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Owner Karen Soracco:
Interim CNO
Policy Area Administration

Death with Dignity Act Policy

Purpose

This policy states the processes WHMC have in place to deal with a terminal patient situation.

Policy

1. Washington law recognizes certain rights and responsibilities of qualified patients and healthcare providers under the Death with Dignity Act ("Act"). Under Washington law, a healthcare provider, including Whitman Hospital and Medical Clinics (WHMC) is not required to assist a qualified patient in ending that patient's life.
2. WHMC has chosen to not participate under the Act. This means that in the performance of their duties, WHMC 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 WHMC patients. The appropriate standard of care will be followed.
4. Any patient wishing to receive life-ending medication while a patient at WHMC will be assisted in transfer to another facility of the patient's choice. The transfer will assure continuity of care.
5. All providers at WHMC are expected to respond to any patient's query about life-ending medication with openness and compassion. WHMC 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 palliative care, hospice care and pain control. Ultimately, WHMC'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 WHMC does not participate in the Act.
2. If, as a result of learning of WHMC's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, WHMC staff will assist in making arrangements for the transfer. If the patient wishes to remain at WHMC, 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 caregiver (nurse or social worker) will be responsible for the following:
 - 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 forms 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 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 contract of WHMC from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of WHMC.

SANCTION

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

- a. Loss of medical staff privileges;
- b. Loss of membership;
- c. Restriction from provider panel;
- d. Termination of lease or other property contract;
- e. Termination of contracts

PUBLIC NOTICE

WHMC will provide public notice of this policy in the following ways: posting the policy or information about the hospital's stance on the Act on the hospital's web page; informing local media; including information in the hospital's community newsletters; including information in hospital materials regarding advance directives; and including information in patient's rights handbooks.

Any patient, employee, independent contractor, volunteer or physician may contact the Ethics Committee, Chaplaincy, Social Services or Patient Advocate for assistance.

Approval

3-19-14 Board of Commissioners approved this policy.

References

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act

Washington State Department of Health Regulations Chapter 246-978 WAC (Currently at CR-102 stage)

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

Approval Signatures

Step Description

Approver

Date

Hank Hanigan: Chief Executive
Officer

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Owner Joan
Hendrickson:
Director of
Inpatient
Services
Policy Area Care
Management

Advance Directive Procedure

Purpose

It is the policy of Whitman Hospital & Medical Clinics (WHMC) to encourage and respect patient self-determination. Each patient's ability and right to participate in health care decision-making, also known as Advance Care Planning is honored.

This Advance Directive (AD) policy is intended to encourage Advance Care Planning for patient's 18 years of age and older and to assure compliance with the **Patient Self-Determination Act** which is required as a condition of participation in Medicare and Medicaid programs.

Definitions

The term "Advance Directive, Durable Power of Attorney (DPOA) for Health Care and Health Care Directive" starts with a conversation about future health care decisions and includes written instruction for adults 18 years of age or older, about their future health care decisions, if a sudden event, serious accident or illness that one is unable to make decisions. A Power of Attorney for Health Care or Health Care Agent is the appointed trusted person to carry out the instructions of a person's wishes, goals and goals for treatment. The existence or lack of AD does not determine an individual's access to care, treatment and services. The AD will be honored by the staff and physicians of WHMC within the limits of the law and WHMC's capabilities. Every attempt will be made to honor a patient's wishes whether they have an Advance Directive or not.

Procedure

- The admitting Nurse is responsible for completing the AD section in the electronic medical record (EMR).

- The request for the AD is made if one is completed when the patient's AD is brought in a copy is made for placement in the current medical chart and the original is returned to the patient at discharge.
- The AD is maintained in the permanent electronic medical record.
- If the patient does not have an AD readily available and an AD copy exists on an old record, the nurse or health unit coordinator prints a copy if available from the EMR.
- If the patient wishes to initiate, review or revise an AD, Social Services shall be called as a resource to assist the patient to complete a revised AD.
- The patient is to be encouraged to consult with his/her physician.
- When a new AD paper copy arrives in HIM, the information will be scanned in the patient's permanent medical record.
- If the patient does not have an AD and wants more information, a referral is made to the Care Manager.
- If the patient does not wish further information, document this in the electronic record.
- If the patient wishes to review, revise, or complete an AD, the nurse enters a referral to Social Services.
- If the Care Manager is unavailable, an appropriate time will be arranged between patient, admitting nurse and Care Manager.
- If the admitting nurse determines that the patient is unable to discuss the AD during the admission process, (too ill, lacks decisional capacity) the nurse may do the following:
 - Enter an EMR referral to the Care Manager.
 - Assess the availability of a family member or surrogate decision-maker who has access to an AD or who can provide information.
 - Asks family/other to bring in an AD, if possible.
 - Documents name of patient surrogate/representative in the electronic record.
 - If not able to contact family or other decision maker, refer to Social Services for follow-up using EMR referral mechanism.

Care Management Responsibilities:

- Based on referrals from nursing, physician or any staff member made through the electronic record or direct patient/family request, Social Services will follow up when there is any concern, question or confusion about who is the proper surrogate.
- The Care Manager will document in the EMR Social Work Evaluation any action/referral.
- Any unresolved ethical dilemmas regarding surrogacy can be forwarded by staff, patient or family members to the Care Manager who will engage the Ethics Committee (see Ethics Committee Case Consultation Process Policy) for consultation.

Outpatients:

- For outpatients, information and referral assistance regarding Advance Directives and WHMC policy will be made available, upon request.
- WHMC observation patients are treated the same as inpatients.

- Outpatients requesting further assistance and information on AD will be encouraged to talk with their physician, who can refer the patient for an Advance Care Planning facilitation by contacting the Advance Care Planning Coordinator in Care Management.

Surgical or Diagnostic Procedures:

- Patients may come to outpatient or inpatient procedures with specific directives.
- The physician, surgeon and/or anesthesia provider will discuss advance directives or intent with the patient for the procedure time period as necessary.

Education for Staff and Community:

- The Advance Care Planning Committee provides outreach and education to the community and WHMC staff.
- The Care Management Manager will provide changes and/or updates to the DOH website and Public Relations Department at WHMC for placement on WHMC website.
- In accordance with the **WAC 246-320-141 subsection 5-8**. The updated policy is sent to: hospitalpolicies@doh.wa.gov
- All discussions with the patient regarding Advance Directives, Durable Power of Attorney for Health Care will be documented in the patient's EMR.
- Any updated or completed Advance Directives or Living Will will be copied and scanned to the patients EMR by HIM.

COPY

Attachments

[HB 1175 FAQs.pdf](#)

[HCPNW Advance Directive v.2019.07 \(2\).pdf](#)

[Hierarchy Poster m201906.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Joan Hendrickson: Director of Inpatient Services	12/20/2022, 6:36PM EST