	Procedure Number: PR008-439
	Effective Date: 10/4/2012
	Title: Advance Directives

<p><b>SCOPE</b> (choose from: District wide, Ambulance, Family Practice Clinic, Golden View Terrace, Home Health Hospice, Hospital): <b>Hospital</b></p>
<p><b>LEVEL</b> (any departments within service areas that the procedure applies to):  <b>Acute Care</b>  <b>Emergency Department</b></p>
<p><b>POSITION(S) RESPONSIBLE:</b>  <b>Providers</b>  <b>Registered Nurses</b>  <b>Licensed Practical Nurses</b>  <b>Social Workers</b></p>
<p><b>PURPOSE:</b>  To identify whether or not patients have executed an Advance Directive to guide care.</p>

**PROCEDURE:**

**Definition:**


An Advance Directive is a document of written instructions, 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.

**Procedures:**

All patients admitted to an in-patient will have the Advance Directive Acknowledgment form signed.

**Assessment Criteria**

- Determine the patient’s age
- Identify the patient’s primary language and any communication barriers.
- Assess the patient’s cognitive level and ability to make decisions regarding treatment.
- Find out if the patient already has an advanced directive
- If yes, scan to patient chart.
- If no, provide the patient education about advanced directives and then ask the patient if he/she wishes to complete one. If the patient decides they would like to complete an advanced directive, refer the patient to the appropriate resources. If not, document the patient preference of the advance directive assessment in the health care record.

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### **Description of the Practice**


**If a living will has been signed or a health care proxy has been designated, do the following:**

- Make sure that the documents can be easily found and accessed in the patient's chart.
- Communicate the document's existence to the practitioner.
- Determine if the designated health care proxy has a copy of the document.
- Review and clarify the document with the practitioner, patient, or proxy so that everyone is clear about the patient's wishes.

**If the patient hasn't signed a living will or if a durable Power of Attorney hasn't been executed, do the following:**

- Provide the patient (and, if appropriate, the patient's family or significant others) with information about advance directives.
- Ask the patient if he would like to involve family members in discussions about advance directives; be sure to be sensitive to how the patient's beliefs and values may affect the discussion regarding advance directives.
- Be sensitive to the patient's and their family's fears about death in discussions about advance directives.
- Respect the patient's right not to complete advance directives.
- Reassure the patient that by signing an advance directive doesn't mean they'll receive substandard care.
- Help a patient execute an advance directive, and make suggestions as to whom to give advance directives and where to keep them.
- Scan signed advance directive into patient's electronic chart, and communicate to the staff the patient's wishes.

### **Forms to Follow**

	Procedure Number: PR008-439
	Effective Date: 10/4/2012
	Title: Advance Directives




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## ADVANCE DIRECTIVE ACKNOWLEDGEMENT

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**PLEASE READ THE FOLLOWING FOUR STATEMENTS:**

Place your initials after each statement.

1. I have been given written materials about my right to accept or refuse medical treatments. \_\_\_\_\_ (initialed)
  
2. I have been informed of my rights to formulate an Advance Directive. \_\_\_\_\_ (initialed)
  
3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. \_\_\_\_\_ (initialed)
  
4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and by my caregivers to the extent permitted by law. \_\_\_\_\_ (initialed)


**PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:**

- I HAVE** executed an Advance Directive
- I HAVE NOT** executed an Advance Directive

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Patient Sticker*


	Procedure Number: PR060-104
	Effective Date: 03/04/2009
	Title: Death With Dignity Act

**SCOPE** (choose from: District wide, Ambulance, Family Practice Clinic, Golden View Terrace, Home Health Hospice, Hospital): **District wide**


**LEVEL** (any departments within service areas that the procedure applies to):

**PURPOSE:**  
To ensure patient quality of care and continuity of care within regulatory guidelines consistent with the KVH Board approved policy to not allow participation in the Death With Dignity Act at KVH.

<b>PROCEDURES:</b>	<b>POSITION(S) RESPONSIBLE</b>
1. KVH has chosen to not participate under the Death with Dignity Act. (See Death With Dignity Act Policy). This means that in the performance of their duties, KVH 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 KVH or on property owned by KVH.	All Staff
2. 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 KVH patients. The appropriate standard of care will be followed.	All Staff
3. Any patient wishing to receive life-ending medication while a patient at KVH will be assisted in transferring care to another facility or provider of the patient's choice to assure continuity of care.	All Staff
4. All providers at KVH are expected to respond to any patient's query about life-ending medication with openness and compassion. KVH 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,	Providers

	Procedure Number: PR060-104
	Effective Date: 03/04/2009
	Title: Death With Dignity Act

<p>including but not limited to comfort care, hospice care, and pain control. Ultimately, KVH’s goal is to help patients make informed decisions about end-of-life care.</p>	
<p>5. All patients will be provided with educational materials about end-of-life options. These materials will include a statement that KVH does not participate in the Death With Dignity Act and provide the patient with contact information for locating a provider that does participate in the Death With Dignity Act.</p>	All Staff
<p>6. If, as a result of learning of KVH’s decision not to participate in the Death With Dignity Act, the patient wishes to have care transferred to another provider or facility of the patient’s choice, KVH staff will provide the patient with information to assist in making arrangements for the transfer of care. If the patient wishes to remain at KVH, staff will discuss what end of life care will be provided consistent with KVH policy and procedures.</p>	All Staff
<p>7. 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.</p>	Providers
<p>8. Nothing in the Death With Dignity Act policy or procedures 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.</p>	Providers
<p>9. Nothing in the Death With Dignity Act policy or procedures prevents a physician or provider from providing information about the “Washington State Death with Dignity Act” to a patient when the patient requests information.</p>	Providers

	Procedure Number: PR060-104
	Effective Date: 03/04/2009
	Title: Death With Dignity Act

<p>10. Nothing in the Death With Dignity Act policy or procedures prohibits a physician who is employed by or who is an independent contractor of KVH from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of KVH.</p>	Providers
<p>11. If a provider participates in the Act beyond what is allowed in the policy, KVH may impose sanctions on that provider or impose disciplinary actions. KVH shall follow due process provided for in the medical staff bylaws and/or in personnel policies and procedures and/or in contractual agreements.</p>	Providers
<p>12. No sanctions or disciplinary actions shall occur for conscientious objection to Death With Dignity Act participation.</p>	All Staff
<p>13. KVH will provide public notice of this policy in the following ways: posting the policy or information about the KVH Policy on the Death with Dignity Act on the hospital's web page; informing local media; including information in KVH materials regarding advance directives; and including information in patient's rights information.</p>	All Staff



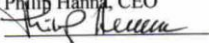
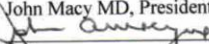
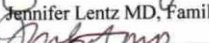

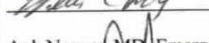
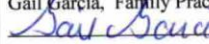


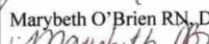


**POLICY & PROCEDURES  
FACE SHEET**

Date: 02/26/2009

Submitted by: Jeff Teal, PhD


Department: Administration

Please supply the following information with your new/revised Policy or Procedure:


Policy or Procedure Name and Number	Death with Dignity Act PR060-104
Policy or Procedure Replaces (the policy number of previous versions of the policy or procedure, if there are previous versions)	N/A
<b>Authorization</b> (For policies: the date of Board approval and effective date.  For procedures: then name, signature, and title of person authorizing the procedure, the date of authorization, and the effective date)	Philip Hanna, CEO  Date 2-26-09  John Macy MD, President of Medical Staff  Date 2/27/09  Jennifer Lentz MD, Family Practice Clinic Medical Director  Date 2/26/09  William Bothamley MD, Home Health & Hospice Medical Director  Date 2/26/09  Anh Nguyen MD, Emergency Medical Services Medical Director  Date 2/26/09
<b>Reviewed by</b> (means the name of the person or persons who have reviewed the policy or procedure or revision and are recommending approval)	Gail Garcia, Family Practice Clinic Manager  Date 2/26/09  Jeff Teal Ph.D., Development Director  Date 2/26/09  Jeanette Madsen RN, Home Health & Hospice Director  Date 2/26/09  Marybeth O'Brien RN, Director of Nursing Services  Date 2/27/09  Shelly Seward, Business Office Director  Date 2-26-09  Pat Scarola, Golden View Terrace Administrator  Date 2/27/09

<p><b>Review date(s)</b> <i>(dates that the policy or procedure was reviewed by the appropriate authority without any revisions to the policy or procedure)</i></p>	
<p><b>Relevant policies</b> <i>(the policy number of any additional policies that address the "why" question for this policy or procedure, if known)</i></p>	<p>Death With Dignity Act PO060-104</p>
<p><b>Relevant procedures</b> <i>(the procedure number(s) of the procedure(s) that address additional or related "how" questions of implementation of this policy or procedure, if known)</i></p>	
<p><b>Key words</b> <i>(the 1-3 key words that may be used to assist with searching for relevant policies or procedures)</i></p>	<p>Death with Dignity, participation, life-ending medication</p>



	Policy Number: PO060-104
	Effective Date: 02/18/2009
	Title: Death With Dignity Act

<p><b>SCOPE</b> (choose from: District wide, Ambulance, Family Practice Clinic, Golden View Terrace, Home Health Hospice, Hospital): <b>District wide</b></p>	
<p><b>LEVEL</b> (any departments within service areas that the procedure applies to):</p>	
<p><b>PURPOSE:</b> To disallow participation in the Death With Dignity Act at KVH.</p>	
<p><b>POLICY:</b></p> <p>KVH physicians, employees, independent contractors and volunteers shall not participate in the Death With Dignity Act.</p>	<p><b>POSITION(S) RESPONSIBLE</b></p> <p>All Staff</p>

	Policy Number: PO060-104
	Effective Date: 02/18/2009
	Title: Death With Dignity Act

**POLICY & PROCEDURES  
FACE SHEET**

Date: 02/26/09

Submitted by: Jeff Teal, Ph.D.

Department: Administration

Please supply the following information with your new/revised Policy or Procedure:

Policy or Procedure Name	Death With Dignity Act Policy PO060-104
Policy or Procedure Replaces ( <i>the policy number of previous versions of the policy or procedure, if there are previous versions</i> )	
Authorization ( <i>For policies: the date of Board approval and effective date.</i>  <i>For procedures: then name, signature, and title of person authorizing the procedure, the date of authorization, and the effective date</i> )	Board of Commissioners February 18, 2009
Reviewed by ( <i>means the name of the person or persons who have reviewed the policy or procedure or revision and are recommending approval</i> )	
Review date(s) ( <i>dates that the policy or procedure was reviewed by the appropriate authority without any revisions to the policy or procedure</i> )	
Relevant policies ( <i>the policy number of any additional policies that address the "why" question for this policy or procedure, if known</i> )	
Relevant procedures ( <i>the procedure number(s) of the procedure(s) that address additional or related "how" questions of implementation of this policy or procedure, if known</i> )	Death With Dignity Act Procedure, PR060-104
Key words ( <i>the 1-5 key words that may be used to assist with searching for relevant policies or procedures</i> )	Participation, Death with Dignity Act,