Implementing a POLST Process for Better Patient Care...

Considerations to think about within your specific Organization...
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
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.
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:
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