

Implementing a POLST Process for Better Patient Care...

Considerations to
think about within
your specific
Organization...



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Components of a POLST System

- ▶ Standardized practices & policies
- ▶ Trained advance care planning facilitators
- ▶ Timely discussions prompted by prognosis
- ▶ Clear, specific language on an actionable bright yellow POLST form
- ▶ POLST orders honored throughout system
- ▶ QI activities for continual improvement

HIPAA PERMITS DISCLOSURE TO HEALTHCARE PROFESSIONALS AS NECESSARY FOR TREATMENT

Provider Orders for Life-Sustaining Treatment (POLST)		Last Name of Patient	
<p>This is a Physician/APRN Order Sheet. <u>First</u> follow these orders, <u>then</u> contact physician or APRN. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.</p>		First Name/Middle Initial for Patient	
		Date of Birth (mm/dd/yyyy)	Last 4 SSN
		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Section A <i>Check One</i>	Cardiopulmonary Resuscitation (CPR): Patient has no pulse <u>and</u> is not breathing.		
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Resuscitation/DNR (The PINK Portable DNR must accompany the POLST for DNR to be in effect in all NH settings). Follow orders in B, C and D when not in cardiopulmonary arrest.		
Section B <i>Check One</i>	Medical Interventions: Patient has pulse <u>and/or</u> is breathing.		
	<input type="checkbox"/> Full Treatment – Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i> <input type="checkbox"/> Limited Interventions – Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital level of care to meet need, if indicated. Avoid intensive care.</i> <input type="checkbox"/> Comfort-focused Care – Use medication by any route, positioning, wound care and other measures to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed. <i>Patient prefers no transfer to hospital for life-sustaining treatment. Transfer to more acute level if comfort needs cannot be met in current location.</i> Other _____ Instructions: _____		
Section C <i>Check One</i> <i>Box Only in Each Column</i>	Medically Administered Fluids and Nutrition. Oral fluids and nutrition must be offered if medically feasible and consistent with patient's goals of care.		
	<input type="checkbox"/> IV fluids long-term <input type="checkbox"/> IV fluids for a defined trial period (provide other measures to assure comfort) <input type="checkbox"/> No IV Fluids (provide other measures to assure comfort)	<input type="checkbox"/> Feeding tube long-term <input type="checkbox"/> Feeding tube for a defined trial period <input type="checkbox"/> No feeding tube	Other Instructions: _____
Section D <i>Check One</i>	<input type="checkbox"/> Antibiotics if indicated clinically or by testing. <input type="checkbox"/> Antibiotics only if likely to contribute to comfort <input type="checkbox"/> No antibiotics Other Instructions: _____		
Section E <i>Check All That Apply</i>	Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> DPOAH representative <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Other: _____ (specify)		The basis for these orders is: <input type="checkbox"/> Patient's preference <input type="checkbox"/> Activated Durable Power of Attorney for Healthcare (DPOAH) <input type="checkbox"/> Activated Living Will <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Guardianship <input type="checkbox"/> Other: _____ (specify)
Documentation of discussion is located in medical chart at:		Date of Discussion:	
Physician/APRN Name: (Print)		Physician/APRN Phone Number:	Physician/APRN State License Number:
Physician/APRN Signature: (Mandatory)		Date	
Signature of Patient or DPOAH, Guardian or Parent of Minor			
Name (Print)	Signature (Mandatory)	Date	Relationship (write "self" if patient)

Implementation

WHERE DO WE START?

Start Small...

With a single care unit, team of providers or diagnostic group of patients. Think about where there is a group of patients who their medical provider would not be surprised if they were to die in the next year.

IMPLEMENTATION

Operations & Quality Issues

- ▶ Develop Infrastructure- Identify Leadership Champions (MD, QA) and Multidisciplinary Implementation Team
- ▶ Storage & Accessibility
- ▶ Identification & Referral Process for POLST
- ▶ Communication & Coordination
- ▶ Quality Improvement

Leadership Support

- ▶ It is important to obtain Leadership support and designate “champions” to ensure organizational support and commitment for a POLST program

Define & Develop Infrastructure

- ▶ Leadership Champions & Multidisciplinary Implementation Team
 - Roles and Responsibilities
 - Goals & Objectives
 - Educational Needs for physicians, clinical staff and support services
 - Workflow
 - Policy & Procedures
 - Internal/External Communication/Coordination

Storage & Accessibility

- ▶ **The original yellow POLST form should be with the patient** whenever he/she moves outside a health facility or hospital to ensure that appropriate care will be provided.
- ▶ Each organization must decide the best place in the patient's medical record to hold the original POLST form and how to incorporate POLST orders into the in-patient orders system, where applicable.

Responsibility for POLST Discussions

- ▶ Ideally, trained POLST facilitators including medical providers, nurses and social workers will initiate discussions.
- ▶ The completed POLST form must be reviewed and signed by a physician/APRN and the patient or their DPOAH or guardian.

POLICY & PROCEDURES

- ▶ Develop new POLST Policy and/or imbed into existing Advance Care Planning Policy
- ▶ Obtain necessary approvals for new and revised policies
- ▶ Ensure new policies are integrated into current practice via necessary communication
 - Committees
 - Patient Care Units
 - Department Meetings

Communication & Coordination

- ▶ Physician practices, home care, LTC facilities, community healthy centers, EMS, hospitals, etc. are all part of the health care system that serve patients & families in a community. Understanding how POLST works with other providers will ensure that patient goals of care are understood, communicated and honored.

Measuring Quality

A successful program involves:

- ▶ Monitoring the process to ensure patients are offered the opportunity to participate
- ▶ When they choose to participate, the POLST form is correctly completed
- ▶ The original yellow POLST form moves with the patient
- ▶ Monitoring is embedded in current systems (e.g., admission/intake, etc.)

NH Healthcare Decisions Coalition

- ▶ Visit www.healthynh.com (POLST video, form, brochure, model organizational policy for POLST, power point slides, National POLST website)
- ▶ Send Comments or Questions to:
Email: slafrance@healthynh.com or pnichols@healthynh.com



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