EvergreenHealth Monroe

Title: **End of Life Care**

Document Owner: Bradley Hesselgrave **Department**: Medsurg	**Date Created**: 05/03/2007
Approver(s): Megan Wirsching	**Date Approved**: 01/15/2024
Affected Department(s): Critical Care, MSTU, PCU	**Version:** 7

DEFINITION

End of life care is most often defined as the care rendered to terminally ill patients when all treatment options have been exhausted. It is the final stage or task in our lives. End of life turns our focus from cure to care that brings comfort and dignity to the end of life, not abandonment. With this change, we are able to offer patients, families and others support and dignity in their pursuit of the end of life goals. These end of life goals help refocus the caregivers attention to pain management, physical comfort, emotional and spiritual support and assisting with the transition toward death, including the role of advanced directives and organ donation.

POLICY

This end of life policy supports compassionate care offered with sensitivity and competence:

- To help patients and their families cope with terminal illness
- To offer physical, spiritual and psychological comfort
- To ensure the patient's dignity is maintained
- To allow the patient and family to retain their decision making authority

PROCEDURE

Assessment

All patients admitted for medical necessity are assessed within 2 hours of admission. The following data is collected:

- Spiritual, religious or cultural beliefs which may influence care
- Physical care/comfort needs

- Presence of pain and current pain management
- Patient's desired level of pain management
- Status of advanced directives
- If needed, a decision maker is identified.

Decision Making

- Patient or decision maker may discuss with the physician any desire to withhold or continue treatment.
- If there is a conflict with care or treatment decisions, the Ethics Committee may be consulted for a recommendation.
- LifeCenter Northwest will be notified of all deaths, imminent deaths or situations where requests for information regarding organ donation are made.

Plan of Care

- A plan of care will be developed to address end of life issues as needed.
- The patient, family, and surrogate decision makers will be involved in each aspect of care through the assessment of needs, development of interventions and the establishment of mutual goal setting.

Spiritual Needs

- Spiritual needs will be assessed during the admission process.
- Spiritual preferences can be identified.
- Assess patient/family desire to have a chaplain contacted.
- Clergy of the patient's choice may be contacted. If on hospice, hospice services can provide chaplaincy services
- The hospital chapel is available as needed.

Pain Management

- Pain level will be assessed on admission and as needed during each shift. The patient's desired level of management will be established.
- Pre-admission pain management plan will be reviewed.
- The pain scale will be taught to the patient, family or others.
- Effectiveness of the pain management plan will be assessed according to policy.

Discharge Planning

- The interdisciplinary team, together with the patient, family or significant other, will develop a mutually agreed upon discharge plan.
- Interdisciplinary referrals will be made based on the assessment and the patient's needs and desires.

Physical Needs and Comfort

- Physical needs and desires will be identified through the admission and shift assessments, and a plan of care to address these will be mutually agreed upon.

Grief/Anxiety/Coping

- Grief, anxiety and coping will be assessed on admission and in shift assessments.
- A plan will be developed to assist in meeting the needs identified.
- Resources are available through the interdisciplinary team.
- Chaplaincy Services and/or Social Services are available for bereavement support and limited planning of funeral or related services.

Family/Caregiver Needs

- Assessment of caregiver role strain/coping may be done.
- Information regarding support groups and community services and resources will be made available upon request.
- Family waiting areas will be made available where possible.
- Identify caregiver support(s).

EvergreenHealth Monroe

Title: **Advance Directives - Living Will & Durable POA for Healthcare**

Document Owner: Robin Stake **Department**: Utilization	**Date Created**: 12/01/1991
Approver(s): Megan Wirsching	**Date Approved**: 01/16/2024
Affected Department(s): Admitting, Care Management	**Version:** 15

PURPOSE

To delineate how EvergreenHealth Monroe executes and formulates a patient's Advance Directives and to direct the compliance of employees in the procedures for advance directive management. This policy complies with Federal law in the Patient Self-Determination Act (PSDA, 1991), OBRA 1990, and Washington State Law in the Natural Death Act. (RCW 70.122).

All adults recieving health care have certain rights, such as the right to confidentiality of their personal and medical records and to know about and consent to the services and treatments they may receive. "The Patient Self-Determination Act" (PSDA) is a federal law that requires health care providers to give patients written information about their right to make choices about their health care. This information must include a description of the ways in which individuals can make health care decisions in advance.

PHILOSOPHY

A. Snohomish County Public Hospital District #1 (the “District”) is committed to allowing patients to make their own decisions about their healthcare, especially regarding end-of-life decisions. This right is especially significant today because modern medical technology can prolong the lives of people who are terminally ill or permanently unconscious even when there is no hope of recovery. In such circumstances, the District recognizes the right of each patient to decide whether to die without extraordinary treatment or to have life-sustaining treatment instituted to prolong life as long as possible.
B. This policy is intended to provide procedures to ensure that patients' Advance Directives are honored by District staff to the extent permitted by law. It is specifically intended to comply with federal law, "The Patient Self-Determination Act", sections 4206 and 4761 of the Omnibus Budget Reconciliation Act of 1990(OBRA/90), the Washington Natural Death Act (RCW 70.122), and the Washington Mental Health Advance Directives Act (RCW 71.32).
C. The District will not discriminate against any individual based on whether or not the individual has executed an Advance Directive or require that a patient has an Advance Directive as a condition of receiving services.

TYPES OF ADVANCE DIRECTIVES

"Advance Directives" are written instructions to health care providers that are prepared before medical or mental health treatment is actually needed. An Advance Directive describes the type of care or treatment a patient would want if a medical or mental illness or an accident occurs that makes it impossible for him or her to consent to medical or mental illness treatment at the time it is needed. Some types of Advance Directives are meant to be used only if the patient is terminally ill or in a permanent unconscious state. There are several different types of Advance Directives in Washington State:

a. **Living Will** (also known as a Health Care Directive) is allowed under a Washington State statute, the "Washington Natural Death Act", RCW 70.122.010. It is a written document that enables a patient to tell his or her doctor what he or she does or does not want if diagnosed with a terminal condition or is permanently unconscious. The patient may choose not to prolong the process of dying from an incurable and irreversible condition. The patient must sign and date the Living Will in the presence of two witnesses, who must also sign. These two witnesses may not be, at the time of signing, any of the following:
   i. Related to the patient by blood or marriage;
   ii. Entitled to inherity the patient's money or property;
   iii. A person to whom the patient owes money;
   iv. The patient's doctor or the doctor's employees; or an
   v. Employee of the health care facility where the patient is receiving health care
      1. The patient can change his or her Living Will at any time so long as he or she is mentally capable. If the patient is not mentally capable, he or she can cancel or revoke it, but cannot change it or write a new one. The patient can cancel his or her Living Will by destroying it or having someone else destroy it in their presence; or signing and dating a written statement that he or she is canceling it; or verbally telling his or her doctor, or instructing someone to tell his or her doctor, that he or she is canceling it. The patient, or someone they have instructed, must tell the attending physician before the cancellation is effective.

b. **Durable Power of Attorney for Healthcare (DPOAHC)** is another type of Advance Directive used in Washington State. It is a written document that allows the patient to designate someone to make "informed consent" health care decisions for the patient if he or she is unable to make them at the time treatment is needed. The patient can also describe what type of health care decisions he or she wants made and under what circumstances the decisions should be made.
   - A DPOAHC becomes effective only by a court order or if a physician determines the patient is unable to make healthcare decisions for him or herself. It does not need a witness or be notarized in Washington State unless it also includes powers for financial matters.

c. **Physician Orders for Life-Sustaining Treatment (POLST) form** is technically not an Advance Directive and does not take the place of one. It translates an Advance Directive into physician

orders. It is a "portable" Physician Order form that describes the patient's code directives. It is intended to go with the patient from one care setting to another.

d. **Organ or Tissue Donation:** The Washington State Uniform Anatomical Gift Act (RCW 68.50) allows individuals to specify whether they wish to donate specific body parts or their entire body upon their death. This can be done via a written statement witnessed by two people, by checking the back of their driver's license, or in their will. See policy *Organ and Tissue Donation* for more information.

e. **Mental Health Advance Directive** is the newest type of Advance Directive allowed under Washington State law (RCW 71.32). It is designed to provide an individual with capacity the ability to control decisions relating to his or her own mental health care. It is a written document that describes the patient's directions and preferences for treatment and care during times when he or she is having difficulty communicating and making decisions regarding his or her mental health care. It can inform mental health providers what treatment the patient does or doesn't want and identify an "agent" who can make decisions and act on behalf of the patient.
   i. It is based on the following concepts:
      1. Some mental illnesses cause individuals to fluctuate between capacity and incapacity;
      2. During periods when an individual's capacity is unclear, he or she may be unable to access needed treatment due to an inability to give informed consent;
      3. Early treatment may prevent him or her from becoming so ill that involuntary treatment is necesssary; and
      4. Mentally ill individuals need some method of expressing their instructions and preferences for treatment and providing advance consent to or refusal of treatment.
   ii. A mental health advance directive provides the individual with a full range of choices and allows them to document whether they want to be able to revoke a directive during periods of incapacity. The law requires providers to respect an individual's mental health advance directive to the fullest extent possible. It may include:
      1. Consent, or refusal of, particular medications or inpatient admissions;
      2. Who can visit the patient in the hospital;
      3. Who the patient appoints to make his or her decisions regarding mental health treatment, the "agent";
      4. Anything else the patient wants or doesn't want in their future mental health treatment
   iii. The "agent" names by the patient must be at least 18 years old and cannot be the patient's physician, case manager, or residential provider unless that person is also his or her spouse, adult child, or sibling.
   iv. A provider may refuse to follow a mental health advance directive under the following instances:

1. The patient's instructions are against hospital policy or are unavailable;
2. Following the directive would violate state or federal law;
3. The instructions would endanger the patient or others;
4. The patient is hospitalized under the Involuntary Treatment Act or is in jail.

DEFINITIONS

a. "Adult" means any individual who has attained the age of majority (18 years old) or is an emancipated minor.
b. "Attending Physician" means the physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient [RCW 70.122.020(2)].
c. "Capacity" means a patient's ability to make healthcare decision and shall be determined in accordance with Policy *Informed Consent on Behalf of Incapacitated Patients*.
d. "Life-Sustaining Treatment" means any medical or surgical intervention that uses mechanical or other artificial means, including artificially provided nutrition and hydration, to sustain, restore, or replace a vital function which when applied to a patient who is in a terminal or permanently unconscious condition would serve only to prolong the process of dying. Life-sustaining treatment shall not include the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain [RCW 70.122.020(5)].
e. "Permanently Unconscious Condition" menas an incurable and irreversible condition in which the patient is medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or persistent vegetative state [RCW 70.122.020(6)].
f. "Terminal Condition" means an incurable and irreversible condition caused by injury, disease, or illness that within reasonable medical judgment will cause death within a reasonable period of time, in accordance with accepted medical standards and where attempts of resuscitation will serve only to prolong the process of dying [RCW 70.122.020(9)].

POLICY

No District employee, hospital District volunteer, attending physician, or employee of the attending physician is permitted to witness any patient's Advance Directive. Employees who have been appointed as a notary public may use their notary seal to notarize signatures (RCW 70.122.030].

No District employee, hospital District volunteer or attending physician shall be required under any circumstances to participate in the withholding or withdrawing of life-sustaining treatment if such person objects to so doing. No such person shall be discriminated against in employment or professional privileges because of the person's participation or refusal to participate in the withholding or withdrawing of life- sustaining treatment [RCW 70.122.060(4)].

Staff and attending physicians may presume that the patient's Advance Directive is legally valid unless the Advance Directive has been revoked. No staff or attending physician will be liable for failing to act upon a revocation unless that person has knowledge of the revocation (RCW 70.122.040).

RESPONSIBILITY

Staff from several departments have important roles in implementing District policy on Advance Directives. Listed belos are summaries of deparmental responsibilites.

DEPARTMENT RESPONSIBLE	RESPONSIBILITY/ACTION:
Patient Registration	Registration personnel are frequently the patient's first point of contact with an Evergreen facility or service. Generally, registration personnel have the following responsibilities: • Determine if the patient has executed an Advance Directive. • Note in the electronic health record whether the patient has an Advance Directive and whether we have a copy. • Offer each patient information regarding rights and how to create an Advance Directive. • Make copies of Advance Directives and route to appropriate staff and facilities. • Refer to Social Services those patients expressing interest in establishing an Advance Directive.
Case Management Social Workers	Care Management Social Workers provide information to those patients expressing interest in establishing Advance Directives, including information as to where copies of Advance Directive forms may be obtained. Social workers may refer interested patients to their attending physician, Pastoral Care, their own legal counsel, or other appropriate physicians or personnel for additional information to reach a decision on this matter.
Nursing Personnel	Nursing personnel and Health Unit Coordinators are responsible for notifying appropriate staff and physicians regarding the patient's Advanced Directive. As caregivers, nursing personnel also have important roles in ensuring that patients' Advance Directives are implemented.
Attending Physician	The attending physician's role is crucial to successful implementation of the district's policy on advance directives: • All attending and primary care physicians are encouraged to raise the issue of Advance Directives with each adult patient at any opportunity (including office visits), preferably when the patient is healthy. • Attending and primary care physicians are encouraged to provide information to those patients expressing interest in establishing Advance Directives, including information as to where they may obtain copies of

	the brochure "Who will decide if you can't". This brochure includes forms for both a Living Will and a Durable Power of Attorney for Health Care. • Each time the physician asks a patient to sign an Informed Consent, the physician is encouraged to ask the patient if he or she has an Advance Directive or would like to discuss establishing an Advance Directive. • Attending physicians will refer interested patients to Social Services, Pastoral Care, their own legal counsel, or other appropriate physicians or personnel. • Attending physicians will honor the patient's revocation of his or her Advance Direct, document the revocation, and notify appropriate District personnel. When the patient's Advance Directive conflicts with the physician or District's policies: • The attending physician shall inform a patient or his or her surrogate decision-maker of the existence of any policy or practice of the physician or District (facility or agency) that would preclude the honoring of the patient's Advance Directive at the time the physician becomes aware of the existence of an Advance Directive. If the patient chooses to retain the physician (or facility or agency), the physician shall prepare a written plan to be filed with the patient's Advance Directive that sets forth the physician's (or facility's or agency's) intended actions should the patient's medical status change so that the Advance Directive would become operative. • The physician (and facility or agency) have no obligation to honor the patient's Advance Directive if they have complied with this notification (RCW 70.122.060).
Health Information Management (HIM)	HIM personnel scan the patient's Advance Directive in the Advance Directive portion of the electronic medical record. If the patient has revoked his/her Advance Directive, HIM personnel add the copy of the revocation statement, if signed, to the permanent record.

Other related organizational policies:

a. Organ and Tissue Donation
b. Withdrawing or Withholding Life-Sustaining Treatment
c. Informed Consent on Behalf of Incapacitated Patients
d. Patient Rights and Responsibilities

REFERENCES

AHRQ (Agency for Healthcare Research and Quality) National Guideline Clearinghouse / Advance Directives www.ahrg.gov (Updated / Verified August 4, 2008).

CMS Manual System: Hospital Interpretive Guidelines: Appendix A, Rev. 75, Implementation: 12/02/2011; Interpretive Guidelines: 482.12(a)(7),(b)(2).

NIAHO Accreditation Requirements, Rev. 10, Patient Rights, PR.2.

Mitty EL, Ramsey G. Advance directives. In: Capezuti E, Zwicker, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 539-63. [62 references].

Washington State Hospital Association. Federal and State Law on Advance Directives. www.wsha.org/EOL-FedState.cfm.

Washington State Medical Association, 2014, https://www.wsma.org/advancedirectives.

Washington State RCW 13.64.060, Power and Capacity of Emancipated Minor.

EvergreenHealth Monroe

Title: **Death With Dignity Act**

Document Owner: Megan Wirsching **Department**: EH EHM Affiliation	**Date Created**: 06/12/2009
Approver(s): Lisa LaPlante	**Date Approved**: 10/28/2022
Affected Department(s): Administration	**Version:** 6

POLICY

Hospitals exist to heal, educate and provide comfort, including pain relief. When a patient has been diagnosed with a terminal illness, the patient and his/her family need time to grieve and to plan for the end of life and the loved one's future. Decisions related to death and dying, especially choosing to end life, should be made with a clear mind, with full knowledge of the options and consequences involved, and with the support and advice of family and trusted, long standing advisors.

Acute care hospitalizations by nature are of short term duration. Healthcare providers in the hospital setting have become increasingly specialized and do not have an established, long term relationship with the patient to understand all of the issues the patient may be facing. The hospital healthcare providers can provide support and education, but that does not take the place of an on-going developed physician/patient relationship. Therefore, EvergreenHealth Monroe will not participate under the Death with Dignity Act.

EvergreenHealth Monroe believes in the principle of autonomy and the individual's right to choose. We recognize that some patients may desire to seek physician advice and consultation regarding the ending of life. We recommend that the hospital not interfere between a patient and his/her primary care physician, but would encourage the physician and patient to consider all options including Hospice and other end of life comfort measures.

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 EvergreenHealth Monroe is not required to assist a qualified patient in ending that patient's life.

2. EvergreenHealth Monroe has chosen to not participate under the Death with Dignity Act. This means that in the performance of their duties, EvergreenHealth Monroe

physicians, employees, independent contractors and volunteers shall not assist a patient in ending the patient's life under the Act on hospital premises. EvergreenHealth Monroe pharmacists will not dispense medications for the purpose of ending life.

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 EvergreenHealth Monroe 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 EvergreenHealth Monroe are expected to respond to any patient's query about life-ending medication with openness and compassion. We believe 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, EvergreenHealth Monroe'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 EvergreenHealth Monroe does not participate in the Act.

2. If, as a result of learning of EvergreenHealth Monroe's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, Hospital staff will assist in making arrangements for the transfer. If the patient wishes to remain at EvergreenHealth Monroe, 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 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 (Physician Orders for Life Sustaining Treatment) 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 EvergreenHealth Monroe from participating under the Act when not functioning within the Hospital.

Sanctions

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

- Loss of medical staff privileges;

- Loss of membership;

Public Notice

EvergreenHealth Monroe 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; informing local media; and including information in the hospital's materials regarding advance directives.

Resources

Any patient, employee, independent contractor, volunteer or physician may contact the Ethics Committee, Spiritual Care, or Social Services for assistance.

REFERENCES

Initiative 1000/Washington Death with Dignity Act.
WAC 246-978, Washington State Department of Health Regulations
The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals