



Willapa Harbor Hospital
Death with Dignity Act

Policy/Procedure

Administration

11635

Official (Rev: 0)

POLICY:

Death with Dignity Act/Initiative 1000 - Willapa Harbor Hospital and its providers will not participate

1. 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 Willapa Harbor Hospital is not required to assist a qualified patient in ending that patient's life.
2. Willapa Harbor Hospital has chosen not to participate under the Death with Dignity Act. This means that in the performance of their duties, Willapa Harbor Hospital 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 Willapa Harbor Hospital patients. The appropriate standard of care will be followed.
4. Any patient wishing to receive life-ending medication while a patient at this hospital will be assisted in transfer to another facility of the patient's choice. The transfer will assure continuity of care.
5. All providers at Willapa Harbor Hospital are expected to respond to any patient's query about life-ending medication with openness and compassion. Willapa Harbor Hospital 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, Willapa Harbor Hospital'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 Willapa Harbor Hospital does not participate in the Act.
2. If, as a result of learning of Willapa Harbor Hospital's decision not to participate in the Act, the patient wishes to have care transferred to another hospital of the patient's choice, Willapa Harbor Hospital staff will assist in making arrangements for the transfer. If the patient wishes to remain at Willapa Harbor Hospital, 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 of 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 care giver (nurse or social worker) will be responsible for:
 - 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 form 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 "Washington State Death with Dignity 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 contractor of Willapa Harbor Hospital from participating under the Act when not functioning within the scope of his or her capacity as an employee or independent contractor of Willapa Harbor Hospital.

SANCTIONS

Sanctions may be imposed only after due process and other procedural protections that are normally provided for those who practice at the hospital.

PUBLIC NOTICE

Willapa Harbor Hospital 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; including information in hospital materials regarding advance directives.

RESOURCES

Any patient, employee, independent contractor, volunteer or physician may contact Social Services or Administration for assistance.

Anyone considering using the Washington Death with Dignity Act can contact:

Compassion and Choices in Dying or toll free 1-877-222-2816

Laws/Regulations:

Initiative 1000/Washington Death with Dignity Act

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

Reference Materials:

Washington State Hospital Association

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

References

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Compassion and Choices in Dying	""
Documents which reference this document:		
Applicable Documents	Physicians Orders for Life Sustaining Treatment (POLST)	
Signed by		
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Purpose:

To communicate to the entire healthcare team (doctor, hospital, EMS, home health, etc) the patient's wishes for end of life.

Objective:

The Physician Orders for Life Sustaining Treatment (POLST) is a physician order sheet; it is not an Advance Directive, such as a Health Care Directive or a Durable Power of Attorney for Health Care. The POLST takes the previously expressed wishes of an individual and translates them in a variety of care settings. Moreover, the form represents a means of transferring the known wishes of an individual from one care setting to another, using a uniform document in each setting. The POLST accomplishes two major purposes:

1. It is portable from one care setting to another
2. It translates the wishes of an individual into actual physician orders.

Policy:

1. The POLST is optional and not required.
2. The most recent wishes of the patient/legal surrogate decision maker prevail, regardless of the information on the POLST. If the patient is unable to make an informed decision, then the most recent wishes of the legal surrogate prevail.
3. The POLST must be signed by a physician.
4. In emergency life-saving treatment situations, consent is presumed for full treatment if a decision to limit treatment has not been made.
5. POLST will be implemented and administered in accordance with Washington state and federal regulations.
6. The POLST is not an Advance Directive and does not take the place of one. It translates an Advance Directive into physician orders. Patients should still be encouraged to fill out an Advance Directive if they do not have one.
7. POLST translates an Advance Directive into physician orders.
8. Any additions or deletions are to be initialed by the physician.

Procedure:

A. Patient Admitted to WHH with a POLST Form:

1. The RN will review and validate the POLST form content. This information will be conveyed to the admitting physician and code status orders obtained for this hospital admission.
2. The HUC will scan the POLST into the electronic medical record.
3. The original POLST form is placed in the front of the chart. It is to be returned to the patient/caregiver at discharge.

B. Completing a POLST form:

1. If a patient/surrogate chooses to complete a POLST form prior to being discharged from WHH, obtain a POLST form for the Physician and patient/surrogate to complete and sign. The Discharge Planner has the forms.
2. Make a copy of the completed POLST form and place in front of chart.
3. The physician and patient/surrogate may review/revise the POLST form at anytime by using the designated section of the form or voiding the old form and completing a new one.
4. The HUC will scan the POLST into the electronic medical record.
5. The original POLST form is placed in the front of the chart. It is to be returned to the patient/caregiver at discharge.
6. During discharge planning, the discharge planner or physician may wish to review the POLST to see if it needs revision or the patient's condition warrants review/revision facility/provider such as home health/hospice, etc.

References

Reference Type	Title	Notes
Documents referenced by this document		
Applicable Documents	Physician Orders for Life Sustaining Treatment (POLST)	
Applicable Documents	Death with Dignity Act	
Applicable Documents	Advance Directives	
Documents which reference this document		
Related Documents	Code Blue Policy	
Signed by	<i>Karri Schlueter</i>	
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