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| Columbia County Health System | |
| Patient Care | Ref. No.: 1492 |
| Effective Date: 07/29/2016 | Subject |
| Approval: Andrew Park (MD), Shane McGuire (CEO), Stephanie Carpenter (RN, CNO) | End of Life Care Policy |
| | <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol |

PURPOSE:

To ensure that patient, resident, and customer rights and wishes are communicated and respected in regards to end of life care decisions.

POLICY:

Columbia County Health System (CCHS) staff will facilitate the process of discovery, documentation and communication of patient, resident, and customer's decisions for their own end of life care. The following areas are to be addressed:

- Code Status
- Advanced Directives
 - Living Will
 - Medical Durable Power of Attorney
 - POLST form
- Comfort Measures Only/Palliative Care
- Pain Management
- Organ and Tissue Donation
- Death with Dignity Act

SCOPE:

This policy shall apply to all who receive services within Columbia County Health System inpatient, outpatient, long-term care, and clinic services:

DEFINITIONS:

Advanced Directive: Framework for foregoing or withdrawing life sustaining treatment and withholding resuscitative services. Refers to any or all legal documents which state a person's choices about medical treatment, or which name someone who will make decisions if a person is unable to make decisions for themselves. Tells healthcare providers whether or not the patient wishes life-sustaining treatments or procedures administered in the event a person experiences a terminal condition or permanent unconscious state. This does not refer to any financial assets or property, and only deals with medical issues while a person is still living. May include any or all of the following forms: Living Will, Medical Durable Power of Attorney, POLST form.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Code Status: "Codes" are the performance of life preserving interventions in the event of critical medical conditions in which death is imminent, likely or possible without life sustaining medical procedures which may include CPR, defibrillation and/or the insertion of tubes or lines which may be connected to life preserving medical equipment.

Comfort Measures Only: Also known as Palliative Care. Care is aimed at prevention of pain and anxiety, air hunger or other distress and for the purpose of quality end of life time and does not include the goal of extending life by medical means.

Living Will: Also known legally as **Health Care Directive**, the Living Will is a document in which a person may request to withhold or discontinue care in the event they are formally declared by their physician to be terminally ill or in a permanent unconscious condition. It also may specify whether they want artificial hydration or pain medications in that situation.

Medical Durable Power of Attorney(POA): Legal document which allows a person to appoint one, or multiple individuals, to make medical decisions regarding health care interventions or goals for them if they become temporarily or permanently unable to do so. The individual(s) may be family or even a close friend. It cannot be the attending physician, an employee of that physician or an owner operator or employee of any healthcare facility in which the patient may be receiving care.

Organ Donation: Includes both organ and tissue donation. Organ donation preferences may be listed on a Washington state driver's license as well as may be referred to in the advanced directive. Donation of tissue after death may include eyes, bones and other tissue.

Pain Management: The goals of pain and symptom management may change toward the end of life and can include medications which might not normally be used, or in doses higher than usual in non-end of life situations.

Physician Order for Life Sustaining Treatment (POLST): Green colored 2-sided form approved by the Washington State Department of Health and Washington State Medical Association. Used to communicate patient choices regarding use or limitation of life preserving procedures to the health care team. This form is signed by the health care provider and may be used to limit or withdraw any or all interventions or assign comfort measures only. Completed form should be placed on the home refrigerator for EMS communication, copies should be placed in patient charts in clinic, long-term care or hospital. Photocopy and faxes of signed forms are legal and valid.

Patient: For the purposes of this policy, the **patient** refers to all persons listed above in SCOPE.

PROCEDURE:

1. Advanced Directive: Any CCHS staff member responsible for registering the patient shall be responsible for initial documentation of advanced directive.
 - 1a. If the patient has completed advanced directive form(s), it shall be noted "Yes", and copies of the forms (Living Will, POA, POLST, etc.) shall be included in the patient chart as soon as obtainable.
 - 1b. If there is no advanced directive, registration staff shall document that "No" advanced directive exists. Documentation of "unknown" existence of Advanced Directive shall only be entered in rare instances where it was truly impossible to ascertain if the patient had an advanced directive.

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- 1c. In addition to documentation of “No” advanced directive, staff shall offer information about advanced directives, and/or refer the patient to a staff member trained to initiate and facilitate conversation regarding end of life care decisions.
 - 1d. There are many Advanced Directive forms available including Washington Advanced Directive, Legal Documents to Assure Future Health Care Choices (available in the ER, clinics or online at www.advdir.com), Five Wishes form at www.agingwithdignity.org, and many others. Most of these forms do not require notary but do need witnesses to the signature.
 - 1e. Advanced Directive information and forms at CCHS can be found in the Admitting Office, Acute Care, Emergency, and Booker Rest Home Nursing Stations, and Clinic Reception Desks. Staff working in those areas shall be responsible for knowing where they are kept.
2. Code Status: For each admission, verification of wishes regarding code status should be done by nursing or provider staff, with the patient and/or family, as early as possible in the admission process to any hospital or long-term care unit. Status choices may include but are not limited to Full Code, Do Not Intubate, Do Not Resuscitate, and Comfort Measures Only. Corroborating documentation should be obtained for any request for limitations placed on care such as may be outlined in existing Advance Directives. The admitting or attending physician shall be promptly notified that limitations of care request and/or other Advance Directives exist.
3. POLST: Copies of this form are available at minimum in the emergency room. POLST forms must be copied on any bright green paper of durable quality. Information regarding these forms may be found at www.WSMA.org/POLST. Patients shall be encouraged to place completed form on their home refrigerator for EMS communication. At CCHS, copies shall be placed in patient charts in clinic, long-term care and/or hospital.
4. Organ Donation: Family members should be queried as soon as possible regarding organ donation preferences in the event of brain death on life support or death. Columbia County Health System does not have the life support capabilities required for organ donation. Those patients would require a transfer while on life support to a facility capable of maintaining the life support through the tissue matching process and able to provide an operating room for procurement of organs.
5. Tissue Donation: Preference for donation of tissue after death including eyes, bones and other tissue should be evaluated at the time of impending or actual death. Referral phone call must be made to the NorthWest Tissue Center 1 888 266 4466 regarding patient qualification for donation. Document the call on the Authorization of Release of Body/embalming form. Any further discussion with family members will take place only at the discretion of the NW Tissue Center staff. Arrangements for procurement may be made via CCHS or via funeral homes where procurement shall take place.
6. Death with Dignity Act: CCHS and its medical staff have opted not to participate in the DWDA in which patients with terminal conditions may choose an option of medication to end their lives prior to "natural" death. Although we do not participate, employees are not prevented from assisting patients and families to obtain information on the DWDA in Washington State. Information may be found at www.EndofLifeWA.org or call toll free at 1 877 222 2816 or email at info@EndofLfeWA.org

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Links to Policies which may also apply:

[Patient/Resident Care at the End of Life](#)

[Death Upon Arrival](#)

[Death of a Resident](#)

[DO NOT RESUSCITATE](#)

[Advance Care Directives](#)

[ADVANCE DIRECTIVE INFOv2 BUS005](#)

[ADVANCED LIFE SUPPORT PROTOCOL](#)

[Postmortem Care](#)

[Authorization of Release of Body](#)

[ORGAN & TISSUE DONATION](#)

[Death with Dignity Act](#)