



DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: HONORING END OF LIFE DECISIONS POLICY 6.09
FOR CLIENTS RECEIVING DDA RESIDENTIAL SERVICES

Authority: [Chapter 71A RCW](#) *Developmental Disabilities*
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*

PURPOSE

This policy establishes requirements and procedures for clients receiving end of life supports from Developmental Disabilities Administration (DDA) residential services providers. Due to the potentially complex nature of end of life decisions, DDA has outlined a process to review and approve *Physician's Order for Life Sustaining Treatment (POLST)* documents prior to implementation of these medical orders.

SCOPE

This policy applies to DDA employees and the following DDA contracted residential service programs.

For adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- State Operated Living Alternatives (SOLA)
- Community Intermediate Care Facility for persons with Intellectual Disabilities (ICF-ID).

For children:

- State Operated Living Alternatives (SOLA)

DEFINITIONS

CPR means a lifesaving procedure that is performed when someone's breathing or heartbeat has stopped.

DNR means Do Not Resuscitate. A DNR order is a medical order written by a doctor instructing health care providers not to do cardiopulmonary resuscitation (CPR) if a patient stops breathing or if the patient's heart stops beating. In certified residential settings, a DNR order alone does not negate the expectation to perform CPR.

POLST means a *Physician's Order for Life Sustaining Treatment*. A POLST is a medical order that allows individuals to summarize their wishes regarding life-sustaining treatment and is portable from one setting to another.

POLICY

- A. Residential service providers are expected to perform CPR when a client's breathing or heartbeat has stopped unless they have written approval from DDA to withhold CPR as a part of their POLST.
- B. When clients receiving residential services wish to not be resuscitated, they and their guardian (if applicable) should be supported to work with their healthcare professional to write a POLST. The residential provider must obtain written approval from DDA in order to implement a client's POLST to withhold CPR.

PROCEDURE

POLST Implementation to withhold CPR Approval Process

- A. The provider must submit the request to the DDA Case Manager. The request must include the signed POLST and a signed statement or letter from the client's physician.
- B. The request for approval must include a written statement or letter from the client's physician indicating that CPR would not be beneficial to the client and should not be administered under any circumstances. See Attachment A (*Sample Letter Required from Physician.*)
 - 1. For requests to withhold CPR when a client receiving DDA residential services has been diagnosed as terminally ill and is receiving hospice services, the DDA Case Manager processes a Prior Approval in CARE and submits it to the FSA or designee for field approval.

2. For all other requests to withhold CPR (such as CPR being contraindicated for a person with severe brittle bones), the DDA Case Manager submits an Exception to Policy (ETP) request to the FSA or designee for field approval.
- C. The FSA or designee submits the request to the Central Office Community Residential Services Program Manager for review and to obtain approval from the Deputy Assistant Secretary or designee.
- D. The Region will notify the service provider of the Deputy Assistant Secretary or designee's decision.
- E. For a POLST that directs the service provider to withhold CPR, the legal representative can rescind the POLST at any time by writing "VOID" in large letters across the POLST.
- F. The Administration recognizes the urgency of responding to requests to withhold CPR. Once all documentation is submitted by the residential provider to the DDA CRM, the Administration will make every effort to process this request in the shortest possible timeframe, not to exceed two (2) working days upon receipt of all information required under this policy. This includes the required statement from the person's physician (per Procedure, Section 2. of this policy).

EXCEPTIONS

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

SUPERSESSSION

DDA Policy 6.09
Issued July 1, 2013

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2015

Attachment A – Sample Letter Required from Physician

ATTACHMENT A

Sample Letter Required from Physician

Date

RE: <Client Name>

As the physician for the above patient, I request that the residential service provider staff not perform CPR if the patient stops breathing. Administering CPR to the patient would not be in the patient's best interest and must not be administered under any circumstances, unless specifically requested by the patient's guardian.

Please contact me at <insert phone number> if you have questions.

Sincerely,

Signature of physician