TERMINAL OR END OF LIFE CARE

PURPOSE

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

POLICY

1. Withdrawal of life support does not prevent provision of optimal care (see Withdrawal or Withholding Life Support and Resolution of Conflict of Care Issues policy).
2. Patients have the right to accept or refuse all treatments (see Patient Rights-Management policy).
3. Do Not Resuscitate does not mean no care.
4. 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.
5. Comfort care will include:
    a. Managing pain aggressively and effectively.
    b. Providing sedation if appropriate to patient's condition
6. Sensitively address issues such as autopsy.
7. See Organ and Tissue Donation policy
8. Respect patient's values, religion, culture, 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.
9. Allow and support patient/family grief practices as much as is safe.
10. Offer "Dove Packets' to family and/or friends.
11. Treatment and care are fully explained to the patient and family and documented.

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12. The hospital will demonstrate respect for the following patient needs:
    a. Confidentiality
    b. Privacy
    c. Security
    d. Resolution of complaints
    e. Pastoral, counseling
    f. Communication
13. Staff will initiate a referral to Patient Resources for patient/family as appropriate.
14. Ethics committee members are available for ethical dilemmas. See Ethics: How to call a case review policy.
15. MGHFC respects a patient right to participate in the Death with Dignity Act. See related policy- Death with Dignity
16. Encourage and facilitate Care Conferences when appropriate. See Multidisciplinary Patient Care Conference Policy

Alternate Search Words: death, dying, terminal, comfort care, no code, comfort measures

Referenced Documents

Multidisciplinary Patient Care Planning. MGHFC policy. August 15, 2017.

Withdrawl or Withholding Life Support and Resolution of Conflict of Care Decisions. MGHFC policy. March, 2, 2015

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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 Health uses the Northwest Justice Project documents.

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 decisions 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.

Health Care Directive (abbreviated below as "Directive")- Term referring to Advance Directive or subset of Advance Directive, e.g. Mental Health Care Directive, Behavioral Health Care Directive, Durable Power of Attorney, POLST, etc.

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.

Advance Care Planning Documents are documents that outline in writing the process that enables individuals to make plans about their future health care. Advance care plans provide direction to healthcare professionals when a person is not in a position to either make and/or communicate their own healthcare choices.

POLICY

Mason Health 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 Health provides considerate, respectful care focused upon the patient's individual needs.

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Mason Health 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.

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 Health 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 a 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

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accordance with the law or is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, or is unable to communicate his/her wishes regarding treatment.

On advice of the legal counsel of Mason Health 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 Registration staff will ascertain whether there is a Directive/Living Will on file in the Medical Record.

This can be accomplished by asking the patient or surrogate to respond to the Living Will question within the electronic medical record and indicating one of the following responses: No, info provided; No, info not provided; Yes, not on file; Yes, on file; or unknown.

EMERGENCY DEPARTMENT STAFF RESPONSIBILITIES:

- Copies of directives provided during Emergency Department encounters will be retained and sent to Health Information Management to be scanned into the medical record.
- Emergency Department patients with a discharge disposition will be provided written instructions regarding where to obtain more information about directives and how to provide Mason Health with a copy for the medical record.

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NURSING STAFF AND/OR UNIT SECRETARY RESPONSIBILITIES:

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 EMR, direct the patient or surrogate to obtain this document for our file as soon as possible.
- When provided, place in HIM scanning basket.
- Answer any questions; make appropriate referrals for further information to the Discharge Planning Department. (An automatic referral is triggered in the EMR system if you check 'Yes' to the patient/family wanting further information).
- If patient indicates they have an advanced directive, but that directive is not on file with Mason Health, nursing services shall make all reasonable attempts to follow up and document outcome of that follow up in the EMR.
- At discharge, ***original*** version of the POLST will be returned to the patient or their current care facility; a copy is maintained in the medical record sent to HIM.

DISCHARGE PLANNING RESPONSIBILITIES:

- When an order and/or a referral is made to the Discharge Planning Department, they will meet with the patient and offer the Advance Care Planning documents to the patient. If patient accepts the document, Discharge Planning will give education on how to fill it out, answer any questions to the best of their ability and provide additional resources as needed. Discharge Planning will then document in the EMR that Advance Care Planning documents were given to patient. If the patient declines the paperwork, it will be documented in the Electronic Medical Record.

HEALTH INFORMATION MANAGEMENT RESPONSIBILITIES:

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

POLST Advance Directive and POA Scanning Procedure

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MASON CLINIC:

- Mason Clinic 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.
- Mason Clinic will provide written educational materials to any patient asking for more information related to Directives.
- If a patient is in Mason Clinic, 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.
- Resources Northwest Justice Project
  - *Durable Power of Attorney Documents*
    - https://www.washingtonlawhelp.org/files/C9D2EA3F-0350-D9AF-ACAE-BF37E9BC9FFA/attachments/A41F4CCC-8F4E-4572-82A5-527F464F7B28/9608en_power-of-attorney-documents.pdf
  - *Health Care Directive (or "Living Will")*
    - https://www.washingtonlawhelp.org/files/C9D2EA3F-0350-D9AF-ACAE-BF37E9BC9FFA/attachments/10774FF5-F531-4E8B-9F81-F384410CB53A/9607en_health-care-directive.pdf
  - POLST-Completion-Guide-v1.1.pdf
  - Advance-Care-Planning-AD-and-POLST

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POLST-Best-Practice
s-v1.1.pdf

Referenced Documents:
NIAHO: RR.2 – Notice of Rights and Services
RR.3 – Health Decisions
RR.4 – Advance Directives
Relevant Revised Codes of Washington:
RCW 70.122- Natural Death Act
RCW 71.32- Mental Health Advance Directives
RCW 70.245- Death with Dignity Act
RCW 11.94- Power of Attorney
Federal Patient Self-Determination Act- 42 CFR Part- 417
****Posted to the Mason General Hospital external website.**

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