

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SUPPORTING END-OF-LIFE DECISIONS IN POLICY 17.03.01
RESIDENTIAL HABILITATION CENTERS

Authority: [RCW 7.70.065](#) *Informed Consent - Persons Authorized to Provide
for Patients who are not Competent - Priority
Guardianship - Powers and Duties of Guardian or
Limited Guardian - Additional Duties*
[RCW 11.92.043\(5\)](#)
[Chapter 70.122 RCW](#) *Natural Death Act*
[RCW 71A.20.050](#) *Superintendents - Secretary's Custody of Residents*
[42 CFR Part 418](#) *Hospice Care*
[In re Grant, 109 Wn.2d 545, \(1987\)](#)
[Patient Self-Determination Act \(OBRA 1990, P.L. 101-508\)](#)

PURPOSE

This policy establishes procedures for completing and honoring Physician Orders for Life-Sustaining Treatment (POLST) at a Residential Habilitation Center (RHC).

SCOPE

This policy applies to all RHC staff.

DEFINITIONS

Cardiopulmonary resuscitation (CPR) means artificial ventilation, chest compressions, or both.

DNR/DNAR means “do not resuscitate,” and is often noted as “DNAR,” “do not attempt resuscitation,” or “no CPR.”

Hospice agency means an organization licensed as a hospice agency by the Department of Health and approved as a “Medicaid-approved hospice agency” by the Health Care Authority. Hospice services are provided by a licensed provider other than the RHC.

Incurable and irreversible condition means an illness or disease that, based on reasonable medical judgment, will soon cause death or for which the application of CPR, intubation, or other life sustaining measures will only prolong the process of dying or will create a greater risk of death than the condition itself.

Informed consent means consent given by a person to receive treatment with an understanding of the risks and benefits involved. An individual who can understand the risks and benefits of treatment can provide informed consent for his or her own treatment. If a person is not competent to give informed consent for healthcare, the person’s legal representative may provide informed consent on the person’s behalf.

Legal Representative means, for the purpose of this policy, a guardian or legally recognized surrogate under [RCW 7.70.065](#).

Medical provider means, for the purpose of this policy, a medical doctor (M.D.), a doctor of osteopathy (D.O.), a Physician Assistant-Certified (PAC), or an Advanced Registered Nurse Practitioner (ARNP).

Palliative care means “patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.” See 42 CFR §418.3.

Physician Orders for Life-Sustaining Treatment (POLST) means a portable medical order form that allows a person with a serious illness or frailty to summarize their wishes regarding life-sustaining treatment.

POLICY

- A. People living in an RHC must receive routine and emergency health services and other rehabilitative services consistent with their needs and preferences, or those of their legal representative if the person has one.
- B. To protect a person’s legal rights and ensure that person participates in decision making regarding medical care and treatment, the RHCs must provide written information to an adult client and their legal representative at the time of admission and at other

appropriate times concerning a person's legal right to participate in decisions regarding their medical care, including the right to accept or refuse medical or surgical treatment.

- C. When an RHC client develops an incurable and irreversible condition that significantly impacts the resident's quality of life, the interdisciplinary team must discuss end-of-life choices with the client and their legal representative. In particular, the team must discuss the concepts and availability of palliative care, hospice services, and POLSTs. These discussions may involve RHC staff and external medical providers. These discussions and the identity of the participants must be documented in the client's records.
- D. An RHC client who has an incurable and irreversible condition may benefit from palliative care provided by the RHC or transfer to a licensed hospice facility. See 42 CFR § 483.410(d)(3) and 42 CFR § 483.75(h). The choice to receive services from a licensed hospice facility is entirely the option of the hospice-eligible client or the client's legal representative.
- E. A completed POLST must be honored by all RHC staff.

PROCEDURES

A. Implementing a completed POLST

- 1. If a client arrives at the RHC with a completed POLST, all direct care staff who work with the client must be shown the POLST and trained to implement it.
- 2. The interdisciplinary team must meet to discuss the POLST and ensure the client's rights are protected.

B. Creating a POLST

When a client or a client's legal representative requests a POLST:

- 1. The RHC must provide a current, blank POLST form to the requestor.
- 2. The client and the client's legal representative will work with the RHC medical provider to complete the POLST, which takes effect once it is complete.
- 3. The client's interdisciplinary team must convene to discuss the POLST and ensure the client's rights are protected. The interdisciplinary team meeting should include the client, the client's legal representative, and RHC medical staff or the client's medical provider.

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4. All direct care staff who work with the client must be shown the POLST and trained to implement it.
 5. The RHC medical provider must document the justification for the POLST in the client's medical record.
 6. A review of the POLST must occur at the annual plan of care meeting and whenever:
 - a. The client has transferred from one care setting or care level to another;
 - b. There is a substantial change in the client's health; or
 - c. The client's treatment preferences change.
 7. The client or the client's legal representative may cancel the POLST at any time either verbally or in writing. Any change to the POLST requires repeating steps (2) through (5) using a new form.
 8. Responsibility for ensuring the POLST is properly implemented is as follows:
 - a. The client's medical provider or designee must update the client, the client's legal representative, and the interdisciplinary team if there is a substantial change in the client's health.
 - b. The habilitation plan administrator, case manager registered nurse, or patient care coordinator must:
 - i. Coordinate meetings with the client's legal representative to provide informed consent on the client's behalf; and
 - ii. Update the individual habilitation plan or care plan.
 - c. The nurse responsible for the primary care of the client must:
 - i. Show the POLST to direct care staff and train them to implement it; and
 - ii. Notify the client's medical provider if there is a substantial change in the client's health.

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EXCEPTIONS

None.

SUPERSESSION

DDA Policy 17.01
Issued June 15, 2018

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: June 15, 2018¹

¹ This policy was reissued under a new number without substantive changes.