bylaws. Sanctions may include, but are not limited to:

- Loss of medical staff privileges;
- Loss of membership;

- Restriction from provider panel;
- Termination of contracts.

PUBLIC NOTICE

Samaritan Healthcare will provide public notice of this policy in one or more of 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 the hospital's community newsletters; including information in hospital materials regarding advance directives; and including information in patient's rights handbooks.

RESOURCES

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

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act

Washington State Department of Health Regulations Chapter 246-978 WAC (Currently at CR-102 stage)

Reference Materials:

The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals