POLICY:

It is the policy of Willapa Harbor Hospital in accordance with federal and state laws and regulations on Resident Rights, Free Choice, Quality of Life, Self-Determination and Participation, and the Patient Self-Determination Act (PSDA), to respect a patient's right to make treatment decisions and to execute Advance Directives.

Advance Directives are a method by which residents may, voluntarily, provide written treatment direction regarding possible future medical and/or mental health care needs and/or appoint a person or persons to act as their medical/mental health care decision maker. Advance Directives are relied on by Willapa Harbor Hospital when: 1) the patient is no longer able to make medical treatment decisions, 2) the treatment direction is consistent with their current treatment need and their current condition.

If the Advance Directive is a Durable Power of Attorney for Health Care, Willapa Harbor Hospital will look to the person appointed for health care treatment direction either while the patient is capacitated or incapacitated, depending on the instructions in the Durable Power of Attorney document.

Advance Directives are prepared while a patient is still competent and before there is a medical need for the treatment decision to be made. The most common types of Advance Directives, in Willapa Harbor Hospital setting, are: the Health Care Directive (Directive to Physicians or Living Will), the Durable Power of Attorney for Health Care (DPOAHC), and Do Not Resuscitate (DNR) instructions, including the Physician Orders For Life Sustaining Treatment (POLST).

PROCEDURE:

I. NON-DISCRIMINATION

Under no circumstances will Willapa Harbor Hospital require a patient to execute an Advance Directive or otherwise discriminate against a patient on the basis of whether or not the patient has executed an Advance Directive.

II. COPIES OF ADVANCE DIRECTIVES

Willapa Harbor Hospital will seek copies of all Advance Directive documents and place copies of any documents in the patient's medical record.

III. IDENTIFYING THE DECISION MAKER AND PRIOR DECISIONS MADE

Willapa Harbor Hospital will determine:

a. If the patient has executed an Advance Directive and, if so, the type(s) of directive(s) executed. Depending on the type(s) of directives executed, Willapa Harbor Hospital will identify the type of authority granted, when the authority granted takes effect, and the treatment instruction provided. For example, Willapa Harbor Hospital will determine whether the patient has appointed another person to make health care, financial, or other decisions on his or her behalf. If there is a directive appointing another person as the health care decision maker (DPOAHC), Willapa Harbor Hospital will identify whether the authority of the person appointed is effective while the resident is capacitated or incapacitated. Willapa Harbor Hospital will also determine whether the patient has executed a Health Care Directive (Living Will) or Do Not Resuscitate (DNR) directive and, if so, will identify the treatment decision(s) made.

b. If the patient has not executed a Health Care Directive (Living Will), DNR, and/or DPOAHC, Willapa Harbor Hospital will determine whether the patient has capacity to execute an Advance Directive.

IV. RIGHT TO EXECUTE ADVANCE DIRECTIVES

Upon admission, and periodically thereafter, and as the patients condition changes, the patient will be informed, in writing and orally, in a language they understand, of their right to make health care decisions and of Willapa Harbor Hospital’s policies and procedures regarding the implementation of Advance Directives.
V. ASSISTANCE WITH ADVANCE DIRECTIVE

If a patient with capacity wishes to execute an Advance Directive, Discharge Planning will assist the patient in obtaining any needed assistance, including copies of forms, witnesses, and referral to sources for legal consultation. Willapa Harbor Hospital will not provide any legal advice.

VI. ACTIVATION OF EXECUTED ADVANCE DIRECTIVES

Each completed Advance Directive will be reviewed with the patient:
   a. Upon admission;
   b. At the patients request;
   c. When the patient’s condition creates a higher or lower risk of physical or medical decline;
   d. Whenever there is a significant change in the patient’s physical and/or mental condition (a significant change in condition exists if the condition is not expected to resolve without staff intervention, impacts on more than one area of the patient’s health, and required interdisciplinary review and/or revision to the care plan)

VII. ACTIVATION OF ADVANCE DIRECTIVES

A patient’s Advance Directive(s) will be activated (effective) when properly executed and as follows:
   a. For medical treatment decisions, a patients Health Care Directive (Living Will) or Do Not Resuscitate (DNR) directive will be honored:
      ■ Upon loss of capacity; and
      ■ Upon the occurrence of the medical condition and related factors or circumstances specified in the directive.
   b. The authority of a DPOAHC is activated as indicated in the document either:
      ■ While the patient has capacity; or
      ■ Only after certain criteria, specified within the DPOAHC document, have been satisfied.
      ■ If the Advance Directive appointing a DPOAHC is silent as to when it is to go into effect, it will become effective when Willapa Harbor Hospital determines the patient lacks decisional capacity, or a patient clearly articulates his/her wishes that a DPOAHC make decisions, sign documents/consents, and etc.
   c. Any medical treatment direction included in the DPOAHC document will not be relied on by Willapa Harbor Hospital since Willapa Harbor Hospital considers any such treatment direction to be guidance or instruction to the patient’s legally appointed representative. Willapa Harbor Hospital will, however, consult with the person appointed, using the informed consent process, to obtain needed treatment direction.

VIII. RELIANCE ON ADVANCE DIRECTIVES

Willapa Harbor Hospital will honor the Advance Directive of a patient, unless Willapa Harbor Hospital has reason to question the legal validity of the Advance Directive. Absent a reason or basis for questioning the legal validity of an Advance Directive, Willapa Harbor Hospital will presume its validity.

Willapa Harbor Hospital will honor the right of a capacitated patient to change their Advance Directive. Willapa Harbor Hospital will also honor the right of an incapacitated patient, who strongly and persistently objects to the Willapa Harbor Hospital’s implementation of the directive, to either refuse or request treatment that would otherwise be provided or withheld pursuant to the patients directive, unless the directive is a Mental Health Advance Directive.

Willapa Harbor Hospital may question the decision of the DPOAHC if the Willapa Harbor Hospital does not believe that the decision has been made in accordance with the known wishes or, if not known, in the best interest of the patient. If the Willapa Harbor Hospital has a reasonable basis for questioning the decision of the DPOAHC, Willapa Harbor Hospital will immediately notify the DPOAHC and explain to the DPOAHC the basis for our concern. Willapa Harbor Hospital will attempt to resolve with the DPOAHC any possible misunderstanding.

In the event Willapa Harbor Hospital continues to have concerns regarding the DPOAHC’s decision, or believe that it is not made based on the known wishes or in the best interests of the patient, emergency court intervention may be sought by either Willapa Harbor Hospital or the DPOAHC.

Pending the court’s determination, Willapa Harbor Hospital will provide medically appropriate treatment to the patient, with notice to the DPOAHC, and consistent with the patient’s strongly and persistently expressed wishes, if incapacitated, or consistent with the patient’s known wishes if Willapa Harbor Hospital has determined that the patient has decisional capacity.
To determine whether the patient has decisional capacity, Willapa Harbor Hospital will rely on the criteria, if any, specified in the DPOAHC document or if the DPOAHC document is silent, then in accordance with WAC 388-97-055(4) (a). If the document is a Mental Health Advance Directive, the determination of incapacity procedure differs from other advance directives, as it must involve a psychiatrist, psychologist, or psychiatric ARNP.

Willapa Harbor Hospital reserves the right not to honor an Advance Directive pending advice of counsel or a judicial determination.

If a staff member objects to carrying out a patient’s Advance Directive, then another staff member will be assigned to provide care of the patient consistent with their wishes. If a physician objects to carrying out a patient’s treatment in accordance with their Advance Directive, Willapa Harbor Hospital will assist in finding a physician who will provide care consistent with the patient’s wishes.

If a terminally ill patient wishes to die at home, in accordance with state law, Willapa Harbor Hospital will use the informed consent process to explain the risks associated with discharge. Thereafter, Willapa Harbor Hospital will arrange for the patient to be discharged as soon as reasonably possible, if this continues to be the patient’s choice, with referrals to appropriate support services.

IX. ACTION IN THE ABSENCE OF AN ADVANCE DIRECTIVE

For patients who have not executed an Advance Directive or whose Advance Directive does not address the treatment that is currently needed, medical decisions will be made consistent with Willapa Harbor Hospital policy on decisional capacity and informed consent.
X. **PATIENT RIGHTS**

The existence of an Advance Directive, directing Willapa Harbor Hospital to provide or not provide certain treatments, or appointing a surrogate decision maker, does not diminish the patient's right to participate, to the extent possible, in decisions affecting care, treatment, and day-to-day life in Willapa Harbor Hospital.

Patients will be encouraged to participate in all aspects of decision-making, to the extent possible, even when the patient appears to be unable to make a particular decision.

Patients' expressed choices and preferences will be considered and accommodated whenever possible.

Patients, with or without capacity, have the right to override their Advance Directives; however, if the patient is incapacitated, their right to override their Advance Directives will be honored when the patient's wishes are strongly and persistently expressed, unless the Directive is a Mental Health Advance Directive. Patients may execute a new Advance Directive if the patient has the necessary capacity.

Capacitated patients have the right to refuse treatment and to refuse continued stay in Willapa Harbor Hospital. The Willapa Harbor Hospital will notify the patient's surrogate when Willapa Harbor Hospital has determined that the patient has regained capacity. Willapa Harbor Hospital will explain to the surrogate the basis for its capacity finding. Willapa Harbor Hospital and surrogate will attempt to resolve any disagreements they may have regarding the capacity finding; however, emergency court intervention may be necessary.

Pending review by the court, if necessary, Willapa Harbor Hospital will provide medically appropriate treatment consistent with the patient's expressed wishes when Willapa Harbor Hospital has reasonably determined that the patient has capacity. The informed consent process will be followed in determining the patient's treatment wishes.

Incapacitated patients have the right to refuse treatment and to refuse continued stay in Willapa Harbor Hospital when the patient's refusal is strongly and persistently expressed, unless the patient is being held at Willapa Harbor Hospital pursuant to the determination of the County Designated Mental Health Professional (CDMHP.)

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**Referenced Documents**

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POLICY:

Death with Dignity Act/Initiative 1000 - Willapa Harbor Hospital and its providers will not participate

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 Willapa Harbor Hospital is not required to assist a qualified patient in ending that patient’s life.

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

2. If, as a result of learning of Willapa Harbor Hospital’s decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient’s choice, Willapa Harbor Hospital staff will assist in making arrangements for the transfer. If the patient wishes to remain at Willapa Harbor 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 of 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, and 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 Willapa Harbor Hospital from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of Willapa Harbor Hospital.
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

Willapa Harbor Hospital will provide public notice of this policy in 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; including information in hospital materials regarding advance directives.

RESOURCES

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

Anyone considering using the Washington Death with Dignity Act can contact:

Compasion and Choices in Dying or toll free 1-877-222-2816

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:

Washington State Hospital Association

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

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Signed by  
(03/06/2014) Carole Halsan, Chief Executive Officer  
(03/10/2014) Terry Stone, Compliance Officer  
(03/12/2014) Phil Hjembo, CFO

Effective 03/12/2014  

Document Owner Funkhouser, Krisy

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Purpose:

In order to maintain and improve the quality of care available to patients at this hospital, the Medical Staff, Nursing Staff and the hospital adopt the following statements with regard to DNR orders.

Policy:

A. A DNR order must be written by the patient's physician for all patients who are not to be resuscitated.
   1. This order must not be given verbally to the nursing staff but must be written by the physician on the order sheet.
   2. CPR shall be initiated automatically if there is no written and signed DNR.

B. It is the policy of this medical staff to render to each patient in the hospital the appropriate type and level of care consistent with good medical practice and the resources of the medical staff and hospital.

C. It is the responsibility of the nursing staff to provide quality care to each patient regardless of the diagnosis and to help support the patient and the family during the patient illness.

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