



Virginia Mason Medical Center

POLICY:

Death With Dignity Act Participation

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| PURPOSE | On March 4, 2009 the Washington Death with Dignity Act (Initiative 1000) went into effect. The Act allows terminally ill patients, determined by a physician to have less than six months to live, to request and self-administer lethal medications prescribed by a physician. The Act permits each health care provider, including health care organizations, such as Virginia Mason Medical Center to determine whether and how it will participate in the Act. This policy describes Virginia Mason's participation. |
| SCOPE | Applies to all members of the Virginia Mason Medical Center Workforce. |
| POLICY | <p>VM Participation:</p> <ol style="list-style-type: none">1. Virginia Mason Hospital - VM will not participate in the hospital setting in that patients will not be allowed to self-administer the medications while in the inpatient setting. This does not prohibit discussions by a patient with his/her health care provider during his/her hospitalization. A physician may prescribe the lethal medication for self-administration after discharge.2. Virginia Mason Clinics - In a VM ambulatory setting a Health Care Provider may choose to participate in the process by fulfilling one of the following roles as described and authorized in the Act.<ol style="list-style-type: none">i. Perform the duties of an attending physicianii. Perform the duties of a consulting physicianiii. Prescribe the lethal medicationiv. Provide counseling as directed by the Act<p>Patients will not be permitted to self-administer the medications in Virginia Mason Clinic facilities. By permitting participation in the ambulatory setting, VM is neither encouraging nor discouraging participation by a Health Care Provider. The decision to participate is strictly the Health Care Provider's.</p>3. Bailey-Boushay House – As a long-term care facility, Bailey-Boushay House residents and Health Care Providers may choose to participate.4. Virginia Mason Pharmacy – No Virginia Mason pharmacy will dispense the lethal medications.5. VM does not mandate that a Health Care Provider participate in the process allowed by the Death with Dignity Act, nor encourage any Health Care Provider to do so.6. No patient will be denied other medical care or treatment because |

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| | <p>of the patient’s participation under the Death with Dignity Act.</p> <p>7. Except as required by state law, regulations or VM internal reporting requirements, patient confidentiality will be maintained.</p> <p>Requirements and Reporting:</p> <ol style="list-style-type: none"> 1. It is the participating health care provider’s responsibility to ensure the correct procedures as required by the Act are followed and the correct documentation is completed in accordance with the Act and VMHC policy. 2. VM administration may provide oversight and may review records to the extent necessary to ensure all the safeguards of the Act have been followed and the required documentation completed and submitted to the WA Department of Health. 3. If a VM health care provider participates in the Act with a VM patient, the provider should contact the Administrative Director, Regulatory Compliance to ensure compliance with appropriate documentation and reporting. |
| DEFINITIONS | <p>Act: The “Washington Death with Dignity Act”, codified as RCW 70.245, et.,seq.</p> <p>Health Care Provider. A person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the ordinary course of business or practice of a profession, and includes a health care facility.</p> <p>Physician. A doctor of medicine or osteopathy licensed to practice medicine in the state of Washington.</p> <p>VM or VMHC: Virginia Mason Medical Center.</p> <p>Workforce: All individuals working on VM property, including VM staff and non-VM staff members.</p> |
| RELATED POLICIES, PROCEDURES, STANDARD PROCESSES, STANDARD WORK OR REFERENCES | <p>Virginia Mason Medical Center Patient Rights and Responsibility Handout Virginia Mason Notice of Privacy Practices Virginia Mason Clinical Policy on Informed Consent Washington State Department of Health website at: www.doh.wa.gov/dwda</p> |
| SPONSORING AD, VP, CHIEF OR COMMITTEE | <p>Kathy Lindsey, RN – Administrative Director, Safety & Regulatory Compliance Cathie Furman, Senior Vice President, Quality & Compliance</p> |
| REGULATORY REFERENCES | <p>Revised Code of Washington, RCW 70.25, et. seq.</p> <p>Washington Administrative Code, WAC 246-978, Death with Dignity Act requirements</p> |
| AUTHOR /ROLE | <p>Kathy Lindsey, MN, RN Administrative Director, Safety & Regulatory Compliance</p> |
| GOVERNING | <p>Safety and Regulatory Compliance Department</p> |

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| DEPARTMENT | |
| NAME OF POLICY MANUAL | Organizational Policy |
| IMPLEMENTATION & MONITORING PLAN | Approved policy will be communicated via direct email to providers, NewsBriefs, and notification via management and provider standing meetings. Centralized internal reporting will support auditing for compliance with documentation and external reporting requirements. |
| NEXT REVIEW DATE | |

APPROVING BODY and POLICY APPROVAL DATE:

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| Approved by: | Revised Date: |
| Senior Council | June 18, 2009 |
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REVIEWED / REVISED DATE

Formal review and re-approval on or before (60 months)



**VIRGINIA MASON MEDICAL CENTER
CLINICAL POLICY & PROCEDURE MANUAL
SECTION 5: OPERATIONS**

**PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT
(POLST) FORM**

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| <u>PURPOSE</u> | To provide understanding of the nature of a POLST form and direct usage of a POLST in both the in-patient and out-patient setting |
| <u>SCOPE</u> | This policy applies to all staff caring for patients (inpatient, surgical and ambulatory) at a Virginia Mason facility with regard to the collection, storage and retrieval of POLST forms. In addition, all clinic staff must be able to assist adult patients who wish to either formulate a POLST or provide an existing POLST during ambulatory care visits. |
| <u>POLICY</u> | <p>The “Physician Orders for Life-Sustaining Treatment (POLST) form may be presented by a patient at the time of hospital admission.</p> <ol style="list-style-type: none"> 1. The form will be reviewed by the admitting physician and validated with the patient/surrogate and appropriate code status orders entered into CIS/ Cerner by the admitting physician. 2. The physician documents the discussion with the patient in the patient’s chart as an “Advance Care Planning” note (under Cerner code #69). 3. The physician will assist the patient who desires to revise/update or complete a new POLST form prior to discharge from the hospital. |
| <u>DEFINITIONS</u> | <p>The Physician Orders for Life-Sustaining Treatment (POLST) form is a “portable” physician order that describes the patient’s wishes regarding issues of life support and end of life care. It remains in the patient’s possession from one care setting to another. The POLST provides directions to emergency response staff and caregivers in a patient’s home as well as other care settings.</p> <p>In the hospital, the POLST does not function as an order but can serve as a guide along with ongoing discussions with the patient and/or surrogate as orders are being written in CIS/ Cerner. Until orders are written, hospital staff follow the orders in the POLST form in the event of an emergency.</p> |
| <u>PROCEDURE OR GUIDELINES</u> | <p><u>Patient Admitted with a POLST Form:</u></p> <ol style="list-style-type: none"> 1. The care team with the physician will review and validate the POLST form content with the patient/surrogate. This information will be conveyed to the admitting physician who will enter resuscitation/ code status orders for this hospital admission. It is suggested that this physician dictate an “Advance Care Planning” |

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note (under Cerner code #69) in CIS/ Cerner.

2. Staff will honor the directions on the POLST form until the admitting physician writes code status orders, unless the patient or surrogate indicate they do not want those directions followed.
3. Code status orders will be entered by the physician in CIS/ Cerner.
4. The registered nurse documents in the Admission History and Information form that the patient has a POLST form. Document in Advance Directive, "Other" section.
5. The patient flow coordinator will make a copy of the POLST form, place patient label on it, and place in the yellow plastic sleeve in chart. The original POLST form is then returned to the patient.
6. The registered nurse documents in the Progress Record that the POLST form was sent with the patient when the patient is transferred to another care facility/provider.

Completing a POLST Form While a Patient:

1. If a patient/surrogate chooses to complete a POLST form prior to being discharged, obtain a POLST form for the Physician and patient/surrogate to complete and sign.
2. Make a copy of the completed and labeled POLST form and place in the yellow plastic sleeve in the chart. Document in Cerner as an "Advance Care Planning" note (under Cerner code #69) and send to primary provider for review. Return original POLST form to the patient.
3. If patient is actively being prepared for discharge, place original POLST form with copies being made for discharge and send with patient at time of discharge.

Review of POLST Form:

1. The physician and patient/surrogate may review/revise the POLST form at any time by using the designated section of the form or voiding the old form and completing a new one.
2. During discharge planning, the physician may wish to review the POLST to see if it needs revision or the patient's condition warrants review/revision prior to discharge home or transfer to another health care facility/provider such as home health/hospice, etc.

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| | 3. If the POLST form is changed, then appropriate notes (including a new “Advance Care Planning” note under Code #69 in Cerner) should be dictated and sent to the primary provider. |
| <u>RELATED POLICIES, PROCEDURES, STANDARD WORK & REFERENCES</u> | <u>Policies</u> Bioethics Committee: Access for Case Consultation Withholding and Withdrawing Life-Sustaining Treatment Allow Natural Death/Withholding Resuscitation |
| <u>SPONSORING VP, CHIEF OR COMMITTEE</u> | Charleen Tachibana, RN, MN, CNA Senior Vice President & CNO |
| <u>AUTHOR/ ROLE</u> | Thomas Malpass, MD – Bioethics Committee |
| <u>GOVERNING AUTHORITY: DEPT OR POSITION</u> | Bioethics Committee Code 4 Committee |
| <u>IMPLEMENTATION & MONITORING PLAN</u> | Policy is implemented. Monitoring is through the PSA process |
| <u>NEXT REVIEW DATE</u> | August 2015 |

APPROVING BODY and POLICY APPROVAL DATE:

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| Approved by: | Date: |
| Sr VP, CNO & Hospital Administrator - Charleen Tachibana, RN, MN, CNA | August 2010 |
| Bioethics Committee | August 2010 |
| Code 4 Committee | August 2010 |