

## **Pennsylvania Orders for Life-Sustaining Treatment (POLST) Recommended Elements for Inclusion in a Facilities' POLST Policy**

As a facility plans the implementation of the POLST program, or reviews the status of its program, it is essential that a policy be in place. The following is a list of recommended elements to be included within a facilities POLST policy.

- Statement that completion of the POLST form is **voluntary** but it offers an effective method of documenting a resident's treatment preferences.
- Recognition of the POLST form as a set of medical orders.
- What patients will be offered the POLST form? POLST is recommended for *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 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, 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.*
- Who among staff will engage patients/resident's or their legal decision-makers in
- the POLST conversation.
- POLST forms are signed by either the patient or the legal decision-maker.
- Understanding that completion of the form and the recorded decisions are always an outcome of shared decision-making.
- Guidelines on timeframes for: (1) the initial conversation; (2) obtaining a physician signature; (3) review and updating of forms.
- Assurance that the form accompanies transferring or discharged patients across care settings.
- For newly admitted patients with a POLST form, acceptance of POLST forms signed by physician or nurse practitioners not on staff.
- Accessing, placement and maintenance of residents' forms.