HONORING PATIENT’S WISHES AT END OF LIFE

POLST
Provider Orders for Life–Sustaining Treatment
POLST History

- Started in Oregon in 1991
- Seriously ill patients were not receiving care consistent with their wishes
- Patients' end-of-life treatment preferences were often not honored from one care setting to another
It’s as an approach to end of life care planning that emphasizes:

* Advance care planning conversations & goals of care
* Shared/Informed, decision-making about treatment choices
* Ensure patient wishes are honored
Treatment choices are known and honored to reduce unnecessary suffering experienced by patients and families with POLST...
National POLST Paradigm Programs

www.polst.org

*As of January 2014

[Map showing the status of POLST programs across the United States]

- Mature Programs
- Endorsed Programs
- Regionally Endorsed Program
- Developing Programs
- Programs That Do Not Conform to POLST Requirements
- No Program (Contact)

[Legend for map colors]

[Map of the United States with various states colored to indicate program status]
What is a POLST Form?

Bright yellow, medical order form indicating life-sustaining treatment choices for seriously ill patients. The form has 2 major purposes:

- Translates a patient’s choices for medical treatment into actionable medical orders
- Is portable from one care setting to another
HIPAA PERMITS DISCLOSURE TO HEALTHCARE PROFESSIONALS AS NECESSARY FOR TREATMENT

Provider Orders for Life-Sustaining Treatment (POLST)

This is a Physician/APRN Order Sheet. First follow these orders, then contact physician or APRN. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.

<table>
<thead>
<tr>
<th>Section</th>
<th>A</th>
<th>Cardiopulmonary Resuscitation (CPR): Patient has no pulse <strong>and</strong> is not breathing.</th>
</tr>
</thead>
</table>
|         |    | - Attempt Resuscitation/CPR
|         |    | - Do Not Resuscitate/DNR (The PINK Portable DNR must accompany the POLST for DNR to be in effect in all NH settings.) Follow orders in B, C and D when not in cardiopulmonary arrest. |

<table>
<thead>
<tr>
<th>Section</th>
<th>B</th>
<th>Medical Interventions: Patient has pulse and/or is breathing.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Full Treatment – Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Limited Interventions – Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital level of care to meet need if indicated. Avoid intensive care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Comfort-focused Care – Use medication by any route, positioning, wound care and other measures to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed. Patient prefers no transfer to hospital for life-sustaining treatment. Transfer to more acute level if comfort needs cannot be met in current location. Other Instructions:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>C</th>
<th>Medically Administered Fluids and Nutrition. Oral fluids and nutrition must be offered if medically feasible and consistent with patient’s goals of care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- IV Fluids long-term (provide other measures to assure comfort)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- IV Fluids for a defined trial period (provide other measures to assure comfort)</td>
</tr>
<tr>
<td></td>
<td>Ben Only</td>
<td>Feeding tube long-term (provide other measures to assure comfort)</td>
</tr>
<tr>
<td></td>
<td>in Each</td>
<td>Feeding tube for a defined trial period</td>
</tr>
<tr>
<td></td>
<td>Column</td>
<td>No Feeding Tube</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Instructions:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>D</th>
<th>Antibiotics if indicated clinically or by testing. Antibiotics only if likely to contribute to comfort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- No antibiotics</td>
</tr>
<tr>
<td></td>
<td>Other Instructions:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>E</th>
<th>Discussed with:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- DPOAH representative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Court-appointed guardian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Parent(s) of minor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: (specify)</td>
</tr>
</tbody>
</table>

The basis for these orders is:

- Patient’s preference
- Activated Durable Power of Attorney for Healthcare (DPOAH)
- Activated Living Will
- Parent of Minor
- Guardianship
- Other: (specify)

Documentation of discussion is located in medical chart at: Date of Discussion:

**Physician/APRN Name:** (Print) **Physician/APRN Phone Number:**

**Physician/APRN Signature:** (Mandatory) **Physician/APRN State License Number:**

**Physician/APRN Signature:** (Mandatory) **Date** **Relationship:** (write "self" if patient)

**Signature of Patient or DPOAH, Guardian or Parent of Minor**

Name (Print) | Signature (Mandatory) | Date | Relationship (write "self" if patient)
Why POLST Now?

- Advance Directives are not always available at critical times
- People want to make their own health care choices and be confident that they are honored
- Patients transition more frequently among different care settings
- NH has created an infrastructure to establish POLST
Development of POLST in NH

- 1998 – NH Partnership for End-of-Life Care
- 1999 – Create Advance Care Planning Guide
- 2000 – Start “Respecting Choices” Training
- 2002 – Legislative End-of-Life Care Report
- 2004/05 – POLST Pilot Program
- 2006 – NH Healthcare Decisions Coalition
- 2011 – POLST planning re-started
- 2012 – POLST Starts in Exeter, NH
- 2013 – POLST/Last Acts Training
- 2014 – POLST Implementation statewide
- 2014 – Surrogate Decision-making law passed
Components of a POLST System in NH

- Patient & Family
- Health Care Provider (Physicians, APRN, and other staff)
- Health Care Organization in the Community (Hospital, LTC, EMS, Primary Care, Specialty Care, ACS, Hospice, Home Care, etc.)
- State of NH (DHHS: Bureau of EMS, Survey Inspection Office, Office of the LTC Ombudsman, Office of Public Guardian, etc.)
- NH Health Care Organizations (NH Hospital Assn., NH Health Care Assn, Assn. of NH Counties, NH Medical Society, QIO/QIN, NHHPCO, NH Catholic Charities, Genesis NH, NH Nurse Practitioner Assn., NH Health Care Quality Assurance Commission, etc.)
## New Hampshire

<table>
<thead>
<tr>
<th></th>
<th><strong>Advance Directive</strong></th>
<th><strong>P–DNR</strong></th>
<th><strong>POLST</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
<td>All adults</td>
<td>Older adults with chronic disease</td>
<td>Advanced progressive chronic conditions</td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td>Future care</td>
<td>Current care</td>
<td>Current care</td>
</tr>
<tr>
<td><strong>Where completed</strong></td>
<td>any setting</td>
<td>medical setting</td>
<td>medical setting</td>
</tr>
<tr>
<td><strong>Resulting product</strong></td>
<td>Advance Directive</td>
<td>Portable–DNR</td>
<td>POLST</td>
</tr>
<tr>
<td><strong>Proxy Role</strong></td>
<td>Cannot do</td>
<td>Can do if patient lacks capacity</td>
<td>Can do if patient lacks capacity</td>
</tr>
<tr>
<td><strong>Portability</strong></td>
<td>Pt/family responsible</td>
<td>Provider &amp; pt responsible</td>
<td>Provider responsible</td>
</tr>
<tr>
<td><strong>Periodic review</strong></td>
<td>Pt/family responsible</td>
<td>Provider &amp; pt responsible</td>
<td>Provider responsible</td>
</tr>
</tbody>
</table>
Who should have a POLST form?

- A frail, seriously ill person with life-limiting or terminal illness.

- A person who their doctor or nurse practitioner would not be surprised if they died in the next year.
POLST Is A Process...

- Based on conversations between the patient and their medical provider, an RN or Clinical Social Worker
- That includes DPOAH or other family members the patient wishes to be part of the conversation
What Makes the POLST an Actionable Document?

- It must be signed by a physician or APRN
- It must be the original bright, yellow form – not a copy
- It must be signed by the patient or DPOAH
What Happens to the POLST Once It Is Completed?

- The original yellow POLST form should stay with the patient whenever they transition from one medical or residential setting to another.
- If an individual has completed or made a preference for DNR, the Pink P–DNR form must be completed and attached to the POLST form.
How Often Should POLST Forms be Reviewed?

- When a patient is admitted to a new medical or residential care facility
- If there is a significant change in the patient’s health status or there is a new diagnosis
- If the patient’s treatment preferences change
Implementing a POLST Process for Better Patient Care…

Issues to consider in your organization and community system…
Operational & Quality Issues:

- Leadership Champions
- Multidisciplinary Implementation Team

Workflow & Portability
Storage & Retrieval
Identification & Referral Process
Education & Training

- Quality Improvement
To ensure that patients at end of life receive the treatment they do want and do not receive the treatment they don’t want
Lessons Learned

Start Small...

With a single care unit, team of providers or diagnostic group of patients.

(Think about where there is a group of patients who their medical provider would not be surprised if they were to die in the next year.)
Visit [www.healthynh.com](http://www.healthynh.com) (POLST video, form, brochure, model organizational policy for POLST, power point slides, tools, National POLST website)

Send Comments or Questions to:
Email: [slafrance@healthynh.com](mailto:slafrance@healthynh.com)
[or](http://www.healthynh.com)
[pnichols@healthynh.com](mailto:pnichols@healthynh.com)