

POLICY



Title: Advance Directives

Department: Nursing

Effective Date: 12/6/2017

- I. **SCOPE:** All Summit Pacific Medical Center employees and Providers.

- II. **PURPOSE:**
 1. Define hospital policy and procedures related to patient self-determination and the honoring of advance directives.
 2. Ensure compliance with the federal and state law regarding patient self-determination and advance directives.
 3. Outline the hospital processes to support a patient and family's decisions related to withholding resuscitative efforts or withdrawing life support in the presence or absence of advance directives.
 4. Outline the circumstances under which a Physicians Order for Life Sustaining Treatment (POLST) will be accepted as a valid order.

- III. **POLICY:**
 1. Healthcare decision making is based on a collaborative relationship between the patient and the provider and/or healthcare professionals who are primarily responsible for the patients care.
 - A. Discussion with the patient is essential in determining the course of treatment.
 - B. That discussion is to be documented in the patient's medical record.
 - C. The patient may choose to delegate his/her decision-making authority.
 2. SPMC supports the following:
 - A. An adult person has the fundamental right to control the decisions relating to their own healthcare, including the decision to have life-sustaining treatment withheld or withdrawn in instances of a terminal condition or permanent unconscious condition.
 - B. An adult person has the right to make a written directive instructing his/her provider to withhold or withdraw life sustaining treatment in the event of a terminal condition or permanent unconscious condition.
 - C. An adult person has the right to control his or her healthcare through an authorized legal representative who validly holds the person's durable power of attorney for healthcare.
 3. The right to make medical decisions concerning one's medical care must not be construed as a universal right to demand medical treatment that is not indicated nor treatment that does not offer a reasonable benefit from the treatment.
 4. SPMC supports the right of all adult persons to refuse treatments unless otherwise ordered by law.
 5. SPMC will advise a patient or his/her legal representative if SPMC is unable to honor his/her advance directive.
 6. Advance directives are documents developed voluntarily that allow an individual to give direction about the kind of medical care he/she wishes to receive at the end of their life. They may include:

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- A. An advance directive instructing the withholding or withdrawal of life-sustaining treatment in a terminal condition or permanent unconscious state.
 - B. A Durable Power of Attorney for Health Care in which a person names a legal representative to make medical decisions if declarer becomes unable to make them.
 - C. Other documents recognized by the courts of the state relating to the provision of medical care when the author is incapacitated.
 - D. A directive executed in another jurisdiction and permitted by Washington State and federal laws.
7. The advance directive must be signed by the declarer and witnessed by two persons who are NOT:
 - A. Related to the declarer by blood, marriage domestic partnership, or adoption.
 - B. Entitled to or have a claim against any portion of the declarer's estate.
 - C. The declarer's attending provider.
 8. Information regarding advance directives is provided in outpatient settings (except for outpatient lab and outpatient therapy). Copies of the advance directives are requested in a manner similar to requests for inpatients.
 - A. Advance directives will be honored in the outpatient setting in the same manner applicable to the inpatient setting.
 - B. Outpatients requesting information on advance directives will be provided an informational packet, advised of applicable hospital policy and referred to Care Coordinator/Social Worker for assistance as needed.
 9. A Power of Attorney (POA) may be honored only if executed according to Washington State law. Specific questions pertaining to the validity of a POA shall be referred to Attending Provider, Primary Care Provider, Care Coordinator or Social Worker.
 10. The POA is honored in all inpatient and outpatient settings.
 11. A directive may be revoked at any time by the declarer, without regard to the declarer's mental state or competency and in accordance with state statutes.
 12. The advance directives will be reviewed by the physician and the patient/legal representative if a significant change has occurred in the clinical condition of the patient so that all parties agree on the present course of treatment. The discussion and the outcome of the meeting will be documented in the physician's progress note.
- IV. **DEFINITIONS:**
- Adults:** Any person age 18yrs of age or older or an emancipated minor.
- POLST:** Physician orders for Life-Sustaining Treatment –Details wishes of an individual and translates them into a set of physician orders for medical treatment that should be followed by health care providers in a variety of settings. This form is approved for use by the Washington State Department of Health.
- Advance Directive:** written document that voluntarily allows an individual to give direction about the kind of medical care they receive at the end of their life.
- Life Sustaining Treatment:** Any medical or surgical intervention that uses artificial or mechanical means to prolong the process of dying. Treatments can include artificial nutrition, hydration, etc.

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Terminal Condition: An incurable and irreversible condition that within reasonable medical judgement will cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.

V. PROCEDURE/REQUIREMENTS OF POLICY

Advance Directives:

1. During the admission and registration process all adult patients will be asked if they have completed an advance directive and will be requested to provide a copy unless they have had a previous stay and a copy is already available.
2. If a patient indicates they have an Advance Directive, but did not bring a copy with them, then document the patient's wishes in the medical chart in accordance with Washington State law until a copy of the Advance Directive can be provided.
3. If the patient is incapacitated and unable to communicate his/her wishes, information will be requested from the person legally authorized to make decisions. Ex. Spouse, parent, legal guardian, oldest child, etc. SPMC will follow Washington State hierarchy for decision making.
4. Any patient wishing to complete an advance directive may do so. If the patient has questions or concerns about completing an Advance Directive, then contact either the acute care social worker or clinic RN care coordinators. Designated staff members can witness signing of Advance Directives.
5. Patients may change or cancel an Advance Directive at any time. Any change or cancellation of an Advance Directive may be communicated verbally or in writing by the patient. Such changes are documented in the patient's medical record and notification to the patients attending nurse and provider.
6. Patient's wishes expressed in an Advance Directive shall be honored in accordance with Washington State Law. It is the responsibility of the patient's provider to inform the patient and/or designated representative if the provider is not able, as a matter of conscience, to honor the Advance Directives. The provider is responsible for assisting in the transfer of care of the patient to a provider who can honor the patient's wishes.
7. Caregivers that, as a matter of conscience, cannot participate in the execution of a patient's Advance Directive are not required to do so. Care of the patient will continue uninterrupted as arrangements are made to transfer care to another caregiver.

VI. Do not attempt resuscitation:

Summit Pacific Medical Center respects the rights of competent adults or legal representatives and follows their wishes in withholding life sustaining treatment in a terminal or comatose state by a "Do Not Resuscitate (DNR)" and written order as defined by federal and state laws and regulations.

1. Cardiopulmonary resuscitation will be attempted if cardiac or respiratory arrest even occurs on hospital property unless there is specific order to the contrary.
2. A DNR order that is documented on a properly executed Physician Orders for Life Sustaining Treatment (POLST) serves as a valid medical order if signed by both patient/surrogate and

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medical provider. The POLST must be reviewed upon admit and copy placed in the patient's medical record.

3. When medical treatment is required for an adult (person 18yrs of age or older) patient who is incompetent, person authorized to give informed consent on behalf of the patients, in order of priority are:
 - The appointed guardian
 - The documented power of attorney for healthcare
 - The patient's spouse
 - The patient's children who are at least 18yrs of age.
 - The patient's parents
 - The patient's adult brother/sisters
4. DNR order is explicit to resuscitative efforts for cardiopulmonary arrest. It does not imply that other treatments will be forgone or reduced.

VII. **Physician Orders for Life Sustaining Treatment:**

A Physician Order for Life Sustaining Treatment (POLST) is based on an informed consent discussion between a physician and a patient or the patient's legal representative, is based on the patient's preferences and should reflect the patient's own values or known wishes rather than the personal beliefs of the legal representative. Any section of the POLST form not completed will be treated as full measures for that section. A POLST is not considered active until a provider has signed and dated the form.

1. Patients who state they have a POLST form will be asked to provide the original copy.
2. The original form will be copied and a copy scanned into patient's medical record.
3. The original POLST form will be returned to the patient or legal representative.
4. A new POLST form should be completed if there are significant changes to the original form.
5. A copy of the POLST form should be sent with the patient if patient being transferred to another facility.
6. A POLST form from outside of Washington State is not valid.
7. If a conflict exists between Advance Directive forms, then the most recently dated document is the legally valid document.

VIII. **Withholding/Withdrawal of Life-Sustaining Treatment:**

Prior to withholding or withdrawing life-sustaining treatment, the diagnosis of a terminal condition by the attending provider or the diagnosis of a permanent unconscious state by two physicians shall be entered in writing and made a permanent part of the patient's medical record. Only a provider can institute orders to limit or withhold life-sustaining treatment.

1. Criteria and guidelines to be considered by providers when contemplating discussions with the patient and/or patient's legal representative or family regarding withholding/withdrawing life-sustaining treatment include:
 - Preferences of the patient as indicated in written and oral communications, the patient's legal representative or family.
 - The patient has an irreversible illness in which the life-sustaining treatment does not prevent the progression of the disease, or which simply prolongs the process of dying without reasonable hope of improving the quality of life.

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- Treatments would prolong suffering and impose unreasonable burdens upon the patient.
 - Information regarding the nature of the proposed treatment/non-treatment and anticipated results/outcomes, alternative treatments and risks.
 - Opinions of the involved providers and consultants that continued medical treatment offers no benefits or life saving measure of the patient.
2. Decision making authority regarding the decision to withhold/withdraw life-sustaining treatment is as follows:
 - The wishes of the patient as expressed by him/her while competent; or
 - The patient's legal representative. The hospital shall make an effort to ascertain that the designated patient's legal representative is acting in the patient's best interest.
 - For patients lacking decisional capacity who have no known family/representative, the patient's wishes are unknown or no Advance Directive /POLST, it may be appropriate to limit treatment in cases of terminal stages of an irreversible illness and where natural death is expected.
 3. Orders for withholding/withdrawing specific treatments must be written by the attending provider or the primary consulting provider managing the patients' health care after assessing the appropriateness of withholding/withdrawing life-sustaining treatment and after discussion with the patient, patient's legal representative, family, and/or consulting provider.
 4. Documentation of all orders or discussions to withholding/withdrawing treatment must appear in the medical record.
 - A provider summary note of the patient's medical condition describing the patient's wishes, prognosis, and the provider's opinion as to the appropriateness of withholding/withdrawing care.
 - Reference to the discussion concerning withholding/withdrawing care between the provider and the patient's legal representative or family and their responses; and
 - Reference to discussion with all other disciplines involved in the discussions concerning the decision to withhold/withdraw care will be documented in the patient record.
 5. An order to initiate a patient's POLST containing orders to withhold/withdraw life-sustaining treatment constitutes a valid order for withholding/withdrawing care.
 6. If circumstances arise in which a phone order must be given (e.g., the provider discussed the issue with family, but a family decision was not reached until after the provider left the hospital), then the order should be witnessed and signed by two RN's.
 7. If a patient capable of making health care decisions indicates that he/she wants to die at home, the patient shall be discharged as soon as reasonably possible.
 - The provider and SPMC have an obligation to explain the medical risks of an immediate discharge to the patient/representative.
 - In accordance with Washington State law, if the provider or facility complies with the obligation to explain the medical risk of an immediate discharge to a qualified patient, there shall be no civil or criminal liability for claims arising from such a discharge.
 - When appropriate, a POLST should be initiated by the primary provider managing the patient's care.
 8. Conflicts and Disagreements about Withholding/Withdrawing

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- When conflicts arise regarding the patient's treatment plan, staff is encouraged to initiate discussions with the primary provider first.
- Family conferences are recommended when the conflict involves the patient, family member or patient's legal guardian. Provider, Nurse Manager and Social Worker are encouraged to attend.
- The conference should be documented in the patient's medical record. Highlighting patient's diagnosis, proposed treatment plan. Treatment and non-treatment options and known wishes of the patient when applicable.
- If the patient/legal representative and provider disagree about the treatment plan and all other avenues of reconciliation have been tried, the provider should consider:
 - A. Accepting the patient's/legal representative's requests.
 - B. Requesting a formal review by the Executive Team and Medical Director.
 - C. Assisting the patient/legal representative in securing an alternative provider.

IX. **Physician Assisted Suicide**

Summit Pacific Medical Center encourages physicians and patients to engage in conversation regarding the patient's treatment options at the end of life and actively supports the provision of quality palliative care. When after discussion with the attending physician/provider, the patient's desire and intent is to pursue Physician Assisted Suicide, the patient is informed:

1. That this service is not provided at Summit Pacific Medical Center.
2. The patient will then be referred to a provider able to prescribe a lethal dose of medication.
3. The patient can choose to continue to receive treatment at Summit Pacific Medical Center knowing that physician assisted suicide is not an option of treatment.