

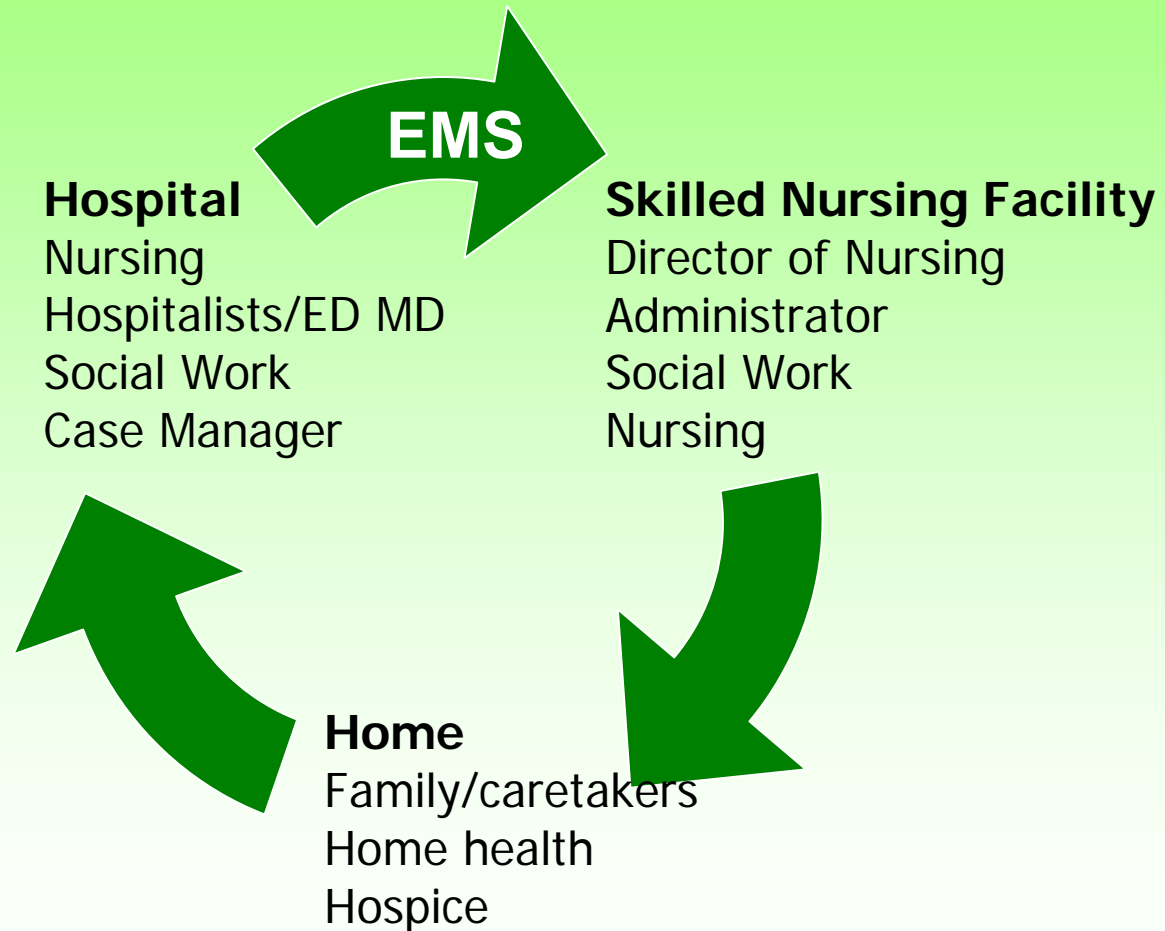


# The POLST Paradigm: Respecting the Wishes of Patients and Families

**Doris Hawks, J.D.**

With appreciation to Steve Lai, M.D. and  
Santa Clara County POLST Coalition

# Transition of Care in Frail Elderly



# Case: Mrs. M

Mrs. M is an elderly woman with advanced dementia who lived in a SNF for several years.

She previously completed an advance directive requesting “do-not-resuscitate” (DNR) status and no intensive care.

She had also completed paperwork appointing her daughter to make medical decisions.

# Case: Mrs. M

On a Saturday night, she is found unresponsive with an irregular weak pulse and very low blood pressure.

The facility is unable to reach her daughter.

EMS is called. The patient has an arrhythmia, is resuscitated, intubated, and transferred to the nearest hospital.

# Case: Mrs. M

The emergency room M.D. wrote “full code for now, status unclear.”

She was admitted to the ICU and placed on a ventilator.

The next morning, Mrs. M’s daughter learns what has happened and demands to know why the nursing home orders were not followed.

# What went wrong?

## Could this happen in our county?

- Advance directives not documented
- DNR order not communicated in transfer
- Fragmentation of care (hospital and SNF)
- Overtreatment against patient's wishes
- Unnecessary pain and suffering
- System-wide failure to respect patient's wishes
  - Poor advance care planning, no system for transfer of plan

# The Present System: Planning to Fail

“...the health care system virtually ensures that treatment will NOT follow patients’ preferences once patients want palliative care rather than intubation and intensive care.”

Lynn J Ann Intern Med 2003

# Today's Objectives

- Identify the main limitations of Advance Directives
- Describe the need for a system to ensure respect for patients' wishes
- Explain the advantages of the POLST form
- Discuss the national/local effort to implement POLST Paradigm Program



# The Limitations to Advance Directives

- May not be available when needed
- May not have prompted needed discussion and/or may not be specific enough
- May be overridden by a treating M.D.
- Does not immediately translate into M.D. order

# Advance Directive vs. POLST

<b>Advance Directive</b>	<b>POLST</b>
For every adult	For the seriously ill
Requires decisions about myriad future treatments	Decision among presented options
Clear statement of preferences	Checking of preferred boxes
Needs to be retrieved	Stays with the patient
Requires interpretation	Actionable medical order

Fagerlin & Schneider. *Enough: The Failure of the Living Will*. Hastings Center Report 2004; 34:30-42.

# POLST vs. Pre-Hospital DNR

## **Both**

- Physician orders
- Address foregoing resuscitation

## **Pre-Hospital DNR**

- Only allows for foregoing resuscitation
- Honored in pre-hospital setting only

## **POLST**

- Allows for choosing resuscitation
- Addresses other life-sustaining measures
- Designed for patients in the last year of life
- Honored across all settings

# POLST vs. PIC

## Both

- Physician documents
- Address patient preference

## Preferred Intensity of Care

- Not standardized
- Legally MD notes

## POLST

- Standardized form
- MD orders

# A New Vision



# Need for a New System...

Oregon—concerns of respecting DNR orders in transfer of settings

- 1991—multidisciplinary task force
- 1995—first POLST paradigm model

# Basis for New System

*Encourages* discussion with patient and family or surrogate decision maker of key *end-of-life* care issues

POLST is about a rich conversation which integrates the patient's values and goals into treatment preferences

# AB 3000 (Wolk)


- Does not mandate use of form
- Requires form be honored
  - Unless new orders issued
- Requires
  - Physician signature
  - Patient or surrogate signature
- Provides immunity



# Elements of POLST

- Standardized form on brightly colored paper
- Addresses a range of life-sustaining interventions ( preferred intensity)
- Immediately actionable medical orders
- Recognized and honored across treatment settings

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**



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

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

<small>EMSA #111 B (Effective 1/1/2008)</small>	Last Name	Date of Birth	Date Form Prepared
	First Middle Name		

**A** Check One **CARDIOPULMONARY RESUSCITATION (CPR):** *Person has no pulse and is not breathing.*

Attempt Resuscitation/CPR     Do Not Attempt Resuscitation/DNR (Allow Natural Death)

(Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in **B** and **C**.

**B** Check One **MEDICAL INTERVENTIONS:** *Person has pulse and/or is breathing.*

**Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. **Transfer if comfort needs cannot be met in current location.**

**Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

**Do Not Transfer to hospital for medical interventions.** **Transfer if comfort needs cannot be met in current location.**

**Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer to hospital if indicated, includes intensive care.**

**Additional Orders:** \_\_\_\_\_

**C** Check One **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

No artificial nutrition by tube.     Defined trial period of artificial nutrition by tube.

Long-term artificial nutrition by tube.

**Additional Orders:** \_\_\_\_\_

**D** **SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**

**Discussed with:**

Patient     Health Care Decisionmaker     Parent of Minor     Court Appointed Conservator     Other:

**Signature of Physician**

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name	Physician Phone Number	Date
Physician Signature (required)	Physician License #	

**Signature of Patient, Decisionmaker, Parent of Minor or Conservator**

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required)	Name (print)	Relationship (write self if patient)
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Summary of Medical Condition	Office Use Only
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**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

Patient Name (last, first, middle)	Date of Birth	Gender: M    F
Patient Address		

**Contact Information**

Health Care Decisionmaker	Address	Phone Number
Health Care Professional Preparing Form	Preparer Title	Date Prepared

#### Directions for Health Care Professional

**Completing POLST**

- Must be completed by health care professional based on patient preferences and medical indications.
- POLST must be signed by a physician and the patient/decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or medical treatments may prohibit a person from residing in a residential care facility for the elderly.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

**Using POLST**

- Any incomplete section of POLST implies full treatment for that section.

**Section A:**

- No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation."

**Section B:**

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- Treatment of dehydration prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

**Reviewing POLST**

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

**Modifying and Voiding POLST**

- A person with capacity can, at any time, void the POLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or a new POLST form.
- To void POLST, draw a line through Sections A through D and write "VOID" in large letters. Sign and date this line.
- A health care decisionmaker may request to modify the orders based on the known desires of the individual or, if unknown, the individual's best interests.


**California Coalition for Compassionate Care**

The Coalition is the lead agency for implementation of POLST in California. This form is approved by the Emergency Medical Services Authority in cooperation with the California Coalition for Compassionate Care and the statewide POLST Task Force.

For more information or a copy of the form, visit [www.finalchoices.org](http://www.finalchoices.org).

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**



EMSA #111 B  
(Effective 1/1/2009)

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

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name

---

First /Middle Name

---

Date of Birth                      Date Form Prepared

**A**  
Check  
One

**CARDIOPULMONARY RESUSCITATION (CPR):**    *Person has no pulse and is not breathing.*

Attempt Resuscitation/CPR     Do Not Attempt Resuscitation/DNR    (Allow Natural Death)

(Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in **B**, **C** and **D**.

- DNR orders only apply if person is pulseless and apneic
- Equivalent to Pre-hospital DNR form in California
- Allows all interventions!

**B**Check  
One**MEDICAL INTERVENTIONS:  
breathing.***Person has pulse and/or is*

- Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. **Transfer** if comfort needs cannot be met in current location.
  - Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use less invasive airway support (BVM, CPAP, BiPAP). Generally avoid intensive care.
  - Do Not Transfer to hospital for medical interventions.** **Transfer** if comfort needs cannot be met in current location.
  - Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**
- Additional Orders:**

- Pulse and/or Breathing-common scenario
  - Comfort measures
  - Limited Additional Interventions (do not transfer to hospital)
  - Full Treatment
- Many SNF patients want full treatment including intensive care
- DNR does not just equal “no treatment”

<b>C</b> Check One	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b>	<i>Offer food by mouth if feasible and desired.</i>
	<input type="checkbox"/> No artificial nutrition by tube.	<input type="checkbox"/> Defined trial period of artificial nutrition by tube.
	<input type="checkbox"/> Long-term artificial nutrition by tube.	
	<b>Additional Orders:</b>	_____

- SNF patients (dementia)—important discussions regarding artificially administered nutrition

# Section D: Signatures and Summary

D	<b>SIGNATURES AND SUMMARY OF MEDICAL CONDITION:</b>		
	<b>Discussed with:</b>		
	<input type="checkbox"/> Patient <input type="checkbox"/> Health Care Decisionmaker <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court Appointed Conservator <input type="checkbox"/> Other:		
	<b>Signature of Physician</b>		
	My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.		
	Print Physician Name	Physician Phone Number	Date
	Physician Signature (required)	Physician License #	
	<b>Signature of Patient, Decisionmaker, Parent of Minor or Conservator</b>		
By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.			
Signature (required)	Name (print)	Relationship (write self if patient)	
Summary of Medical Condition	Office Use Only		

# Where to keep the POLST?

- In front of the chart
- On refrigerator/bedroom door



# POLST Paradigm Is for...

- Chronic, progressive disease/s
- Terminally ill patients
- Advanced frailty
- Others interested in defining their care



# Who Should Complete the POLST?

Would I be surprised if this patient died  
in the next year?

# Collaborative Effort

- Physician and healthcare staff collaborate on POLST discussion and completion
- POLST conversation can be initiated by a trained health care professional
- Physician confirms agreement with the patient's POLST choices and can sign POLST or may have more discussion with patient and/or decision-maker

# **National Quality Forum Preferred Practice**

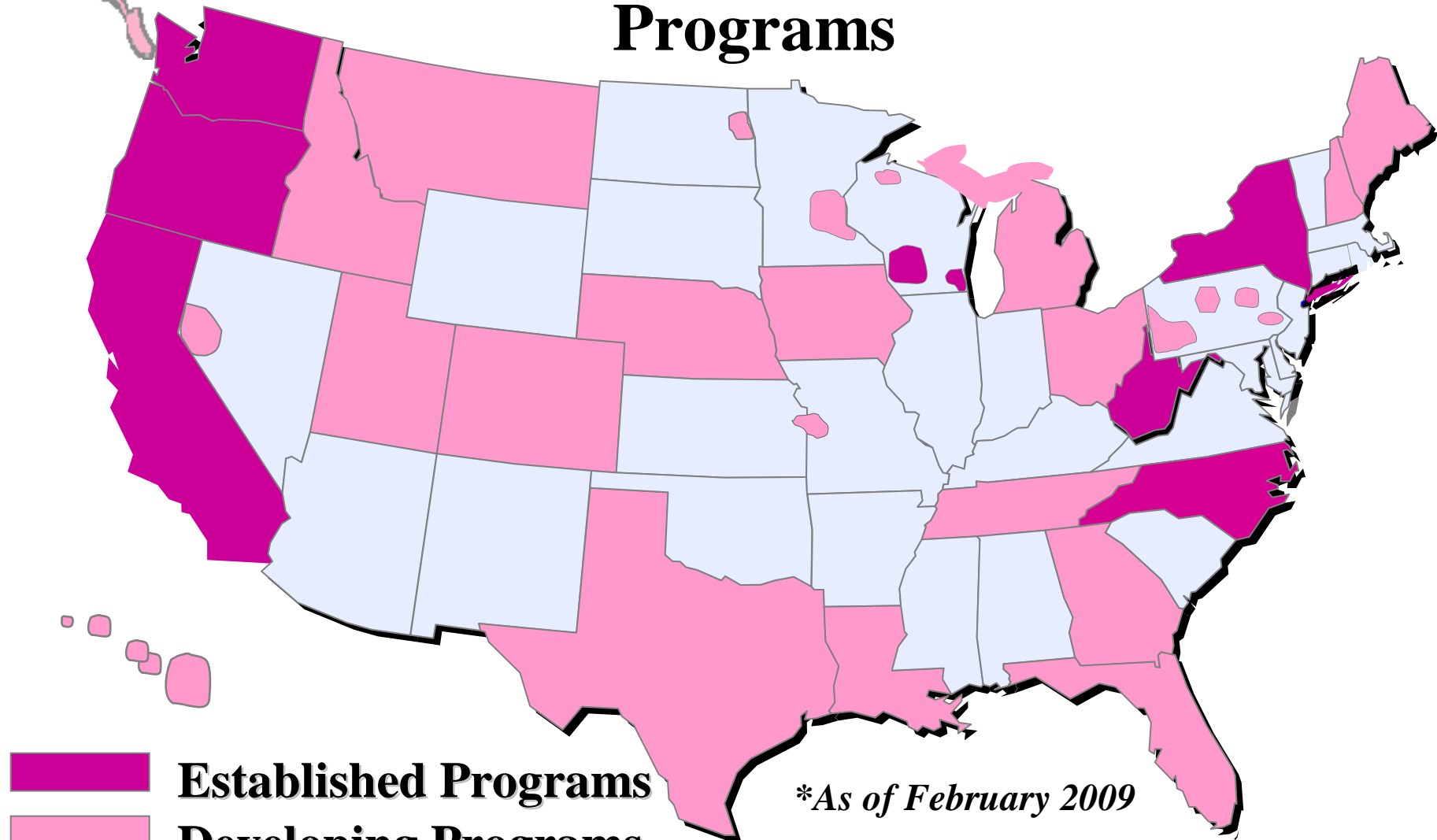
“Compared with other advance directives programs, POLST more accurately conveys end-of-life preferences and yields higher adherence by medical professionals.”

National Quality Forum. National Framework and Preferred Practices for Palliative and Hospice Care Quality, 2006

“To have a successful advance care planning program, it is essential to create and maintain a system for effective advance planning.”

Lynn J Ann Intern Med 2003

# National POLST Paradigm Initiative Programs



-  **Established Programs**
-  **Developing Programs**
-  **No Program (Contacts)**

*\*As of February 2009*

*Designation of POLST Paradigm Program status based on information available by the program to the Task Force.*

# California Initiative

- California HealthCare Foundation (2007)
- \$120,000, 7 communities around California
- Santa Clara County, Alameda County, Humboldt, Riverside County, Woodland, Channel Islands, Anderson Valley
- CA Coalition for Compassionate Care

# AB 3000 (Wolk)

- Establishes POLST as one type of
  - “Request regarding resuscitation”
  - Legal equivalent of pre-hospital DNR
- Requires healthcare provider to honor POLST, even if ordering physician does not have admitting privileges at facility

# CA POLST Form

- Filling Out Form
  - Health care provider explains options
  - Explains difference from advance directive
  - Physician signs
- Physician can issue new order
- Available at [www.finalchoices.org](http://www.finalchoices.org)
- Print on pulsar pink, 65# card stock paper
- Copies are acceptable
- Focus on the conversation



# Can POLST Be Changed?

## Patient

- Can change or revoke the POLST at any time

## Health care decision maker

- May request a change to POLST based on condition change or known wishes of patient

## If conflict

- Then most recent expression is effective

# **Santa Clara County POLST Coalition**

- **Mission Statement:** to engage and convene a group of healthcare providers to improve both end-of-life care and continuity of care for Santa Clara County's fragile and diverse patient population

# **Santa Clara County POLST Coalition**

- Valley Medical Center, O'Connor Hospital
- EMS, city fire agencies
- White Blossom, Skyline, SJ Subacute, Our Lady of Fatima, Lincoln Glen Manor, Amberwood
- Hospice of the Valley, Optimal Hospice, Vitas Hospice, Heartland

# Future of POLST project

- Increased support from CHCF (\$2.14 million)
- Make POLST paradigm the community standard in nursing homes and hospices
- Make all hospitals in our county aware to recognize the POLST form and ensure that POLST forms follow the patient
- Use and disseminate staff training curriculum on how to have discussions with patients on goals of care, advance care planning principles

# Take-Home Messages

- POLST complements AD and provides a mechanism to communicate patients' preferences for EOL treatment across care settings
- POLST is for seriously ill patients-ask “surprise question”
- POLST is not just a form but requires a system and communication for success

# A New Vision

