PRONOUNCEMENT OF DEATH BY A REGISTERED NURSE EMPLOYED BY VA AND ASSIGNED TO A VA COMMUNITY LIVING CENTER

1. SUMMARY OF MAJOR CHANGES: This directive:

a. Removes Advanced Practice Registered Nurses from this directive as they now have full practice authority in the Department of Veterans Affairs (VA). See VHA Directive 1350, Advanced Practice Registered Nurse Full Practice Authority, dated September 13, 2017.

b. Removes Physician Assistants from this directive as they are credentialed through their scope of practice and state of licensure to pronounce death. See VHA Directive 1063(1), Utilization of Physician Assistants, dated December 24, 2013.

c. Removes and replaces the annual attestation with an annual audit.

d. Updates the training requirements with a new course specific to Registered Nurses (paragraph 4).

2. RELATED ISSUES: VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017.

3. POLICY OWNER: The Office of Geriatrics and Extended Care (12GEC) is responsible for the content of this directive. Questions may be referred to the Executive Director, Geriatrics and Extended Care at VHA12GECAction@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document creation requirements in this directive.

5. RESCISSIONS: VHA Directive 1145, Pronouncement of Death by a Registered Nurse, Advanced Practice Nurse or Physician Assistant Employed by VA and Assigned to a VA Community Living Center, dated July 16, 2020, is rescinded.

6. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of April 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health for Patient Care Services/CNO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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1. POLICY

It is Veterans Health Administration (VHA) policy that an appropriately trained Registered Nurse (RN) whose state license allows them to make pronouncements of death and who is assigned to the Department of Veterans Affairs (VA) Community Living Center (CLC), is authorized to make the pronouncement of death of a CLC resident when a responsible attending physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA) is not immediately available for a Veteran who has a valid Do Not Attempt Resuscitation (DNAR) or Do Not Resuscitate (DNR) order in the life-sustaining treatment (LST) order set in the electronic health record (EHR) and dies of cardiopulmonary arrest. ***NOTE:*** *This directive does not apply to Veterans who have a Full Code Status or to CLCs that do not use RNs to pronounce death.* **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for supporting the Office of Geriatrics and Extended Care (GEC) with implementation and oversight of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive and its effectiveness.

d. **Executive Director, Geriatrics and Extended Care.** The Executive Director, GEC is responsible for:

(1) Providing consultation and guidance upon request to VISNs and VA medical facilities on the content of this directive.

(2) Responding to inquiries from internal and external stakeholders regarding this directive.

(3) Collaborating with the Institute for Learning, Education, and Development to develop training to support the implementation of clinical practices outlined in this directive.

(4) Providing an audit tool for CLC's to monitor their compliance with this directive. See the Pronouncement Audit tool accessible at: https://dvagov.sharepoint.com/sites/vhacommunity-living-centers/?cid=03d50816-bbea-4023-865d-4c30e99db095. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Ensuring action plans for non-compliance provided by the VA medical facility Chief of Staff (COS) and Associate Director for Patient Care Services (ADPCS) are reviewed by the GEC CLC Program Managers.

e. **Geriatrics and Extended Care Community Living Center Program Managers.** The GEC CLC Program Managers are responsible for reviewing, monitoring, and closing action plans for non-compliance provided by the Executive Director, GEC.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that each VA medical facility has the resources needed to implement this directive.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

h. **VA Medical Facility Chief of Staff and Associate Director Patient Care Services.** The VA medical facility COS and ADPCS are responsible for:

(1) Ensuring that all practitioners are conducting goals of conversations and writing LST plans/orders consistent with the requirements of VHA Directive 1004.03, Advance Care Planning, dated December 12, 2023.

(2) Ensuring RNs covered by this directive are trained and competent in the procedures necessary to assess and pronounce a CLC resident's death consistent with this directive (see paragraph 3.c.).

(3) Ensuring that an annual audit is completed to measure compliance with this directive, and if non-compliance is identified, ensuring that an action plan is developed and forwarded to the Executive Director, GEC. ***NOTE:*** *VA medical facilities may decide to complete this audit internally at a quarterly interval. The Pronouncement Audit tool is available to facilitate monitoring and is accessible at*: *https://dvagov.sharepoint.com/sites/vhacommunity-living-centers/?cid=03d50816-bbea-*

4023-865d-4c30e99db095. This is an internal VA website that is not available to the public.

i. **Registered Nurse.** Commensurate with the requirements in paragraph 3, RNs are responsible for:

(1) Completing recommended training requirements detailed in paragraph 4 annually.

(2) Reviewing national policies and local procedures governing organ donation, autopsy, and Decedent Affairs annually and ensuring awareness of and collaboration with responsible officials and staff identified in those policies. See VHA Directive 1101.03, Solid Organ, Tissue, and Eye Donation, dated August 23, 2021; VHA Directive 1102.07, Organ Donation After Circulatory Death, dated January 28, 2021; VHA Directive 2012-018(1), Solid Organ and Bone Marrow Transplantation, dated July 9, 2012; and VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017.

(3) Making death assessments and pronouncements based on the clinical findings in paragraph 3.c. ***NOTE:*** *If an RN has cultural or religious reasons that preclude them from making a pronouncement of death, they must submit a request to their supervisor for an exclusion from these duties.* ***NOTE:*** *This also applies to Contracted RNs assigned to the CLC.*

(4) Documenting clinical findings in the EHR and noting the time, date, and circumstances of death.

(5) Notifying the responsible attending physician, APRN, or PA of the death by phone at the first possible opportunity, but no later than 4 hours following pronouncement.

(6) Notifying the next-of-kin (NOK), personal representatives, or other person(s) who have been responsible for the care of the Veteran, about the death at the first possible opportunity, but no later than 4 hours following pronouncement if these persons are not at the bedside, and documenting this notification in the Veteran's EHR. ***NOTE:*** *See VHA Directive 1601B.04 for further information.*

(7) Ensuring that the Veteran's care team provides information on the local VA medical facility's Decedent Affairs and bereavement programs and offering a referral for grief support group participation if indicated.

(8) Following local VA medical facility procedures regarding care and disposition of Veteran's remains. ***NOTE:*** *See VHA Directive 1601B.04 for details.*

3. CLINICAL CRITERIA AND FINDINGS

a. When a resident of a CLC who has a valid DNAR or DNR order documented in the LST order set of the EHR dies of cardiopulmonary arrest and the responsible attending physician is not immediately available, an appropriately designated and

trained RN whose state license allows them to make pronouncements of death, who is employed by VA and assigned to the CLC makes the pronouncement of the Veteran's death.

b. If the Veteran does not have a valid DNAR or DNR order in the LST order set in the EHR, the RN cannot make the death pronouncement and must proceed with cardiopulmonary resuscitation as described in the local VA medical facility's procedures. See VHA Directive 1004.03.

c. The criteria for determination of death are established by state law, and must include a documented absence of circulation, apnea, and lack of responsiveness to verbal and tactile stimuli. For the purposes of this directive, the RN is authorized to pronounce death when all of the following criteria are present:

(1) Fixed pupils (unresponsive to bright light).

(2) Absence of a carotid pulse for over 1 minute.

(3) Absence of heart sounds for over 1 minute.

(4) Absence of respirations for 1 minute.

(5) No response from painful stimuli (sternal rub).

4. TRAINING

The following training is ***recommended*** for all appropriately designated and trained RNs, in accordance with state practice acts, who are employed by VA and assigned to the CLC who may make the pronouncement of the Veteran's death: Talent Management System #VA-131009242, Pronouncement of Death by a Registered Nurse employed by VA and assigned to a VA CLC.

5. DEFINITIONS

a. **Do Not Attempt Resuscitation Order.** A DNAR or DNR is an order that establishes that cardiopulmonary resuscitation must not be attempted for a patient in cardiopulmonary arrest. Patients with a DNAR or DNR order must still receive clinically appropriate emergency interventions short of cardiopulmonary resuscitation (e.g., medications, fluids, oxygen, manual removal of an airway obstruction, or the Heimlich maneuver) unless otherwise specified in LST orders. ***NOTE:*** *The terms DNR, DNAR, No-CPR, and No Code are synonymous. DNAR or DNR orders are distinct from advance directives.*

b. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and

Technology Architecture (VistA) and Cerner platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

c. **Next of Kin**. A NOK is a close relative of the deceased individual who is 18 years of age or older. For the purposes of this directive, the NOK is considered a personal representative of the deceased person. When there is more than one surviving NOK, the personal representative must be determined based on the following hierarchy: spouse, adult child, parent, adult sibling, grandparent, adult grandchild, and close friend.

6. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

7. REFERENCES

a. 38 U.S.C. §§ 7301(b).

b. VHA Directive 1101.03, Solid Organ, Tissue and Eye Donation, dated August 23, 2021.

c. VHA Directive 1102.07, Organ Donation After Circulatory Death, dated January 28, 2021.

d. VHA Directive 1601B.04, Decedents Affairs, dated December 1, 2017.

e. VHA Directive 2012-018(1), Solid Organ and Bone Marrow Transplantation, dated July 9, 2012.

f. VHA Directive 1004.03, Advance Care Planning, dated December 12, 2023.