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

Hospital
- Nursing
- Hospitalists/ED MD
- Social Work
- Case Manager

EMS

Skilled Nursing Facility
- Director of Nursing
- Administrator
- Social Work
- Nursing

Home
- Family/caretakers
- Home health
- Hospice
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.
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
  o 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

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
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<tbody>
<tr>
<td>For every adult</td>
<td>For the seriously ill</td>
</tr>
<tr>
<td>Requires decisions about myriad future treatments</td>
<td>Decision among presented options</td>
</tr>
<tr>
<td>Clear statement of preferences</td>
<td>Checking of preferred boxes</td>
</tr>
<tr>
<td>Needs to be retrieved</td>
<td>Stays with the patient</td>
</tr>
<tr>
<td>Requires interpretation</td>
<td>Actionable medical order</td>
</tr>
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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
Physician Orders for Life-Sustaining Treatment (POLST)

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

A - Cardiopulmonary Resuscitation (CPR):
- Person has no pulse and is not breathing:
  - Attempt Resuscitation/CPR
  - Do Not Attempt Resuscitation/DNR (A. Do Not Resuscitate)
- Full Treatment required
- When in cardiopulmonary arrest, follow orders in B and C.

B - Medical Interventions:
- 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 suction obstruction as needed for comfort. Activities to maintain 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 ordered. 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 - Artificially Administered Nutrition:
- Oral food by mouth if feasible and desired.
- No artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- Additional Orders:

D - Signatures and Summary of Medical Condition:
- Discussed with:
  - Physician
  - Health Care Decisionmaker
  - Parent or 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 patient's medical condition and preferences.
- Print Patient Name
- First Middle Last
- Physician Name
- 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 and wishes of the individual who is the subject of this form.
- Signature (required)
- Name (print)
- Relationship (wife, son, etc.)

- Summary of Medical Condition
- Presenting Illness
- Goals of Care
- Summary
- Office Use Only

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

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

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

Contact Information:
Health Care Decisionmaker
Address
Phone Number
Health Care Professional Preparing Form
Preparer’s Title
Phone Number
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 or decisionmaker to be valid. Initial orders are acceptable with follow-up signatures 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 rehydration 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), bilevel positive airway pressure (BiPAP), and bi-level positive airway pressure (BiPAP).
- 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 to care level to another, or there is a substantial change in the person’s health status, or there is a change in 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 E and write "VOID" in large letters. Sign and date line.
- A health care decisionmaker may request to modify the orders based on the known desires of the individual or, if uncertain, the individual’s best interests.

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

For more information or a copy of the form, visit: https://www.ca-compassion.org

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
- DNR orders only apply if person is pulseless and apneic
- Equivalent to Pre-hospital DNR form in California
- Allows all interventions!
### MEDICAL INTERVENTIONS:

<table>
<thead>
<tr>
<th>B</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Comfort Measures Only</strong> 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. <strong>Transfer if comfort needs cannot be met in current location.</strong></td>
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<td></td>
<td><strong>Limited Additional Interventions</strong> 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.</td>
</tr>
<tr>
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<td><strong>Do Not Transfer</strong> to hospital for medical interventions. <strong>Transfer</strong> if comfort needs cannot be met in current location.</td>
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<td><strong>Full Treatment</strong> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. <strong>Transfer to hospital if indicated. Includes intensive care.</strong></td>
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### 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”**
### 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:**

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- SNF patients (dementia)—important discussions regarding artificially administered nutrition
Section D: Signatures and Summary

<table>
<thead>
<tr>
<th><strong>SIGNATURES AND SUMMARY OF MEDICAL CONDITION:</strong></th>
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<tbody>
<tr>
<td>Discussed with:</td>
</tr>
<tr>
<td>Patient</td>
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**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.

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<tr>
<th>Print Physician Name</th>
<th>Physician Phone Number</th>
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<tr>
<td>Physician Signature (required)</td>
<td>Physician License #</td>
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**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.

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<td>Summary of Medical Condition</td>
<td>Office Use Only</td>
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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.”

“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

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

*As of February 2009

Established Programs
Developing Programs
No Program (Contacts)
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
  o Health care provider explains options
  o Explains difference from advance directive
  o Physician signs
• Physician can issue new order
• Available at 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