
Chapter: **CLINICAL PRACTICE**
Title: **END OF LIFE CARE, EMERGENCY ASSISTANCE, RESUSCITATION**
Also see MCCMH MCO Policy 2-033, "Advance Crisis Plan/Advance Directives"

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Executive Director / Date

I. ABSTRACT

This policy establishes standards and procedures for network providers of Macomb County Community Mental Health (MCCMH) for the coordination of care and assistance to aged, terminally ill, or medically fragile consumers, their families, health professionals and hospice, as necessary, for consumers at the point of end of life. This policy also sets forth standards and procedures for MCCMH network providers on the provision of emergency assistance to consumers with valid do-not-resuscitate orders, guardians or patient advocates. This policy also requires that consumers be informed of the responsibilities of MCCMH pursuant to the Michigan Do-Not-Resuscitate Procedure Act.

II. APPLICATION

This policy shall apply to directly-operated and contract network providers of the MCCMH Board.

III. POLICY

It is the policy of the MCCMH Board to:

- A. Assist aged, terminally ill, or medically fragile consumers of the MCCMH Board, their family members, guardians, and medical professionals, to coordinate end of life care;
- B. Follow the Michigan Do-Not-Resuscitate Procedure Act (Act 193 of 1996, MCL 333.1051 et al., hereafter referred to as the "DNR Act"), which provides for certain health professionals to make a declaration of cessation of circulation and respiration and a determination not to resuscitate an individual who has a valid do-not-resuscitate order; and to inform consumers, guardians and family members (as applicable) of MCCMH's responsibilities to the consumer under this Act.

- C. Provide emergency assistance to all consumers in end of life care until a health professional (as delineated in IV.J., below) can make a declaration of cessation of respiration and circulation and make a determination not to perform or cease to perform resuscitation efforts. This includes consumers with a valid DNR order, consumers with court appointed guardians with power to withhold life sustaining treatment for the consumer/ward, and consumers with patient advocates who have expressed authority to withhold life sustaining treatment for the consumer.

IV. DEFINITIONS

- A. **Consumer**
Any Macomb County resident who is:
1. an enrolled Medicaid recipient;
 2. an individual who has been found to be eligible to receive public mental health services under the provisions of PA 258 of 1974, as amended;
 3. an individual who is receiving, or seeking to receive, services from a network provider of MCCMH.
- B. **CPR**
Cardiopulmonary resuscitation (CPR) is a procedure to support and maintain respiration and circulation for a person who appears to have stopped breathing and/or whose heart appears to have stopped beating.
- C. **Do-Not-Resuscitate Order (DNR Order)**
A document that a consumer may voluntarily elect to execute under the DNR Act, directing that, in the event that he or she has suffered cessation of both spontaneous respiration and circulation in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the department of community health, certain identified health professionals who make a declaration of such cessation will not initiate resuscitation. In order to execute a valid DNR order, Michigan law provides that:
1. The individual must be an adult (18 years of age or older) and of sound mind.
 2. The DNR order is executed on one's own behalf. An individual may not execute a DNR order on behalf of another person except where that individual is designated as a patient advocate under an advance directive that clearly and convincingly authorizes the patient advocate to withhold life-sustaining treatment and acknowledges that death could or would result from not receiving this treatment.

3. The DNR order is to be signed by the consumer, the consumer's physician, and two witnesses 18 years or older, at least 1 of whom is not the consumer's spouse, parent, child, grandchild, sibling, or presumptive heir; witnesses shall not sign the order unless the consumer appears to the witness to be of sound mind and under no duress, fraud, or undue influence.
- D. **End of Life Care**
For the purposes of this policy, the health care provided to an individual once he/she has been diagnosed as having a reduced life expectancy due to advanced disease or condition with a terminal prognosis, that recognizes the unique set of circumstances and decisions that the individual is facing; end of life care includes but is not limited to palliative care, or a procedure, medication, diagnostic test, or a hospice plan of care.
 - E. **Emergency Assistance**
For the purposes of this policy, emergency assistance includes non-invasive or non-intrusive procedures such as CPR, first aid, the Heimlich Maneuver, etc., and does not include mechanical ventilation, artificial nutrition and hydration, dialysis, or other intrusive or more invasive life sustaining procedures.
 - F. **Emergency Medical Technician**
A person who is licensed by the state to provide basic life support.
 - G. **Emergency Medical Technician Specialist**
A person who is licensed by the state to provide limited advanced life support.
 - H. **First Aid**
Emergency (immediate and temporary) treatment to an injured or sick person before medical care by a health professional is available.
 - I. **Guardian**
A person appointed by a court having statutory jurisdiction to be responsible for the care of a minor or legally incapacitated individual who is incapable of caring for himself or herself because of infancy, incapacity, or disability, and includes a limited guardian as described in MCL sections 700.5205, 700.5206, and 700.5306. Guardian does not include a guardian ad litem for purposes of this definition.
 - J. **Health Professional**
Under Michigan's DNR Act, one of the following health professionals who is subject to the requirement that, when arriving at an individual's location outside of a hospital, a nursing home, or a mental health facility owned or operated by the

Department of Community Health, where the health professional determines that the individual has no vital signs, and the health professional is provided with a valid DNR order for the individual, he or she shall execute the DNR order and not attempt to resuscitate that person. These health professionals include:

1. A paramedic.
2. An emergency medical technician.
3. An emergency medical technician specialist.
4. A physician.
5. A nurse.
6. A medical first responder.
7. A respiratory therapist.

- K. **Licensed Hospice Program**
A health care program that provides a coordinated set of services rendered at home or in outpatient or inpatient settings for individuals suffering from a disease or condition with a terminal prognosis, that is licensed as a hospice by the department of community health as required, or as exempted from licensure, under Part 214 of Michigan's Public Health Code, MCL 333.21401 et al.
- L. **Medical First Responder**
An individual who has met the educational requirements of a state approved medical first responder course and who is licensed to provide medical first response life support as part of a medical first response service or as a driver of an ambulance that provides basic life support services only. Medical first responder does not include a police officer solely because his or her police vehicle is equipped with an automated external defibrillator.
- M. **Medical First Response Service**
A person licensed by the state to respond under medical control to an emergency scene with a medical first responder and equipment required by the state before the arrival of an ambulance, and includes a fire suppression agency only if it is dispatched for medical first response life support. Medical first response service does not include a law enforcement agency, as defined in section 8 of 1968 PA 319, MCL 28.258, unless the law enforcement agency holds itself out as a medical first response service and the unit responding was dispatched to provide medical first response life support.
- N. **Sound Mind**
The normal condition of the human mind; that state of competence in which the faculties of perception and judgment are adequate to reason, ordinarily well

developed, and not impaired by mania, insanity, or other mental disorder. The “sound mind” necessary to execute documents means having the ability to mentally understand in a general way, the nature and extent of one’s actions, and the practical effect of the document as executed.

- O. **Terminal Illness**
A medical or surgical condition with significant functional impairment that is not reversible by curative therapies and that is anticipated to progress toward death despite attempts at curative therapies or modulation, the time course of which may or may not be determinable through reasonable medical prognostication.
- P. **Treatment Team**
For the purposes of this policy, the consumer’s treatment team includes those persons who are significant in the provision of his or her care; e.g.. physician, assigned nurse, clinician/case manager/supports coordinator, residential home provider, hospice personnel, etc.

V. STANDARDS

- A. When providing care to a consumer who is aged, terminally ill, or medically fragile, MCCMH shall collaborate with the consumer, the consumer’s family, guardian and/or patient advocate as applicable, medical professionals, hospice (as applicable), and other members of the consumer’s treatment team, to determine the most appropriate treatment options and residential or other living arrangements for the consumer.
- B. When providing care to a consumer who is aged, terminally ill, or medically fragile, MCCMH shall encourage and offer assistance to the consumer, at a time when he/she is competent, to clearly express his or her desires regarding end of life decisions through the execution of a legal document such as an advance directive with a patient advocate designation, or a Michigan DNR order; any statements authorizing a patient advocate to withhold life-sustaining treatment must be stated clearly and convincingly, and must acknowledge that death could result from not receiving this treatment.
- C. **DNR Orders**
 - 1. When providing end of life care for a consumer with a valid DNR order, MCCMH shall comply with the requirements of the Michigan DNR Act.
 - 2. Once a DNR order is signed and witnessed, the individual shall provide a copy to MCCMH; the individual may choose to apply a DNR identification bracelet to his or her wrist.

3. A copy of the executed order shall be placed in a prominent part of the consumer's medical record as held by the attending physician who witnessed the execution of the order, and as part of the individual's clinical record held by MCCMH, with a copy in the record of each MCCMH network provider giving care to the consumer.
4. An individual may revoke a DNR order at any time, and in any manner by which he or she is able to communicate an intent to revoke the order, according to the terms of the DNR Act. It is the responsibility of the consumer to provide notice of revocation of a DNR order to MCCMH provider staff.
5. A person or organization, acting in compliance with the provisions of the DNR Act, is not subject to civil or criminal liability for:
 - a. Withholding resuscitative procedures from an individual in accordance with the DNR Act;
 - b. Attempting to resuscitate an individual who has executed a do-not-resuscitate order, if the person or organization has no actual notice of the order;
 - c. Failing to resuscitate an individual who has revoked a DNR order if the person or organization does not receive actual notice of the revocation.
6. MCCMH shall orally inform consumers with valid DNR orders of the responsibilities of MCCMH under the DNR Act and this policy regarding emergency assistance procedures as contained herein.

D. Guardianship

1. Where a consumer who is aged, terminally ill, or medically fragile has been appointed a court ordered guardian, MCCMH may assist the consumer's guardian in understanding the terms and limitations of the current guardianship order regarding end of life care decisions. MCCMH shall comply with the provisions of the court appointed guardianship order regarding the authority or lack of authority, of the guardian to make end of life care decisions for the consumer/ward.
2. MCCMH shall orally inform consumers and their court appointed guardians of the responsibilities of MCCMH under this policy regarding emergency assistance procedures as contained herein.

3. A guardianship order for a medically fragile, terminally ill, or aged consumer who has a developmental disability must clearly and explicitly authorize the guardian to withhold life-sustaining treatment before that guardian may request the withholding of life-sustaining treatment on behalf of the consumer/ward.

E. Patient Advocate Designation

1. When providing end of life care for a consumer who has a patient advocate designation, MCCMH shall comply with the provisions of the advance directive/patient advocate authority (or lack thereof) for withholding life sustaining procedures as clearly expressed in the advance directive/patient advocate designation document. (See IV.C.2.)
2. MCCMH shall orally inform consumers and their patient advocates of the responsibilities of MCCMH under the DNR Act and this policy regarding emergency assistance procedures as contained herein.

- F. Nothing in this policy alters the obligation of MCCMH to provide necessary CPR/first aid, or other emergency assistance within the MCCMH provider staff's scope of practice/training, to consumers undergoing a possible medical emergency that does not relate to an anticipated end of life care situation. (Directly-operated providers, see MCCMH MCO Policy 10-050, "Emergency Preparedness Plan," section VI. I. *Medical Emergency*. Contract providers, see guidelines contained in individual Provider Manuals relative to the provision of emergency assistance.)

- G. Nothing in this policy alters the obligation of MCCMH to inform consumers on the process of advance crisis planning for periodic crisis states, and to provide information about advance directives for mental health and physical health care to its adult consumers in compliance with federal and state requirements. (See MCCMH MCO Policy 2-033, "Advance Crisis Plan/Advance Directives.")

VI. PROCEDURES

- A. At the time that MCCMH becomes aware that a consumer or a consumer's patient advocate has executed a valid DNR order under the terms of Michigan's DNR Act, or at the time that MCCMH becomes aware that a guardian or a patient advocate of a consumer has the authority to make end of life care decisions, including removal of life sustaining procedures, on behalf of the consumer and has requested that the consumer not be resuscitated, the MCCMH provider staff shall:
1. Document in a prominent part of the consumer's clinical record that the consumer has a valid do-not-resuscitate order, or that the consumer's guardian has indicated that the consumer not be resuscitated (where the guardian has the authority to make end of life care decisions, including

removal of life sustaining procedures), or that the consumer has a patient advocate who has the authority to withhold life sustaining treatment for a consumer.

2. Retain a copy of the DNR, the current guardianship order, or advance directive in the consumer's medical record, with a copy in the record of each MCCMH network provider giving care to the consumer.
3. Orally explain to the consumer, the consumer's guardian, or the consumer's patient advocate of the responsibilities required of MCCMH provider staff under Michigan's DNR Act, including the procedures to be followed in this policy under VI.E.1-3., below.
4. Document in the consumer's clinical record that the consumer, guardian, or patient advocate was informed of the responsibilities required of MCCMH provider staff under Michigan's DNR Act, and the emergency assistance procedures to be followed as provided in this policy under VI.E.1-3., below.

B. Collaboration of Treatment Team/Care Providers

1. When providing end of life care for a consumer, a treatment team of the consumer's care providers, (see definition of treatment team, IV.P.) shall collaborate to determine the best course of treatment for the medically fragile, terminally ill, or aged consumer.
2. The team shall coordinate in determining whether, based on anticipated health care, medical/physical care needs, the consumer can be maintained in the MCCMH provider site (residential), SIP, or home, or whether to assist the consumer/family/guardian with placement of the consumer in an alternate setting, e.g. hospital, nursing home, residential hospice, family home, or other setting. A reassessment of the need for certain MCCMH services and supports shall be discussed, if applicable.
3. Where the consumer's treatment team determines that the consumer's needs can be adequately addressed in the MCCMH setting located outside of a hospital, nursing home, or a mental health facility owned or operated by the department of community health, MCCMH provider staff shall follow the same procedures regarding end of life care and emergency assistance as stated in VI.E.1-3., below.

- C.** When requested by the consumer, consumer's family, guardian or patient advocate, hospice services will be incorporated into the consumer's plan of service by MCCMH provider staff. The incorporated plan of service shall be reviewed by the treatment team (see VI.B.2.)

D. End of Life Care and Guardianship

1. Where a consumer has been appointed a guardian, and has not previously signed a legal document such as an advance directive or a DNR order prior to being appointed a guardian, the consumer can not personally sign a patient advocate designation nor a DNR order. In addition, the consumer's guardian is precluded by law from signing a patient advocate designation on behalf of the consumer, and can not sign a DNR order on behalf of the consumer.
2. On request, MCCMH may assist the guardian of a consumer whose desires relating to end of life decisions have not been clearly expressed, or who has not previously signed a legal document such as an advance directive or a DNR order, to petition the probate court for authority to determine the best course of treatment for the consumer, including removal of life sustaining procedures.

E. Procedures for End of Life Care

1. When a terminally ill, medically fragile or aged consumer appears to be in the active stages of dying (e.g., the consumer's circulation and/or respiration appear to have ceased), and where:
 - a. The consumer, or the consumer's patient advocate with the authority to make end of life care decisions including removal of life sustaining procedures, has executed a valid DNR order, or the consumer's court appointed guardian with the authority to make end of life care decisions including removal of life sustaining procedures, has indicated that the consumer not be resuscitated, and
 - b. The consumer is residing in a location outside of a hospital, nursing home, or a mental health facility owned or operated by the department of community health, and
 - c. A MCCMH network or hospice physician, nurse, or other health professional, or emergency medical technician (see IV.J, above) is among the individuals present,

MCCMH provider staff shall share a copy of the DNR order, advance directive/patient advocate designation, or the guardianship order granting the authority to make end of life care decisions, including removal of life sustaining procedures, with the health professional. The health professional shall examine the consumer to determine if the consumer has one or more vital signs, and if the health professional determines that the consumer has

no vital signs, he or she shall not attempt to resuscitate the consumer, in accordance with Michigan's DNR Act.

2. When a terminally ill, medically fragile or aged consumer appears to be in the active stages of dying (e.g., the consumer's circulation and/or respiration appear to have ceased), and where:
 - a. The consumer, or the consumer's patient advocate with the authority to make end of life care decisions including removal of life sustaining procedures, has executed a valid DNR order, or the consumer's court appointed guardian with the authority to make end of life care decisions including removal of life sustaining procedures, has indicated that the consumer not be resuscitated, and
 - b. The consumer is residing in a location outside of a hospital, nursing home, or a mental health facility owned or operated by the department of community health, and
 - c. There is NO health professional (see IV.J, above) among the MCCMH provider staff or hospice individuals present,

MCCMH provider staff shall call 911 (and hospice, if hospice is involved) and provide immediate first aid, including CPR, or other emergency assistance within the MCCMH provider staff's scope of practice/training, until the statutorily designated (see IV.J. above) health professional arrives. MCCMH provider staff shall share a copy of the DNR order, advance directive/patient advocate designation, or the guardianship order granting the authority to make end of life care decisions, including removal of life sustaining procedures, with the health professional, upon his/her arrival. The health professional shall examine the consumer to determine if the consumer has one or more vital signs, and if the health professional determines that the consumer has no vital signs, he or she shall not attempt to resuscitate the consumer, in accordance with Michigan's DNR Act.

3. When a terminally ill, medically fragile or aged consumer appears to be in the active stages of dying (e.g., the consumer's circulation and/or respiration appear to have ceased), where the consumer has NOT executed a DNR order and, and the consumer does NOT have a patient advocate designation under an advance directive, and does NOT have a court appointed guardian with the authority to make end of life care decisions, MCCMH provider staff shall call 911 (and hospice, if hospice is involved) and provide immediate first aid, including CPR, or other emergency assistance within the MCCMH provider staff's scope of practice/training, until the appropriate health professional arrives. The health professional

shall examine the consumer upon his/her arrival and shall determine what actions to take regarding the consumer's care.

VII. REFERENCES / LEGAL AUTHORITY

- A. Michigan's Do-Not-Resuscitate Procedure Act (Act 193 of 1996, MCL 333.1051 et al.)
- B. Part 56A of the Public Health Code, Michigan Dignified Death Act (Act 368 of 1978, MCL 333.333.5651 et al.)
- C. Part 214 of the Public Health Code, Hospices (Act 368 of 1978, MCL 333.21401 et al.)
- D. Part 5 of the Estates and Protected Individuals Code, Durable Power of Attorney and Designation of Patient Advocate (Act 386 of 1998, MCL 700.5501 et al.)
- E. MCL 700.1104(l)
- F. MCL 333.20904(7), 333.20904(8), 333.20906(8), 333.20906(10)
- G. OAG, 1999, No 7009 (March 2, 1999)
- H. OAG 2000, NO 7056 (June 20, 2000)
- I. MCCMH MCO Policy 2-033, "Advance Crisis Plan/Advance Directives."
- J. MCCMH MCO Policy 10-050, "Emergency Preparedness Plan," VI.I. *Medical Emergency*

VIII. EXHIBITS

- A. None.