POLICY

The Policy of Kindred Hospital is to ensure the following:

1. The CEO or, if the CEO is unavailable, the CCO of Administrator on call, shall review the Termination of Life Support requirements on Knect and assure the state-mandated process is followed.
2. The CEO or, if the CEO is unavailable, the CCO of Administrator on call, ensures forms required by state law are completed, whether by physician, LIP, family members of the patient.
3. The CEO or, if the CEO is unavailable, the CCO of Administrator on call, and the physician will review the supporting documentation of the request to discontinue life support. If there are concerns regarding the legal sufficiency of the supporting documentation or there is a dispute among the involved parties, the Hospital CEO will confer with the Corporate Law Department and Vice President/Chief Clinical Officer/Senior Director of Clinical Operations (as applicable) or Executive Director.
4. The physician will have discussed, established and documented the process of the withdrawal/termination of life support prior to its initiation, in consultation and concurrence with the patient/family and the hospital staff. No Kindred employee shall be compelled to participate in the process. The patient will continue to receive any medication or treatment necessary to provide comfort and alleviate pain during the review process.
5. If the documentation is in order and all requirements of state law have been met, the physician proceeds with the termination. The physician shall remove designate medical devices (such as ventilator and nutritional feedings) him/her or may delegate it to a qualified licensed staff (example, RT or RN). If the documentation is not complete, the CEO/designee works with the physician and hospital staff to complete the documentation.
6. The patient shall receive comfort care measures as appropriate, including pain or anxiety medications, oral or other personal care. Visitation rules shall be liberally applied, including visitation by spiritual advisors, family and friends.
7. At a minimum, the Ethics Committee should review, on a quarterly basis, a summary of Termination of Life Support Activity. Additional required reviews may be designated/required by the Regional Vice President or Hospital CEO.
8. All completed Termination of Life Support forms shall be kept in the patient medical records.

DEFINITIONS
Not applicable

PROCEDURE
Not applicable