POLST: How Can We Do Better in Long Term Care?
Introducing: Understanding POLST

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Introducing: POLST: How Can We Do Better?

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Objectives:

1. Learn about the implication of Alert on POLST use
2. Understand which patients are POLST appropriate
3. Best practices for POLST in Long Term Care Facilities
Provider Alert
Nursing Facility Providers IM-15-06-NF

Date: February 13, 2015
From: Nursing Facility Licensing Unit
Subject: CPR, POLST and Advance Directives

Summary: The purposes of this Alert include:

• Summary of recent CMS communication regarding provision of CPR in Nursing Facilities (NFs).
• Overview of Physician Orders for Life Sustaining Treatment (POLST), Advance Directives and related NF Compliance requirements.
CMS S&C 14-01-NH, originally released October 18, 2013 has been revised January 23, 2015:
CMS S&C 14-01-NH:

- For residents who do not have a DNR order or a POLST form with a DNR order, facility staff must provide basic life support, including the initiation of CPR, prior to the arrival of emergency medical services (EMS).
For residents who have a Do Not Resuscitate (DNR) order or a POLST form with a DNR order, CPR is not initiated, in accordance with the DNR order.
POLST: KEY POINTS

- Facilities should never require a POLST
- Not everyone needs a POLST
- Without POLST or code status orders a patient will receive CPR
- POLST can be changed and a new form completed
What is the impact of advance directives?
How Advance Directives and POLST Work Together

Adapted with permission from California POLST Education Program
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Age 18
- Complete an Advance Directive

Update Advance Directive Periodically

Diagnosed with Advanced Illness or Frailty (at any age)
- Complete a POLST Form

Change in health status
- May Complete a new POLST Form

Treatment Wishes Honored
# POLST - Advance Directive

<table>
<thead>
<tr>
<th>POLST</th>
<th>Advance Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Order for Life-Sustaining Treatment</td>
<td>Oregon’s Legal Form</td>
</tr>
<tr>
<td>• Is a Medical Order</td>
<td>• Is a Legal Document</td>
</tr>
<tr>
<td>• Immediately takes effect. <strong>EMS can follow orders</strong></td>
<td>• Needs interpretation to be effective. <strong>EMS <em>cannot</em> follow</strong> (because not medical orders)</td>
</tr>
</tbody>
</table>
| • No age limit  
• Signed by MD, NP, or PA in Oregon | • All competent adults over 18  
• Signed by the resident |
Traditional code status orders serve some residents

In case of cardiac arrest:

_____ Resuscitate
_____ Do Not Resuscitate

_____________________________________
Physician Signature
2014 Oregon POLST Form
Who should have a POLST form?
POLST IS ENTIRELY VOLUNTARY

• No one has to complete a POLST
• Choice to have or limit treatments
• Revoke or change at anytime
• Comfort measures are always provided
While facilities routinely record Code Status, they cannot require that patients have a POLST form as a condition of care.

State and federal regulations do not require POLST forms for every resident of a long term care facility.
THE OREGON POLST REGISTRY

- 24 hour access for EMS, EDs and ICUs
- Provides Registry ID magnet and stickers for patients
- www.orpolstregistry.org
POLST registry

- Facility submits form to the registry (unless the patient opts out)
- Revisions/revocations to the POLST should be submitted to the Registry
National POLST Paradigm Programs

www.polst.org

*As of May 2016

Mature Programs
Endorsed Programs
Regionally Endorsed Program
Developing Programs
No Program (Contacts)

Programs That Do Not Conform to POLST Requirements
Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon

Erik K. Fromme, MD, MCR,* Dana Zive, MPH,† Terri A. Schmidt, MD, MS,‡ Jennifer N. B. Cook, BA, GCPH,‡ and Susan W. Tolle, MD§
Oregon deaths in 2010 and 2011 with POLST forms in the Oregon POLST Registry:

Nearly 18,000 (31% of deaths)

JAGS: Fromme et al. 2014 62: 1246-1251
How strong is the association between section B POLST orders and location of death?

JAGS: Silveira 2104 62: 706-710
Patient’s preferences recorded as medical orders on a POLST Form and how those orders match with death in the hospital

<table>
<thead>
<tr>
<th>% of Decedents dying in hospital</th>
<th>Comfort Measures Only (n=11,836)</th>
<th>Limited Treatment (n=4,787)</th>
<th>Full Treatment (n=1,153)</th>
<th>No POLST in Registry (n=40,098)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.4%</td>
<td>22.4%</td>
<td>44.2%</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

JAGS: Fromme et al 2014 62: 1246-1251
Francis Johnson is an 87 old woman with moderately advanced dementia living in a long term care facility. She no longer recognizes her family who have requested that the focus of her care be on her comfort. She has a POLST form with orders for DNR and comfort measures only. She falls and has a 4 inch laceration on her forehead. She is sent to the ED for wound care. What else should be done?
Access POLST Data on Admission
Completing POLST at Facility
Take Home

- POLST orders are followed and influence the medical treatments that patients receive.
- POLST and/or AD—serve different functions.
- POLST is voluntary— a facility cannot require.
- Orders reflect what treatment the patient would want tonight if they became ill.
TAKE HOME

- Talk with the appropriate decision maker and document with whom you talked
  - Attest orders correct
  - Know you have the most recent POLST
  - Submit to the Registry
USE OF POLST EDUCATIONAL MATERIALS IN THE FIELD:

- Videos
- Guidebooks
- Brochures
Resources:
www.or.polst.org

Nursing Facility Administrator Alert:
http://www.or.polst.org/policies

Also view the films “POLST: Doing It Better” and “Understanding POLST”
http://www.or.polst.org/resources/

and in Spanish “Cómo Comprender el POLST”
http://www.or.polst.org/espanol/