POLST: What’s New and How Can We Do Better?

Pam Hiransomboon-Vogel, DNP, FNP-BC, ACHPN
The OHSU Center for Ethics in Health Care and POLST Program, have no relevant financial relationships to disclose that would present a conflict of interest.
Objectives:

1. Understand how Advance Directives and POLST work together

2. Review myths and misunderstandings about POLST

3. Discuss the vital role of APRNs

4. Next steps in innovation
   • ePOLST
   • Transfer Orders
### 2014 Oregon POLST Form

**Physician Orders for Life-Sustaining Treatment (POLST)**

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

#### Patient Information
- **Patient Last Name:**
- **Patient First Name:**
- **Patient Middle Name:**
- **Date of Birth:**
- **Sex:** M/F

#### Medical Interventions

**A. Cardiopulmonary Resuscitation (CPR):** Unresponsive, pulseless, & not breathing.
- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation/DNR

**B. Medical Interventions:** If patient has pulse and is breathing.
- [ ] Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments.** Transfer if comfort needs cannot be met at current location.
- [ ] Treatment Plan: Provide treatments for comfort through symptom management.

**C. Artificially Administered Nutrition:** Offer food by mouth if feasible.
- [ ] Long-term artificial nutrition by tube.
- [ ] Defined trial period of artificial nutrition by tube.
- [ ] No artificial nutrition by tube.

**D. Documentation of Discussion:** (Required) See reverse side for add’l info.
- Patient (if patient lacks capacity, must check a box below)
- Health Care Representative (locally appointed by advance directive or court)
- Surrogate defined by facilty policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion—see reverse side)

**E. Patient or Surrogate Signature and Oregon POLST Registry Opt Out**
- Signature: required
- This form will be sent to the POLST Registry unless the patient wishes to opt out. If so check opt out box.

**F. Attestation of MD/DO/NP/PA (Required)**

By signing below, I attest that those medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.

Print Signing MD/DO/NP/PA Name: required
- **Signer Phone Number:**
- **Signer License Number:** (optional)

**MD/DO/NP/PA Signature:** required
- **Date:** required
- Office Use only

Send form with patient whenever transferred or discharged. Submit copy of both sides of form to registry if patient did not opt out in Section E.

© CENTER FOR BIPARTISAN POLICY, Oregon Health & Science University 2014
POLST: Doing It Better
Understanding how advance directives and POLST work together
General Agreement: Patients (particularly those nearing the end of life) have the right to decline treatments they do not want.
Why do so many people who prefer not to return to the hospital end up dying there?
Less than 10% of elderly Americans say that they want to die in the hospital...

Medical Care: Barnato et al May 2007, p 389
...and yet about 4 times that many do.
What is the impact of advance directives?
Conversations and Advance Directives: Lift an emotional burden
Appoint a surrogate
Health Care Representative

- Person named on a valid Advance Directive
- Legal guardian
- The HCR is the legal decision maker
- If there is no HCR, a surrogate decision maker must be determined
Determining Appropriate Surrogate

• ORS 127.635 defines the default surrogate as the first of the following:
  • The Patient’s spouse or reciprocal beneficiary
  • An adult designated by the others listed
  • A majority of the adult children
  • Either parent of the patient
  • A majority of the adult siblings
  • Any relative or adult friend
  • When none of the persons described above is available consult institutional policy
How Advance Directives and POLST Work Together

Adapted with permission from California POLST Education Program
© January 2010 Coalition for Compassionate Care of California

Age 18

Complete an Advance Directive

Update Advance Directive Periodically

Diagnosed with Advanced Illness or Frailty (at any age)

Complete a POLST Form

Change in health status

May Complete a new POLST Form

Treatment Wishes Honored
## POLST - Advance Directive

<table>
<thead>
<tr>
<th>POLST</th>
<th>Advance Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Order for Life-Sustaining Treatment</strong></td>
<td><strong>Oregon’s Legal Form</strong></td>
</tr>
<tr>
<td>• Is a Medical Order</td>
<td>• Is a Legal Document</td>
</tr>
<tr>
<td>• Immediately takes effect. <strong>EMS can follow orders</strong></td>
<td>• Needs interpretation to be effective. EMS <strong>cannot</strong> follow (because not medical orders)</td>
</tr>
<tr>
<td>• No age limit</td>
<td>• All competent adults over 18</td>
</tr>
<tr>
<td>• Signed by MD, NP, or PA in Oregon</td>
<td>• Signed by the resident</td>
</tr>
</tbody>
</table>
Review myths and misunderstandings about POLST
POLST Best Practices

FACILITIES

- POLST is always voluntary and NH, AFC, ALF cannot require a POLST

- Recent Administrative Alerts to all LTC facilities have clarified this important point

- Facilities must send POLST forms to the registry unless the patient opts out

- Facilities may not send these new POLST forms to the PCP
POLST BEST PRACTICES

FACILITIES

- Nurses or Social workers frequently fill out POLST forms with patients at facilities.

- They forward these to the health care providers to sign.

- The signature is an attestation that the provider knows the information to be true by personal conversation or knowledge.

- The facility frequently requests these signatures quickly.
CMS S&C 14-01-NH:

- For residents who do not have a DNR order or a POLST form with a DNR order, facility staff must provide basic life support, including the initiation of CPR, prior to the arrival of emergency medical services (EMS).
CMS S&C 14-01-NH:

- For residents who have a Do Not Resuscitate (DNR) order or a POLST form with a DNR order, CPR is not initiated, in accordance with the DNR order.
Advance Care Planning

- now a billable Medicare service
- Discussion of life sustaining therapy options and patient preferences
- Individuals with end stage chronic illness
- Not for basically healthy adults, but can be part of annual Medicare wellness exam
- 99497 and 99498
Who should have a POLST Form?
# 2014 Oregon POLST Form

## Physician Orders for Life-Sustaining Treatment (POLST)

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

### A. Cardiopulmonary Resuscitation (CPR):
- **Check One**
- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation/DNR

If patient is in cardiopulmonary arrest and not breathing.

### B. Medical Interventions:
- **Check One**
- [ ] Comfort Measures Only: Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Provide treatments for comfort through symptom management.
- [ ] Limited Treatment: In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BIPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.
- [ ] Full Treatment: In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: All treatments including breathing machines.

### C. Artificially Administered Nutrition:
- **Check One**
- [ ] Long-term artificial nutrition by tube.
- [ ] Defined trial period of artificial nutrition by tube.
- [ ] No artificial nutrition by tube.

Additional Orders (e.g., defining the length of a trial period):

### D. Documentation of Discussion:
**REQUIRED**
See reverse side for add'l info.

- [ ] Patient (if patient lacks capacity, must check a box below)
- [ ] Health Care Representative (legally appointed by advance directive or court)
- [ ] Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion—see reverse side)

Representative/Surrogate Name:

### E. Patient or Surrogate Signature and Oregon POLST Registry Opt Out
**Signature: recommended**

This form will be sent to the POLST Registry unless the patient wishes to opt out. If so check opt out box:

### F. Attestation of MD/DO/NP/PA (REQUIRED)

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient’s current medical condition and preferences.

Print Signing MD/DO/NP/PA Name: required
Signer Phone Number: required
Signer License Number: (optional)
Date: required
Office Use Only

Submit copy of both sides of form to registry if patient did not opt out in Section E.

© CENTER FOR EXCELLENT HEALTHCARE Oregon Health & Science University 2014
POLST is entirely voluntary

No one has to complete a POLST
Choice to have or limit treatments
Revoke or change at anytime
Comfort measures are always provided
POLST Best Practices

DISCHARGE TO FACILITIES

- Determine if patient needs AD, POLST or both

- POLST is voluntary- No one has to complete one

- Find the most recent POLST-don’t assume you have it

- Ensure the POLST reflects wishes in the patient’s current state of health, i.e. if they were to get sick tonight
Best Practices

- Do Not Resuscitate does not mean do not treat

- The patient should fill out a new POLST when their desires for treatment change

- Submit POLST from the registry unless the patient opts out
POLST: WHEN ADVANCE DIRECTIVES ARE NOT ENOUGH

POLST: When ADs are not enough
Vital Role of APRNs
The Role of Advanced Practice Registered Nurses in the Completion of Physician Orders for Life-Sustaining Treatment

Sophia A. Hayes, BS, Dana Zive, MPH, Betty Ferrell, PhD, MA, FAAN, FPCN, and Susan W. Tolle, MD
FIG. 1. PROPORTION OF REGISTERED PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT FORMS SIGNED BY ADVANCED PRACTICE REGISTERED NURSES FROM 2010 TO 2015.

DOI: 10.1089/jpm.2016.0228
### Table 1. Health Professional Disciplines Authorized to Sign Physician Orders for Life-Sustaining Treatment Forms

<table>
<thead>
<tr>
<th>APRNs signing before 2016</th>
<th>APRNs signing authorized in 2016</th>
<th>Physician signing only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>California</td>
<td>Georgia</td>
</tr>
<tr>
<td>Hawaii</td>
<td>West Virginia</td>
<td>Louisiana</td>
</tr>
<tr>
<td>Idaho</td>
<td></td>
<td>New York</td>
</tr>
<tr>
<td>Iowa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOI: 10.1089/jpm.2016.0228
Timing of POLST completion

# of weeks prior to death

Cancer 5
Organ failure 11
Dementia 15

Physician Orders for Life-Sustaining Treatment (POLST) forms (n = 6145) by signer specialty in decedents with cancer

Next Steps in Innovation
Proportion of County Population* over age 65 with Active POLST in Registry
5/3/09-12/31/14 Data as of 1/12/15

Includes only Registrants that provided address information and reside in Oregon
In April 2015, OHSU deployed ePOLST

POLST accessed with one click

<table>
<thead>
<tr>
<th>EMR</th>
<th>Schedule</th>
<th>In Basket</th>
<th>Chart</th>
<th>Tel Enc</th>
<th>Refill Enc</th>
<th>Meds List</th>
</tr>
</thead>
</table>
First six months, ePOLST clicked at OHSU nearly 12,000 times

Zero form completion errors
When POLST should be offered

Case 1
When POLST should NOT be offered

Case 2
Is it possible that by completing orders for full treatment on those who are “too healthy” to have a POLST form that we ultimately increase their rate of in hospital death?
How strong is the association between section B POLST orders and location of death?
Patient’s preferences recorded as medical orders on a POLST Form and how those orders match with death in the hospital
Recommendation

Code Status
☐ Full Code (No POLST needed)
☐ No Code (Complete POLST form as applicable, **NOT** required)
Access POLST Data on Admission
Deploy POLST appropriately on discharge
The Oregon POLST Registry

24 hour access for EMS, EDs and ICUs

Provides Registry ID magnet and stickers for patients

www.orpolstregistry.org
Francis Johnson is an 87 old woman with moderately advanced dementia living in a long term care facility. She no longer recognizes her family who have requested that the focus of her care be on her comfort. She has a POLST form with orders for DNR and comfort measures only. She falls and has a 4 inch laceration on her forehead. She is sent to the ED for wound care. What else should be done?
**Take Home**

- POLST orders are followed and influence the medical treatments that patients receive

- POLST and/or AD—serve different functions

- POLST is voluntary- a facility cannot require

- Orders reflect what treatment the patient would want tonight if they became ill
Take Home

- Talk with the appropriate decision maker and document with whom you talked
- Attest orders correct
- Know you have the most recent POLST
- Submit to the Registry
Use of POLST educational materials in the field:

- Videos
- Guidebooks
- Brochures
Understanding POLST
Resources:

www.oregonpolst.org

Professional Resource Library
www.oregonpolst.org/professional-resource-library

Patient and Family Resource Library
www.oregonpolst.org/patientfamilyresources/