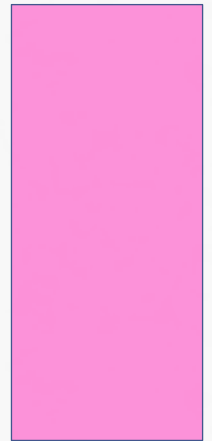


PENNSYLVANIA ORDERS FOR LIFE-SUSTAINING TREATMENT

POLST



OCTOBER 4, 2012



Updates on Status of POLST in Pennsylvania

Judith Black, MD, MHA
 Medical Director, Senior Markets
 Highmark Inc.
judith.black@highmark.com

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
 To allow the person, an EMT or paramedic, to have an order for life-sustaining medical treatment, physician

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

TRANSFERRED TO: _____
 COMMENTS: _____

FIRST Fill out these orders, **TYPE** and **DATE** printed, correct signature and date of signature printed. This is an order that based on the person's medical condition and wishes at the time the orders were made. Everyone should be treated with dignity and respect.

A **CARDIORESPIRATORY RESUSCITATION (CPR)** Person has no pulse and is not breathing.

CPM/Respiratory Resuscitation When not in cardiopulmonary arrest, follow orders in B, C, and D. **DO NOT RESUSCITATE (Allow Natural Death)**

MEDICAL INTERVENTIONS: Person has pulse and is breathing.

COMFORT MEASURES ONLY: Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use suction, 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 cardiovascular as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders: _____

C **ANTIBIOTICS:** Use other measures to relieve symptoms. No antibiotics. Use other measures to relieve symptoms. No hydration and artificial nutrition by tube.

Determine use or initiation of prophylactic when infection occurs, with number as goal. Full course of antibiotic hydration and nutrition by tube.

Use antibiotics if the care is prolonged. Long-term artificial hydration and nutrition by tube.

Additional Orders: _____

D **ARTIFICIALLY ADMINISTERED HYDRATION/NUTRITION**

SUMMARY OF SOLE, MEDICAL CONDITION AND SIGNATURE: Patient's condition: _____
 Patient's signature: _____

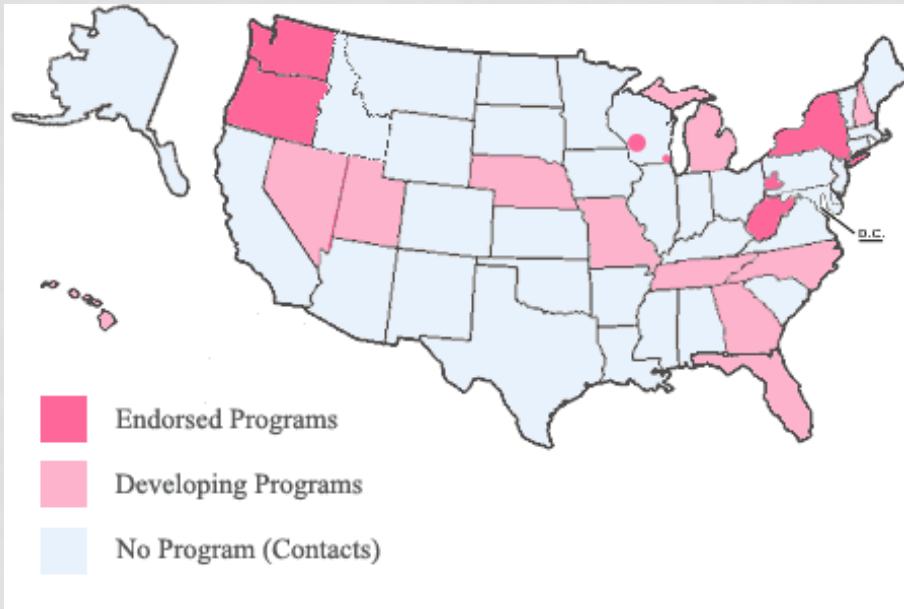
E By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known wishes of, and in the best interest of, the individual and is the subject of the form.

Signature of Physician/Physician Assistant: _____ Date: _____
 Signature of Nurse: _____ Date: _____
 Signature of Patient or Surrogate: _____ Date: _____

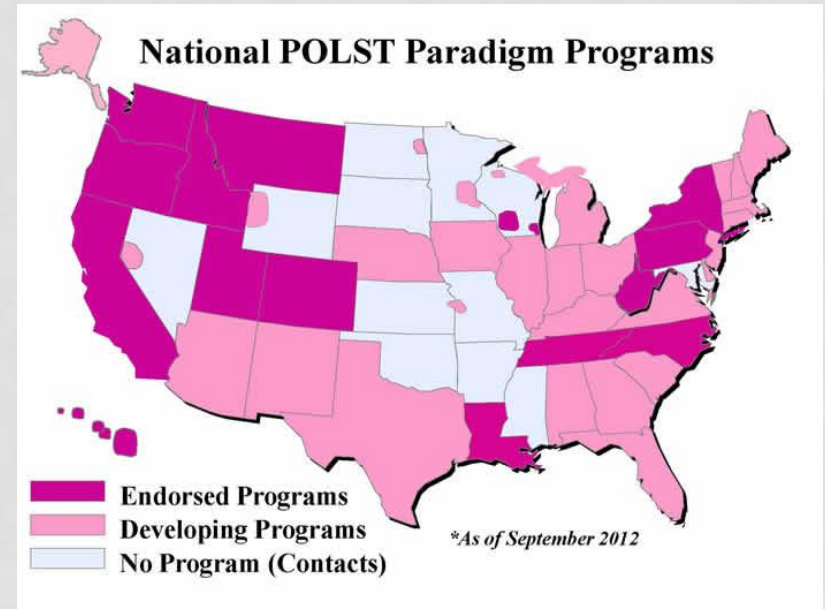
1 of 2

NATIONAL POLST PARADIGM PROGRAMS

July 2006



September 2012



Paradigm of communication, documentation and system responsiveness

NATIONAL POLST PARADIGM TASK FORCE

- Establish quality standards for the POLST Paradigm programs
- One representative from each state that has met the requirement to be an endorsed POLST Paradigm program
- POLST research and found POLST use provides treatment consistent with patients' wishes more than 90% of the time, reduces unwanted hospitalizations and decrease the medical errors in their care.
- Developing quality measures to assess impact of the POLST Paradigm Program on patient outcomes.

PAMED RESOLUTION: PROVIDING A “HOME” FOR POLST

- Resolve that the Pennsylvania Medical Society expeditiously convene stakeholders with an interest in promoting the PA POLST program
- Goal of developing a “home” for the PA POLST program
- Include the maintenance of a website with appropriate educational materials
- Develop a steering committee responsible for the ongoing development, maintenance and quality assurance assessments necessary to maintain a quality POLST program
- Assess the need for legislative or regulatory initiatives to resolve the inability of EMS personnel to follow orders on a properly executed PA POLST form

NEWS FROM SEPT PENNSYLVANIA MEDICAL SOCIETY (PAMED) BOARD MEETING

- Standardized POLST form would help improve care for seriously ill
- PAMED strongly supports the existence of a POLST program
- Will work vigorously during the next legislative session to pursue legislation for a standardized POLST program with oversight within state government

PENNSYLVANIA MEDICAL DIRECTORS ASSOCIATION

- PMDA Annual Symposium, October 26 - 27
- Presentation “Everything You Want to Know About POLST” Implementation
 - How is it implemented
 - Components of communities collaborating on POLST
 - Barriers and key success factors in POLST implementation
 - Lessons learned along the road to implementation
- Simultaneous meeting of PA House of Delegates
 - Provides opportunity to engage members in support of resolution to house the “home” of POLST

Nursing Home Survey and POLST Grant

Marian Kemp, RN
 POLST Coordinator

Coalition for Quality at the End of Life

PAPOLST@verizon.net

The image shows a sample of a Pennsylvania Orders for Life-Sustaining Treatment (POLST) form. The form is titled "PENNSYLVANIA Orders for Life-Sustaining Treatment (POLST)". It includes sections for "CARDIOPULMONARY RESUSCITATION (CPR)", "MEDICAL INTERVENTIONS", "LIMITED ADDITIONAL INTERVENTIONS", "FULL TREATMENT", "ANTIBIOTICS", and "ARTIFICIALLY ADMINISTERED HYDRATION/NUTRITION". The form is designed to be filled out by a healthcare provider and a patient or their surrogate decision-maker.

NURSING HOME SURVEY

- Survey Monkey to assess POLST use and non-use conducted July 2012
- Long-term care facilities informed of survey through communication in newsletters/bulletins
 - HAP – Hospital Affiliated Long-term Care
 - Leading Age PA
 - Pennsylvania Association of County Affiliated Homes
 - Pennsylvania Health Care Association
- Elements assessed include:
 - Reason for non-use
 - Who is having the POLST conversation
 - Is POLST being offered to all residents in a facility
 - Are patients transitioning in and out with POLST forms
 - Have facilities developed POLST policies

NURSING HOME SURVEY

- Survey and other experience indicate only 10-20% of facilities using POLST
- Reasons for not using POLST
 - Area hospitals not using
 - No community initiative
 - Awaiting corporate or administrative approval
- NHs report the following levels of staff engage residents in conversations
 - Social workers (86%), nurses (81%) physicians (71%), CRNPs (33%)
- In NHs using POLST, needs exist for education on process, including
 - Quality improvement policies
 - POLST policies
 - Understanding who can/should engage residents in POLST discussions
 - Awareness of authority differences of a competent patient, an agent and representative

POLST GRANT

- The Retirement Research Foundation, in coordination with the National POLST Paradigm Task Force, awarded \$4,400 grant to CQEL
- Funding to support three POLST educational webinars in late fall and winter
- Objective to reinforce use of POLST where it is in use and create awareness and encourage use where it is not
- The target audiences for the webinars include:
 - Administrative, medical and nursing staff of hospitals, nursing homes, hospices, senior living centers;
 - Representation of at least 2/3 of Pennsylvania's counties (44)

Medical and Administrative “Do’s and Don’ts In Implementing a POLST Program

Alex R. Nesbitt, MD
 Medical Director
 Susquehanna Hospice and
 Palliative Care

anesbitt@susquehannahealth.org

READ FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
 To allow these orders, an EMT/ambulance must have an order from a licensed medical personnel.

Pennsylvania
 Department of Health
Orders for Life-Sustaining Treatment (POLST)

PATIENT'S NAME: _____
 OPERATOR: _____

FIRST follow these orders. **THEN** consult provider, contact appropriate personnel if a provider is needed. This is an order (based based on the patient's medical condition and wishes) of the form the entire rules must. Everyone must be treated with dignity and respect.

A **CARDIORESPIRATORY RESUSCITATION (CPR)**. Person has no pulse and is not breathing.
 Do Resuscitation (Allow Natural Death) **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 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 cardiovascular as indicated. Transfer to hospital if indicated. Includes intensive care.
 Additional Orders: _____

C **ANTIBIOTICS**.
 No antibiotics. Use other measures to relieve symptoms.
 Continue use or initiation of antibiotic when infection occurs, with comfort as goal.
 Use antibiotics if the care is requested.
 Additional Orders: _____

D **ARTIFICIALLY ADMINISTERED HYDRATION/NUTRITION**.
 No hydration and artificial nutrition by tube.
 Oral hydration and artificial nutrition by tube.
 Long-term artificial hydration and nutrition by tube.
 Long-term artificial hydration and nutrition by tube.
 Additional Orders: _____

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

POLST PROGRAM IMPLEMENTATION

What to do

What not to do

DOING THIS REALLY DOES HELP PATIENTS AND FAMILIES !

- Proven benefits
- System to understand, document and then be sure to HONOR patients wishes
- Communicate patient preferences across sites of care and across time

FRAMING THE USE OF THE POLST PROCESS

- Focus on the PERSON, not policy or procedure
- Focus on PROCESS, not paper

DOCUMENT IS NOT THE MAIN THING !

- The POLST form is an essential element of a system to document and transmit patient care preferences, but is NOT the main thing
- Careful facilitated discussions that elicit care preferences ARE the main thing

WHO WILL FACILITATE THESE DISCUSSIONS ?

- Physician, NP, PA who sign the form

and/or

- Trained, non provider facilitators
 - Facilitators need to be skilled, knowledgeable, credible to the signing physician/provider, patient/family
 - Provider must sign form completed by facilitator

FACILITATOR TRAINING

- Established curriculum e.g. Respecting Choices (Lacrosse, WI)
- Locally developed curriculum
- Decision by expertise, staff time, cost, etc.

SCOPE OF PROJECT

- Facility focus vs. multi-institutional focus vs. community focus
- Hospital (must have SNU involvement for success)
- SNU (should have hospital involvement for maximal success)
- ALF/personal care limitations

EMS cannot honor as physician order w/o medical command

Unable to honor section B “comfort care” choice without additional provider involved, e.g. hospice

EDUCATE, EDUCATE, EDUCATE

- Providers (physician, NP, PA) SNU and hospital
- Nursing staff-SNU, hospital (especially ER and ICU)
- Social work, administration, others
- Patients, families, community
- Importance of having respected physician champion(s), as well as nursing champion(s) and administrative support in facilities

POLICIES/PROCEDURES

- Offer to all admissions to SNU, or all hospital discharges to SNU, or subgroups?
- Cannot be mandatory to complete, but can be standard policy to offer to all patients
- POLST form, pulsar pink, card stock
- Location of form, transfer with patient (send original, or send pink copy)
- Incomplete forms acceptable, written notes/preferences/clarifications desirable
- Must be signed by patient/surrogate, and provider

ONGOING FOLLOW-UP

- Review within institution of 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-SNU sharing of information about form transfer and discordant care cases

PAPER DOES NOT FIX IT ALL

- System of support set up is essential for successfully honoring patients who choose “comfort care” option in section B
- Best form completion in the world will not prevent discordant care if system for appropriate palliation not established ahead of time for these patients

FINAL THOUGHTS

POLST form does NOT name agent/surrogate-essential, separate part of advance care planning.

Importance of instituting POLST and careful ACP in your community/facility.... “If you don’t change things, who will?”



Implementing a POLST Program Within the Law in Pennsylvania Top Tips & Tools

Robert B. Wolf, Esquire

Tener, Van Kirk, Wolf & Moore, PC

rwolf50@aol.com

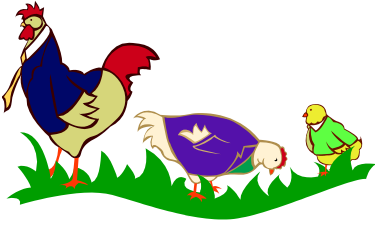




IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

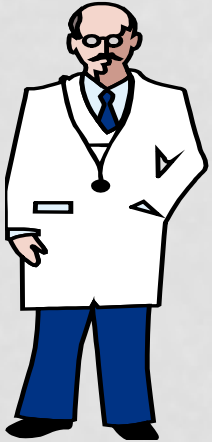
1. Make sure everyone knows the rules about “Who’s on First” - who speaks for the patient.
 - a. Quick Start Guide
 - b. Critical for everyone in the POLST conversation





HEALTH CARE DECISION MAKING PECKING ORDER

- Competent Patient
- Health Care Agent
- Guardian
- Health Care Representative





IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

2. Make sure everyone knows the authority of a patient, an agent, a guardian and a health care representative





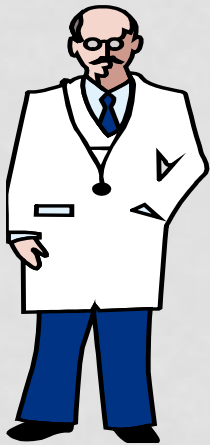
The Patient or a Fully Empowered Agent Can Have Full Authority to Make Medical Decisions



SOME HEALTH CARE DECISION MAKERS
CANNOT DECLINE CARE NECESSARY
TO PRESERVE LIFE UNLESS END-STAGE
OR PERMANENTLY UNCONSCIOUS

Guardian

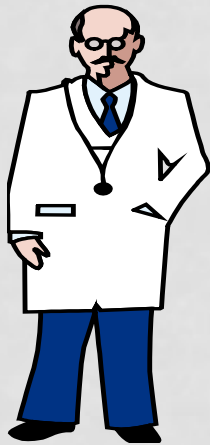
Health Care Representative



“END-STAGE MEDICAL CONDITION”

20 P.S.A. §5422

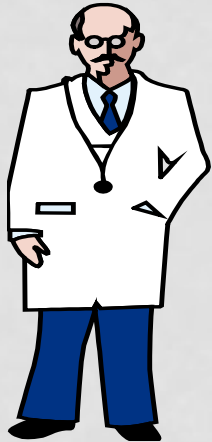
Incurable, Irreversible Condition in Advanced State Will With Reasonable Medical Certainty Result in Death Despite Medical or Surgical Treatment --No Specific Time Frame



“END-STAGE MEDICAL CONDITION”

Not Intended to Preclude Treatment of Condition, Even if Incurable and Regardless of Severity, if, Patient Would Benefit from Care, Including Palliative Care and

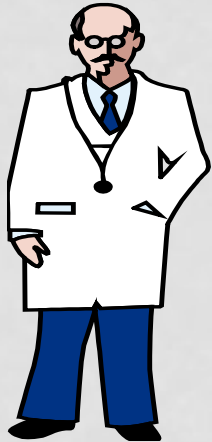
Treatment Would Not Merely Prolong the Process of Dying



“END-STAGE MEDICAL CONDITION”

Most Patients For Whom the POLST Is Really Important May Have an End-Stage Medical Condition.

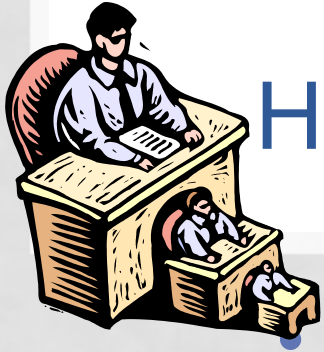
But Not All-



95 Year Old In Stable Health
Who We Think Would Not
Want Resuscitation

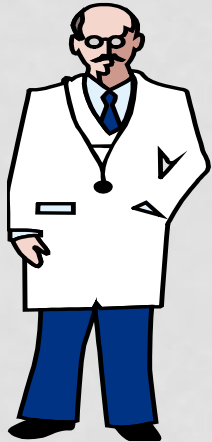


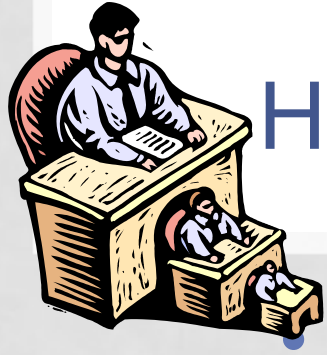
HEALTH CARE REPRESENTATIVE



Only If

- Patient Incompetent
- No Agent
- No Guardian of Person to Make Health Care Decisions

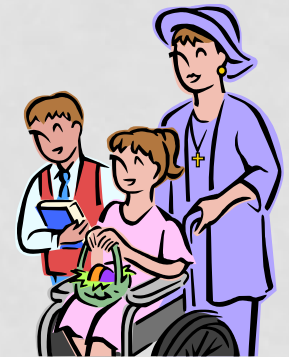
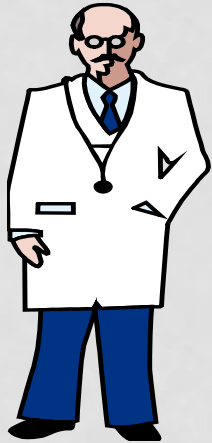




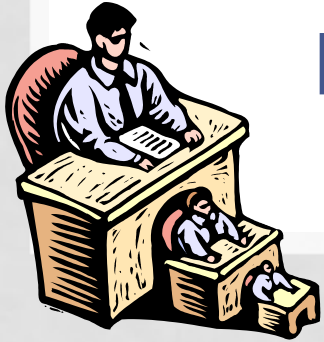
HEALTH CARE REPRESENTATIVE

Can Be Appointed

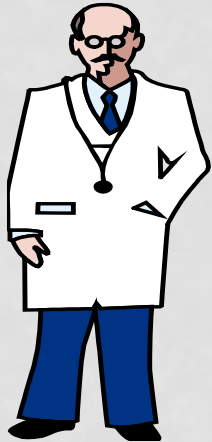
- By a Writing
- By Orally Informing Attending Physician
- By Statutory Default Provisions



HEALTH CARE REPRESENTATIVE PRIORITY

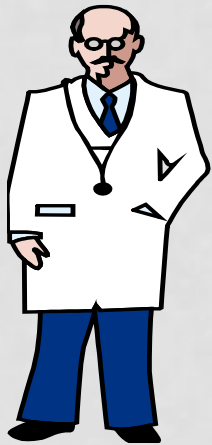


- Spouse and Children by Previous Marriage
- Other Adult Children
- Parent
- Brothers & Sisters etc.
- Adult Who Knows Patient's Values



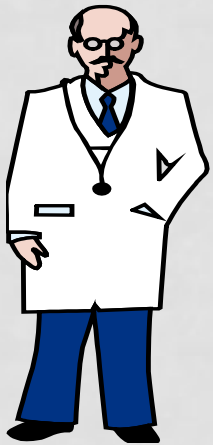
IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

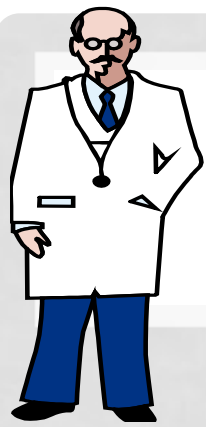
3. Health Care Providers Should Have Procedures to Document Health Care Representative Status



IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

4. If the Patient Has an Advance Health Care Directive - Process Should Require Careful Reading





IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

5. Put the Description of Proper Decision-Making by a Health Care Agent or Health Care Representative Contained in the Statute on the Required Reading List of All Persons Involved in the POLST Conversation - it Actually Gives a Good Guide to the Process and Conversation! Balances Patient Freedom with Patient Protection





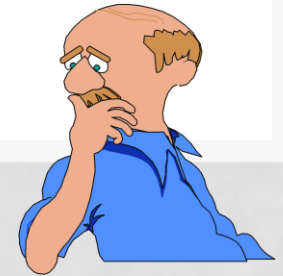
IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

6. If the Patient Does Not Have a Health Care Agent, Don't Just Write That Down

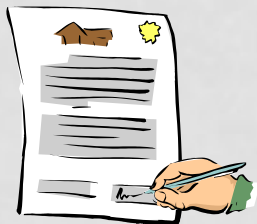
Have a Process to Do Something About it!



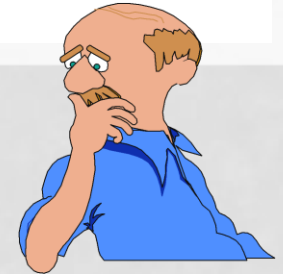
ACBA/ACMS FORM WHAT'S



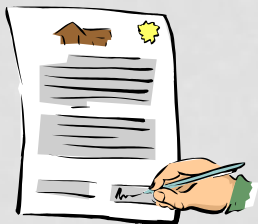
- Neutral on Use of Aggressive End-of-Life Care—No Death Panels!
- “Self Springing”-Allows the Patient to “spring” the power right away or at any time



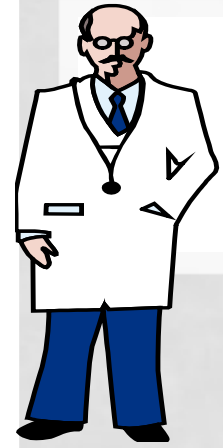
ENDORSED ACBA/ACMS FORM WHAT'S



- *Free at ACBA.org*
- *Now Available - Fill-in Form!*
- *Soon to Be Available - Educational Videos for Groups & Organizations*

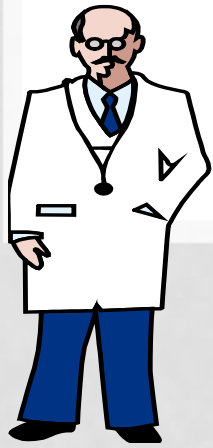


IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST



7. Your Processes Should Respect the Boundaries and Voluntary Nature of the POLST and Advance Health Care Directives





IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

8. Your POLST Process Should Respect the Authority Limits of a Health Care Representative or Guardian to Sign a POLST Calling for Comfort Care.





IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

9. In a Non-Emergency Situation, Your Process Should Always Try to Engage the Competent Patients or Their Designated Surrogate to Discuss When Possible





IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DO” LIST

10. Make Sure Your POLST Process Includes Review With the Passage of Time, Change of Condition, Setting or Patient’s Attitude About Treatment



IMPLEMENTING A POLST PROGRAM WITHIN THE LAW IN PENNSYLVANIA “TO DON’T” LIST



11. The Law Requires Documentation of a Patient’s Change in Competency, or a Diagnosis of End Stage Medical Condition

Your POLST Process Should Too





Advance Health Care Planning and Decision-Making Done Right

Start Early
Review Often
Communicate Always
Forms are only Tools



No Substitute for
Thought and Discussion!



QUICK START GUIDE

HEALTH CARE DECISION-MAKING

- Power to Sign POLST or Agree to DNR
 - Competent Patient - Yes
 - Health Care Agent - Yes
 - Guardian - Yes, but..
 - Health Care Representative - Yes, but...
 - Incompetent Patient - No



QUICK START GUIDE HEALTH CARE DECISION-MAKING

- Power to Revoke a POLST or DNR Order
 - Competent Patient - Yes
 - Health Care Agent - Yes if signed by Agent - Otherwise maybe
 - Guardian - Yes, if signed by Guardian
 - Health Care Representative - Yes, if signed by HCR



SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, all EMS providers must have an order type beyond medical control physician

Pennsylvania
Department of Health

Pennsylvania
Orders for Life-Sustaining
Treatment (POLST)

Transferor/Signer: _____
Date: _____

FIRST follow these orders. They are permanent unless you specify otherwise. This is an order that based on the person's medical condition and wishes at the time the order was made. Everyone must be treated with dignity and respect.

A **CARDIOPULMONARY RESUSCITATION (CPR)** Person has no pulse and is not breathing.

DEFERRED Resuscitation (When not in cardiopulmonary arrest, follow orders in B, C, and D)

DO NOT ATTEMPT Resuscitation (Allow Natural Death)

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 include 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 invasive care if possible.

FULL TREATMENT includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardiovascular as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders: _____

C **ANTIBIOTICS:** Use antibiotics. Use other measures to relieve symptoms.

NO antibiotics. Use other measures to relieve symptoms.

DEFERRED use in treatment of probable or confirmed infection except with comfort as goal.

NO antibiotics if the care is palliative.

Additional Orders: _____

D **ARTIFICIALLY ADMINISTERED FLUIDS/ NUTRITION** Always offer food and fluids to mouth if feasible.

NO hydration and artificial nutrition by tube.

IF PARTIAL of artificial hydration and nutrition by tube.

LONG TERM artificial hydration and nutrition by tube.

Additional Orders: _____

SUMMARY OF SOLE, MEDICAL CONDITION AND SIGNATURE: Patient's Usual Medical Condition: _____

By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known wishes of and in the best interest of the individual who is the subject of the form.

Transferor/Signer (Name): _____ Date: _____
 Transferor/Signer (Address): _____
 Signature of Patient (Name): _____ Date: _____
 Signature of Patient (Address): _____

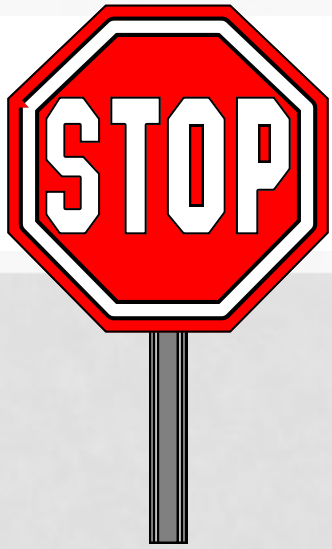
1 of 2

QUICK START GUIDE

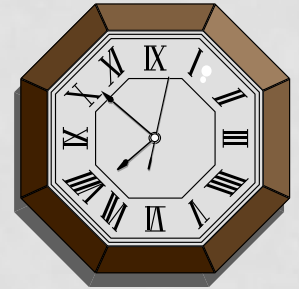
HEALTH CARE DECISION-MAKING

- Power to Decline Care Needed to Preserve Life
 - Competent Patient - Yes
 - Health Care Agent - Yes
 - Guardian - Yes if ESMC or PU
 - Health Care Representative - Yes, if ESMC or PU
 - Incompetent Patient - No





TIME FOR QUESTIONS
&
DISCUSSION



Next Steps

Nancy Zionts
Chief Program Officer
Jewish Healthcare Foundation

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The image shows a Pennsylvania Orders for Life-Sustaining Treatment (POLST) form. The form is titled "READ / COME WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED" and "To Administer orders, an EMS provider must have an order type labeled medical instruction physician". It includes the Pennsylvania Department of Health logo and the text "Pennsylvania Orders for Life-Sustaining Treatment (POLST)". The form is divided into several sections: A. Cardiopulmonary Resuscitation (CPR) with options for "I prefer Resuscitation" and "Do Not Attempt Resuscitation (Allow Natural Death)". B. Medical Interventions with options for "COMFORT MEASURES ONLY" and "LIMITED ADDITIONAL INTERVENTIONS". C. Antibiotics with options for "No antibiotics" and "Use antibiotics if the care be prolonged". D. Artificially Administered Hydration/Nutrition with options for "No hydration and artificial nutrition by tube" and "Some or all artificial hydration and nutrition by tube". E. Summary of Goals, Medical Condition and Signatures, including checkboxes for "Discussed with" Patient, Patient of Minor, Health Care Agent, Health Care Representative, and Court-Appointed Guardian. The form also includes a section for "By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known wishes of, and in the best interest of, the individual who is the subject of the form." and a section for "Physician or Provider Signature" and "Patient or Representative Signature".



The Pennsylvania Orders for Life-Sustaining
Treatment (POLST) Form
is available through the website of:

The Aging Institute of UPMC Senior Services and the
University of Pittsburgh

www.aging.pitt.edu/professionals/resources.htm

Requests for information can be sent to:

PAPOLST@verizon.net