California End of Life Option Act (EOLOA): Implementation At Laguna Honda

LHH Joint Conference Committee
May 9, 2017
SFHN policy regarding End of Life Option Act was approved DPH Cabinet and presented to the Health Commission in January 2017

SF Health Commission endorsed Resolution 17-2, *In Support of Implementation of the California End of Life Option Act in the San Francisco Health Network* at February 7, 2017 meeting

Both state law and SFHN policy were based on the assumption that terminally ill qualified persons would self ingest aid-in-dying (AID) medication in their home or in community setting, not in a regulated, inpatient care setting such as LHH.
• LHH developed a setting specific EOLOA implementation policy that recognized the unique issues of implementing a resident’s right to die in an inpatient SNF setting with a population inherently vulnerable to coercion.

• Consultation with colleagues in Pacific Northwest working in inpatient/residential care setting who had experience implementing AID guided LHH policy development.
LHH surveyed all staff members and volunteers who may be required to provide care/support to residents electing EOLOA, not only physicians, mental health professionals and pharmacists.

The response rate while similarly low as the DPH survey response rates, revealed some practice challenges that needed to be addressed for conscientious objectors.
(a) – willing to serve as attending; (b) willing to become attending; © willing to be consulting MD; LN – licensed nurses; NA – nursing assistants
1. Laguna Honda Hospital (LHH) supports the decision of qualified Skilled Nursing Facility (SNF) residents to exercise their right of self-ingestion of aid-in-dying medications on the South 3, Palliative Care Neighborhood.

2. Staff members or volunteers for reasons of morality, cultural or religious considerations, have the right to opt out of participating in the care and support of residents exercising this option.

3. Patients without a skilled nursing need will not be admitted to Laguna Honda solely for the purpose of exercising this right.
LHH EOLOA Implementation Policy: Unique Planning Issues

- Resident will be relocated to South 3 Palliative Care Unit if currently receiving care on another LHH SNF unit.
- South 3 Resident Care Team will meet with resident/family to elicit in detail resident’s wishes for dignified and peaceful AID plan that will be documented in a conference note such as:
  - Who the resident wishes to be present when his/her is taking AID
  - Environmental wishes, e.g. music, flowers, aromatherapy, etc.
  - Cultural/spiritual practices to be honored before or after death
  - Special meal or beverages requested before taking AID
  - Encouraging resident to discuss their intent with family/friends
Resident will be counseled that when intending to ingest AID medications:

- scheduling needs to occur during daytime and usual business hours (Monday – Friday)
- scheduling provides maximal support
- scheduling requires minimum of 24-48 hours of usual business hours for pharmacy to secure/prepare AID medications.
• LHH Palliative Care Unit plans to design a Comfort Care Suite converting a two-bed room into a more homelike suite for families/friends to spend extended time with resident before and immediately after death.

• All LHH staff will be educated about EOLOA and its implications for LHH residents

• LHH efforts have been presented as poster presentations at statewide EOL conference and at a national nursing ethics conference

• Informing LHH residents of the availability of this provision will require sensitive communication strategies that are not viewed as coercive
## LHH EOLOA Implementation Policy: Work Group Members

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