



Pennsylvania Orders for Life-Sustaining Treatment POLST

Honoring Patient Treatment Wishes at the End of Life

Revised July 2019

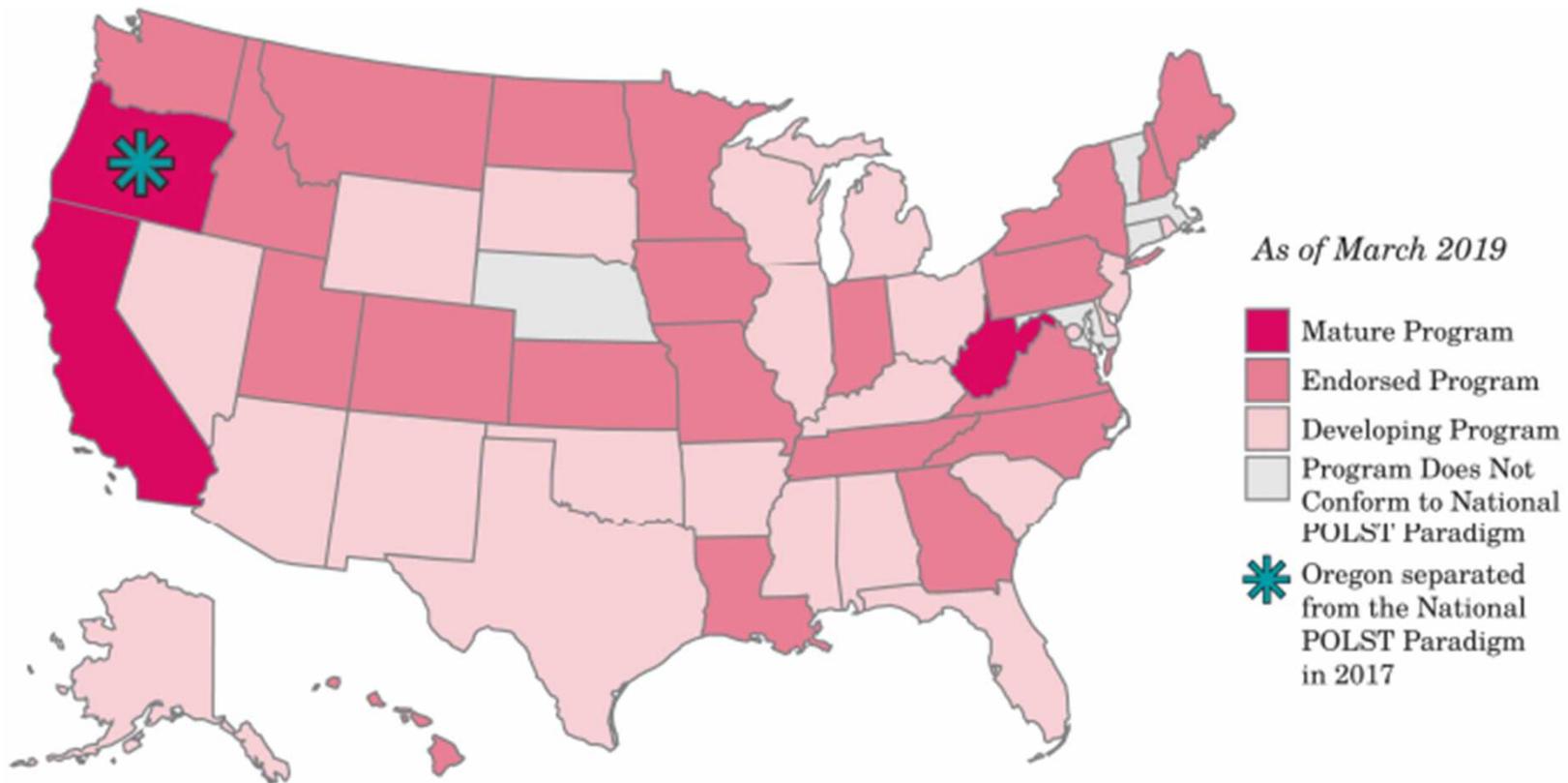
Note to Readers

- It is hoped that information presented in this module will introduce you to the POLST program and provide a basic understanding of requirements to establish and maintain an effective POLST program within your health care institution.
- Further information on POLST is found throughout the POLST website. Other info is provided within facility training programs across Pennsylvania and through the Coalition for Quality at the End of Life (CQEL).
- For further information contact the POLST coordinator at PAPOLST at info@papolst.org.

Background on POLST

- **POLST was originally developed in Oregon in the 1990s**
- **Since then use of POLST has spread across the country.**
- **As of November 2018, POLST programs are found at some level in all states and the District of Columbia**
- **In Pennsylvania, POLST began as a grass roots effort in Western Pennsylvania in 2000. Now widely used across the state**
- **In October 2010 POLST was approved by the Pennsylvania Secretary of Health**
- **PA program was endorsed the National POLST Paradigm Task Force the same year**

National POLST Program Designations



Agenda

- **The POLST Form**
- **The POLST Conversation**
- **Implementing POLST Program**
- **Policy and Procedure Guidelines**
- **Quality Improvement**

THE POLST FORM

Rationale for POLST Advance Directive Limitations

- **Advance Health Care Directive (AD) may not be available when needed**
 - Not completed by most adults
 - Not transferred with patient
- **AD may not have prompted needed discussion and may /or may not be specific enough**
 - No provision for treatment in a SNF or home
 - May not cover topics of most immediate need
- **AD does not immediately translate into medical order**

Rationale for POLST

Advance Directive Limitations (Continued)

- **The POLST is not intended to replace an AD document**
- **The POLST process and health care decision-making works best when the person has appointed a health care agent to speak for them when they become unable to speak for themselves**
- **A health care agent can only be appointed through an advance health care directive called a health care power of attorney**

Purpose of POLST

To provide a mechanism to define patients' preferences for end-of-life treatment and to communicate them across care settings.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from highest medical command physician

pennsylvania DEPARTMENT OF HEALTH
Pennsylvania Orders for Life-Sustaining Treatment (POLST)

LAST NAME: _____
FIRST NAME: _____
DOB: _____

FIRST follow these orders, THEN consult physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone should be treated with dignity and respect.

A **CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.
 CPR/Attempt Resuscitation DNR/Do Not Attempt Resuscitation (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in B, C and D.

B **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, oral suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.
 LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care if possible.
 FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.
 Additional Orders: _____

C **ANTIBIOTICS:**
 No antibiotics. Use other measures to relieve symptoms.
 Determine use or limitation of antibiotics when infection occurs, with comfort as goal.
 Use antibiotics if life can be prolonged.
 Additional Orders: _____

D **ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:**
 Always offer food and liquids by mouth if feasible.
 No hydration and artificial nutrition by tube.
 Trial period of artificial hydration and nutrition by tube.
 Long-term artificial hydration and nutrition by tube.
 Additional Orders: _____

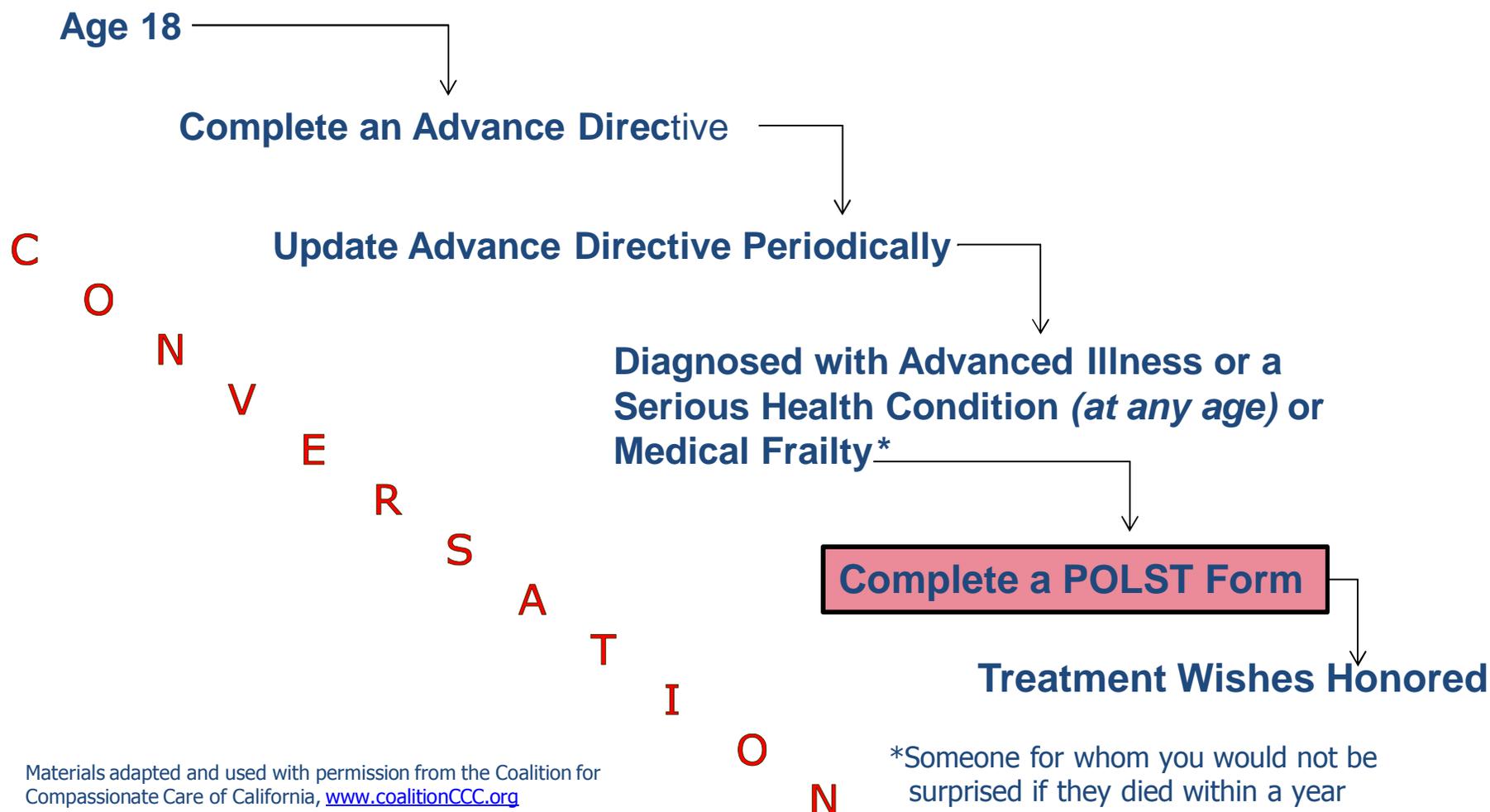
E **SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES:**
 Discussed with:
 Patient
 Parent of Minor
 Health Care Agent
 Health Care Representative
 Court-Appointed Guardian
 Other: _____
 Patient Goals/Medical Condition: _____
 By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.
 Physician/Practitioner Signature: _____ Date: _____
 Signature of Patient or Surrogate: _____ Date: _____
 Relationship to Patient: _____

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Turns treatment preferences and advance directives into medical orders.

Where Does POLST Fit In?

Advance Care Planning Continuum



Differences between POLST and AD

Characteristics	Advance Directive	POLST
Population	All adults	For the seriously ill
Timeframe	Future care	Current care
Who completes the form	Patients	Health care professionals
Where completed	Any setting, not necessarily medical	Medical setting
Resulting form	Health Care Power of Attorney, Living Will	Medical Orders based on shared decision-making
Becomes effective	Patient is incompetent, and; permanently unconscious or has end-stage medical condition	When signed and dated by doctor, CRNP or PA and by patient or medical decision maker
Health Care Agent or surrogate role	Cannot complete	Can engage in discussion if patient lacks capacity
Portability responsibility	Patient/family	Provider
Periodic review	Patient/family responsibility	Provider responsibility

Based on: Sabatino, Charles; Karp, Naomi, AARP Public Policy Institute, (2011) "Improving Advance Illness Care: The Evolution of State POLST Programs", <http://assets.aarp.org/rgcenter/ppi/cons-prot/POLST-Report-04-11.pdf>, p4.

Pennsylvania Form

**HIPAA
Compliant**

**Cardiopulmonary
clarifies type of
resuscitation. Do
Not Attempt
Resuscitation
assists clinicians
in communicating
odds about
SUCCESS**

**Options
give people
the choice
to decide
later since
issue of
when to use
antibiotics
is complex**

**Discussion
about
treatment
preferences
is required**

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from his/her medical command physician

 <p>pennsylvania DEPARTMENT OF HEALTH</p>	<p>Pennsylvania Orders for Life-Sustaining Treatment (POLST)</p>	<p>Last Name _____</p> <p>First/Middle Initial _____</p> <p>Date of Birth _____</p>
<p>FIRST follow these orders, THEN contact physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.</p>		
<p>A Check One</p>	<p>CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing.</p> <p><input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)</p> <p>When not in cardiopulmonary arrest, follow orders in B, C and D.</p>	
<p>B Check One</p>	<p>MEDICAL INTERVENTIONS: Person has pulse <u>and/or</u> is breathing.</p> <p><input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. <i>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i></p> <p><input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i></p> <p><input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i></p> <p>Additional Orders _____</p>	
<p>C Check One</p>	<p>ANTIBIOTICS:</p> <p><input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.</p> <p><input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal</p> <p><input type="checkbox"/> Use antibiotics if life can be prolonged</p> <p>Additional Orders _____</p>	<p>D Check One</p> <p>ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION: Always offer food and liquids by mouth if feasible</p> <p><input type="checkbox"/> No hydration and artificial nutrition by tube.</p> <p><input type="checkbox"/> Trial period of artificial hydration and nutrition by tube.</p> <p><input type="checkbox"/> Long-term artificial hydration and nutrition by tube.</p> <p>Additional Orders _____</p>
<p>E Check One</p>	<p>SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES:</p> <p>Discussed with</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Parent of Minor</p> <p><input type="checkbox"/> Health Care Agent</p> <p><input type="checkbox"/> Health Care Representative</p> <p><input type="checkbox"/> Court-Appointed Guardian</p> <p><input type="checkbox"/> Other: _____</p> <p>Patient Goals/Medical Condition: _____</p> <p>By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.</p> <p>Physician /PA/CRNP Printed Name: _____ Physician /PA/CRNP Phone Number: _____</p> <p>Physician/PA/CRNP Signature (Required): _____ DATE: _____</p> <p>Signature of Patient or Surrogate (Signature required) _____ Name (print) _____ Relationship (write "self" if patient) _____</p>	

**Clear
instruction on
when to
transfer to
hospital and
use of
intensive care**

**IV fluids in
Limited
Additional
Interventions
section**

**Artificial
hydration and
artificial
nutrition both
found here**

**If any section
left unmarked,
the highest
level of
treatment must
be provided**

This side includes:

Surrogate Contact Information

A line for the signature of a POLST Facilitator who completes the form

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Other Contact Information			
Surrogate	Relationship	Phone Number	
Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

Directions for Healthcare Professionals

Any individual for whom a Pennsylvania Order for Life-Sustaining Treatment form is completed should ideally have an advance health care directive that provides instructions for the individual's health care and appoints an agent to make medical decisions whenever the patient is unable to make or communicate a healthcare decision. If the patient wants a DNR Order issued in section "A", the physician/PA/CRNP should discuss the issuance of an Out-of-Hospital DNR order, if the individual is eligible, to assure that an EMS provider can honor his/her wishes. Contact the Pennsylvania Department of Aging for information about sample forms for advance health care directives. Contact the Pennsylvania Department of Health, Bureau of EMS, for information about Out-of Hospital Do-Not-Resuscitate orders, bracelets and necklaces. POLST forms may be obtained online from the Pennsylvania Department of Health. www.health.state.pa.us

Completing POLST

Must be completed by a health care professional based on patient preferences and medical indications or decisions by the patient or a surrogate. This document refers to the person for whom the orders are issued as the "individual" or "patient" and refers to any other person authorized to make healthcare decisions for the patient covered by this document as the "surrogate."

At the time a POLST is completed, any current advance directive, if available, must be reviewed.

Must be signed by a physician/PA/CRNP and patient/surrogate to be valid. Verbal orders are acceptable with follow-up signature by physician/PA/CRNP in accordance with facility/community policy. A person designated by the patient or surrogate may document the patient's or surrogate's agreement. Use of original form is strongly encouraged. Photocopies and Faxes of signed POLST forms should be respected where necessary

Using POLST

If a person's condition changes and time permits, the patient or surrogate must be contacted to assure that the POLST is updated as appropriate.

If any section is not completed, then the healthcare provider should follow other appropriate methods to determine treatment.

An automated external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation"

Oral fluids and nutrition must always be offered if medically feasible.

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).

A person who chooses either "comfort measures only" or "limited additional interventions" may not require transfer or referral to a facility with a higher level of care.

An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."

Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Limited Additional Interventions" or "Full Treatment."

A patient with or without capacity or the surrogate who gave consent to this order or who is otherwise specifically authorized to do so, can revoke consent to any part of this order providing for the withholding or withdrawal of life-sustaining treatment, at any time, and request alternative treatment.

Review

This form should be reviewed periodically (consider at least annually) and a new form completed if necessary when:

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

Revoking POLST

If the POLST becomes invalid or is replaced by an updated version, draw a line through sections A through E of the invalid POLST, write "VOID" in large letters across the form, and sign and date the form.

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Currently, the POLST form is not available on the Pennsylvania Department of Health website. It is found at:

www.papolst.org

POLST Form Highlights

- Physician, physician assistant or CRNP medical order
- Standardized form, bright distinct color
- Based on conversation for goals of care and is only as good as the conversation preceding it
- May be used to limit medical interventions or clarify a request for all medically indicated treatments including resuscitation
- Transferrable across care settings

For Whom is POLST Form Intended?

- **Patients with serious life-limiting medical condition or advanced frailty**
 - Whose health care professional would not be surprised if they died within 1-2 years; or
 - Who are at an increased risk of experiencing a medical emergency based on their current medical condition and who wish to make clear their treatment preferences, including about CPR, mechanical ventilation, ICU;
 - Who have had multiple unplanned hospital admissions in the last 12 months, typically coupled with increasing frailty, decreasing function, and/or progressive weight loss

Diagram of Medical Interventions



***Consider time/prognosis factors under “Full Treatment”.
“Defined trial period. Do not keep on prolonged life support.”**

POLST, Who Fills it Out?

- **Physician or physician designee facilitator (RN, NP, PA, Social Worker)**
- **Facilitators need to be skilled, knowledgeable and credible to physicians/providers as well as patients and families**
- **Verbal orders are acceptable with follow-up signature in Pennsylvania in accordance with facility/community policy**

What Makes the POLST Form Valid?

- **Patient name (date of birth recommended)**
- **Completion of Section A, resuscitation orders**
- **Physician/PA/CRNP signature***
- **Patient or surrogate signature**

*In Pennsylvania, a physician assistant signature requires a physician co-signature within ten days.

Can a POLST Form be Revoked?

- May be revoked by patient at any time
- If patient lacks decision-making capacity, a legal decision-maker may revoke
- Revocation can be a verbal statement
- Draw a line through sections A through E of the invalid POLST
- Write “VOID” across form, sign and date

Transfer

- **Original pink form**
 - Transferred with individual (*Use of original form is highly encouraged*)
 - Photocopies and Faxes of signed POLST forms are valid
 - It is recommended that copies be made on pulsar pink paper
- **Health care institutions**
 - Keep duplicate copy in permanent medical record upon discharge
 - Also make copy prior to inter-facility transports



**A patient transitioning between care settings
with a completed POLST form.**

THE POLST CONVERSATION

Conversation Introduction

- **Normalize the conversation:**
 - We talk about this with everyone.
 - We want to know what you would want if you got sick again.
- **If questions remain:**
 - Your doctor will talk with you.

8-STEP PROTOCOL FOR DISCUSSING POLST

- 1. Prepare for the discussion**
- 2. Begin with what the patient or family knows**
- 3. Provide any new information about the patient's condition and values from medical team perspective**
- 4. Try to reconcile differences in terms of prognosis, goals, hopes and expectations**
- 5. Respond empathetically**
- 6. Use POLST to guide choices and finalize resident/family wishes**
- 7. Complete and sign POLST**
- 8. Review and revise periodically**

This 8-Step Protocol was developed by Dr. Pat Bomba for the MOLST Program of New York State. Program information is found at www.compassionandsupport.org

Framing Discussion

- **Based discussion on patient-centered goals for care (e.g. quantity vs. quality of life)**
- **Include likely contingencies for future medical treatment**
 - **Example: Patient with advanced COPD**
 - **BiPap okay?**
 - **Intubation and mechanical ventilation in ICU okay?**
 - **Lon-term mechanical ventilation if resident cannot be weaned okay?**
 - **Feeding tube okay?**
 - **Would hospice be preferred to above?**
- **Ensure sound shared decision making**
- **Include medical decision-maker and “family” as defined by resident**

Providing Real Facts about CPR in the Elderly

- **The portrayal of CPR on TV may lead the viewing public to have an unrealistic impression of the chances of success of CPR**
 - **On one TV series, 75% of patients survive CPR with 67% appearing to survive to discharge**
- **In real life for elderly patients:**
 - **22% may survive initial resuscitation**
 - **10-17% may survive to discharge, most with impaired function**
- **Chronic illness, more than age, determines prognosis (<5% survival)**

1. Annals Int Med 1989; 111:199-205
2. Diem SH, Lantos JD, Tulsky JA. Cardiopulmonary resuscitation on television – miracles and misinformation, N Engl J Med 1996; 335:1578-1582.
3. W. T. Longstreth Jr; L. A. Cobb; C. E. Fahrenbruch; M. K. Copass. Does age affect outcomes of out-of-hospital cardiopulmonary resuscitation? JAMA. 1990;264:2109-2110.4.
4. EPEC Project RWJ Foundation, 1999

IMPLEMENTING A POLST PROGRAM

Keys to Successful Implementation

- Ideally a facility champion
- Wide range of staff who understands advance care planning and have comfort level in discussing advance care planning
- Include Legal team, IT and pastoral care
- Utilizing outside expertise can move program along and minimize barriers
- Procedures and policies in place
- Ongoing education of staff and families
- Involvement and support from EMS and emergency medicine

First Steps

- **Complete a needs assessment**
- **Assemble a work group with broad representation,**
- **Develop program components**
- **Educate and train professionals and health professionals**
- **Program coordination**
- **Monitor program**

Collaborative Process Model

- **Teams met and reviewed pertinent topic information**
- **Assessed their performance**
- **Identified areas for improvement**
 - **Set goals**
 - **Means of measuring progress**
 - **Set a deadline for reassessment**
 - **Anticipate barriers to improvement**

POLST Checklist

As your plan is developed, you can use this checklist as a guide.

Facility Name	Date Completed
Policies developed	
a. Advance Directive	
b. POLST	
c. Process established for review of both documents	
d. Procedure established to address conflicts	
e. Policy To Accept POLST Forms From Transferring Facilities & Providers	
Education Plan	
a. Staff	
b. Physicians	
c. Patients/families	
Notification of key contacts	
a. Emergency Medical Services	
b. Hospitals	
Program Implementation Status	
a. New patients	
b. Partial facility use	
c. Entire facility	
Quality Improvement	
a. Audit plan in place to track compliance	
b. Process established to obtain feedback	

Barriers to Successful Implementation

- **Failure to develop POLST policies/procedures**
- **Lack of ongoing staff training**
- **Inability of staff to conduct effective POLST discussions**
- **Belief that POLST must match AD**
- **Unawareness of POLST among hospitals and transferring facilities in community**

POLICIES AND PROCEDURES

Standardized Policy and Procedures

A Policy describing the use of POLST is required

- As a facility plans for implementation, it is essential that a policy be developed for its use
- It is recommended that facilities incorporate a statement into its policy and include in each training situation a statement that POLST is always voluntary
- Detailed information on Model Policies and Recommended Elements for Inclusion in a Facilities' POLST Policy are found at on this website at:
 - <https://www.papolst.org/pa-polst-forms/policy-examples/33-model-policies-introduction/file>
 - <https://www.papolst.org/pa-polst-forms/policy-examples/34-recommended-policy-elements/file>

QUALITY IMPROVEMENT

7 Deadly Sins of POLST

All health care providers should be aware of and conscientiously avoid the seven deadly sins of POLST.

- 1. Using POLST with people who are too healthy.**
- 2. Signing a POLST form without a meaningful discussion.**
- 3. Having patients complete their own POLST form.**
- 4. Providing incentives for completing more POLST forms.**
- 5. Failing to review POLST forms.**
- 6. Letting POLST disappear.**
- 7. Failing to evaluate your use of the POLST Paradigm.**

Written by Charlie Sabatino. Source is:

www.americanbar.org/groups/law_aging/publications/bifocal/vol--39/issue-4--april-2018-/polst-the-seven-deadly-sins/

Quality Indicators

- All residents or their surrogates are informed about the use and value of the POLST form
- All residents who do not want CPR attempted in the event of a cardiopulmonary arrest have at least *Section A* completed and the POLST form appropriately signed within 24 hours of admission
- The POLST form is completed within 14 days of admission for residents that choose to have a form
- POLST forms are kept in a specific location and are easy to find in an emergency
- POLST forms or a copy of the form always travel with a resident when the resident leaves the facility
- When transported via EMS, the POLST form must be visible on the top of transfer papers
- POLST forms are reviewed with the resident or surrogate as part of regular care planning
- POLST forms are revisited when there is a change in the resident's health status

Ongoing Program Review

- Review within institution the extent of use, appropriateness of discussions, success of process of transfer of form with patient
- Outcome assessment, especially care discordant from POLST preferences
- Importance of hospital-long-term care facilities sharing of information about form transfer and discordant care cases

Selected Challenges

- **Measuring the quality of the conversation underlying ACP and POLST**
- **Training health care providers (Facilitators)**
- **Decision-making for those who have no appointed proxy**
- **Educating health care agents/proxies**
- **Evaluating protections for vulnerable population**