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East Adams Rural
Healthcare

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Owner Elizabeth
Passmore: IT
Manager
Department Compliance

End-Of-Life Patient Access

PURPOSE:

To ensure that patients receiving treatment at East Adams Rural Healthcare (EARH) have equitable, timely, and nondiscriminatory access to information, options, and services related to end-of-life care consistent with federal requirements, Washington State law, patient rights, and ethical healthcare delivery. This policy defines the expectations, processes, and responsibilities for providing patient access to end-of-life care information, including hospice, palliative care, advance directive execution, POLST, surrogate decision making, and WA State Death with Dignity Act inquiries.

POLICY:

EARH will provide patients with access to end-of-life information and resources that support informed decision-making. EARH prohibits discrimination or denial of access based on age, disability, diagnosis, terminal status, cultural background, language, religion, insurance status, or payment ability.

Patients have the right to receive information on end-of-life options at any point in care, when clinically relevant, when requested, or when death within 6 months is reasonably expected based on clinical judgment.

EARH respects patient autonomy and applicable state scope of practice laws. EARH clinical workforce are not required to participate in any procedure or process that conflicts with personal moral beliefs. However patients must not be obstructed, delayed, discouraged, or impeded from accessing lawful options.

SCOPE:

Applies to all EARH departments, clinical providers, nursing, care management, social work, patient access, HIM, administration, emergency services, and compliance.

DEFINITION:

- **Advance Directive:** Written instruction recognized under WA law relating to the provision of health care when the individual is incapacitated. RCW 70.122.
- **Death with Dignity Act:** RCW 70.245 allows terminally ill adults to request and self-administer prescribed life-ending medication.
- **POLST:** Provider Orders for Life-Sustaining Treatment, portable actionable medical orders.
- **Palliative Care:** Interdisciplinary approach to relieve symptoms and improve quality of life.

PROCEDURE:

1. Patient Access to Information

- When a patient expresses interest in, or meets criteria for, end-of-life discussion:
 - Staff must notify Nursing + Provider AND documented in Case Management.
 - Case Management must provide written materials on:
 - Hospice care
 - Palliative care
 - WA Advance Directives
 - POLST
 - Surrogate decision hierarchy (RCW 7.70)
 - WA Death with Dignity process (neutral explanation / non-recommendation posture required)
- Language access support must be provided (45 CFR §92).

2. Documentation

- All end-of-life conversations must be documented.
- All completed advance directives / POLST must be scanned into HIM.

3. WA Death with Dignity Requests

- EARH will respond to requests in compliance with RCW 70.245.
- EARH does not have an obligation to participate beyond informing patients of legal options and external resources.
- Obstruction is prohibited.

4. Transfers / Continuity of Care

- EARH must reasonably assist patients in accessing preferred end-of-life care settings.

5. Non-Retaliation

- No patient or family member may be retaliated against for exercising end-of-life rights, raising concerns, or filing complaints.

RESPONSIBILITIES:

- Compliance Officer
 - Policy oversight, regulatory monitoring, auditing/document review
- Care Management
 - Resource provision, coordination, documentation support
- Providers
 - Clinical counseling, orders, ACP engagement
- HIM
 - Document indexing/scanning
- Patient Access/Registrar
 - Support language access / materials distribution

REFERENCE:

- CMS Conditions of Participation (42 CFR §§482.13, 482.43, 482.45, 489.102)
- WA Death with Dignity Act RCW 70.245
- WA Advance Directive Act RCW 70.122
- WAC 246-320-141 Patient Rights
- Title VI / Section 1557 Nondiscrimination (45 CFR §92); CMS EMTALA Requirements 42 CFR §489.24

All Revision Dates

11/2025

Approval Signatures

Step Description	Approver	Date
CEO	Todd Nida: Interim CEO	11/2025
Director of Nursing	Deborah Deboard: Chief Clinical Officer	11/2025

Compliance Officer

Marra Schmierer: Compliance,
Risk, Survey Readiness
Coordinator

11/2025

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