The POLST Paradigm: Translating Patients’ Wishes into Medical Orders

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Faculty

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Definitions

- Advance directives
  - Directive to physicians/living will
  - Power of attorney for health care
- Physician orders
  - Do not attempt resuscitation-DNR
  - POLST Physician Orders for Life-Sustaining Treatment
Philosophy of POLST

- Individuals have the right to make their own health care decisions
- These rights include:
  - Making decisions about life-sustaining treatment
  - Describing desires for life-sustaining treatment to health care providers
  - Comfort care while having wishes honored
Purpose of POLST

To provide a mechanism to communicate patient preferences for end-of-life treatment across treatment settings
Case study... Why we need a POLST paradigm
Development of the POLST

- Consensus development
- Began in 1991
- Voluntary process in Oregon, legislated in some other states
- National POLST Advisory panel
Idea Spreading Across the Country

- Oregon-Voluntary in 1991
- West Virginia-Statute in 2002
- Washington-DHS Regulation
- New York-Voluntarily by upper NY regions with numerous existing state regulations and statues
- Bill pending in California
National POLST Paradigm Initiative

Programs

Established Programs
Developing Programs
No Program (Contacts)

*As of March 2008

Designation of POLST Paradigm Program status based on information available by the program to the Task Force.
Oregon Regulations that facilitated POLST

- Advance Directive Statute (ORS 127.531)
- Board of Medical Examiners direction allowing EDs to honor orders on POLST form
- EMT Scope of Practice [OAR 847-35-0030(6)].

The Oregon Board of Medical Examiners (BME) has defined the Scope of Practice so that an Oregon-certified First Responder or EMT shall comply with life-sustaining treatment orders executed by a physician or nurse practitioner.
What Is POLST

- A health care provider’s order
- Can be completed by others (SW, RN) but must be signed by MD, DO or NP (who can sign may vary in your state)
Requirements to Make the Form Valid

- Patient name
- Resuscitation orders
- Provider (MD, NP) signature

all other information is optional…
in Oregon it does not require patient’s signature
Validation of POLST

- Dunn PM, Schmidt TA et al: A method to communicate patient preferences about medically indicated life-sustaining treatment JAGS 1996;44:785
- Tolle SW, Tilden VP, Nelson CA, Dunn PM: A Prospective study of the efficacy of the POLST JAGS 1998;46:1097

Hickman SE, Tolle SW, Brummel-Smith K, Carley MM: Use of POLST (The Physician Orders for Life-Sustaining Treatment Program) in Oregon Nursing Facilities JAGS 2004;52:1424-29

Recently funded multi-state federal grant
Methods

Anonymous survey mailed in 2002 to a stratified random sample of Oregon paramedics and EMT-Intermediates
Findings

- 572/1048 (55%) response rate
- 76% male
- 66% paramedics
- 73% had treated a patient with a POLST
- POLST, when present, changed treatment in 45% of patients
75% thought POLST provided clear instructions about patient preferences
93% thought POLST useful in determining treatment when patient in cardiopulmonary arrest
63% thought it useful in other circumstances
- 25% reported some difficulty finding the form
- 87% were filled out appropriately
  - 6% had conflicting orders
  - 5% unsigned
  - 2% incomplete
It was not followed in 37 (10%) cases

- 17 changed by family or other caregiver on scene
- 9 changed by patient
- 8 changed by physician/EMT/hospital
Comfort Measures are always provided!
Case Study: When POLST Works
Elements of a POLST Paradigm

- Medical order form
- Accompanies patient
- Bright, unique color
- Training of professionals
- DNR orders
- Limit or provide other interventions
- Decisions about transport, ICU, nutrition, antibiotics
National POLST Paradigm (optional features)

- Patient signature
- Role of surrogates
- Reciprocity
Center for Ethics in Health Care

- 503 494-3965
- Fax: 503 494-1260
- Ethics@ohsu.edu
- www.polst.org
## California - AHCD vs. POLST

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>For every adult</td>
<td>For the seriously ill</td>
</tr>
<tr>
<td>Requires decisions about myriad future treatments</td>
<td>Decision among presented options</td>
</tr>
<tr>
<td>Clear statement of preferences</td>
<td>Checking of preferred boxes</td>
</tr>
<tr>
<td>Needs to be retrieved</td>
<td>Stays with the patient</td>
</tr>
<tr>
<td>Requires interpretation</td>
<td>Operationalizes medical order</td>
</tr>
</tbody>
</table>

California: POLST vs Pre-Hospital DNR

- Both
  - Physician orders
  - Address foregoing resuscitation

- POLST
  - Allows for choosing resuscitation
  - Addresses other life-sustaining measures
  - Designed for patients in the last year of life
  - Honored across all settings

- Pre-Hospital DNR
  - Honored in pre-hospital setting
  - May be more attractive to healthier population
California: POLST vs PIC

- Both
  - Physician documents
  - Address patient preferences
- Preferred Intensity of Care
  - Not standardized
  - Legally MD notes
- POLST
  - Standardized form
  - MD orders
California Overview

- Last few years
  - Handful of individual organizations use POLST internally
  - Three communities establish POLST coalitions

- Coordinated effort now beginning
  - Possibly because of CHCF support

- Current efforts include
  - Statewide activities
  - Work in the local communities
California State Level - CCCC

- California Coalition for Compassionate Care
  - Task Force
  - Public policy
    - AB 3000 (Wolk)
  - Single form
    - Process for modifying form
  - Creating and sharing materials and resources
  - Broader awareness
California State Level - CHCF

California HealthCare Foundation

- Funding and support
- Vision / goals
- Five-year plan in development
California Local Level

- Eight local communities
  - Local leadership
  - Coalition building
  - Education
  - Pilot

- Locations
  - Alameda
  - Humboldt
  - Mendocino
  - Riverside
  - Santa Clara
  - Ventura
  - Yolo
Single Form

- Available at [www.finalchoices.org](http://www.finalchoices.org)
  - Print on pulsar pink
  - Copies acceptable
- Model – Oregon POLST
- Changes to form
  - Send suggestions to [jcitko@finalchoices.org](mailto:jcitko@finalchoices.org)
  - Task force to consider revisions later this year
Public Policy

Two ways to establish POLST
- Statute or regulation
- Community standard of practice

In California
- Current state law does not prevent use of POLST
- Both ways being pursued
AB 3000 (Wolk): The Objective

- Establishes POLST in law
  - Legal equivalent of pre-hospital DNR
- Recognized across all care settings
  - Including hospitals
AB 3000 (Wolk): More Technical

- Amends current law
  - CA Probate Code §§ 4780-4786
- Establishes POLST as one type of
  - “Request regarding resuscitation”
- Form
  - Only one version
  - MD signature required
  - Patient / surrogate signature required
- Requires health care providers to honor POLST
  - Even if no admitting privileges
  - Does not mandate use of POLST
Bifurcate effective date
MDs
- conduct new assessment
Required to follow except
- Contrary to generally accepted health care standards
- Medically ineffective
Surrogate
- Clarifies role
Is not an advance directive
Legislative Process: AB 3000

- **Assembly**
  - Passed out on consent

- **Senate**
  - Approved by Senate Health Committee
  - Judiciary Committee (June 24)
  - Senate Floor (August)

- Returns to 1st house
  - For concurrence on amendments

- Goes to Governor’s desk
  - Signed or vetoed (by Sept 30)

- Effective January 1, 2009
California’s Future

2009+

- Learn from implementation
- Spread knowledge
- Release white paper on experiences of local communities
- California conference on POLST
- Additional local communities
Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

A  CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
   - Attempt Resuscitation/CPR
   - Do Not Attempt Resuscitation (DNR/no CPR)
   When not in cardiopulmonary arrest, follow orders in B, C and D.

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, 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.
   - Full Treatment
     Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

   Additional Orders:

C  ANTIBIOTICS
   - No antibiotics. Use other measures to relieve symptoms.
   - Determine use or limitation of antibiotics when infection occurs.
   - Use antibiotics if life can be prolonged.

   Additional Orders:

D  ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food by mouth if feasible.
   - No artificial nutrition by tube.
   - Defined trial period of artificial nutrition by tube.
   - Long-term artificial nutrition by tube.

   Additional Orders:

SUMMARY OF MEDICAL CONDITION AND SIGNATURES

Summary of Medical Condition

Discussed with:
   - Patient
   - Health Care Representative
   - Parent of Minor
   - Court-Appointed Guardian
   - Other

Print Physician Name: ____________________________
Physician Signature (mandatory) ____________________________
Office Use Only: ____________________________
Date: ____________________________

Signature of Patient, Parent of Minor, Guardian, or Surrogate
By signing this form, the surrogate acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required) ____________________________
Name (print) ____________________________
Relationship (write "self" if patient) ____________________________

SEND FORM WITH PERSON WHenever TRANSFERRED OR DISCHARGED

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<table>
<thead>
<tr>
<th>A</th>
<th><strong>C A R D I O P U L M O N A R Y  R E S U S C I T A T I O N (CPR):</strong> Person has no pulse and is not breathing.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Attempt Resuscitation/CPR                      □ Do Not Attempt Resuscitation (DNR/no CPR)</td>
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When not in cardiopulmonary arrest, follow orders in **B, C and D.**
B
Check One

MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

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Additional Orders: ____________________________________________________________
__________________________________________________________________________
ANTIBIOTICS

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<tr>
<td><strong>Discussed with:</strong></td>
</tr>
<tr>
<td>□ Patient</td>
</tr>
<tr>
<td>□ Parent of Minor</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
<tr>
<td><strong>Print Physician Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Physician Signature</strong> (mandatory)</td>
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Where to keep the POLST

- The front of the chart
- In a red envelope on the fridge
Contact Information

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