Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SUPPORTING END-OF-LIFE DECISIONS FOR CLIENTS RECEIVING RESIDENTIAL SERVICES — 6.09

Authority:	Chapter 70.112 RCW	*Natural Death Act*
	Title 71A RCW	*Developmental Disabilities*
	Chapter 388-101 WAC	*Certified Community Residential Services and Supports*
	Chapter 388-101D WAC	*Requirements for Providers of Residential Supports*
	Chapter 388-825 WAC	*Developmental Disabilities Services*

PURPOSE

This policy outlines a process to review Physician Orders for Life-Sustaining Treatment (POLST) documents so residential providers may support a client's end-of-life decisions.

SCOPE

This policy applies to DDA staff and providers who support clients in the following programs:

1. Community crisis stabilization services (CCSS);
2. Community intermediate care facilities for individuals with intellectual disabilities (ICF-IID);
3. Companion homes (CH);
4. Group homes (GH);
5. Group training homes (GTH);
6. Licensed staffed residential (LSR);
7. State-operated living alternatives (SOLA); and
8. Supported living (SL).

DEFINITIONS

CPR or **cardiopulmonary resuscitation** means the process of keeping the heart pumping and the blood oxygenated through external means, including chest compressions, electric shock, and artificial breathing.

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

Healthcare professional means, for the purposes of this policy, a physician, advanced registered nurse practitioner (ARNP), or physician assistant-certified (PA-C).

Hospice or **hospice care** means items and services provided to a terminally ill person, generally in the person's place of residence, by or under the direction of a hospice agency. Hospice care is a comprehensive set of services identified and coordinated by an interdisciplinary group to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient, the patient's family, or both.

Incurable or **irreversible condition** means an illness or disease that, based on reasonable medical judgment, will eventually 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.

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

Life-sustaining treatment means interventions such as CPR, intubation for ventilation, and other medical care that may be limited under a POLST.

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. Unless limited by the client's POLST, a residential service provider must provide and seek life-sustaining treatment when a client's breathing or heartbeat stops.

B. If a client wishes to limit life-sustaining treatment, the residential provider must support the client, and their legal representative if applicable, to work with the healthcare professional to develop a POLST.

C. If the provider is aware and in possession of a POLST that is current, the residential service provider must follow the POLST and take action to inform others that one exists.

D. A completed POLST is valid until rescinded by the client or the client's legal representative.

PROCEDURES

A. If the provider is aware and in possession of a client's POLST, the provider must:

1. Verify the POLST is signed by the client, or the client's legal representative if applicable, and the healthcare professional;

2. Instruct staff on how to implement the POLST;

3. Share the POLST with and ensure the POLST is readily available to:

   a. The Registered Nurse Delegator, if applicable;
   b. Hospice, if applicable;
   c. First responders;
   d. Medical providers; and
   e. Any other individuals or agencies the client chooses;

4. Record that the client has a POLST in the client's risk assessment; and

5. Provide a copy of the signed POLST to the client's DDA case manager.

B. The case manager must:

1. Verify the POLST is signed by the client, or the client's legal representative if applicable, and the healthcare professional;

2. Record in CARE that the client has a POLST in the medical section of the Support Level Assessment (SLA) under pertinent history via an interim assessment by the next working day;

3. At the annual assessment review the client's care plan to ensure the POLST information is accurate;

4. Include in referral information when making a referral to DDA short-term service or residential services; and

5. Determine if further action is needed.

   a. No further action is required by DDA if the client is:

      1) Receiving hospice care;

2) Diagnosed with an incurable or irreversible condition that will cause death;

3) Diagnosed with a condition where life sustaining treatment will cause more harm than good; or

4) Designated on the POLST to receive all life-sustaining treatment.

b. For all other requests, no approval is required. However, the case manager must:

1) Enter a POLST acknowledgement in CARE on the prior approval screen; and

2) Submit the acknowledgement to the Field Service Administrator no more than three working days after receiving the POLST.

C. The Field Service Administrator or designee submits the acknowledgment to the DDA Community Residential Services Program Manager to determine whether additional follow-up is required.

1. If no additional follow-up is required the Community Residential Services Program Manager submits the acknowledgment to the Office Chief or designee for the Office of Residential, Employment, and Day Programs.

2. If additional follow-up is required, the Community Residential Services Program Manager facilitates a team meeting. The team meeting must include the client's Case Manager and may also include the Case Manager's Supervisor, the Senior Medical Director, the Office Chief for the Office of Residential, Employment, and Day Programs, and others as needed. The acknowledgement is then forwarded to the Office Chief or designee for review.

D. The region must notify the service provider if DDA recommends additional follow-up.

EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSION

DDA Policy 6.09
Issued July 1, 2017

Approved: /s/ Deborah Roberts Date: July 1, 2019
Deputy Assistant Secretary
Developmental Disabilities Administration