DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: SUPPORTING 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 388-101D   *Requirements for Providers of Residential Supports*
             Chapter 388-825 WAC   *Developmental Disabilities Services*

PURPOSE

This policy establishes requirements and procedures for clients receiving end of life supports
from the Developmental Disabilities Administration's (DDA's) residential services providers.
Due to the potentially complex nature of end of life decisions, this policy outlines a process to
review *Physician's Order for Life Sustaining Treatment* (POLST) documents in order for
providers to support the end of life decisions of clients.

SCOPE

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

For adults:
* Community Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-
  IID)
* Companion Homes (CH)
* Group Homes (GH)
* Group Training Homes (GTH)
* State Operated Living Alternatives (SOLA)
* Supported Living (SL)

For children:
* Children's 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 healthcare 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.

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

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.   A residential service provider must perform CPR when a client's breathing or heartbeat has stopped unless the provider has written approval from DDA to withhold CPR as a part of the client's POLST.

B.   When clients receiving residential services do not wish to be resuscitated, they and their guardian (if applicable) should be supported to work with their healthcare professional to write a POLST. The POLST must be readily available to emergency personnel in case of a medical emergency. 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 Resource Manager (CRM). The request must include:

    1.   The signed POLST; and

    2.   A signed statement or letter from the client's healthcare professional 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 Healthcare Professional*.)

B.   The CRM must submit the POLST and the healthcare professional's letter to the DDA Field Service Administrator (FSA). An updated healthcare professional's written statement or letter can be approved for up to one year or as specified in the approval.

    1.   For requests to withhold CPR when a client receiving DDA residential services has been diagnosed as terminally ill and is receiving hospice care, 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 DDA Community Residential Services Program Manager for review and to request approval from the Office Chief, Office of Residential, Employment, and Day Programs or designee.

D.   The Region will notify the service provider of the Office Chief or designee's decision.

E.   A POLST is valid until rescinded by the client or guardian.

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 working days. This includes the required statement from the person's healthcare professional (per Procedure, Section 2. of this policy). Use emergency protocol for after-hours approval.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 6.09
Issued July 1, 2015

Approved: */s/ Donald Clintsman*   Date: July 1, 2017
           Deputy Assistant Secretary
           Developmental Disabilities Administration

Attachment A – Sample Letter Required from Healthcare Professional

Sample Letter Required from Healthcare Professional

Date

RE: <Client Name>

As the physician or healthcare professional 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 or patient's legal representative.

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

Sincerely,

Signature of healthcare professional
Typed or printed name of healthcare professional