

WASHINGTON

WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING TREATMENT POLICY

IF THESE GUIDELINES DO NOT CLEARLY ADDRESS A SITUATION AT YOUR HEALTH FACILITY, CONTACT THE LAW DEPARTMENT.

I. POLICY

Kindred recognizes that Adult Persons have the fundamental right to control the decisions relating to the rendering of their own health care, including the decision to have Life-Sustaining Treatment withheld or withdrawn in instances of a Terminal Condition or Permanent Unconscious Condition.

An Incompetent patient does not lose his right to consent to termination of Life-Sustaining Treatment by virtue of his incompetency. Decisions to withhold or withdraw Life-Sustaining Treatment may be made on behalf of a patient pursuant to the patient's Directive (*i.e.*, living will), or pursuant to the decisions made by a court-appointed guardian, the court, an authorized representative who holds the patient's durable power of attorney for health care, or in limited circumstances, the patient's immediate family.

II. DEFINITIONS

"Adult Person" means a person who has attained the age of eighteen, and who has the capacity to make health care decisions.

"Attending Physician" means the Physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient.

"Directive" means a written document voluntarily executed by the patient generally consistent with the requirements for executing a Directive under Washington law. An example of a Directive is available at **Health Care Directive or Living Will (Form WA-100)**.

"Health Facility" means a hospital, nursing home, home health agency, hospice agency, or assisted living facility as defined by Washington law.

"Incompetent" means any person who is: (i) incompetent by reason of mental illness, developmental disability, senility, habitual drunkenness, excessive use of drugs, or other mental incapacity, of either managing his or her property or caring for himself or herself, or both; or (ii) incapacitated, meaning the superior court has determined the individual has a significant risk of personal harm based upon a demonstrated inability to adequately provide for nutrition, health, housing, or physical safety.

"Life-Sustaining Treatment" 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 Qualified Patient, 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.

“Permanent Unconscious Condition” means 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 a persistent vegetative state.

“Physician” means a person licensed to practice medicine as a Physician in Washington under Title 18, Chapter 18.71 or Chapter 18.57 of the Annotated Revised Code of Washington.

“Provider” means a Physician, advanced registered nurse practitioner, health care provider acting under the direction of a Physician or an advanced registered nurse practitioner, or Health Facility, and its personnel.

“Qualified Patient” means an Adult Person who is a patient diagnosed in writing to have a Terminal Condition by the patient's Attending Physician, who has personally examined the patient, or a patient who is diagnosed in writing to be in a Permanent Unconscious Condition in accordance with accepted medical standards by two Physicians, one of whom is the patient's Attending Physician, and both of whom have personally examined the patient.

“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 the application of Life-Sustaining Treatment serves only to prolong the process of dying.

III. PRELIMINARY NOTES

- A. All executed documents and certificates must become a permanent part of the patient's medical record.**
- B. No Kindred director, executive officer, operator, employee, or other staff member shall serve as a witness to any document or form involving Life-Sustaining Treatment, unless required by law.**
- C. An Adult Person may make a written Directive instructing his Physician to withhold or withdraw Life-Sustaining Treatment in the event of a Terminal Condition or Permanent Unconscious Condition. An Adult Person may also execute a durable power of attorney for health care that grants to an authorized representative the patient's right to control his or her health care decisions regarding Life-Sustaining Treatment.**
- D. Prior to withholding or withdrawal of Life-Sustaining Treatment, the diagnosis of a Terminal Condition by the Attending Physician or the diagnosis of a Permanent**

Unconscious Condition by two physicians, one of whom is the Attending Physician, must be entered in writing and made a permanent part of the patient's medical record.

- E. If the patient has executed a Directive and subsequently becomes comatose or rendered incapable of communicating with the Attending Physician, the Directive remains in effect for the duration of the comatose condition or until such time as the patient's condition renders the patient able to communicate with the Attending Physician.
- F. A Directive executed in another political jurisdiction (*e.g.*, state, territory) is valid to the extent that the indicated health care treatment does not conflict with Washington state law and federal constitutional law. **Contact the Law Department for questions concerning the validity of Directives executed in other states.**
- G. Before any person authorized to request the withholding or withdrawal of Life-Sustaining Treatment on behalf of an Incompetent patient may exercise that authority, he must first determine in good faith that that patient, if competent, would request the withholding or withdrawal of Life-Sustaining Treatment. If the authorized person cannot determine what the patient would request, then the withholding or withdrawal of Life-Sustaining Treatment may only occur if it is in the patient's best interests. **Contact the Law Department** if the Qualified Patient's Attending Physician, consulting Physician(s), and/or the patient's immediate family members disagree as to the patient's best interests.
- H. If a Qualified Patient capable of making health care decisions indicates that he or she wishes to die at home, the patient must be discharged as soon as reasonably possible. The Provider or Health Facility has an obligation to explain the medical risks of an immediate discharge to the Qualified Patient.
- I. If the patient is pregnant, any executed Directive has no force or effect. **Contact the Law Department.**

IV. PROCEDURES

A. If Patient is Competent

1. Determine the patient's wishes regarding the withholding or withdrawal of Life-Sustaining Treatment by discussing the patient's condition and the implications of administering, withholding, or withdrawing Life-Sustaining Treatment. Document this discussion in the patient's medical record.
2. As long as the patient is able to make informed health care decisions regarding the withholding or withdrawal of Life-Sustaining Treatment, the patient may continue to do so.
3. If the patient provides a Directive or durable power of attorney for health care that addresses the withholding or withdrawal of Life-Sustaining Treatment, or if one is

already located in the patient's medical record, discuss the provisions of the document(s) with respect to the patient's planned health care decision.

4. If the patient does not have a Directive in effect, consider offering the patient the opportunity to execute the **Health Care Directive or Living Will (Form WA-100)**. See **Section IV.B.2.b** of this policy for execution instructions and witness requirements.
5. If the patient wishes to proceed with the withholding or withdrawal of Life-Sustaining Treatment:
 - a. The patient should complete **Acknowledgement of Request to Withhold or Withdraw Life-Sustaining Treatment and Release (Form WA-102)**. The form should be witnessed and signed by an individual 18 years or older. **No Kindred director, executive officer, operator, employee, or other staff member shall serve as a witness to this form.**
 - b. The Attending Physician must complete **Attending Physician's Certificate (Form WA-103)** certifying that the patient is competent and has a Terminal Condition.

Note: If a Qualified Patient capable of making health care decisions indicates that he or she wishes to die at home, the patient must be discharged as soon as reasonably possible. The health care Provider or Health Facility has an obligation to explain the medical risks of an immediate discharge to the Qualified Patient.

B. If Patient is Incompetent

1. Determine whether the patient has executed a written Directive that indicates the withholding or withdrawal of Life-Sustaining Treatment, or a durable power of attorney that grants decision-making authority regarding Life-Sustaining Treatment. If so, a copy of the document must be made a part of the patient's medical record.
2. Incompetency must be determined by a court order or by affidavit of the Attending Physician. See **Attending Physician's Certificate (Form WA-200)**.
3. **Patient has Executed a Directive**
 - a. Determine what the Directive specifies as the patient's wishes in the current medical situation. A health care decision to withhold or withdraw Life-Sustaining Treatment must be consistent with the Directive.
 - b. Make reasonable efforts to confirm that the Directive is valid.

- i. Any Adult Person may execute a written Directive instructing the withholding or withdrawal of Life-Sustaining Treatment if the Adult Person is in a Terminal Condition or Permanent Unconscious Condition.
- ii. The written Directive must have been dated and signed by the patient;
- iii. A Directive must have been witnessed and signed by two witnesses who at the time of signing: (i) were not related to the patient by blood or marriage; (ii) were not entitled to any portion of the patient's estate; (iii) were not a director, executive officer, operator, employee, or other staff member of the patient's Attending Physician or a Health Facility where the patient was receiving care; and (iv) did not and will not at any time have a claim against the patient's estate.
- iv. A Directive may, but is not required to be in the form of **Health Care Directive or Living Will (Form WA-100)**.
- v. A Directive is not valid if the patient has revoked it. A patient's Directive may be revoked at any time by the patient, **without regard to his mental state or competency**, by any of the following methods:
 - (a) By being canceled, defaced, obliterated, burned, torn, or otherwise destroyed by the patient or by some person in the patient's presence and by the patient's direction.
 - (b) By the patient's written revocation expressing his intent to revoke that is signed and dated by the patient, effective only upon communication to the Attending Physician by the patient or by a person acting on behalf of the patient.
 - (c) By the patient's verbal expression of his intent to revoke the Directive, effective only upon communication to the Attending Physician by the patient or by a person acting on behalf of the patient.
- vi. If the patient became comatose or was rendered incapable of communicating with the Attending Physician, the Directive remains in effect for the duration of the comatose condition or until such time as the patient's condition renders the patient able to communicate with the Attending Physician.
- vii. A Directive executed in another political jurisdiction (*e.g.*, state, territory) is valid to the extent that the indicated health care treatment does not conflict with Washington state law and federal constitutional law. **Contact the Law Department for questions concerning the validity of Directives executed in other states.**

- c. Before any person authorized to request the withholding or withdrawal of Life-Sustaining Treatment on behalf of an Incompetent patient may exercise that authority, he must first determine in good faith that that patient, if competent, would request the withholding or withdrawal of Life-Sustaining Treatment. If the authorized person cannot determine what the patient would request, then the withholding or withdrawal of Life-Sustaining Treatment may only occur if it is in the patient's best interests. **Contact the Law Department** if the Qualified Patient's Attending Physician, consulting Physician(s), and/or the patient's immediate family members disagree as to the patient's best interests.
- d. Prior to withholding or withdrawal of Life-Sustaining Treatment, the Attending Physician must complete **Attending Physician's Certificate (Form WA-200)** certifying the diagnosis of a Terminal Condition or that the patient is Incompetent and is in a Permanent Unconscious Condition. If the diagnosis is a Permanent Unconscious Condition, a consulting physician must confirm this diagnosis by completing **Consulting Physician's Certificate (WA-201)**.

4. Patient has Executed a Durable Power of Attorney for Health Care

- a. Contact the person appointed in the durable power of attorney for health care. Prior to the withholding or withdrawal of Life-Sustaining Treatment, the designated person should complete the **Request to Withhold or Withdraw Life-Sustaining Treatment and Release (Form WA-202)** before one witness who is 18 years of age or older. **No Kindred director, executive officer, operator, employee, or other staff member shall serve as a witness to this form.**
- b. Before any person authorized to request the withholding or withdrawal of Life-Sustaining Treatment on behalf of an Incompetent patient may exercise that authority, he must first determine in good faith that that patient, if competent, would request the withholding or withdrawal of Life-Sustaining Treatment. If the authorized person cannot determine what the patient would request, then the withholding or withdrawal of Life-Sustaining Treatment may only occur if it is in the patient's best interests. **Contact the Law Department** if the Qualified Patient's Attending Physician, consulting Physician(s), and/or the patient's immediate family members disagree as to the patient's best interests.
- c. Prior to withholding or withdrawal of Life-Sustaining Treatment, the Attending Physician must complete **Attending Physician's Certificate (Form WA-200)** certifying the diagnosis of a Terminal Condition or that the patient is Incompetent and is in a Permanent Unconscious Condition. If the diagnosis is a Permanent Unconscious Condition, a consulting physician must

confirm this diagnosis by completing **Consulting Physician's Certificate (WA-201)**.

5. Patient does not have a Directive or Durable Power of Attorney for Health Care

- a. Contact the patient's guardian, if any, and the patient's immediate family members. The following steps must be taken:

- i. **The Attending Physician and at least two other qualified Physicians must certify that they agree with the decision** to withhold or withdraw Life-Sustaining Treatment, and that the patient is Incompetent and either (1) in a persistent vegetative state with no reasonable chance of recovery and being maintained by life support, or (2) in an advanced stage of a terminal and incurable illness and suffering severe and permanent mental and physical deterioration. These certifications should be obtained by completing **Attending Physician's Certificate (Form WA-200)** and **two Consulting Physician's Certificates (Form WA-201)**.

Note: If any of the Physicians or the Health Facility involved object to the decision, court intervention is necessary. Contact the Law Department.

- ii. If the patient has a court-appointed guardian, the guardian must agree with the decision to withhold or withdraw Life-Sustaining Treatment and must complete the **Request to Withhold or Withdraw Life-Sustaining Treatment and Release (Form WA-202)**.

Note: If the guardian or any immediate family member objects to the decision, court intervention is necessary. Contact the Law Department.

- iii. If the patient has no court-appointed guardian, one of the following, in order of priority, must complete the **Request to Withhold or Withdraw Life-Sustaining Treatment and Release (Form WA-202)**:

- (a) the individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions;
- (b) the patient's spouse or state-registered domestic partner;
- (c) children of the patient 18 years or older;
- (d) the parent of the patient; or

- (e) siblings of the patient 18 years or older.
- b. **If there is no legal guardian and none of the above individuals are available, a court must either make the decision or appoint a guardian. Contact the Law Department.**
- c. **The Request to Withhold or Withdraw Life-Sustaining Treatment and Release (Form WA-202) must be witnessed and signed by one witness of at least 18 years of age. No Kindred director, executive officer, operator, employee, or other staff member shall serve as a witness to this form.**
- d. Before any person authorized to request the withholding or withdrawal of Life-Sustaining Treatment on behalf of an Incompetent patient may exercise that authority, he must first determine in good faith that that patient, if competent, would request the withholding or withdrawal of Life-Sustaining Treatment. If the authorized person cannot determine what the patient would request, then the withholding or withdrawal of Life-Sustaining Treatment may only occur if it is in the patient's best interests. **Contact the Law Department** if the Qualified Patient's Attending Physician, consulting Physician(s), and/or the patient's immediate family members disagree as to the patient's best interests.

V. REFUSAL TO COMPLY WITH DIRECTIVE

The Attending Physician or Health Facility must inform the patient or patient's authorized representative of the existence of any policy or practice that would preclude the honoring of the patient's directive at the time the Physician or Health Facility becomes aware of the existence of such a Directive.

1. After being informed of such policy or Directive, if the patient or representative chooses to retain the Physician or Health Facility, the Physician or Health Facility with the patient or the patient's representative must prepare a written plan to be filed with the patient's Directive that sets forth the Physician's or Health Facility's intended actions should the patient's medical status change so that the Directive would become operative.
2. The Physician or Health Facility has no obligation to honor the patient's Directive if they have complied with the requirement of preparing a written plan.
3. The Directive shall be conclusively presumed, unless revoked, to be the directions of the patient regarding the withholding or withdrawal of Life-Sustaining Treatment.

All executed documents must become a permanent part of the patient's medical record.

IF THIS POLICY DOES NOT CLEARLY ADDRESS A SITUATION AT YOUR HEALTH FACILITY, CONTACT THE LAW DEPARTMENT.

VI. FORMS

A. For use with Competent patients

1. WA-100: Health Care Directive or Living Will
2. WA-101: Durable Power of Attorney for Health Care
3. WA-102: Acknowledgement of Request to Withhold or Withdraw Life-Sustaining Treatment and Release
4. WA-103: Attending Physician's Certificate

B. For use with Incompetent patients

5. WA-200: Attending Physician's Certificate
6. WA-201: Consulting Physician's Certificate
7. WA-202: Request to Withhold or Withdraw Life-Sustaining Treatment and Release

VI. REFERENCES

A. Statutes

1. Title 7. Special Proceedings and Actions, Chapter 7.70, Actions for Injuries Resulting from Health Care
2. Title 11. Probate and Trust Law, Chapter 11.88, Guardianship -- Appointment, Qualification, Removal of Guardians
3. Title 11. Probate and Trust Law, Chapter 11, Power of Attorney
4. Title 70. Public Health and Safety, Chapter 70.122, Natural Death Act

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☐ **Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**
(Check if State Specific and/or Facility Specific Policy Addendum is attached)

PURPOSE

This policy establishes guidelines the patient has the right to information concerning their right to accept or refuse medical or surgical treatment. Patients will be encouraged to communicate their health care treatment wishes with their significant others, legal representatives and health care providers and create an advance directive. The advance directive will be utilized in the event the patient becomes incapacitated at a later date. The existence of an advance directive or lack thereof, will not determine the patients access to care, treatment or services.

POLICY

The policy of Kindred Hospital is to assure compliance with the Patient Self-Determination Act (PSDA) by describing how information about advance directives is provided to the patient, collected and documented. In addition, this policy supports a patient's uncompromised ability and right to participate in medical decision making regarding their care.

1. During the admissions process:
 - a. The admission coordinator, case manager/social worker or nursing representative admitting the patient will ask the patient, whether or not the patient has completed an advance directive. If the patient is incapacitated, the patient's designated representative will be asked whether or not the patient has completed an advance directive.
 - b. A request will be made to the patient/designated representative to provide a copy of the advance directive for placement in the medical records.
 - c. As part of the admission process, the patient/ designated representative will be provided with written information outlining the individual's rights to make decisions concerning medical care ("Your Right to Decide").
 - d. Hospital staff (usually the admitting nurse), will document whether or not an advance directive has been received in the medical record.
 - e. The Living Will is documented on the state-approved form and executed in a manner consistent with state law. A Living Will may be revoked or changed at any time in the manner recognized by state law.
 - f. The Durable Power of Attorney for Health Care is documented on the state-approved form and signed executed in a manner consistent with state law.
 - g. The physician should be notified about the presence of POLST/MOLST forms and review the forms with the patient and/or legal representative. They require a valid physician order and are not automatically enforceable. Refer to the Legal Resources page on Knect for the applicability of POLST/MOLST forms in this state.
 - h. If the patient has lost the capacity to make healthcare decisions or there are questions about authentication or verification of advance directives, please refer to the Legal Resources page in KNECT under the specific state or contact the Law Department to determine who is authorized to make healthcare decisions for the patient.

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DEFINITIONS

1. Advance Directives: The written or oral instructions communicating the health care treatment wishes of an adult, in the event the adult becomes incapacitated. These instructions include but are not limited to a living will, designation of a healthcare proxy or durable power of attorney for healthcare, or consent for an order to withhold resuscitation efforts (DNR).
2. Cardio-pulmonary Resuscitation (CPR): Are interventions that include chest compressions, artificial ventilation, medications per protocol and the use of defibrillation devices, as appropriate. These interventions are only implemented when a patient's breathing and heart has stopped. CPR includes following the Advanced Cardiac Life Support (ACLS) resuscitation protocol.
 ↓ H-PC 08-002 Code Status Classification
3. Comfort Measures Only: Measures or treatments intended to provide patient comfort. Examples of Comfort Measures include: artificial tears and saliva, anti-nausea medications, medications to decrease secretions, pain meds, ice chips/water, anti-anxiety meds, palliative care consult, hospice consult, pastoral care consult, etc. The patient will not receive further diagnostic studies, new therapies (although current therapy may continue), basic or advanced life support, or transfer to a critical care unit.
4. Durable Power of Attorney (DPOA) for Health Care: A document recognized by state law that delegates the authority to another person (usually called a healthcare agent, proxy or surrogate) to make healthcare decisions for the adult patient when he/she is incapacitated. The DPOA may also describe specific wishes regarding the type of health care choices and treatments that the adult patient wishes to receive. If a DPOA is in effect, the agent or surrogate must be given relevant health care information so that informed decisions can be made for the patient.
5. Incapacitated: A medical determination that an adult lacks the ability to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits, laws and reasonable alternatives related to a health care decision.
6. Life – Sustaining Treatment: Treatment that, based on reasonable medical judgment, sustains the life of a patient and without which, the patient will die. The term includes both life support, such as mechanical ventilation, kidney dialysis, artificial ventilation and hydration. The term does **not** include the administration of pain management medication or the performance of a medical procedure considered necessary to provide comfort care or any other medical care provided to alleviate a patient's pain.
7. Living Will: A document that contains specific instructions from an adult concerning their wishes about the type of health care choices and treatments that the adult does or does not want to receive. A Living Will does not designate an agent to make health care decisions.
8. No CPR/No Code/Do Not Resuscitate (DNR) Order: These designations mean specifically that **IF cardiac and/or respiratory arrest** occurs, cardio pulmonary resuscitation (CPR) will **not** be performed. *A No CPR order by itself does not indicate that the patient has declined other appropriate treatments including, comfort measures only and services of life-sustaining treatment.*
9. POLST/MOLST Forms: Physician Order for Life-Sustaining Treatment (POLST) or Medical Orders for Life-Sustaining Treatment (MOLST) are sets of medical orders recognized by state law that reflects patient preferences regarding CPR and life-sustaining treatment in the community. POLST/MOLST forms are not advance directives and are not a substitute for designation of health care proxies or other advance directives. They must be confirmed by valid physician orders.

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PROCEDURE

Not applicable

References

1. Patient Self-Determination Act (PSDA)
2. TJC: RI.01.02.01; RI.01.05.01
3. CMS: 482.12(f)
4. H-PC 08-006 Informed Consent
5. Knect>Hospital Division> Legal Resources> State Documents

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☐ **Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**

(Check if State Specific and/or Facility Specific Policy Addendum is attached)

PURPOSE

This policy establishes the classification for patient resuscitation in the event of a cardiac, respiratory or cardiopulmonary arrest. Guidelines are given on the process for communicating code/status determinations and changes during the hospital stay.

POLICY

1. This policy of Kindred Hospital outlines the process and steps needed to determine and document the code status of patients.
 - a. Patients are asked about code status and their preferences regarding life-sustaining treatment at admission.
 - b. There shall be two categories of Code Status in Kindred Hospitals for patient resuscitation (Yes and No).
 - c. Patients are provided resuscitation services unless precluded by a legal advance directive and physician's order.
 - d. Any patient without a Code Status designation will receive a CPR (cardiopulmonary resuscitation)/Full Code Status.
 - e. The primary reference point for Code Status classification is the electronic medical record. Paper documents are used only in the event that the electronic record is unavailable, in a hospital with a paper only record, or to document new orders, which should be transmitted to the electronic record.

CATEGORY YES Full Code. The patient will receive CPR in the event of a cardiac and/or respiratory arrest. Category Yes, is used on any patient without a Code Status designation.

CATEGORY NO No CPR. No CPR will be administered in the event of cardiac or pulmonary arrest. Also may be referred to as a Do Not Resuscitate (DNR) addendum.

DEFINITIONS

Not Applicable

PROCEDURE

1. At admission:
 - a. Inquire from patients and legal representatives about the existence of advance directives at admission.
 - b. The patient or representative is asked about preferences for life-sustaining treatment and it is documented in the medical record.
 - ✦ H-PC 08-001 Advance Directives
 - c. The physician is expected to review the patient's written advance directive and the patient's documented preferences about life-sustaining treatment (if available) at admission and when

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new information becomes available related to the patient's wishes about CPR and end of life care.

2. Advance directives (if available) are considered prior to the Code Status being entered as the physician's order and that the physician considers the patient and family member/responsible party wishes.
3. End of life care is a continuing discussion during the hospital stay. When new information becomes available or patient circumstances change, this information (changes in wishes, code status, etc.) should be incorporated into the patient's plan of care.
4. CPR orders will be reviewed periodically at the hospital's routine meetings (care transitions, IDT, as needed or appropriate) and updated as needed.
5. A patient without a code status designation will default to a Category YES and the patient will receive CPR in the event of cardiac and/or pulmonary arrest.
6. A decision to withhold resuscitation services does not limit other diagnostic or therapeutic interventions or admission to a special care unit within the hospital.
7. Code Status classification and patient's preferences for life-sustaining treatment are documented in ProTouch (preferred) or on the Code Status Classification form (only if the electronic record is unavailable or in hospitals with a paper-only record).

d. H-OS-003-000 Code Status Order and Assessment

- ❖ *NOTE: Documentation forms may be viewed from the SMARTworks application. Review 'SMARTworks How to Guide' posted in the Clinical Resource Library. Knect-> Hospital Division-> Clinical Operations-> Clinical Resource Library-> Medical Records-> Forms. To log into SMARTworks, go to www.smartworks.com.*
- ❖ *NOTE: Above referenced Medical Record Forms are mandatory and should be ordered, not photo copied. You may order the forms via IntelliOrder in the corporate catalog under the vendor Standard Register.*

References

1. TJC: RI.01.02.01; RI.01.05.01
2. CMS: 482.12(f)
3. H-PC 08-006 Informed Consent

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☐ **Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**
(Check if State Specific and/or Facility Specific Policy Addendum is attached)

PURPOSE

This policy describes applicable state reporting requirements for hospitals. When an individual, whether a patient or a family member, expresses a desire to terminate a patient's life support treatment, state law must be carefully followed.

The Hospital complies with state law governing requests for Termination of Life Support. These requirements are detailed on Knect / Hospital Division / Legal Resources under the State Documents Section. While efforts have been made to provide specific instructions for handling these requests, legal requirements for reporting may change at any time. Therefore, if any doubt exists regarding the applicability of state law to the request being considered, contact the Law Department for clarification at the following address:

Chief Counsel, Hospital Division
Kindred Healthcare, Inc.
680 South Fourth Avenue
Louisville, KY 40202-2412
(502) 596-7218

POLICY

The policy of Kindred Hospital is to ensure the following:

1. The CEO or, if the CEO is unavailable, the CCO or Administrator on call, shall review the Termination of Life Support requirements on Knect and assure the state-mandated process is followed.
2. The CEO or, if the CEO is unavailable, the CCO or Administrator on call, ensures forms required by state law are completed, whether by physician, LIP, family members or the patient.
3. The CEO or, if the CEO is unavailable, the CCO or Administrator on call, and the physician will review the supporting documentation of the request to discontinue life support. If there are concerns regarding the legal sufficiency of the supporting documentation or there is a dispute among the involved parties, the Hospital CEO will confer with the Corporate Law Department and Vice President/Chief Clinical Officer/Senior Director of Clinical Operations (as applicable) or Executive Director.
4. The physician will have discussed, established and documented the process for the withdrawal/termination of life support prior to its initiation, in consultation and concurrence with the patient/family and the hospital staff. No Kindred employee shall be compelled to participate in the process. The patient will continue to receive any medication or treatment necessary to provide comfort or alleviate pain during the review process.
5. If the documentation is in order and all requirements of state law have been met, the physician proceeds with the termination. The physician shall remove designated medical devices (such as ventilator and nutritional feedings) himself/herself or may delegate it to qualified licensed staff (example, RT or RN). If the

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documentation is not complete, the CEO/designee works with the physician and hospital staff to complete the documentation.

6. The patient shall receive comfort care measures as appropriate, including pain or anxiety medications, oral and other personal care. Visitation rules shall be liberally applied, including visitations by spiritual advisors, family and friends.
7. At a minimum, the Ethics Committee should review, on a quarterly basis, a summary of Termination of Life Support Activity. Additional required reviews may be designated/required by the Regional Vice President or Hospital CEO.
8. All completed Termination of Life Support forms shall be kept in the patient medical records.

DEFINITIONS

Not applicable

PROCEDURE

Not applicable