OVERLAKE MEDICAL CENTER

Protocol

Advance Directives

Nursing Administration 12261 (Rev: 13)**Official**

PURPOSE

To address the management of Advance Directives in the designated settings they will be honored.

All patients in the inpatient setting will honor Advance Directives and manage them as outlined in policy. For patients in these setting, should they not have an Advance Directive, they will be informed of their rights to formulate advance directives and provided information.

All surgical patients (inpatient and outpatient) with an Advance Directive will have a conversation with the physician with regards to suspending their Advance Directive during their surgical phase of care. Should they not have an Advance Directive they will be informed of their rights to formulate one and provided information if they wish it.

All patients in the outpatient setting except Outpatient Surgery will be informed that Advance Directives are not honored in these setting with a posted notice to inform patients that should they experience a medical emergency, emergency medical treatment will be provided. Exception is the emergency department, where if the patient presents with an Advance Directive, it will be honored if needed.

DEFINITIONS

Adult Patient: Any person at least 18 years of age.

Advance Directive *(AD):* Any written document representing the wishes and values of an adult. The document can be written when an adult is a patient or prior to becoming a patient. The Advance Directive designates another person (surrogate) to make health care decisions on his/her behalf if he/she is unable to make decisions for him/ herself. The Advance Directive gives instructions to health care professionals as to the patient's desires regarding health care decisions.

Mental Health Advance Directive For use in Behavioral Health Services: Inpatient Psychiatry and 23 hour Day Hospital or Outpatient Program.

Types of Advance Directives

A. **Living Will (Health Care Directive):** A written declaration of a patient's wishes regarding the use of life-sustaining medical care should they become terminally ill and unable to communicate. A Living Will:
   1. Must be written/signed by a competent adult 18 years of age or older.
   2. Must be witnessed by 2 persons who are not:
      - Related by blood or marriage
      - The patient's attending physician or employee of physician
      - An employee, volunteer or physician of the health care facility where the patient is receiving care
      - Heirs to the patient's estate
   3. May be witnessed by a friend, neighbor, clergy, etc. who personally knows the patient and believes the patient is capable of making health care decisions.
   4. Should state that the patient is emotionally and mentally competent and is voluntarily executing the document.
   5. May be revoked by the patient or surrogate at any time, by destroying it or instructing others to do so.

B. **Values Statement:** A written statement of patient's beliefs and values regarding health care

decisions. If the patient is incapacitated, this can help health professionals and/or the surrogate(s) choose among available treatment options.

C. **Durable Power of Attorney for Health Care:** A written document by the patient appointing another person as his/her agent (attorney-in-fact) to make health care decisions for the patient should he/she become incapacitated
   1. Must be written / signed by a competent adult 18 years of age or older.
   2. Must state that authority is "durable," i.e., is in effect regardless of the capacity of the patient.
   3. Should state that it is for health care decisions.
   4. May not appoint as agent the patient's physician, employee of physician, or employee of the health care facility where the patient is receiving care, UNLESS the individual is also a spouse, registered domestic partner, child, or sibling of the patient.
   5. Does not need to be notarized or witnessed in the state of Washington.
      - **Key Point → It is advisable to have the document notarized in order to meet requirements of other states where the patient may travel**
   6. May be revoked by the patient at any time, by destroying it or instructing others to do so.

D. **POLST (Physician Orders for Life Sustaining Treatment):** A MD order that describes patients wishes concerning resuscitation and other medical interventions. The form is used in addition to and not as a substitute for, any Advance Directive that a patient may have completed. It is intended to be "portable" and travel with the patient from one care setting to another.

SUPPORTIVE INFORMATION

An Advance Directive need not comply with any particular form or formalities, as long as it is in written form, is signed and appears to be authentic.

An adult patient who is capable of making his/her own health care decisions supersedes the effect of an Advance Directive at all times.

The patient/family/representative is informed that Overlake Hospital will provide care whether or not he/she has an Advance Directive.

STEPS → KEY POINTS

1. All inpatients, observation and surgical outpatients, 18 years or older, and Senior Health Center patients will be asked if they have an Advance Directive.
   a. If the patient has an Advance Directive with them, PAS(Patient Access Services) will scan the copy to archive it for retrieval at a future hospitalization. If advance directive does not accompany the patient and PAS is able to retrieve a prior copy, the copy is attached to the admitting paperwork.

Key Points → Any retrieved copy is reviewed by the patient for accuracy and dated/signed by patient.

Key Point → Copies of Advance Directives are kept in the "Advance Directive" section of the chart and the original copy is returned to the patient or their representative.

Key Point → Both original and copy of POLST forms for a patient admitted from a SNF, adult home, care facility, will be kept on the chart until transfer to next care facility at which time original copy is sent with the patient. This may also be done for other patients and returned to them at discharge.

Key Point → To ensure that all copied pages of an Advance Directive are not separated from each other, it is recommended that all pages be stapled together.

b. **Key Point → Each page of the Advance Directive will have patient identification information.** For Senior Health Centers: patients are asked and if available, a copy is made and placed in their chart.
c. If the patient does not have an Advance Directive, PAS will offer the patient a copy of the patient education booklet "Starting Points" which informs the patient about Advance Directives. Patient questions will be directed to their nurse upon arrival to the unit.

2. Upon arrival on the nursing unit, the Advance Directive Questionnaire may be completed by the patient or by the nurse with the patient or family representative.
   a. If the patient brings an Advance Directive documentation to the hospital, RN confirms AD is current and has patient sign and date the AD copy and placed in the chart.
      - If AD is not present but is being brought in, document this on care plan. When form is received, make a copy and fax to PAS department. Place copy in the chart. Give the original back to the patient.
      - **Key Point → Every attempt should be made to obtain a hard copy of the AD within 24 hours of admission.**

   b. If no AD, confirm the patient received a copy of "Starting Points". If not received, offer the booklet. Document acceptance or declination of booklet on Advance Directive Questionnaire.

3. If the patient is critically ill and unable to verbalize, or does not have a spokesperson that is aware of an AD, health care providers will provide care as if there is no AD executed.
   - **Key Point → AD Questionnaire will be completed and signed by the nurse to reflect the above situation.**

4. If a patient is unable to give information or answer question regarding the existence of an AD, the nurse will notify the legal next of kin to provide an AD, if one exists. Follow-up documentation will be added to the care plan to ensure that an AD is obtained.
5. The nurse will inform Licensed Independent Practitioner (LIP) Advance Directives, (including a POLST form), are present on the chart.
   - **Key Point** → The original green POLST form is not used as an order form. The LIP must needs to write the patient wishes as an order on Physician Order form or Code Status form.
   - **Key point** → Within 24 hours of admission, the LIP needs to write code status orders either on Physician Order or Code Status form for this hospital admission. to reflect known wishes of patient.
   - **Key Point** → "If a patient is admitted with documentation of their wishes not to be resuscitated in a Living Will or an original POLST form, and no physician order has been written at the time of arrest, a Code Blue is to be initiated. It is the responsibility of the Registered Nurse caring for the patient to inform the responding Physician at the time of arrival of the existence of the documented no code wishes

6. If a patient decides to revoke the AD, document this in the medical record and notify the Physician.
7. Referrals for assistance with health care decisions or completing the forms during hospitalization may be directed to Care Management, Chaplain, Palliative Care Team or Senior Care.
8. Refer to Mental Health Advance Directive policy for information related to persons with mental illness.

DOCUMENTATION

1. Advance Directive Questionnaire is completed by the patient, surrogate and/or nurse on admission.
2. Completion or follow up needs of this process is documented on the care plan within 24 hours of admission.

Documents referenced by this document

Referenced Documents	Mental Health Advance Directive

Documents which reference this document

Referenced Documents	Patient Admission Data Documentation

Policy

OVERLAKE MEDICAL CENTER

Death With Dignity Act/Physician Assisted Suicide

Risk Management 33542 (Rev: 4)**Official**

Policy Statement

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 Overlake Hospital Medical Center ("OHMC") and Overlake Medical Clinics (OMC) are not required to assist a qualified patient in ending that patient's life. Health care providers ("Providers") include any person licensed, certfied, or otherwise authorized or permitted by law to administer health care or dispense medication in ordinary course of business or practice of a profession.

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 OHMC and OMC patients. The appropriate standard of care will be followed.

Any patient wishing to receive life-ending medication under the Act while an inpatient at OHMC's hospital will be assisted in transfer to another facility of the patient's choice, upon their request. The transfer will assure continuity of care.

All providers at OHMC/OMC are expected to respond to any patient's query about life-ending medication with openness and compassion. OHMC/OMC 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 care, hospice care, and pain control. Ultimately, OHMC/OMC's goal is to help patients make informed decisions about end-of-life-care.

OHMC has chosen to not participate under the Death with Dignity Act within the inpatient areas of the hospital and in most outpatient departments. This means that:

1. Providers shall not participate under the Act in any OHMC operated in-patient facility and in all outpatient and or clinic facilties except for the Overlake Senior Care Clinic, the Overlake Oncology Clinic, the Overlake Pulmonary Clinic and the Overlake Cardiology Clinic.

2. Except for those Providers practicing in Overlake Senior Care Clinic, the Overlake Oncology Clinic, the Overlake Pulmonary Clinic and the Overlake Cardiology Clinic, all other Providers employed by OHMC/OMC or contracting with OHMC/OMC as independent contractors shall not participate under the Act when acting within the scope of their capacity as an employee or independent contractor of OHMC.

3. OHMC's pharmacies will not honor prescriptions for end-of-life-medications.

All patient contact and communications by OHMC/OMC employees and volunteers shall be consistent with this policy.

As used in this policy, "participate under the Act" includes performing the duties of an attending physician under RCW 70.245.040, the consulting physician function under RCW 70.245.060, or the counseling function under RCW 70.245.060.

Nothing in this policy:

1. prevents a Provider from making an initial determination that the patient has a terminal disease and informing the patient of the medical prognosis,

2. prevents a Provider from providing information about the Act to a patient when the patient

requests information,

3. prohibits a Provider who is employed by or who is an independent contractor of OHMC/OMC from participating under the Act when not functioning within the scope of this or her capacity as an employee or independent contractor of OHMC/OMC, or

4. prohibits a Provider who is not an employee or independent contractor of OHMC/OMC from participating under the Act in the private medical office of a Provider.

Procedure

A. Patients will be provided with educational materials about end-of-life options upon request. Materials will include a statement that except as outlined above, OHMC/OMC does not participate under the Act.

B. If, as a result of learning of OHMC/OMC's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, OHMC/OMC staff will assist in making arrangements for the transfer. If the patient wishes to remain at OHMC, staff will discuss what end of life care will be provided consistent with hospital policy.

C. If a patient requests a transfer 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 Provider receiving the request shall inform 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. The attending physician shall be responsible for:

1. 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 form are to be included.
2. Communicating with other clinicians involved with the patient to ensure continuity of care, either by communicating that the attending physician will continue to provide care for that portion of the patient's care that does not require participation under the Act, or by cooperating with the transfer of that care to another physician.
3. Documenting all communication in the patient's medical record.
4. The relevant medical records will be transferred to the physician taking over the patient's care.

Sanctions

If a provider participates under the Act beyond what is allowed in the policy, OHMC/OMC may impose sanctions on that provider through the process provided in the OHMC Medical Staff Bylaws, including the due process right to hearing and appeal. The sanctions may include:

- Loss, suspension or restriction of medical staff privileges;
- Loss or suspension of Medical Staff membership; or
- Placing medical staff privileges or membership on probation

If a Provider who is employed or who has an independent contractor agreement with OHMC/OMC participates under the Act beyond what is allowed in the policy, OHMC/OMC may also impose sanctions on that Provider in relation to the agreement. The sanctions may include termination of any written or oral employment or independent contractor agreement, or any other remedy or sanction available under the agreement and/or OHMC/OMC policies.

Public Notice

OHMC/OMC 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.

Laws/Regulations: Initiative 1000/Washington Death with Dignity Act; RCW Chapter 70.245, Washington State Department of Health Regulations Chapter 246-978 /WAC.

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

Patient's Rights and Responsibilities

You have the **RIGHT**:

. To receive information in a way you can understand. To an interpreter or communication aid if you do not speak English, English is your second language, or you are deaf, hard of hearing, have vision issues, cognitive impairment, or have speech difficulties. Communication will be tailored to your age and your needs.

. To have family or your representative and your physician be told of your admission to the hospital.

. To be treated with dignity, respect and care without regard to age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

. To be told of your health status and to include your family or representative in planning your care, and to discuss and resolve care issues.

. To have you or your representative participate in and agree with decisions about your care, treatment or services.

. To receive visitors of your choice unless it is clinically necessary to restrict visitors.

. To make advance directives if you are an adult and to have your advance directives respected and followed. You have the right to refuse resuscitation or other life-sustaining treatments.

. To know who is responsible for your care, and who is performing a procedure or treatment.

. To accept or refuse the care and treatment offered.

. To have personal privacy.

. To give or withhold consent to produce or use recordings, films or other images of you for purposes other than your care.

. To make a complaint and file a grievance and to its timely resolution without fear of retribution.

. To receive proper pain management.

. To pastoral care and other spiritual services.

. To be free from all abuse, neglect, exploitation or harassment.

. To be free from restraints or seclusion unless needed for your own safety or the safety of others.

. To expect reasonable safety and access to protective services when necessary for your personal safety and security.

. To accept or refuse to be in a research study.

. To be informed of unexpected outcomes of care, treatment or services.

. To a copy of all or any part of your medical record.

. To keep your medical record confidential and to ask for an amendment or correction to your medical record.

. To access information on any disclosures of your medical record.

. To be sent to another facility after you have received a complete explanation of the need for such a transfer.

. To receive information about your treatment needs after your discharge.

. To end of life care.

. To donate tissues and organs after consultation with medical staff and your representative.

. To receive an itemized and detailed explanation of your hospital bill when requested.

. To give and withhold informed consent.

You have the **RESPONSIBILITY**:

. To provide accurate and complete details about your illness, hospitalization and medications.

. To tell your doctor or nurse about a change in your condition or if problems arise.

. To tell your doctor or nurse if you do not understand your treatment or what you are expected to do.

. To follow instructions and rules of the hospital to ensure your safety and the safety of others.

. To maintain appropriate and civil conduct in interactions with physicians and staff.

. To give accurate information about insurance or other business matters.

. To pay your bill promptly and tell the hospital if you need to make special payment arrangements.

Under certain legal situations, all rights may not apply.