



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 20, 2015

Michael Haycraft, Administrator
Auburn Crest Hospice
1596 E Seltice Way
Post Falls ID 83854

Provider #131559

Dear Mr. Haycraft:

An unannounced on-site complaint investigation was conducted from May 13, 2015 to May 18, 2015 at Auburn Crest Hospice. The complaint allegation, findings, and conclusion are as follows:

Complaint #ID00006045

Allegation: Patients without pain were given excessive amounts of morphine at the time of death.

Findings: During the complaint investigation, interviews were conducted and patient records were reviewed.

The medical director (until April 2013) was interviewed on 5/15/14 at 1:00 PM. When asked about any professional standards of practice for morphine dosages at end of life, he stated there were no standards of practice which he was aware. He explained morphine was ordered for comfort and to alleviate suffering related to pain and air hunger. In deciding on dosages he stated he considered the report of nursing staff as to patient signs and symptoms, as well as the wishes of the family. The primary goal, he stated, was to alleviate suffering and provide comfort at end of life. When asked if high doses of morphine could hasten death, he stated it could but the intention was to provide enough medication to relieve suffering while not providing so much to hasten death. He described it as a fine line.

Ten medical records of patients were reviewed. Nine of the medical records involved patients who had died while on hospice services. One patient was still alive and living in a skilled nursing facility.

One patient's record documented an 89 year old male who received hospice services from 3/01/13 until the date he died, 4/11/13. The patient was living in a skilled nursing facility at the time of death. Physician orders for morphine the last 2 days of life were as follows:

4/10/13 9:30 PM - Morphine Sulfate 20 mg by mouth/sublingual (po/sl) every hour as needed for pain or air hunger (discontinued 4/10/13 at 11:35 PM)

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4/10/13 11:45 PM - Morphine Sulfate 30 mg po/sl now, then increase dose 10 mg every 30 minutes po/sl until patient no longer has signs and symptoms of air hunger or until family decides to stop medications, up to 60 mg doses every hour as needed for air hunger or pain.

A skilled nursing note, dated 4/10/13, 11:00 PM, documented a telephone call with the patient's wife and rabbi indicating it was the wife's wishes, as interpreted through the rabbi, to keep the patient comfortable and attempt to lower the patients respiratory rate but not to use so much medication to hasten death. The wife expressed agreement with giving the patient morphine.

Skilled nursing notes from the hospice and from the skilled nursing facility were reviewed. They documented the patient had signs and symptoms of air hunger on 4/10/13 and 4/11/13, such as respiratory rates in the range of 60-80. Nursing documentation indicated his respiratory rate decreased to 20 on 4/11/13 at 1:42 PM.

However, the combined medication administration records from the hospice and the skilled nursing facility documented administration of doses of morphine on 4/10/13 that exceeded physician orders/authorization. As a result of these findings, the allegation has been substantiated that excessive doses of morphine was administered at end of life.

However, the other 9 patient records showed medication administration occurred in accordance with physician orders. It could not be established that the hospice's current practice indicated excessive use of morphine at the end of life (failure to follow physician orders for medication administration). Therefore, current deficient practices were not identified. Further, the Bureau of Facility Standards and the Centers for Medicare and Medicaid Services (CMS) has no regulatory authority over physician prescribing practices. Physician practices are under the jurisdiction of the Idaho Board of Medicine.

Conclusion: Substantiated. No deficiencies related to the allegation are cited.

As the allegation was substantiated, but was not cited, no response is necessary.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626, option 4. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



NICOLE WISNOR
Co-Supervisor
Non-Long Term Care

GG/pmt

cc: Michelle Cardwell, Complianace Officer