 Othello Community Hospital Othello, Washington		Policy Number BP-038	Total Pages 3
Effective Date: 03/04/09	Revision Dates:	Subject: Death with Dignity Act/Initiative 1000- Hospital and its Providers will not participate	
Review Dates:			
Approvals 02/26/09 _____ _____			
Type: OPERATIONAL		Policy/Procedure:	
Originating Department: Administration			

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 Othello Community Hospital, is not required to assist a qualified patient in ending that patient’s life.
2. Othello Community Hospital has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, Othello Community Hospital physicians, 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 Othello Community Hospital 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 Othello Community Hospital are expected to respond to any patient’s query about life-ending medication with openness and compassion. Othello Community Hospital 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, Othello Community Hospital’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 Othello Community Hospital does not participate in the Act.

2. If, as a result of learning of Othello Community Hospital's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, Othello Community Hospital's staff will assist in making arrangements for the transfer. If the patient wishes to remain at Othello Community Hospital, 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.
 - e. Referring the patient desiring further information to Compassion and Choices of Washington at P.O. Box 61369, Seattle, WA 98141-6369, 206.256.1636 or toll-free 877.222.2816, www.candcofwa.org.
It is expected that the Washington chapter will offer services similar to that of the Oregon chapter: information and support to people in the final stages of their lives, assistance with life-ending medication for those clients who so request, and a personal presence at the death of a qualified person should he/she desire.
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 Othello Community Hospital from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of Othello Community Hospital.

SANCTIONS

If a provider participates in the Act beyond what is allowed in the policy, Othello Community Hospital may impose sanctions on that provider. Othello Community Hospital shall follow due process procedures provided for in the medical staff bylaws. Sanctions may include:

- Loss of medical staff privileges;
- Loss of membership;
- Restriction from provider panel;
- Termination of lease or other property contract [the hospital may want to consider updating leases or property contracts to reflect this possibility]; and/or
- Termination of contracts.

Sanctions must be provided for in the hospital's medical staff bylaws, policies and procedures. Sanctions may be imposed only after due process and other procedural protections that are normally provided for those who practice at the hospital.

PUBLIC NOTICE

Othello Community Hospital will provide public notice of this policy in any 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 the Patient Safety Committee or Human Resources Director 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

 Othello Community Hospital Othello, Washington		Policy Number AP-040	Total Pages 4
Effective Date: 12/01/91	Revision Dates: 09/30/02, 04/09	Subject ADVANCE DIRECTIVES	
Review Dates: 04/09			
Approvals _____ _____		Policy/Procedure	
Type: OPERATIONAL		Originating Department: ADMINSTRATION	

PURPOSE:

This policy is intended to enable Othello Community Hospital to comply with the **PATIENT SELF DETERMINATION ACT**, (the “ACT” as contained in the Omnibus Budget Reconciliation Act of 1990), which is required by Federal Law as a condition of participation in the Medicare and Medicaid programs.

POLICY:

As always, it is the policy of Othello Community Hospital to support a patient’s right to participate in health care decision making. Implementation of this policy will make it possible for patients to be active participants in decision making about their health care. Patient education and opportunities to learn about **ADVANCE DIRECTIVES** will be made available to all adult patients admitted to Othello Community Hospital. Staff and community education will also be conducted.

The term “**ADVANCE DIRECTIVES**” means a written instruction such as living will, durable power of attorney for health care of the patient’s expressed preferences about treatment. Othello Community Hospital does not discriminate against patients based on whether or not they have **ADVANCE DIRECTIVES**.

PROCEDURE:

A. Admitting Officer Staff’s Responsibility

1. Ask the person being admitted as an adult inpatient or responsible person accompanying patient if an “**ADVANCE DIRECTIVE**” has been completed.
2. If so, obtain a copy and attach to the admission face sheet for inclusion in the medical record.
3. If no copy is available but one has been completed, ask the patient or responsible person to bring a copy to the hospital during hospitalization.
4. If an “**ADVANCE DIRECTIVE**” has not been completed, provide the patient or responsible person with written information of Washington State Patient Rights and Othello Community Hospital policy information pertaining to **ADVANCE DIRECTIVES**. (see pamphlet)

5. Document on the admission face sheet whether the patient has completed and **ADVANCE DIRECTIVE** and the fact that policy and patient rights information have been provided.
6. If the patient has not completed an **ADVANCE DIRECTIVE** but wishes more information, advise the charge nurse by filling out “Information requested on PSDA” form and take to nursing station.

B. Admitting Nurse’s Responsibility

1. If an “**ADVANCE DIRECTIVE**” accompanies the patient to the nursing station, place it in the medical record immediately behind the admission face sheet.
2. If the patient does not have an “**ADVANCE DIRECTIVE**” but wishes more information and/or initiates one, refer to Administrative staff/Charge Nurse by filing out “Information requested on PSDA” form and give t Administrative staff/Charge Nurse or provide appropriate information (see pamphlet) and assistance if necessary.
3. Document on the Nursing admission history “**ADVANCE DIRECTIVE**, in medical record or Administrative staff/Charge Nurse notified”.

C. Nursing Staff’s Responsibility During Hospitalization

1. Document any changes in **ADVANCE DIRECIVE** status in the nursing programs notes.
2. If patient is transferred to another facility, document on the transfer sheet the presence of an **ADVANCE DIRECTIVE** and attach a copy of the **ADVANCE DIRECTIVE** to the transfer sheet.

D. Administrative staff/Charge Nurse Responsibility

1. Review **ADVANCE DIRECTIVE** for completion.
2. If patient desired to discuss and/or initiate an **ADVANCE DIRECTIVE**, notify attending physician and document in the medical record that attending physician has been notified. Assist patient/responsible person as needed.
3. **ADVANCE DIRECTIVES** will be maintained in the permanent medical record. Record will be labeled as such.
4. To aid in the quick retrieval of patient’s **ADVANCE DIRECTIVE** on file, medical records will copy each **ADVANCE DIRECTIVE** and file by patient name in an index file box located in the Emergency Department and Nursing Station. This will be updated on a weekly basis or as necessary.

E. Education for Hospital Staff

In order to assure that patient/responsible person questions regarding **ADVANCE DIRECTIVES** are appropriately referred and answered and, more important, in order to assure that patient participation in medical decision making is maximized and that care is consistent with patient values, educational information about **ADVANCE DIRECTIVES** and Othello Community Hospital’s policies will be provided (in written form or through in-service education programs) to the medical, nursing and allied health professional, and hospital staff, annually.

F. Education for Community

In order to assure that the community served by this facility is knowledgeable about **ADVANCE DIRECTIVES** and patient rights to consent to and refuse treatment, education shall be provided through community forums or written materials made available at the facility (posted on community bulletin board or for distribution) and through newspaper advertisement at least once a year.

TERMINOLOGY

PSDA '90

The Patient Self-Determination Act of 1990 is Public Law 101-508, Sections 4206 and 4751. It was enacted November 5, 1990 as a part of OBRA '90, the Omnibus Budget Reconciliation Act of 1990.

Patient Self Determination

This refers to the right of competent adults to make their own medical treatment decisions, and include the right to complete **ADVANCE DIRECTIVES**, saying how and/or by whom decisions should be made in the future in the event the person becomes incapacitated and unable to make his or her own decisions.

Terminal Condition

This is an incurable condition caused by injury, disease of illness, where life-sustaining medical procedures serve only to postpone the moment of death. Withholding or withdrawing life-sustaining measures, except in special circumstances, is legal only if death is imminent.

“Imminent” has never been precisely defined by law or by the courts of Washington; but this term is generally interpreted as meaning close, or very near.

Special Circumstances

Washington courts have said that if it is the patient’s wish, artificial life support can be withheld or withdrawn when a patient’s physician and two other physicians’ agree he or she cannot recover from a unconscious and unresponsive condition.

Inform Consent

This is legal term referring to the right to make medical treatment decisions. Under state law, it typically includes the right to be informed on one’s medical condition and prognosis, the risks and benefits associated with a recommended procedure or course of treatment, and what alternatives exist. In the case of mental incapacity, an individual’s right to give or withhold informed consent typically passes to the person’s legal representative, usually an agent or attorney-in-face under a durable power of attorney, a court-appointed guardian, or a close family member.

Advance Directive

This refers to a written statement of instruction is a form recognized by state law and concerning the provision of health care in the event of incapacity. Forms of **ADVANCE DIRECTIVE** vary from state to state, but the typically include the living will and the durable power of attorney for health care.

Living Will

This is a legal document in which a person specifies the kinds of life-saving and life-sustaining care and treatment he or she does or does not wish to receive in the event the person becomes both incapacitated and terminally ill. Many states have their own titles for a living will document such as “**Directive to Physicians,**” **Declaration Concerning Health Care,**” etc.

Durable Power of Attorney for Health Care

This is a legal document through which a person appoints someone else, an “attorney-in-fact” or “agent” to act on the person’s behalf in making medical treatment decisions.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Other Contact Information (Optional)

Name of Guardian, Surrogate or other Contact Person	Relationship	Phone Number	
Name of Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

D ADDITIONAL PATIENT PREFERENCES (OPTIONAL)

ANTIBIOTICS:

- No antibiotics. Use other measures to relieve symptoms. Use antibiotics if life can be prolonged.
 Determine use or limitation of antibiotics when infection occurs, with comfort as goal.

MEDICALLY ASSISTED NUTRITION:

Always offer food and liquids by mouth if feasible.

- Trial period of medically assisted nutrition by tube.
 (Goal: _____)
 Long-term medically assisted nutrition by tube.

- No medically assisted nutrition by tube.

ADDITIONAL ORDERS: (e.g. dialysis, blood products, etc. Attach additional orders if necessary.)

X Physician/ARNP/PA-C Signature	Date
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DIRECTIONS FOR HEALTH CARE PROFESSIONALS

Completing POLST

- Must be completed by health care professional.
- Should reflect person's current preferences and medical indications. Encourage completion of an advance directive.
- POLST must be signed by a physician/ARNP/PA-C to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is effective across all settings including hospitals until replaced by new physicians's orders.

The health care professional should inquire about other advance directives. In the event of a conflict, the most recently completed form takes precedence.

SECTION A:

- No defibrillator should be used on a person who has chosen "Do Not Attempt Resuscitation."

SECTION B:

- When comfort cannot be achieved in the current setting, the person,

including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).

- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Limited Additional Interventions" or "Full Treatment."

SECTION D:

- Oral fluids and nutrition must always be offered if medically feasible.

Reviewing POLST

This POLST should be reviewed periodically whenever:

- (1) The person is transferred from one care setting or care level to another, or
- (2) There is a substantial change in the person's health status, or
- (3) The person's treatment preferences change.

A person with capacity or the surrogate of a person without capacity, can void the form and request alternative treatment.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters. Any changes require a new POLST.

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Physician Orders for Life-Sustaining Treatment

Last Name - First Name - Middle Initial _____

Date of Birth _____ Last 4 #SSN _____ Gender _____
 _____ M F

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide emergency medical treatment for persons with advanced life limiting illness based on their current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals: _____

Agency Info/Sticker _____

A **CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

Check One

CPR/Attempt Resuscitation DNAR/Do Not Attempt Resuscitation (Allow Natural Death)

Choosing DNAR will include appropriate comfort measures and may still include the range of treatments below. When not in cardiopulmonary arrest, go to part B.

B **MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

Check One

COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer: EMS contact medical control to determine if transport indicated to provide adequate comfort.**

LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Avoid intensive care if possible.**

FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: (e.g. dialysis, etc.) _____

C **SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:

- Patient Parent of Minor
 Legal Guardian Health Care Agent (DPOAHC)
 Spouse/Other:

PRINT — Physician/ARNP/PA-C Name

Phone Number

Physician/ARNP/PA-C Signature (**mandatory**)

Date

PRINT — Patient or Legal Surrogate Name

Phone Number

Patient or Legal Surrogate Signature (**mandatory**)

Date

Person has: Health Care Directive (living will) Living Will Registry
 Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED