End of Life Planning: Best Practices Using POLST

October 21, 2021
Today’s Speakers

• Amy Berman, Senior Program Officer, John A. Hartford Foundation

• Amy Vandenbroucke, JD, Executive Director, National POLST

• Danielle Funk, Program Manager, West Virginia Center for End-of-Life Care

• Delegate Danielle Walker, West Virginia House of Delegates

• Cindy Munn, Chief Executive Officer, Louisiana Health Care Quality Forum
Amy Berman, RN, LHD, FAAN

Senior Program Officer
The John A. Hartford Foundation
About POLST
Advance Care Plans

Standard of Care
No document needed

Legal Documents
- Advance Directive
- Health Care Power of Attorney
- Living Will

Medical Orders
- POLST Forms
- DNRs

{----------------- VOLUNTARY -----------------}
Quick Facts

• There is no federal law about POLST.
  – National POLST creates the standards for POLST forms and processes through consensus.
National POLST: POLST Use by State
As of April 2021

[Map showing state-by-state POLST use, with color-coding for different use levels: Statewide Use, Working Towards Statewide Use, Pilot Programs or Limited Use, Not Yet Available.]

Available at www.polst.org/map
Quick Facts

• There is no federal law about POLST.
  – National POLST creates the standards for POLST forms and processes through consensus.

• Uses **term** POLST (aka a “portable medical order”)
  – 15 different names for POLST programs (POST, MOST, MOLST, TPOPP, etc)
Intended POLST Population

The POLST decision-making process and resulting medical orders are intended for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

www.polst.org/guidance-appropriate-patients-pdf
### B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient’s care goals. Consider a time-trial of interventions based on goals and specific outcomes.

<table>
<thead>
<tr>
<th>Pick 1</th>
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<tbody>
<tr>
<td>□ Full Treatments (required if choose CPR in Section A). <strong>Goal:</strong> Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.</td>
<td></td>
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<tr>
<td>□ Selective Treatments. <strong>Goal:</strong> Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.</td>
<td></td>
</tr>
<tr>
<td>□ Comfort-focused Treatments. <strong>Goal:</strong> Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.</td>
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Flow of Emergency Care

Standard of Care or Do-Not-Resuscitate (DNR) Order
Flow of Emergency Care

Advance Directive
Flow of Emergency Care

POLST Form
Flow of Emergency Care

POLST Form
POLST

... it's not just for emergencies!

• Guidance about treatment preferences as patients move between facilities
• Helps providers provide aligned treatments not covered by POLST form
Creating National POLST
Making Easy for Patients (and providers and caregivers)

Our goal is to make POLST easier for patients to use it (if they want) and for health care professionals (including emergency professionals) to know how to:

• have a POLST conversation,
• translate patient preferences into medical orders on a POLST form, and
• honor a POLST form when it is presented.

We do this by encouraging consistency among POLST programs.
Cornelia staying here with her daughter (MD) - Most likely will receive emergency care in DC

Possible she could receive care in PA

Possible she could receive care in VA
Situation

• GA PCP has conversation with patient. They agree a POLST form for selective interventions is appropriate since she doesn’t want to be on a ventilator. GA PCP can only sign GA POLST Form.

Her Question: Will her GA POLST would be valid in MD, DC, VA and PA or does she need to get a new form for each?
Answer

5 forms is best. GA Form +

• Maryland: would honor GA POLST*
• VA: *likely* to honor but recommended she get a VA form if she’d be treated there
• DC: *likely* to honor but recommended she get a DC form if she’d be treated there.
• PA: *likely* to honor but recommended she get a PA form if she’d be treated there.

* With Maryland, if she went to a hospital there, they would turn her GA POLST into a MD MOLST which may not be honored in other states since it isn’t substantially similar (a requirement of many state laws re: out of state POLST Forms)
Other Technology Projects

• Interoperability – Technology:
  – POLST CDA (Clinical Document Architecture)
    • expected January 2021
  – Fast Healthcare Interoperability Resources: FHIR
    • In process now
  – Updating NEMSIS (EMS)
    • Just starting
Most Frequently Shared Policies
(all available at https://polst.org/policies)

• Appropriate POLST Use Policy**
• Distinguishing POLST from MAID
• National POLST Overview
• POLST Intended Population & Guidance for HCPs
• COVID-19 Policies / Guidance
• Incentive and Quality Assurance Policy
• **New:** Trauma Guidance
Thank You!

Amy@POLST.org
PO(L)ST in West Virginia

NASHP

Danielle Funk, MS, Manager
WV Center for End-of-Life Care
WV e-Directive Registry

10/21/2021
WV PO(L)ST History

2000: WV Legislature enacted the “Health Care Decisions Act” (HCDA)

2002: HCDA amended to include the WV POST form

2002: WV Center for End-of-Life Care established through support from the legislature

2004: One of six founding states for National POLST

PO(L)ST in West Virginia
First state in the nation to adapt the National POLST form

PO(L)ST in West Virginia
National POLST Form: A Portable Medical Order

Health care providers should complete this form only after a conversation with their patient or the patient's representative.
The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty (www.polst.org/age-appropriate-patients.pdf).

Patient Information: Having a POLST form is always voluntary.

This is a medical order, not an advance directive.
For information about POLST and to understand this document, visit: www.polst.org/form

A. Cardiopulmonary Resuscitation Orders: Follow these orders if patient has no pulse and is not breathing.

- [ ] YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion. (Requires choosing Full Treatments in Section D).
- [ ] NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section D).

B. Initial Treatment Orders: Follow these orders if patient has a pulse and/or is breathing.

- [ ] Full Treatments (required if choose CPR in Section A) Goal: Attempt to sustain life by all medically appropriate means.
- [ ] Selective Treatments Goal: Attempt to preserve function while allowing intensive care and resource-effort conservation.
- [ ] Comfort-focused Treatments Goal: Maximize comfort through symptom management, after natural death. Use oxygen, suction and hydration only if advised by patient's health care agent as needed for comfort. Avoid treatments listed in Full and Selective treatment unless consistent with comfort goal. Transfer to hospital treatment needs cannot be met in current location.

C. Additional Orders or Instructions: These orders are in addition to those above (e.g., blood products, dialysis). [U.S. protocols may limit emergency response responder ability to act on orders in this section.]

D. Medically Assisted Nutrition: Offer food by mouth if desired by patient, safe and tolerated.

E. Signature: Patient or Patient Representative/Proxy/Guardian (Signed documents are valid)
National form vs. WV form (page 1)

• Removed
  – Medical record number
  – State where form was completed
  – “If other than the patient…” print name/authority
  – Supervising physician signature

• Added
  – Address
  – ______ (blank line) for time-limited trial of medically assisted nutrition
  – Authorization box
    • “If I lose decision-making capacity and my condition significantly deteriorates, I give permission to my MPOA representative/surrogate to make decisions and to complete a new POST form in accordance with my expressed wishes for such a condition or if these wishes are unknown or not reasonably ascertainable, my best interests.”
  – WV e-Directive Registry Opt-in box
National POLST Form: A Portable Medical Order

Health care providers should complete this form only after a conversation with their patient or the patient’s representative.

The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. For more information: www.polkst.org/apps/clinicalappropriate-patients.pdf

Patient Information:

This is a medical order, not an advance directive.

For information about POLST and to understand this document, visit: www.polst.org/form

A. Cardiopulmonary Resuscitation Orders: Follow these orders if the patient has no pulse and is not breathing:

- [ ] YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion. (Requires choosing Full Treatments in Section B)

- [ ] NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section B)

B. Initial Treatment Orders: Follow these orders if the patient has a pulse and/or is breathing.

- Full Treatments (required if choose CPR in Section A): Goal: Attention to survival by all medical means: Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intubation and airway care.

- Selective Treatments: Goal: Attention to specific function while allowing intake and respiration efforts: ventilator, nutrition and hydration, medication, pacing, antibiotics, and IV fluids as indicated. Avoid intensive care. Transfer to hospital if hospitalization needs cannot be met in current location.

- Comfort-focused Treatments: Goal: Maximize comfort through symptom management and support natural death: Use oxygen, suction, and comfort-improving medications/analgesia: Do not intubate or ventilate, avoid treatments aimed at full or some treatments unless consistent with comfort goal. Transfer to hospital if only comfort care is achieved in current setting.

C. Additional Orders or Instructions: These orders are in addition to those above (e.g., blood products, dialysis).

[ ] LIT protocols may limit emergency resuscitation provider to act on orders in this section.

D. Medically Assisted Nutrition: (Offer food by mouth if desired by patient, safe and tolerated)

- [ ] Provide feeding through new or existing surgically-placed tubes
- [ ] Do not provide artificial means of nutrition desired

- [ ] Place for artificial nutrition but no surgically-placed tubes
- [ ] Decided but no decision made (standard of care provided)

E. Signature: Patient or Patient Representative/Proxy/Guardian (if signed documents are valid)

Date (month/year): ________________________________
First Name: ____________________________
Middle Initial: ____________________________
Last Name: ________________________________
Signature: ________________________________

F. Signature: Health Care Provider (signed documents are valid)

Date (month/year): ________________________________
First Name: ____________________________
Middle Initial: ____________________________
Last Name: ________________________________
Signature: ________________________________

A copied, faxed or electronic version of this form is a legal and valid medical order. This form does not expire.
National form vs. WV form (page 2)

- **Changed**
  - “Legal Representative” → “MPOA Representative/Surrogate”
- **Removed**
  - Day/Night phone number
  - Licensed provider statement for DC
    - Last 4 SSN is optional statement
    - Non-WV-specific language for instructions
  - State specific info box
  - Barcodes/ID sticker box

- **Added**
  - “If no new form is completed, note that full treatment and resuscitation may be provided”
  - WV e-Directive Registry information for form submission, modification, and revocation
<table>
<thead>
<tr>
<th>Data Specific Info</th>
<th>For Barcodes / QR Sticker</th>
<th>For more information, visit <a href="http://www.polst.org">www.polst.org</a> or email <a href="mailto:info@polst.org">info@polst.org</a></th>
<th>Copied, faxed or electronic versions of this form are legal and valid</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>**National POLST Form - Page 2</td>
<td><strong><strong>ATTACH TO PAGE 1</strong></strong></td>
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</table>
WV e-Directive Registry History

2010: WVCEOLC created the WV e-Directive Registry

2012: WV e-Directive Registry launched

The Single Source of Truth

PO(L)ST in West Virginia
• Accurate, relevant information available in a medical crisis
• 24/7 online access by health care providers through WVHIN
• Patients’ wishes respected throughout the health care system
• Password-protected – HIPAA compliant
• Most comprehensive registry of its kind in the nation
• Nationally recognized

e-Directive Registry FAX:  844.616.1415
PO(L)ST in West Virginia
The Registry Process

Forms submitted to the e-Directive Registry → Forms converted to PDFs and cropped/straightened → Forms proofed and entered

Quality assurance part 1: Forms reviewed and verified (data entry)

Quality assurance part 2: Suggested data changes reviewed

Quality assurance parts 3-4+: Error code assignment

PO(L)ST in West Virginia
Quality assurance, error codes, integrity, and legal compliance

- MD, DO, APRN, PA license verification
- Form elements compared to WV HCDA and Registry requirements
- Sherlock
  - “Are the error codes correct?”
- Death record matching

Opted in
- Signatures and dates
- Readability

Form completeness (pages, demographic information)
- Duplicate forms
- Contradictory orders (POST form)
  - CPR in Section A must be with Full Interventions in B
PO(L)ST in West Virginia

Form is missing parts of pages
PO(L)ST in West Virginia
“Match Score” = likelihood that the record is for the patient entered in the demographic search area

“Include” = check box to indicate which record(s) you want to view

Note: this is a fake patient created by an online random generator for Registry demonstration purposes only

PO(L)ST in West Virginia
Note: this is a fake patient created by an online random generator for Registry demonstration purposes only.

PO(L)ST in West Virginia
Select “Get Directives” on the prompt message about the Center and Registry.

The Registry form will open in a new window.
Contact the Center for:
• DNR cards, POST forms, brochures
• Advance directives
• Health Care Surrogate Forms
• Education and Information
• e-Directive Registry

www.wvendoflife.org
877.209.8086
FAX 844.616.1415
Delegate Danielle Walker

West Virginia House of Delegates
Louisiana and the Development of a POLST Program

- Early interest (2001) in improving care for those with serious illness
- Hurricanes Katrina and Rita upended health care in Louisiana 2005
- Louisiana Health Care Redesign Collaborative looked at ways to improve healthcare in LA as a model for the rest of the country.
  - End of life work group
    - Focused on last 2 years of life
    - Looked at the serious illness population
    - Reviewed literature on POLST programs in OR, WA and NY
- Proposed the development of a Louisiana POLST program (worked with National POLST office)
- Endorsed by Louisiana State Medical Society in 2006
- LaPOST Coalition worked to educate legislators and key stakeholders to encourage passage of proposed legislation and develop strategies for implementation
- Louisiana Health Care Quality Forum tasked with administering the program
  - Implementation
  - Education of healthcare stakeholders
  - LaPOST e-Registry
Legislation

- LDH was unwilling to craft rules without legislative support for immunity; concern by some that “this would be a glidepath to euthanasia”
- Legislative support required education with Louisiana Conference of Catholic Bishops and the Family Forum
- ACA and “death panels” conversation ensued
- 2010 legislation passed embedding the document in the statute!
  - NOT RECOMMENDED
- 2011 implementation-education of physicians and health care professionals/education of NH/AL and EMS; subsequently focused on the general population
- WEBSITE robust and included Religious and Cultural Heritage section
- 2016 revised the document to its current state and follows National POLST form
Challenge – LaPOST Document Embedded in Statute

• Document will need to be periodically updated to incorporate new research or improved practices

• Requires going back to the legislature and reaching out to Coalition members and groups that worked on initial legislation to gauge how they would respond
  • Potential risk to current legislation

• Would like to see LaPOST document not embedded in legislation and/or adoption of the National POLST form
  • Discussions with key legislators
  • Assess current environment
Thank you!

cmunn@lhcqf.org

www.lhcqf.org/LaPOST
Thank you!

Please fill out the evaluation after the webinar!