

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue, creating a modern and professional aesthetic.

DDS DNR Review Process and Advanced Directives

Purpose of DDS DNR Review

Compliance with CT
legislation that protects
the rights of persons with
intellectual disabilities

Advocate for this
vulnerable population

Connecticut General Statute (CGS) 17a-238(g) - Withholding Cardiopulmonary Resuscitation (Legislative Revision Effective October 2018)

(g) The commissioner's oversight and monitoring of the medical care of persons placed or treated under the direction of the commissioner does not include the authority to make treatment decisions, except in limited circumstances in accordance with statutory procedures. In the exercise of such oversight and monitoring responsibilities, the commissioner shall not impede or seek to impede a properly executed medical order to withhold cardiopulmonary resuscitation. For purposes of this subsection, “properly executed medical order to withhold cardiopulmonary resuscitation” (1) means (A) **a written order by the attending physician or advanced practice registered nurse;** (B) in consultation and with the **consent of the patient or a person authorized by law;** (C) when the attending physician or advanced practice registered nurse is of the opinion that the patient is in **a terminal condition**, as defined in section 19a-570; and (D) when such physician or advanced practice registered nurse has requested and **obtained a second opinion from a Connecticut licensed physician or advanced practice registered nurse** in the appropriate specialty that confirms the patient's **terminal condition;** and (2) includes the entry of such an order when the attending physician or advanced practice registered nurse (A) is of the opinion that the **patient is in the final stage of a terminal condition but cannot state that the patient may be expected to expire during the next several days or weeks,** or (B) in consultation with a physician qualified to make a neurological diagnosis, deems the patient to be permanently unconscious, provided the **commissioner has reviewed the decision with the department's director of health and clinical services, or such director's designee, the legal representative** of the patient and others whom the commissioner deems appropriate, and determines that the order is a medically acceptable decision. The provisions of this subsection **shall not apply to individuals with a legally valid advance directive.**

Website Link:

https://www.cga.ct.gov/current/pub/chap_319b.htm#sec_17a-238

DDS Oversight Responsibility

DDS Commissioner:

Oversight and monitoring of the medical care of persons placed or treated under the direction of the Commissioner of DDS. In limited circumstances the commissioner or designee may provide authorization for urgent and emergency treatment decisions in the absence of a guardian; however, this does not extend to changes in code status.

DDS DNR Review

- ▶ DDS reviews that the DNR meets criteria in accordance with C.G.S.17a-238(g), based on supporting medical documentation. DDS does **NOT** authorize DNR orders; DDS oversees that such orders are appropriate and properly implemented.
- ▶ A DNR order shall not be implemented prior to a review by DDS; however, in the event that this occurs, DDS shall request the appropriate documentation for review, and it may not be necessary to rescind the DNR order.
- ▶ A DNR order does not preclude an individual from receiving appropriate medical treatment unrelated to the terminal or irreversible condition. Individuals may receive care for injuries or other health issues that may arise.

DDS DNR Review

- ▶ Regional Health Services Director in collaboration with the Regional Director completes the DNR review.
- ▶ Southbury Training School (STS) DNR reviews are completed by the Medical Director in collaboration with the Regional Director.
- ▶ Director of Health and Clinical Services in collaboration with the DDS Commissioner completes the secondary review when required.

Required conditions:

1. DDS class members and STS
2. Death is not imminent within days or weeks

DNR Review applies all adjudicated (legally appointed representative) individuals placed or treated under the direction of the Commissioner of DDS

- ▶ DDS Class Members;
- ▶ Individuals residing in residential homes operated, licensed, or funded by DDS;
- ▶ Intermediate care facilities for individuals with intellectual disabilities (ICF/IID);
- ▶ Individualized home supports (IHS);
- ▶ Community Companion Homes (CCH);
- ▶ Continuous Residential Supports (CRS);
- ▶ Attend DDS funded day programs or respite centers; and,
- ▶ Residents of skilled nursing/long-term care facilities if placed by DDS.

DNR Review Exemptions

- ▶ Individual has valid Advanced Directives/Living Will
- ▶ Non-adjudicated (no legal representative)
- ▶ Individuals who reside with their families/individual family supports (IFS)
 - ▶ Includes children participating in the DDS Behavioral Supports Program (BSP)
- ▶ Individuals placed in a skilled nursing facility (SNF)/long term care facility independently or by family
- ▶ Persons who are eligible but decline DDS services (known to DDS, but not receiving supports)
 - ▶ Includes OBRA Registrants

Initiating a Change in Code Status (DNR Order)

- ▶ Community healthcare providers involved in the person's care
- ▶ Hospital medical professionals who have determined the person's condition has deteriorated, aggressive treatment is not recommended, and the prognosis is poor
- ▶ The individual's legal representative may request the process be initiated
 - ▶ If the person's condition does not meet criteria the legal representative's wishes may be documented and maintained in the individual's case notes and nursing notes.
 - ▶ If the legal representative is not in agreement with a change in code status proposed by a medical provider, the code status cannot be changed. It is not within the purview of DDS to implement changes in code status.

Initiating and Completing DNR Review Process

- ▶ Case manager/nurse becomes aware of change in code status discussion and notifies the Regional Health Services Director (RHSD); for DDS public programs the Director of Nursing (DON) shall also be notified.
- ▶ Case manager/nurse shares the contact information for the RHSD with the facility or physician/APRN/medical professional.
- ▶ Case manager/nurse provides RHSD with the most recent nursing summary from the Individual Plan (IP) or Nursing Quarterly Review.
- ▶ RHSD shall share the DDS DNR FAQ with the medical professionals or facility and obtain appropriate medical documentation, complete the DNR review and submit the signed document to the facility, medical professional, or agency/team nurse.
- ▶ RHSD notifies case manager/nurse when DNR review is completed

Secondary DNR Review

- ▶ After the Regional Health Services Director and Regional Director have reviewed and signed the document, if a secondary review is necessary, information is sent by the Regional Health Services Director to the Director of Clinical Services.
- ▶ DDS Commissioner and Director of Health and Clinical Services perform a secondary review for certain conditions.

Required conditions:

1. DDS class members and STS
 2. Death is not imminent within days or weeks
- ▶ The Director of Health and Clinical Services may determine that a DNR Review in which there are legal or additional concerns shall be reviewed by the DDS Director of Legal & Government Affairs

This is an internal DDS document which shall NOT be shared until completed and signed by DDS.

STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES
REVIEW OF DO NOT RESUSCITATE (DNR) ORDERS

Regional Director Notified: Region/TS: NR SR WR STS Director of Health Services Notified:

*If any box is checked as NO or UNCERTAIN,
the Director Of Health & Clinical Services and the Commissioner MUST BE NOTIFIED.*

| | | |
|-----------------------------------|---|---------------------------------|
| Name: <input type="checkbox"/> | Date of Birth: <input type="checkbox"/> | DDS #: <input type="checkbox"/> |
| Address: <input type="checkbox"/> | Agency: <input type="checkbox"/> | |

Has the person been adjudicated incompetent? Yes (* If "No" please see comment section below)
If yes, name of person's guardian:

Has the decision to place the DNR order been fully discussed with the person, family and/or Yes No
Explain:

Is the person terminally ill (i.e., final state of an incurable or irreversible medical Yes No Uncertain
Explain:

Is the person expected to die within days or weeks? Yes No Uncertain

TREATMENT

Describe current treatment:

| | |
|---|-------------------------------------|
| Primary Physician/APRN: <input type="checkbox"/> | Specialty: <input type="checkbox"/> |
| Physician/APRN providing second opinion: <input type="checkbox"/> | Specialty: <input type="checkbox"/> |

Is the specialty of at least one physician/APRN appropriate to the terminal/irreversible diagnosis? Yes No
Do both physicians/APRN concur that the person is in the final stages of a terminal/irreversible condition? Yes No

REQUEST/ORDER

Person requesting DNR Order: Relationship to person:

Date DNR Order Reviewed:

Comments:

| | |
|---|--------------------------------|
| Signature Regional Health Services/STS Medical <input type="checkbox"/> | Date: <input type="checkbox"/> |
| Signature Regional/STS Director: <input type="checkbox"/> | Date: <input type="checkbox"/> |

Central Office Director of Health & Clinical Services Notified: Date:

Signature Central Office Health & Clinical Services Date:

* Comments: This meets DDS DNR criteria in accordance with section 17a-238(g) CGS
 This person is exempt from the DDS DNR process due to not being adjudicated or having advanced directives or a living will in place

Additional Information:

| | |
|--|--------------------------------|
| Signature Commissioner: <input type="checkbox"/> | Date: <input type="checkbox"/> |
| Comments: <input type="checkbox"/> | |

⊕

Director of Legal & Governmental Affairs Notified: By:

Distribution: Original: Regional Health Services Director
Copies: Case Manager/QIDP, Private Agency Executive Director

I.E.PR.007.c Attachment A Review of Do Not Resuscitate (DNR) Orders Revised 8-19

Completed DNR Review

- ▶ Once the Regional Health Services Director completes the DDS DNR review process and determines that it meets criteria, a change in code status may be implemented immediately provided the legal representative agrees.
- ▶ DDS oversight is limited to a review of the DNR order. DDS has no oversight of other measures which enhance the DNR. The medical professionals and legal representative(s) may change the individual's code status to include Do Not Intubate (DNI), Comfort Measures Only (CMO), Medical Orders for Life Sustaining Treatment (MOLST), or Do Not Hospitalize (DNH) without a further review from DDS.
- ▶ The Regional Health Services Director (RHSD) shall distribute copies of the signed DNR Review form to the involved medical professionals/facility, the delegating nurse, and the DDS case manager. For DDS public programs, the delegating nurse is responsible for sharing the document with the Director of Nursing and Regional Director.
- ▶ If death is not imminent and the person is not a class member, the DNR review requires secondary review by the Director of Health and Clinical Sciences and DDS Commissioner. If RHSD feels death is imminent, however, the person survives, the DNR remains in place.
- ▶ On occasion, a person's condition may improve and there are no diagnosis which meet DNR criteria, the DNR may be rescinded by medical provider; however, this is rare. In order to later reinstate the DNR order, the DDS DNR review process would be required.

DNR Bracelet & Transfer Form



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



TRANSFER OF "DO NOT RESUSCITATE" ORDER



Name: _____ Identification Number: _____
Please print

Healthcare Institution: _____

I, the undersigned, attest that the above named person has a valid "Do Not Resuscitate" order
which was written on: _____

By _____, M.D. and is retained in this
person's medical record at the above location.

Signature of M.D. or R.N.

Printed Name

Date

DDS Regional Health Services Directors and Regional Directors

| Region | Health Services Director | Office Number | Secure Fax Number | After Hour, Holiday & Weekends- Contact the Regional Director |
|---------------|---------------------------------|--|--------------------------|--|
| North | Stacy Dawes, RN | (860) 263-2621 (860)372-1475 (after hours /weekends) | (860)-706-5703 | North Region, Stacie Silva (860) 250-3680 |
| South | Jorge Munoz, RN | (203)294-5079 | (860) 622-2721 | South Region, Cres Secchiaroli (860) 250-2066 |
| West | Judi Blanchet, RN | (203)-805-7437 | 860-706-5670 | West Region, Shannon O'Brien (860) 250-2179 |

Advanced Directives/Living Will

What is an Advanced Directive/Living Will?

- ▶ A written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to their physician/medical professional.
- ▶ The individual should identify a healthcare representative or proxy on their advanced directive or living will. The healthcare representative or proxy would make medical decisions on the individual's behalf when they are no longer able to do so.
- ▶ The Advanced Directives/Living Will should be witnessed when signed by someone other than the healthcare representative or proxy. It is advised that DDS or funded agency employees shall not be identified as a healthcare representative during their employment for an individual supported.
- ▶ These documents may be notarized, however, do not legally require a notary.

Who can Establish an Advanced Directive/Living Will?

- ▶ Only persons who are not adjudicated, may initiate an Advanced Directive/Living Will
- ▶ Once an Advanced Directive is established, it remains effective even if the person later becomes adjudicated.
- ▶ Signed Advanced Directives/Living Wills shall be distributed to the primary care provider, regional health services director, case manager, and the individual maintains an original or copy of the form(s). If the person is hospitalized, a copy of the Advanced Directives/Living Will shall be shared with the medical professionals upon admission.
- ▶ It is recommended that the Advanced Directives/Living Wills be reviewed at least annually at the person's individual plan (IP) meeting and revised as needed, such as when the healthcare representative is no longer available, or the individual adds or removes information from the document.
- ▶ Persons who have Advance Directives/Living Wills in place are exempt from the DDS DNR Review process.
- ▶ All persons who are not adjudicated shall be educated on Advanced Directives/Living Wills by the nurse or case manager as soon as possible.
- ▶ <https://portal.ct.gov/-/media/AG/Health-Issues/advdirectivescombinedform2006alt-pdf.pdf>

ADVANCE DIRECTIVES OF _____

To Any Physician Who Is Treating Me, this document contains the following:

1. My Appointment of A Health Care Representative
2. My Living Will or Health Care Instructions
3. My Document of Anatomical Gift
4. The Designation of My Conservator Of The Person For My Future Incapacity

As my physician, you may rely on these health care instructions and decisions made by my health care representative or conservator of my person, if I am unable to make a decision for myself.

I choose not to appoint a health care representative, please go to the next page. _____ (Initial here)

APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I appoint _____ to be my health care representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of health care decisions and unable to reach and communicate an informed decision regarding treatment, my health care representative is authorized make any and all health care decisions for me, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and the decision to provide, withhold or withdraw life support systems, except as otherwise provided by law which excludes for example psychosurgery or shock therapy.

I direct my health care representative to make decisions on my behalf in accordance with my wishes, as stated in this document or as otherwise known to my health care representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my health care representative may make a decision in my best interests, based upon what is known of my wishes.

If _____ is unwilling or unable to serve as my health care representative, I appoint _____ to be my alternative health care representative.

I further instruct that as required by law my attending physician disclose to my health care representative protected health information regarding my ability to understand and appreciate the nature and consequences of health care decisions and to reach and communicate an informed decision regarding treatment at the representative's request made at anytime after I sign this form.

I choose not to provide Health Care Instructions, please go to the next page. _____ (Initial here)

LIVING WILL or HEALTH CARE INSTRUCTIONS

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a statement of my wishes.

I, _____, the author of this document, request that, if my condition is deemed terminal or if I am determined to be permanently unconscious, I be allowed to die and not be kept alive through life support systems.

By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life support systems, will, in the opinion of my attending physician, result in death within a relatively short time. By permanently unconscious I mean that I am in a permanent coma or persistent vegetative state which is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment.

Specific Instructions

Listed below are my instructions regarding particular types of life support systems. This list is not all-inclusive. My general statement that I not be kept alive through life support systems provided to me is limited only where I have indicated that I desire a particular treatment to be provided.

| | <u>Provide</u> | <u>Withhold</u> |
|---|----------------|-----------------|
| Cardiopulmonary Resuscitation | _____ | _____ |
| Artificial Respiration (including a respirator) | _____ | _____ |
| Artificial means of providing nutrition and hydration | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other specific requests: _____

I do want sufficient pain medication to maintain my physical comfort. I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged.

DOCUMENT OF ANATOMICAL GIFT

I make no anatomical gift at this time. _____ (Initial here)

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death _____ (Initial here)

I give: (check one) _____ (1) any needed organs or parts
_____ (2) only the following organs or parts:

to be donated for: (check one)
_____ (1) any of the purposes stated in subsection (a) of section 19a-279f of the general statutes
_____ (2) these limited purposes _____.

DESIGNATION OF A CONSERVATOR OF THE PERSON

I choose not to designate a person to be appointed as my conservator. _____ (Initial here)

If a conservator of my person should need to be appointed, I designate _____, be appointed my conservator.

If this person is unwilling or unable to serve as my conservator of my person, I designate _____ be appointed my conservator.

No bond shall be required of either of them in any jurisdiction.

These requests, appointments, and designations are made after careful reflection, while I am of sound mind. Any party receiving a duly executed copy or facsimile of this document may rely upon it unless such party has received actual notice of my revocation of it.

X _____ L.S. Date _____, 20 ____

WITNESSES' STATEMENTS

This document was signed in our presence by _____ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

X _____
(Witness)
X _____
(Number and Street)
X _____
(City, State and Zip Code)

X _____
(Witness)
X _____
(Number and Street)
X _____
(City, State and Zip Code)

OPTIONAL FORM

WITNESSES' AFFIDAVITS

STATE OF CONNECTICUT)
)
) :ss. _____
) (Town)
COUNTY OF _____)

We, the subscribing witnesses, being duly sworn, say that we witnessed the execution of these health care instructions, the appointment of a health care representative, the designation of a conservator for future incapacity and a document of anatomical gift by the author of this document; that the author subscribed, published and declared the same to be the author's instructions, appointments and designation in our presence; that we thereafter subscribed the document as witnesses in the author's presence, at the author's request and in the presence of each other; that at the time of the execution of said document the author appeared to us to be eighteen years of age or older, of sound mind, able to understand the nature and consequences of said document, and under no improper influence, and we make this affidavit at the author's request this _____ day of _____, 20 ____.

X _____
(Witness)
X _____
(Number and Street)
X _____
(City, State and Zip Code)

X _____
(Witness)
X _____
(Number and Street)
X _____
(City, State and Zip Code)

Subscribed and sworn to before me by _____ and _____,
the signing witnesses to the foregoing affidavit this _____ day of _____, 20 ____.

Commissioner of the Superior Court
Notary Public
My Commission expires: _____

(Print or type name of all persons signing under all signatures)

Additional Responses to FAQs

Tips on discussing end-of-life care with families and loved ones:

- ▶ Never an easy topic to discuss, mention everyone should be planning for end-of-life care similar to planning for other events. In the past, people with IDD were placed in the hospital and were not given the appropriate medical care or their code status was changed. The DNR Review process advocates for persons with IDD to receive appropriate medical treatment and die with dignity and respect.

Difference between DNR and DNI:

- ▶ DNR- Do Not Resuscitate, DDS has a legal responsibility for oversight, if an individual has cardiac or respiratory arrest, no rescue breaths or CPR would be administered.
- ▶ DNI- Do Not Intubate, in the hospital setting, the individual would not be intubated and placed on a respiratory ventilator.

Any changes to DDS DNR Review process related to COVID-19?

- ▶ No changes have occurred with the DDS DNR Review process; however, this was a consideration early on during the pandemic.

Does a non-adjudicated person need a DNR review?

- ▶ Non-adjudicated means the person has no legally appointment representative. If the person is unable to make decisions, has no advance directives/Living Will, and no involved family members, then a probate court hearing would be necessary to appoint an emergency medical guardian/legal representative.

Are hospital staff educated on the DDS DNR Review?

- ▶ This information has been shared with hospitals; however, if concerns arise the RHSD shall be notified, and they will follow-up.

If a person is not under palliative care or hospice but needs a DNR in place due to a terminal diagnosis and comorbidities, however, the healthcare provider(s) declines to provide the supporting medical documents, is there any recourse?

- ▶ Two provider signatures or letters are required. The RHSD can reach out to the provider(s) and explain the process, usually when providers decline it is due to a lack of awareness or understanding of the requirements/legal statute.

If the person's advanced directives states that they want to be a full code what happens when they have received all medical treatment and the person is no longer able to sustain life?

- ▶ Depending on the language in the advanced directives/Living Will, the healthcare representative or family member may implement a DNR order decision, or there may be a need to seek assistance from probate court.
- ▶ DDS DNR FAQ and guidelines. Will be shared