ADVANCE DIRECTIVE POLICY AND PROCEDURE

DEFINITIONS

Advance Directive - A written instruction, such as a living will or durable power of attorney for health care, recognized under state law, relating to the provision of health care when the individual is incapacitated. The document expresses wishes about treatment preferences and the designation of a surrogate if the patient is incapacitated. Mason General Hospital and Family of Clinics use the 5 Wishes Model.

Durable Power of Attorney/Durable Power of Attorney for Health Care (abbreviated below as "DPOA") - A document that designates an agent or proxy to make Health care decision if the patient is no longer able to make them. The document directs the surrogate to function as "attorney-in-fact" and make decisions regarding all treatment, including the final decision about cessation of treatment.


Physician Order for Life Sustaining Treatment (abbreviated below as "POLST") - Document used to communicate decisions about the types(s) of life-sustaining treatment a patient desires that is signed by a licensed independent medical practitioner. Similar to an Advance Directive, but has more authority as a physician order that healthcare workers must follow.

POLICY

Mason General Hospital and Family of Clinics respects the rights of patients and, recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, Mason General Hospital and Family of Clinics provides considerate, respectful care focused upon the patient's individual needs.

Mason General Hospital and Family of Clinics affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment, to the extent permitted by law.

Effective Date: 4/20/2013
Review Date: 3/21/2013
Revision Date: 3/21/2013
Formulated Date: 3/1/1998
ADVANCE DIRECTIVE POLICY AND PROCEDURE

The care of the dying patient is provided to optimize the comfort and dignity of the patient by:

- Treating primary and secondary symptoms that respond to treatment as desired by the patient or surrogate decision-maker and effectively managing pain.

- Acknowledging the psychosocial and spiritual concerns of the patient and the family regarding the dying and the expression of grief by the patient and family.

- By promoting the right of the patient, in collaboration with his/her physician, to make decisions involving his/her health care, including: The right of the patient to formulate Directives (verbal and written) and appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law.

Mason General Hospital and Family of Clinics has in place a mechanism to ascertain the existence of or provide information about Directives at the time of presentation:

- This applies to all adults, 18 years or older that present as an inpatient, short stay/observation or a therapeutic outpatient.

- By providing the patient with written information and verbal communication of these rights at the time of admission.

- The provision of care is not conditioned on the existence of an Directive.

- If on file, the most recent Directive(s) is kept in the patient's medical record.

- The Directive(s) can be changed at any time while the person is competent to do so and the file will be updated.

- It is the responsibility of the patient's legal decision maker to exercise the rights delineated on behalf of the patient, if the patient has been judged incompetent in accordance with the law or is found by his/her physician to be medically incapable of
ADVANCE DIRECTIVE POLICY AND PROCEDURE

understanding the proposed treatment or procedure, or is unable to communicate his/her wishes regarding treatment.

On advice of the legal counsel of Mason General Hospital and Family of Clinics it shall be noted that, according to the law,

HOSPITAL AND CLINIC STAFF AND HOSPITAL AND CLINIC NOTARIES ARE NOT ABLE TO WITNESS, NOR FACILITATE IN, THE PREPARATION OF A LIVING WILL, ADVANCE DIRECTIVE, POWER OF ATTORNEY DESIGNATION, OR OTHER HEALTHCARE DIRECTIVE TO THE PHYSICIAN.

PROCEDURE

REGISTRATION RESPONSIBILITIES:

When an adult, 18 years or older presents for, registration to the hospital, the Central Registration staff will ascertain whether there is an Directive on file in the Medical Record. This can be accomplished by:

- Asking the patient or surrogate to respond by a "YES or NO" to the Advance Directive questions and indicating this, in the computer system which will result in printing this on the Face Sheet.

HEALTH INFORMATION MANAGEMENT RESPONSIBILITIES:

- At the time of an adult admission to the hospital, the Health Information Management Staff will accomplish the following:
  a) Retrieve the patient’s previous medical records and deliver them to the appropriate area.

Effective Date: 4/20/2013
Review Date: 3/21/2013
Revision Date: 3/21/2013
Formulated Date: 3/1/1998
ADVANCE DIRECTIVE POLICY AND PROCEDURE

b) The medical record folder will contain any previous "Advance Directive, Living Will, Durable Power of Attorney, POLST, Directive to the Physician or Mental Health Directive".

c) A sticker will be attached to the front of the medical record folder if there is an Advance Directive, Living Will, Durable Power of Attorney, POLST, Directive to the Physician or Mental Health Directive enclosed.

- The Health Information Management Department will be responsible for maintaining all Directives received at Mason General Hospital and Family of Clinics in the patient's medical record folder. The document(s) will be stored on the left hand side of the folder and will always be the top page.

- When a patient is discharged, any current Directives in the patient chart will be removed and placed in the Permanent Medical Record File Folder.

- Scanned versions of current Directives are available in the Electronic Medical Record.

NURSING STAFF AND/OR UNIT SECRETARY RESPONSIBILITIES:

- On admission, the Clinical Staff will review the old folder for a large green sticker indicating "Advance Directive, Living Will, Durable Power of Attorney, POLST, Directive to the Physician or Mental Health Directive On File" and the patients Face Sheet for the information from Central Registration. Note: The POLST must be an original document, not a copy.

- If the permanent chart has a (green) sticker, the Clinical Staff will place a green sticker stating "Advance Directive, Living Will, Durable Power of Attorney, POLST, Directive to the Physician or Mental Health Directive" on the "new" chart.

- If the face sheet "only" says there is an advance directive, s/he will ascertain whether a copy of the Directive(s) is present in the new chart and add the sticker to the outside of the new chart. (See below for actions if Directive copies are not found).

- If there is no sticker and the face sheet does not indicate an advance directive on file, a Unit Clerk does nothing and Nursing follows Nursing Admission History Assessment.

Effective Date: 4/20/2013  
Review Date: 3/21/2013  
Revision Date: 3/21/2013  
Formulated Date: 3/1/1998
ADVANCE DIRECTIVE POLICY AND PROCEDURE

- All charts will be maintained at the appropriate nursing unit.

At the time of the Nursing Admission History Assessment, the following information will be ascertained:

- Verification that the Advance Directive, Living Will, Mental Health Directive Durable Power of Attorney and/or other Directives on file is/are current. If current, note in Nursing Admission History Assessment.

- If the patient or surrogate state there is a document, but it is not in the medical record folder, direct the patient or surrogate to obtain this document for our file.

- When provided, update current chart with document and place a green sticker on the outside of the chart folder.

- Answer any questions, provide the brochure and/or make appropriate referrals for further information to the Patient Resources Department.

- If a referral needs to be made to the Patient Resources Department, this will be done by as soon as possible. If this department is unavailable, the House Supervisor will provide this service.

- Nursing staff shall utilize the Code Clarification Form and/or Physician Order for Life-Sustaining Treatment (POLST) Form to document a "Verbal Advance Directive". The RN will fill out the first half of the form and the physicians will fill out the rest of the order and sign it.

- At discharge, original version of the POLST will be returned to the patient or their surrogate; a copy is maintained in the medical record sent to HIM.

PATIENT RESOURCES RESPONSIBILITIES:

- When requested by the Nursing Staff, the Patient Resources Department will continue to answer any questions to the best of their ability and provide additional resources as needed.

Family of Clinics:

<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>4/20/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Date:</td>
<td>3/21/2013</td>
</tr>
<tr>
<td>Revision Date:</td>
<td>3/21/2013</td>
</tr>
<tr>
<td>Formulated Date:</td>
<td>3/1/1998</td>
</tr>
</tbody>
</table>
ADVANCE DIRECTIVE POLICY AND PROCEDURE

- Mason General Hospital-owned clinics will be encouraged to ask and obtain a copy of the patient’s Directives, for those patients over the age of 18 who have such Directives.
- The Clinics owned by Mason County Public Hospital District will provide written educational materials to any patient asking for more information related Directives.
- If a patient is in one of the Clinic settings, and experiences a cardiac arrest, an attempt to rescue the patient will be initiated and 911 will be called.

ADMINISTRATION RESPONSIBILITIES:

- Assure that the above-mentioned procedures are followed by the employed staff of the facility.
- Provide the opportunity for staff education; and community education in conjunction with other area health care organizations.
- Provide written material on Advance Directives, DPOA, and POLST.
- The Materials Department will be responsible for maintaining brochures and blank forms related to health care directives for other Departments to order.

Referenced Documents:
TJC Standard RL.01.05.01
Medicare and Medicaid Conditions of Participation. (Current manuals maintained in HIM)

Relevant Revised Codes of Washington:
RCW 70.122- Living Will
RCW 70.32- Mental Health Advance Directives
RCW 70.245- Death with Dignity Act
RCW 11.94- Power of Attorney


Effective Date: 4/20/2013
Review Date: 3/21/2013
Revision Date: 3/21/2013
Formulated Date: 3/1/1998
DEATH WITH DIGNITY

PURPOSE

To describe the responsibilities and duties of Mason General Hospital in accordance to Washington State's 'Death with Dignity Act, Initiative 1000' codified as RCW 70.245.

POLICY

IT IS THE POLICY OF THIS HOSPITAL TO RESPECT A PATIENT'S RIGHT TO CHOOSE TO PARTICIPATE IN THE DEATH WITH DIGNITY ACT AND TO RESPECT THE PHYSICIAN-PATIENT RELATIONSHIP. MASON GENERAL HOSPITAL WILL NOT, HOWEVER, MANDATE ITS PHYSICIANS, OR PHYSICIANS ASSOCIATED WITH MASON GENERAL HOSPITAL TO PARTICIPATE IN THE DEATH WITH DIGNITY ACT. IN ADDITION, MASON GENERAL HOSPITAL WILL NOT DISPENSE MEDICATIONS TO PATIENTS WISHING TO PARTICIPATE IN THE DEATH WITH DIGNITY.

The hospital will provide oversight and may review records to the extent necessary to ensure all the safeguards of the law have been followed and the required documentation completed and submitted to the Department of Health.

I. Hospital Responsibilities:
   a. Mason General Hospital will ensure the following shall be documented or filed in the patient's medical record to meet the requirements as set forth in the Revised Code of Washington (RCW 70.245.120):
      (1) All oral requests by a patient for medication to end his or her life in a humane and dignified manner;
      (2) All written requests by a patient for medication to end his or her life in a humane and dignified manner;
      (3) The attending physician's diagnosis and prognosis, and determination that the patient is competent, is acting voluntarily, and has made an informed decision;

Effective Date: 2/11/2011
Review Date: 1/11/2011
Revision Date: 1/11/2011
Formulated Date: 1/11/2011
DEATH WITH DIGNITY

(4) The consulting physician’s diagnosis and prognosis, and verification that the patient is competent, is acting voluntarily, and has made an informed decision;

(5) A report of the outcome and determinations made during counseling, if performed;

(6) The attending physician’s offer to the patient to rescind his or her request at the time of the patient’s second oral request under RCW 70.245.090; and

(7) A note by the attending physician indicating that all requirements under this chapter have been met and indicating the steps taken to carry out the request, including a notation of the medication prescribed.

b. The following forms must be sent to the Department of Health and a copy will be maintained in the patients chart:

<table>
<thead>
<tr>
<th>DOH Publication Number</th>
<th>Form Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>422-063</td>
<td>Written Request for Medication to End My Life in a Humane and Dignified Manner form</td>
</tr>
<tr>
<td>422-064</td>
<td>Attending Physician’s Compliance form</td>
</tr>
<tr>
<td>422-065</td>
<td>Consulting Physician’s Compliance form</td>
</tr>
<tr>
<td>422-066</td>
<td>Psychiatric/Psychological Consultant’s Compliance form</td>
</tr>
<tr>
<td>422-067</td>
<td>Pharmacy Dispensing Record form</td>
</tr>
<tr>
<td>422-068</td>
<td>Attending Physician’s After Death Reporting form</td>
</tr>
</tbody>
</table>

II. Primary Care Physician- Stage 1:

a. It is the responsibility of the attending (primary) physician “to ensure that all appropriate steps are carried out in accordance with the law before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner.”

b. Document patient first oral request in medical record/DOH form (“ATTENDING PHYSICIAN’S COMPLIANCE FORM” DOH 422-064), including date, time, and persons present.
DEATH WITH DIGNITY

Continue to use ATTENDING PHYSICIAN’S COMPLIANCE FORM to track completion of required steps.

c. Inform patient that patient may rescind request or end process to obtain a prescription any time and for any reason patient wishes.
d. Recommend patient notify next of kin of request.
e. Discuss with patient the patient’s diagnosis and his or her prognosis. Discuss feasible alternatives with patient and provides information on hospice, comfort care, and pain control.
f. Discuss with patient the risks associated with taking the medication to be prescribed.
g. Discuss with patient the probably result of taking the medication to be prescribed.
h. Determine that patient has an incurable and irreversible disease.
i. Determine, within reasonable medical judgment, that patient’s incurable and irreversible disease will produce death within six months.
j. Provide patient with the DOH written form for making final written request and explain time frame.
k. Refer the patient to consulting physician for medical confirmation of diagnosis and determination that patient is competent to make informed decision and acting voluntarily.
l. Evaluate patient’s competency and determines patient is competent to make an informed decision about self-administration of lethal medication.
m. Refer patient to licensed psychiatrist or psychologist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.
   Do not prescribe lethal medication unless and until person performing counseling determines that the patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

n. Determine that patient request is made voluntarily.

III. Consulting Physician Requirements

a. Obtain DOH required form “CONSULTING PHYSICIAN’S COMPLIANCE FORM” DOH 422-065/CHS 603.
b. Examine and evaluate patient clinical record.
c. Examine and evaluate patient.
d. Confirm attending physician’s diagnosis that patient has an incurable and irreversible disease.
e. Confirm that, within reasonable medical judgment, patient’s incurable and irreversible disease will produce death within six months.
f. Confirm patient is competent to make an informed decision about self-administered lethal medication.

Effective Date: 2/11/2011
Review Date: 1/11/2011
Revision Date: 1/11/2011
Formulated Date: 1/11/2011
DEATH WITH DIGNITY

g. Refer patient for to licensed psychiatrist or psychologist for counseling if patient may have depression or psychiatric or psychological disorder causing impaired judgment.

h. Confirm patient is acting voluntarily.

i. Confirm patient has made an informed decision to request self-administered lethal medication.
   1) “Informed decision” means a decision that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
      i. His or her medical diagnosis;
      ii. His or her prognosis;
      iii. The potential risks associated with taking the medication to be prescribed;
      iv. The probable result of taking the medication to be prescribed; and
      v. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

j. Complete CONSULTING PHYSICIAN’S COMPLIANCE FORM, retain copy in medical record, and deliver original of form to the primary physician.

IV. Counselor (Is a licensed psychiatrist or psychologist)


b. Evaluate whether or not patient is suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

c. Evaluate patient’s competency to make an informed decision.

d. Provide, with patient consent, any appropriate treatment to patient to enable patient to make informed decision without impaired judgment.

e. Determine that patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.

f. Confirm patient has made an informed decision to request self-administered lethal medication.
   1) “Informed decision” means a decision that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
      i. His or her medical diagnosis;
      ii. His or her prognosis;
      iii. The potential risks associated with taking the medication to be prescribed;
      iv. The probable result of taking the medication to be prescribed; and
      v. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

g. Document evaluation on PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT’S COMPLIANCE FORM and sign determination; retain copy for medical record; provide original to primary physician.

Effective Date: 2/11/2011
Review Date: 1/11/2011
Revision Date: 1/11/2011
Formulated Date: 1/11/2011
DEATH WITH DIGNITY

V. Primary Physician- Stage Two
   a. Document (in medical record) presence of all persons (family, tx team, etc).
   b. Receive patient’s second oral request.
   c. Confirm 15 days or more have passed since patient’s first oral request.
   d. Review consultant and counselor report(s).
   e. Proceed only if consultant, and any counselor, confirm in report(s) that
      i. Patient has an incurable and irreversible disease.
      ii. Patient’s incurable and irreversible disease will produce death within six
          months.
      iii. Patient is competent to make informed decision
      iv. Patient is making an informed decision
      v. Patient is acting voluntarily
      vi. Patient does not have depression or psychiatric or psychological disorder
          causing impaired judgment. (if has been referred to counselor)
   f. Receive patient’s written request on DOH form “REQUEST FOR MEDICATION TO END
      MY LIFE IN A HUMANE AND DIGNIFIED MANNER” DOH 422-063 (or in a written form
      that is substantially the same form as described in Act).
      i. Confirm DOH form is complete, or that other written request substantially
         complies with the Act
      ii. Confirm form is signed by patient and witnesses at least 48 hours before
          physician writes prescription.
   g. Attach original patient written request form to ATTENDING PHYSICIAN’S
      COMPLIANCE FORM. Retain copy in medical record.
   h. Confirm patient is Washington resident (Make copy of factor(s) used to determine
      residency and retain in medical record†) Factors demonstrating Washington state
      residency include but are not limited to:
      i. Possession of a Washington state driver’s license;
      ii. Registration to vote in Washington state; or
      iii. Evidence that the person owns or leases property in Washington state.
   i. Confirm patient is at least 18 years of age.
   j. Inform the patient of importance of having another person present when patient takes
      the medication.
   k. Inform the patient of importance of not taking the medication in a public place.
   l. Specifically offer patient opportunity to rescind request. Specifically document offer and
      response.
   m. Verify that patient is still competent to make an informed decision.
   n. Verify that patient is acting voluntarily.
   o. Immediately prior to writing prescription ensure that patient is fully informed/is making an
      informed decision.
DEATH WITH DIGNITY

i. "Informed decision" means a decision that is based on an appreciation of the relevant facts and after being fully informed by the attending physician of:
   1. His or her medical diagnosis;
   2. His or her prognosis;
   3. The potential risks associated with taking the medication to be prescribed
   4. The probable result of taking the medication to be prescribed; and
   5. The feasible alternatives including, but not limited to, comfort care, hospice care, and pain control.

p. Before writing prescription, determine that all required steps have been carried out and documented on required DOH forms and that copies are in the clinical record.
   i. It is the responsibility of the attending (primary) physician "to ensure that all appropriate steps are carried out in accordance with the law before writing a prescription for medication to enable a qualified patient to end his or her life in a humane and dignified manner."

q. Write prescription for self-administered lethal medication.

r. Instruct patient that any unused medication must be disposed of legally.

s. Dispense medication
   i. Directly to patient including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort, if the attending physician is authorized under statute and rule to dispense and has a current drug enforcement administration certificate

OR

ii. with patient written consent, contact pharmacist and inform pharmacist of prescription AND then deliver prescription in person, by fax, or by mail to pharmacist.

t. Complete and sign ATTENDING PHYSICIAN'S COMPLIANCE FORM.

u. The attending physician may sign the patient's death certificate which shall list the underlying terminal disease as the cause of death (and not the ingestion of lethal medication).

v. Within 30 days after patient death, gather and submit required DOH forms:
   i. ATTENDING PHYSICIAN'S COMPLIANCE FORM
   ii. Patient's written request (REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER)
   iii. PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM
   iv. CONSULTING PHYSICIAN'S COMPLIANCE FORM
   v. (if physician dispenses medication directly) PHARMACY DISPENSING RECORD FORM, DOH 422-067. (Note: if physician refers to pharmacy...

Effective Date: 2/11/2011
Review Date: 1/1/2011
Revision Date: 1/11/2011
Formulated Date: 1/11/2011
DEATH WITH DIGNITY

for medication dispensing, the pharmacy will complete and submit this form).
w. Within 30 days after patient death or within 30 days after patient ingestion of lethal medication obtained pursuant to the Act (whichever comes first) complete and submit required DOH form ATTENDING PHYSICIAN'S AFTER DEATH REPORTING FORM, DOH 422-068.
i. This form asks for very specific details about the patient's death and form instructs physician to contact the family or patient's representative if physician does not know the answers to any of the questions.

VI. Pharmacist:
a. Receive notice from physician of prescription.
b. Receive prescription in person from physician or by fax or by mail.
c. Obtain PHARMACY DISPENSING RECORD FORM, DOH 422-067.
d. Dispense prescribed medication. Provide medication to patient or to an agent expressly identified by the patient; or to the attending physician if indicated by physician.
e. Do not send medication by mail or any courier.
fl. Include notice with medication that any unused medication must be disposed of legally.
g. Within 30 days of dispensing medication, complete and submit required DOH form PHARMACY DISPENSING RECORD FORM, DOH 422-067.

References:
Washington State ‘Prescriptions for Self-Administered Lethal Medications’ checklist

Effective Date: 2/11/2011
Review Date: 1/11/2011
Revision Date: 1/11/2011
Formulated Date: 1/11/2011
DEATH WITH DIGNITY

Washington State Revised Code of Washington available at:


Approved:

Ethics Committee:
Peer Review Committee
Medical Executive Committee
Board of Commissioners

Effective Date: 2/11/2011
Review Date: 1/11/2011
Revision Date: 1/11/2011
Formulated Date: 1/11/2011
TERMINAL OR END OF LIFE CARE

PURPOSE

POLICY

Respectful and responsive care is provided to the dying patient and the patients family to provide comfort and dignity at end of life.

PROCEDURE:

1. Staff will understand withdrawal of life support is termination of artificial/mechanical/pharmaceutical adjuncts to maintain vital signs.
2. Withdrawal of life support does not prevent provision of optimal care.
3. Patient has the right to accept or refuse all treatments.
4. Do Not Resuscitate does not mean no care.
5. Utilize a holistic approach to ensure interventions for any symptoms are provided or withheld according to the wishes of the patient or the surrogate decision maker.
6. Comfort care will include:
   a. Managing pain aggressively and effectively.
   b. Providing sedation if appropriate to patient's condition
   c. Providing oxygen for comfort as needed or desired by patient and/or surrogate decision maker.
7. Sensitively address issues such as autopsy.
8. Organ Donation will be addressed by the Organ Procurement staff.
9. Respect patient's values, religion, and philosophy by involving the patient/family when appropriate in every aspect of care and decision making, responding to the psychological, social, emotional, spiritual, and cultural concerns of the patient and the family.
10. Allow and support patient/family grief practices as much as is safe.
11. Offer “Dove Packets” to family and/or friends.
12. Treatment and care are fully explained to the patient and family and documented. Assessment is made of the social, spiritual, and cultural variables that influence perceptions and expressions of grief by the individual, family members, or significant others.
13. The hospital will demonstrate respect for the following patient needs:
   a. Confidentiality

Effective Date: 3/10/2010
Review Date: 7/12/2012
Revision Date: 7/12/2012
Formulated Date: 2/10/2010
TERMINAL OR END OF LIFE CARE

b. Privacy
c. Security
d. Resolution of complaints
e. Pastoral, counseling
f. Communication

14. Staff will initiate a referral to social services for patient/family as appropriate.
15. Ethics committee members are available for ethical dilemmas. See referenced policy.
16. Encourage and facilitate Care Conferences when appropriate. See Multidisciplinary Patient Care Planning Policy

Referenced Documents

Multidisciplinary Patient Care Planning. MGHFC policy. February 13, 2012. Available at:

http://phd1/mghfc/policies-and-procedures/Library/Multidisciplinary%20Patient%20Care%20Planning.docx


Effective Date: 3/10/2010
Review Date: 7/12/2012
Revision Date: 7/12/2012
Formulated Date: 2/10/2010