

end OF *life* CONSENSUS COALITION

Vol. 22, October 2011

The newsletter of the Washington End of Life Consensus Coalition (WEOLCC)

2011 WEOLCC Annual Meeting

Friday, November 11

9:00 am–2:15 pm

Radisson Hotel Seattle Airport

18118 International Blvd, Seattle, WA 98188

[Download flyer and registration form](#) [PDF]

This year's annual meeting will feature a **keynote presentation**, six short **presentations from representatives from communities** across the state highlighting local end-of-life initiatives, as well as an optional **train-the-trainers session on the Physician Orders for Life-Sustaining Treatment (POLST)** form. Lunch and a continental breakfast will be provided.

[Download the meeting flyer and registration form](#) [PDF].

Our keynote speaker this year is **Gerri Haynes, RN**, speaking on *"How to encourage, create and stimulate end-of-life conversations within families and communities."* Gerri is a palliative care consultant and a clinical associate faculty member of the UW School of Nursing. She is a past president and board member of Washington Physicians for Social Responsibility and organizes service trips to the Middle East. Also featured at this year's meeting will be six short vignettes from communities around the state. Included will be:

Katie Evermann Druffel, LICSW, director of social work, and **Dennise Stannard, BSN, RN, ELNEC**, director of medical/surgery & birth place, at Pullman Regional Hospital. Their presentation will include an overview of their quality of life team efforts (including ethics committee, end of life nursing education consortium, comfort care order set, ventilator withdrawal orders, hospice respite contract, Death with Dignity opt-in & POLST education). **Maureen Horgan, LICSW**, Stepping Stones Clinical Manager at Providence Hospice of Seattle will present

on the Pediatric Task Force—a collaboration between WSHPCO pediatric palliative care and pediatric hospice providers and community- and hospital-based pediatric palliative care providers. The goal of the task force is to develop processes and policies for the implementation of pediatric concurrent care in Washington state and to provide support and education to pediatric providers related to pediatric palliative care issues. Maureen has been leading this group and representing Washington providers on the NHPCO Pediatric Concurrent Care Committee.

Trudy James, MRE, hospital chaplain and owner of Heartwork Consulting, will present *"A Gift for Yourself and your Loved Ones."* In the past 2 ½ years Trudy has facilitated 25 series (3 to 5 sessions) of end of life planning groups—in churches, retirement centers, senior centers, assisted living facilities, homes; over three hundred men and women, ages 40 to 90, have participated. Topics include the value of completing or updating end of life paperwork, deciding who could best speak for them if they could not speak and how to choose that person, becoming comfortable discussing and envisioning their own death, plus learning the value of speaking up about their desires clearly to family members, health care providers and agents. They also receive resource lists, a bibliography, information on legacy planning, memorials/funerals, etc. Some report that the work has allowed them to live more fully in the present. Trudy's presentation will include a brief demonstration, findings, stories and handouts.

Elizabeth Marshall, MD, director of Life and Wishes Task Force at the Everett Clinic. Dr. Marshall has headed up a new effort at The Everett Clinic to raise consciousness about the importance of addressing end of life well, as an ethical imperative. The program includes patient education classes, physician education classes, changes in the EMR to facilitate end of life conversation and documentation (EPIC), and interfacing with the greater medical community of Snohomish County around these issues.

Georganne Trandum, RN, division manager, Palliative Care Outreach, Franciscan Health System, and Palliative Care Outreach in the South Sound

Region with Franciscan Health System. FHS was one of the first in the nation to consider palliative care in the clinic setting to ease patients at risk of dying. They created the question, "Would you be surprised if the patient you are examining were to die in one year?" FHS has won 2 major national awards for innovative care for the at risk population. While FHS started their program in the clinic setting and ran that for 14 years, they have changed the focus to the home setting for the past year. A highly skilled ARNP or PA-C travels to the home for a 1.5 to 2 hours assessment and exam touching on all aspects of health, quality of life, goals of care, advance directives and spiritual assessment. Symptom management and a treatment plan are initiated and followed. Providers are the consulting eyes and ears in the home for the course of care. Data from the results of this new program will be provided in the talk.

This year there will be limited vending opportunities at the annual meeting. The meeting traditionally provides an excellent opportunity to network with colleagues who share an interest in end-of-life issues, and registration will be open to all.

If you'd like to know more about vending opportunities at the 2011 WEOLCC annual meeting, contact Graham Short at gfs@wsma.org, or (206) 956-3633.

Information about the meeting can also be found online: www.wsma.org/about_wsma/weolcc.cfm

POLST train-the-trainers session at the WEOLCC annual meeting

Stick around after the annual meeting adjourns for this two-hour 'train-the-trainers' session centered on the POLST form and its role in end-of-life conversations. Co-led by **Stu Farber, MD** and **Bruce Smith, MD**, this session will discuss how the POLST form can be an introduction to important conversations with patients to document their goals of care. This session will familiarize attendees with the key components of caring conversations in order to share these with their colleagues. Attendance at this educational session is free with registration to the annual meeting.

Jim Shaw steps down as co-chair of the POLST task force

Jim Shaw, MD of Spokane, medical director of Palliative Care Services at Providence Center for

Faith and Healing, will step down in 2011 as co-chair of the Washington state POLST task force. He will be replaced by **Bruce Smith, MD** of Seattle, medical director of Hospice & Nursing Home Services at Group Health in Seattle and WEOLCC steering committee member. **Sharmon Figenshaw, RN, ARNP** of Bellingham, and past chair of the WEOLCC steering committee will remain as co-chair of the task force.

Starting in 1998 at a meeting with Department of Social and Health Services offices, Dr. Shaw, representing RENEW (Regional Ethics Network of Eastern Washington), offered the POLST form as a way to address growing concerns that terminally ill patients in Washington state were receiving unwanted care. Through cooperation with the DSHS, the WSMA and the DOH, the form was gradually introduced statewide. Since its introduction, as co-chair of the state POLST task force, Dr. Shaw has overseen multiple improvements to the form, the creation of numerous educational materials, and spent countless hours of his time leading educational sessions to physicians and lay persons on the form and its potential role in improving end-of-life outcomes. As a result of his tireless efforts, Washington state is now at the forefront of a growing national movement to embrace the POLST-style template, giving patients more control over their care at the end-of-life.

On behalf of the WEOLCC steering committee and the Washington state POLST task force, we would like to offer our thanks and gratitude for his many years of service as the co-chair of the task force. We all have been greatly honored to work with Dr. Shaw in these efforts over the years, and wish him the best on all of his future endeavors, knowing that he'll always be able to look back with pride on all that he's accomplished on behalf of patients in the state of Washington.

Regional poll results on end of life issues

During a July conference sponsored by the National Journal and the Regence Foundation, a recent poll comparing end-of-life issue in Washington, Oregon, and nationally was discussed, with results that are both reassuring and distressing.

From the poll:

- 70% of WA residents don't know what the term "palliative care" means; although when it's explained to them they all think it's a good idea.

- 74% of WA residents have not heard of the POLST form, but they generally support it when they learn what it is.

Download and read the poll [PDF]:

<http://syndication.nationaljournal.com/communication/NationalJournalRegenceSeattleToplines.pdf> [PDF]

Washingtonians have new rights to celebrate surrounding their end-of-life wishes—Designated Agent legislation now law

With the passage of Senate Bill 1691, effective July 22nd, 2011, individuals may now name a Designated Agent to oversee their funeral arrangements. Many people who agree to support a friend, partner, or family member as their Durable Power of Attorney don't realize that this power expires at the time of death, leaving them legally unable to dictate disposition wishes if they did not happen to also be the legal next of kin.

- **Previously:** Unless the deceased individual had already signed their own disposition authorization, only spouses, registered domestic partners, and other legal next-of-kin (adult children, parents, siblings, guardians) were able to authorize disposition choices.
- **After SB 1691:** This law change allows Washington residents to appoint a specific individual of their choice as their Designated Agent to direct and approve their cremation or burial arrangements—regardless of their next-of-kin status.

One population that may be particularly affected by these developments is the LGBT community. Gay and lesbian couples who have not become registered domestic partners previously had no legal authority to make decisions about their partner's after-death arrangements. Now, partners can be established as Designated Agents, with the ability to make decisions for the other partner's end-of-life arrangements.

Many people also find it relieving to know that they now have the option for their wishes to be expressed for them by a third party—perhaps a more neutral, non-family member that could be less overwhelmed by their own grief and more oriented toward rational decision-making in the midst of a loss. This may be particularly applicable, too, for families that struggle to reach agreement about disposition preferences.

Another change resulting from the passage of SB 1691 addresses the number of signatures necessary for a cremation to be authorized. In the past, if an individual did not sign their own disposition authorization and had no surviving spouse, *all* of their living adult children would need to sign the document (or surviving parents if there were no children, or *all* surviving siblings if there were no living children or parents). This can be an extremely cumbersome process if all family members are not immediately available. SB 1691 amends these requirements. Now only a *majority* of signatures are necessary, rather than having to obtain signatures of all legal next-of-kin in a particular class (i.e. adult children or siblings).

SB 1691 includes language put forth by the People's Memorial Association (PMA), and is the culmination of two years of effort by PMA, in partnership with two funeral industry groups in the state. More than 35 states already have similar laws. Specific reference to the law can be found on the Washington state legislature website:

<http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1691>

Online living will registry falls prey to state budget cuts

As a result of cuts in the 2011-13 state biennial budget, on July 1st the Washington state Living Will Registry (LWR) was effectively ended.

Individuals who have registered with the LWR (or submitted health declarations postmarked on or before June 20, 2011) will maintain a lifetime registration with the U.S. Living Will Registry, a private corporation. In July, registrants should've received a letter from the U.S. Living Will Registry with a new wallet card and stickers. If they didn't receive the letter, they can contact U.S. Living Will Registry at 1 (800) 548-9455 for assistance.

For health care professionals, to access a LWR registrant's health care declarations, please follow the instructions below or use the directions on the registrant's wallet card or sticker. You can also call U.S. Living Will at 1 (800) 548-9455 for assistance.

Steps to access a LWR registrant's health care declarations:

1. Go to <http://www.uslivingwillregistry.com>

2. At the top of the screen in the black bar, click on "Access to Document using Wallet Card ID."
3. In the "Source" drop down box, select "Washington" (at the very bottom of the list).
4. In the "Registrant's ID Number" box, enter the ID number listed on the wallet card or sticker.
5. Click on "Look Up."

POLST form and program revisions for 2011

In late 2010, the Physician Orders for Life Sustaining Treatment (POLST) form was reviewed and revised by the Washington POLST task force, a sub-committee of the WEOLCC.

One change of particular significance is the relocation of Antibiotics and Artificially Administered Nutrition sections from the front of the form to a new section on the back titled Additional Patient Preferences. This revision and others can be reviewed on the Washington State Medical Association (WSMA) website, www.wsma.org, (Patient Resources, Patient Brochures, POLST) or directly at http://www.wsma.org/patient_resources/polst.cfm. The form will continue to be published on bright green paper, and earlier versions of the form, first made available in Washington state in 2001, will continue to be honored.

In addition to the revised form, a new educational resource is now available for Spanish-speaking populations: the POLST patient brochure has been translated into Spanish, and is now available as a download on the WSMA POLST webpage that people can use to print their own.

The 2010 revisions were approved by the WSMA and the Washington State Department of Health (DOH), the program's co-sponsors. The revision process reflects a commitment by the WSMA and DOH to review and consider revisions to the POLST program every two years. The form was last updated in December of 2008.

If you have any questions about the POLST form and program, please contact Graham Short at (206) 956-3633 or gfs@wsma.org.

Steering committee welcomes new members

The WEOLCC would like to welcome **Sonja Zimmer, Deborah Swets, and Nancy Lorber** to its steering committee.

Sonja Zimmer, LPN of Kent is care services director at the Amyotrophic Lateral Sclerosis (ALS) Association Evergreen Chapter in Kent. Under her leadership the chapter has developed a comprehensive hospice end of life program that includes ALS specific training for hospice agencies. Sonja brings to the committee an interest in education and support around end-of-life issues for both professionals and families; in particular, a desire to help professionals who work in the end-of-life arena avoid and prevent compassion fatigue. She will represent herself as well as the ALS Association Evergreen Chapter on the committee.

Deborah Swets of Seattle is the vice president of membership at the Washington State Hospital Association (WSHA) where her work includes some focus on end of life issues. In addition, she also serves on the Advisory Board of LifeCenter Northwest, the official organ procurement organization for the NW region, as well as the Patient and Family Centered Care Steering Committee for the University of Washington Medical Center. Deborah brings to the committee a commitment to improving understanding of palliative care, the grieving process, and planning for the end of life. Deborah will represent WSHA on the committee.

Nancy Lorber, RN of Bremerton is a palliative care coordinator at Harrison Medical Center in Bremerton. Nancy has helped develop bereavement services at Harrison. Her passion and interest she brings to the committee is a desire to develop and provide end-of-life education that honors the needs of the whole person at the end of life. Nancy will be representing HMC on the committee.

The WEOLCC is excited to have Sonja, Deborah, and Nancy as part of its leadership.

For more information regarding the End of Life Coalition, contact Graham Short at gfs@wsma.org, or 800.552.0612
Visit us online at http://www.wsma.org/about_wsma/weolcc.cfm