



MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

DATE OF
ISSUE

9/16/05

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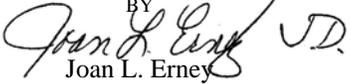
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SMH-05-05

SUBJECT

Quality at the End of Life for Consumers and Residents

BY

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Deputy Secretary for Mental Health
and Substance Abuse Services

Scope: State Mental Hospitals
South Mountain Restoration Center

Purpose: To address the needs of consumers of the State Mental Hospitals and residents of the South Mountain Restoration Center and to provide comprehensive quality end-of-life service guidelines when indicated. To define a multifaceted approach where the needs of the dying individual are recognized, and appropriate services are provided in a responsive and respectful manner. The State Mental Hospitals and Restoration Center shall recognize the needs of the dying individual, support and respect his/her values, beliefs, life philosophy, and concerns and those of their significant others.

Background: This bulletin was developed in direct response to the Department of Aging initiative on Quality at End of Life for Pennsylvanians. The Office of Mental Health and Substance Abuse Services was invited to participate in the initiative because of their special needs population. The Department of Aging initiative was in response to a charge by Governor Edward G. Rendell to address Pennsylvania's scores in the Robert Wood Johnson Foundation survey on care at end of life. This bulletin is a compilation of Pennsylvania's State Mental Hospitals efforts and standards regarding end of life care.

Policy: End of life services shall be provided as a multidisciplinary approach and based upon the individual consumer's/resident's needs. Services shall be based upon the individual's assessment, preferences, and self-determination with comfort and dignity guiding all aspects of care in accordance with each facility's procedures.

To facilitate the provision of end-of-life services, the following actions shall be considered:

1. Continuous assessment of the individual's physical, emotional, cultural, psychological, social, and spiritual needs to determine the individual's preferences and wishes in regard to end-of-life services and supports.

Comments and questions regarding this policy should be directed to:

Director, Bureau of Hospital Operations, DPW-OMHSAS, P.O. Box 2675, Harrisburg, PA
17105 or Phone 717-705-8152

2. Provision of medical treatments and supports through existing mechanisms that may include contractual arrangements with community agencies.
3. Provision of an environment which is conducive to and supportive of family and friends being able to be present with and spend time with the individual.
4. Provision of alternative and complementary treatments based on personal preference through physicians and other alternative and complementary practitioners within current procedural and legal limitations.
5. Pain management assessment and treatment.
6. Provision of individual's comfort measures in addition to medication, such as relaxation, music, reading, prayer, movement therapy, massage, and individual therapy.
7. Provision of spiritual and cultural support services including requests for specific spiritual supports outside of the traditional hospital/center schedule of chaplaincy services.
8. Provision of hospice/palliative care services through community agency or individuals. Palliative care, also called comfort care, is primarily directed at providing relief to a terminally-ill person through symptom management and pain management. The goal is not to cure, but to provide comfort and maintain the highest possible quality of life for as long as life remains. Well-rounded palliative care programs also address mental health and spiritual needs. The focus is not on death, but on compassionate specialized care for the living. Palliative care is well-suited to an interdisciplinary team model that provides support for the whole person and those who are sharing the person's journey.
9. Assistance and support in the decision-making process with specific reference to end-of-life care. Existing medical advance directives, living wills, and other legal documents directing care and treatment at the end of life shall be followed in support of the individual's declared preferences.
10. Assistance and support in the process of communication and information-sharing with family and significant others in accordance with the individual's wishes.
11. Assistance and support in the preparedness and planning for life closure and death, including but not limited to: burial and funeral arrangements, tissue and organ donation, family/significant other involvement, etc.
12. Management of last wishes, choice and flexibility in terms of meals, visitation, and quality time with the consumer's friends and family.

Staff shall document all care, treatment, assistance, and support provided in accordance with hospital/center policies and guidelines.