

POLST-Oklahoma's Newest Advance Care Planning tool 63 O.S. 3105.1 - 5

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What is POLST 63 O.S. 3105.1 - 5

- Physician
- Orders for
- Life
- Sustaining
- Treatment

OBJECTIVES
Recognize the POLST form
Understand the benefits of POLST
Understand and interpret the elements of POLST

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Why POLST

1. Patient wishes often are not known.
 - The Advance Healthcare Directive (AHCD) may not be accessible.
 - Wishes may not be clearly defined in AHCD.
 - The AHCD is not a physician order.
2. Allows healthcare providers to know and honor wishes during serious illness.

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Case Study: What happened?

- AHCD not transferred with patient.
- DNR wishes not documented.
- Over-treatment against patient wishes.
- Unnecessary pain and suffering.

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What is POLST

- A physician order recognized throughout the medical system.
- Intended for use by individuals with life-limiting and irreversible conditions.
- Portable document that transfers with the patient.
- Pink colored, standardized form for entire state of OK.
- New law provides legal protection for providers who execute, decline to execute and comply with POLST.

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What is POLST

- Allows individuals to choose medical treatments they want to receive, and identify those they do not want.
- Provides direction for healthcare providers during serious illness
- Reduces medical errors associated with unwanted/unnecessary medical treatments

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Who Would Benefit From Having a POLST Form?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- Tool for determination:
 - “You wouldn’t be surprised if this patient died within the next year”

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POLST History

- POLST development began in Oregon in 1991.
- Goal of developing “portable medical orders based on patient’s values for life-sustaining treatments”
- Expanded to 47 other States.

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POLST Success

Oregon Study: Location of Death and POLST Orders

- 58,000 deaths reviewed, 31% had POLST in Oregon Registry
- Patient treatment choices honored, including avoiding dying in hospital
 - Of patients requesting “Full Treatment” 44% died in hospital, 56 % died out of hospital
 - Of patients requesting “Limited Interventions” 22% died in hospital, 78% died out of hospital
 - Of patients requesting “Comfort Measures Only” 6% died in hospital and 94% died out of hospital

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POLST in Oklahoma

- OkPOLST recommended by Attorney General Drew Edmondson’s End of Life Task Force (2005)
- Form used at OU Medical Center since 2007
- OkPOLST Taskforce of over 35 members is promoting OkPOLST
- 63 OS 3501 enacted 8/26/16
 - OkPOLST.org

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POLST In Oklahoma

- One form for entire state.
- Use not mandated.
- Healthcare providers must honor your POLST or transfer you to another provider.
- Forms different from the statutory form **will not** be recognized in Oklahoma.

POLST vs Advance Directive

- POLST **complements** the Advance Healthcare Directive (AHCD).
- POLST is not intended to replace the AHCD.

POLST vs Advance Care Directive

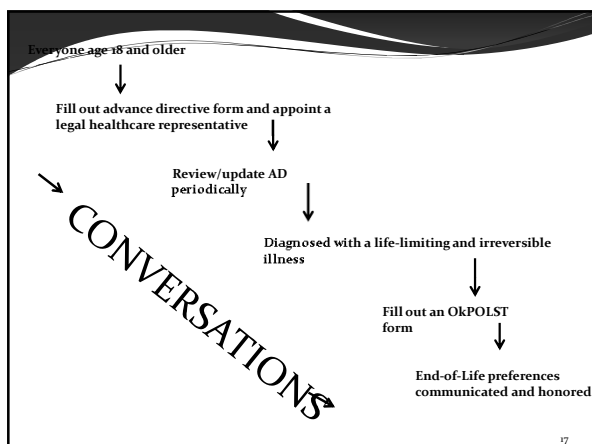
POLST	Advance Care Directive
For life-limiting and irreversible conditions, at any age	For anyone 18 and older
Physician orders for medical treatment	General instructions for treatment
Can be signed by a legal representative	Appoints a legal representative

Legal Representative

Under Oklahoma Law a Legal Representative is:

- Parent or guardian of a minor
- Healthcare Proxy named in an Advance Health Care Directive
- Attorney-in-Fact named in a durable power of attorney for healthcare
- Court appointed Guardian

NOT the next of kin



POLST vs. Do Not Resuscitate Order

- Similarities:
 - Physician orders.
 - Address Do Not Resuscitate.
 - Intended for medically frail or those with chronic or serious illness
 - Honored across all care settings
- Differences:
 - POLST addresses more than resuscitation

FORM SMALL, ACCURATELY PRINTED, UNLESS OTHERWISE INDICATED

OKLAHOMA PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT (POLST) (1)

This Physician Order is used to document the patient's preferences for life-sustaining treatment and to be used to guide the patient's care in the event of a medical emergency or when the patient is unable to give informed consent for the type of care they would prefer.

A. CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. An attempt at resuscitation (CPR) is to be attempted. (CPR is not attempted if the patient has a Do Not Resuscitate (DNR) order.)

B. MEDICAL INTERVENTIONS: Patient has pulse and is breathing.

C. ANTIBIOTICS: Patient has no pulse and is not breathing.

D. ASSISTED NUTRITION AND HYDRATION: Patient has pulse and is breathing.

E. PATIENT PREFERENCES AS A BASIS FOR THIS POLST BY PHYSICIAN

PHYSICIAN SIGNATURE: _____

DATE: _____

PHYSICIAN TITLE: _____

HOSPITAL/CLINIC: _____

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INFORMATION FOR PATIENTS OR REPRESENTATIVE OF PATIENT REGARDING THIS POLST

The POLST Form is a physician order to specify the patient's preferred choices. Before providing information for an agent, family, or other representative, you should discuss the patient's wishes with the patient or their family. The POLST Form is not a substitute for a patient's advance directives. It is not a substitute for a patient's advance directives. It is not a substitute for a patient's advance directives. It is not a substitute for a patient's advance directives.

DIRECTIONS FOR COMPLETING AND IMPLEMENTING FORM

SECTION A: CPR

SECTION B: MEDICAL INTERVENTIONS

SECTION C: ANTIBIOTICS

SECTION D: ASSISTED NUTRITION AND HYDRATION

SECTION E: PATIENT PREFERENCES AS A BASIS FOR THIS POLST BY PHYSICIAN

PHYSICIAN SIGNATURE: _____

DATE: _____

PHYSICIAN TITLE: _____

HOSPITAL/CLINIC: _____

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POLST INSTRUCTIONS

- Check-off box in each category (mutually exclusive options)
- Format of physician orders
- Must be signed by ordering physician
- Counter-signed by patient or Legal Representative
 - Document basis for concluding incapacity
- Documentation of periodic review and/or change
- Form must be reviewed at least yearly

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POLST INSTRUCTIONS continued

- Give patient or proxy brochure: "Information for Patients and Their Families – Your Medical Treatment Rights Under Oklahoma Law"
- If provider unwilling to comply with a POLST, patient must be treated until transferred
- Forms not in compliance with OK law become invalid within 45 days of execution or 10 days following admission to an Oklahoma medical care facility
- Any section not completed implies full treatment
- Treat everyone with dignity and respect

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POLST FORM: TOP RIGHT BOX

- Patient name
- Date of birth
 - Not required but add last 4 digits of SS#
- Date form is completed and signed by physician and patient or legal representative

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POLST FORM: Section A & B

Section A: CPR: patient has no pulse and is not breathing:

- Check box for attempt CPR or DNR/no CPR

Section B: Medical Interventions: check appropriate box

- Full Treatment: includes all available treatment to extend life.
- Limited Interventions: to treat conditions that may be reversed to return to level of health before most recent onset of illness.
- Comfort Measures only: only treatments to provide comfort and manage symptoms.

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POLST MEDICAL INTERVENTIONS

- Choosing "Attempt Resuscitation / CPR" in Section A requires choosing "Full Treatment" in Section B: Medical Interventions.
- "Do Not Attempt Resuscitation (DNR/no CPR) may be chosen with any of the Medical Interventions in POLST Section B.
- Address length of treatment, severity of illness, and prognosis.
- If the patient does not want prolonged life support, "Trial Period of Full Treatment" can be added.

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POLST FORM: Section C

Section C. Antibiotics: check appropriate box

- **Use Antibiotics to preserve life**
- **Trial period of antibiotics if and when infection occurs**
- **Initially, use antibiotics only to relieve pain and discomfort**

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POLST FORM: Section D

Section D. Assisted Nutrition and Hydration: administer oral fluids and nutrition, if necessary by spoon feeding if physically possible: Check appropriate boxes

- **TPN (Total parenteral Nutrition-provision)**
 - TPN long term if needed
 - TPN for a trial period
 - Initially, no TPN:
- **Tube Feeding:**
 - Long-term feeding tube if needed
 - Feeding tube for a trial period
 - Initially, No tube feeding.
- **Intravenous (IV) Fluids for Hydration:**
 - Long-term IV fluids if needed
 - IV fluids for a trial period
 - Initially, no IV fluids

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POLST FORM: Section E

Section E. Patient Preferences as a Basis for this POLST Form

Box: Patient Goals/Medical Condition:

- **Check if patient has an Advance Directive or Durable Power of Attorney for healthcare**
- **Name and Position Signature:** ordering physician will print and sign name; check appropriate box for who is directing the choices.
- **Date and Signatures:** of attending physician, patient or legal representative.

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POLST FORM: Page 2

Sections F, G, and H contain instructions which have been explained previously.

Section I: every time the POLST form is reviewed, enter:

- Date and location of review
- Patient's or representative's and physician's signatures
- Check box indicating if the form confirmed, or voided and whether new form was completed
- **Contact Information:** enter:
 - Patient or representative name, and name of the healthcare professional who prepared the form
 - The relationship of each of the persons listed along with their relationship to patient, phone number and email.
- HIPAA permits disclosure to a Healthcare Professional and legal representative

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POLST TIPS

- Completion is based on patient's care preferences expressed by patient or proxy
- Form signed by ordering health care professional
 - Patient can be assisted to complete the form by other trained professionals
- Copy to be placed in patient chart
- Form must be sent with patient when transferred
- At home, place form in easy-to-find location

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POLST IS A CONVERSATION

- POLST is not just a check-box form
- The POLST conversation provides context for patients/families to:
 - Make informed choices
 - Identify goals of treatment
- POLST is effective when executed
- Key to POLST: comfort for everyone

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Serious Illness Conversation Guide

1. Set up the conversation: Introduce the idea and benefits and ask permission.
2. Assess illness understanding and information preference.
3. Share prognosis: tailor information to patient preference, allow silence, explore emotion

Serious Illness Conversation Guide continued

4. Explore key topics:
 - Goals,
 - fears and worries,
 - sources of strength,
 - critical abilities,
 - tradeoffs,
 - family.
5. Close the conversation:
 - Summarize what you've heard
 - Make a recommendation
 - Affirm your commitment to the patient
6. Document your conversation

POLST TIPS

- Faxes or photocopies are valid
- **Use of POLST is VOLUNTARY**
- Most appropriate site for comfort care
- POLST orders can be changed or revoked
 - By patient at any time
 - By legal representative only based on known wishes of patient or if unknown, patient's best interest
- Revoke by lining through page 1 than date and sign.

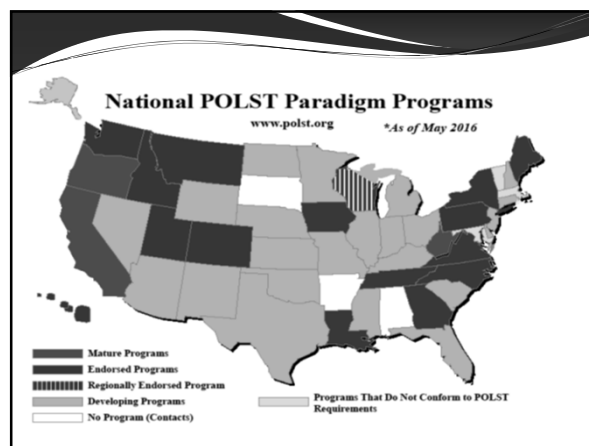
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63 OS 3105.5(C)

A court may enjoin or direct a healthcare decision or order other relief as necessary to preserve the life of a patient pending judgment, on the petition of the following:

- Healthcare provider or facility involved in a patient's care
- The patient or patient's custodial parent or guardian
- Attorney-in-fact, Guardian or healthcare proxy,
- Other person who has authority to make healthcare decisions for the patient under common law.

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For more information go to okpolst.org

- Download the official Oklahoma POLST form
- Educational materials for consumers
- Training materials for health care providers
- Frequently asked questions about POLST
- Sample policies and procedures for hospitals, nursing homes, hospice.

okpolst.org

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