POLST Changes & Impact on Hospice Practice: An Opportunity October 2017

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PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

OREGON HOSPICE & PALLIATIVE CARE ASSOCIATION

Improving quality of life at the end of life.

What changes will impact Hospices?

➢The Oregon POLST Registry—as of Oct. 13th. 2017--may now accept POLST forms signed by Verbal Order.



- Hospice staff will no longer have to wait for a POLST form to come back signed by a Provider before it can be FAXed to the POLST Registry.

- This allows the **current** POLST form to be accessed by EMS from the Registry **much more quickly** than in the past.

- This will prevent *unwanted* treatments (e.g. from previous POLST forms) from taking place.

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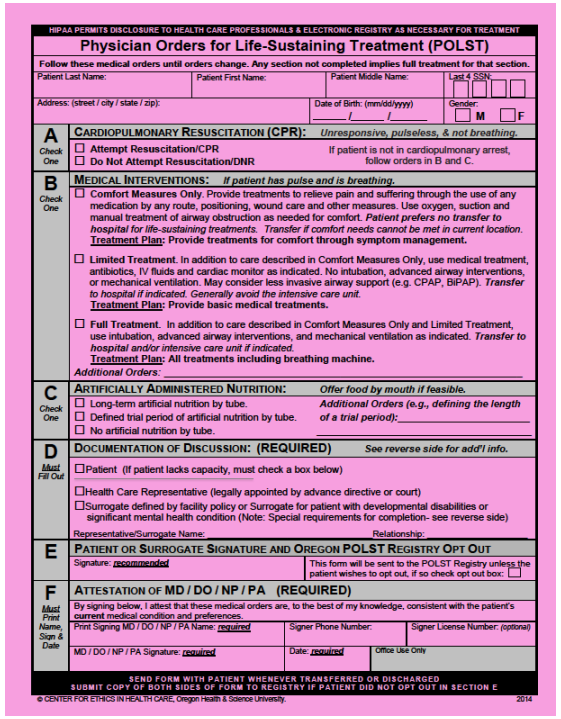
Why is this important for Hospice patients in Oregon?

After recently reviewing death certificate data and the Oregon POLST Registry, **two key facts** emerged:

1. **Half** of all of those who are enrolled in hospice **do not have a POLST form in the Oregon POLST Registry** at the time of death.
2. Of the half who *do* have a POLST form in the Registry, 1/3 **have a POLST form with orders to be admitted to the hospital** (either Limited or Full Treatment)- likely many of these forms are outdated but they are guiding emergency treatment in a crisis.



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Physician Orders for Life-Sustaining Treatment (POLST)

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient Last Name: | Patient First Name: | Patient Middle Name: | Last 4 SSN:

Address: (street / city / state / zip): | Date of Birth: (mm/dd/yyyy) _____ /_____ /_____ | Gender: ☐ M ☐ F

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*

☐ **Attempt Resuscitation/CPR**
☐ **Do Not Attempt Resuscitation/DNR**

If patient is not in cardiopulmonary arrest, follow orders in B and C.

B Check One — **MEDICAL INTERVENTIONS:** *If patient has pulse and is breathing.*

☐ **Comfort Measures Only**. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. *Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.* **Treatment Plan: Provide treatments for comfort through symptom management.**

☐ **Limited Treatment**. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). *Transfer to hospital if indicated. Generally avoid the intensive care unit.* **Treatment Plan: Provide basic medical treatments.**

☐ **Full Treatment**. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. *Transfer to hospital and/or intensive care unit if indicated.* **Treatment Plan: All treatments including breathing machine.**

Additional Orders: _____

C Check One — **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible.*

☐ Long-term artificial nutrition by tube.
☐ Defined trial period of artificial nutrition by tube.
☐ No artificial nutrition by tube.

Additional Orders (e.g., defining the length of a trial period): _____

D Must Fill Out — **DOCUMENTATION OF DISCUSSION: (REQUIRED)** *See reverse side for add'l info.*

☐ Patient (If patient lacks capacity, must check a box below)
☐ Health Care Representative (legally appointed by advance directive or court)
☐ Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion- see reverse side)

Representative/Surrogate Name: _____ Relationship: _____

E — **PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT**

Signature: *recommended* | This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box: ☐

F Must Print Name, Sign & Date — **ATTESTATION OF MD / DO / NP / PA (REQUIRED)**

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's **current** medical condition and preferences.

Print Signing MD / DO / NP / PA Name: *required* | Signer Phone Number: | Signer License Number: *(optional)*

MD / DO / NP / PA Signature: *required* | Date: *required* | Office Use Only

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION E

How can Oregon Hospices ensure their patients' wishes at the end of life are followed?

- By facilitating same-day submission of a completed POLST form to the POLST Registry.
- By returning the original POLST form to the patient's home "ASAP".

The other major changes impacting Hospice:

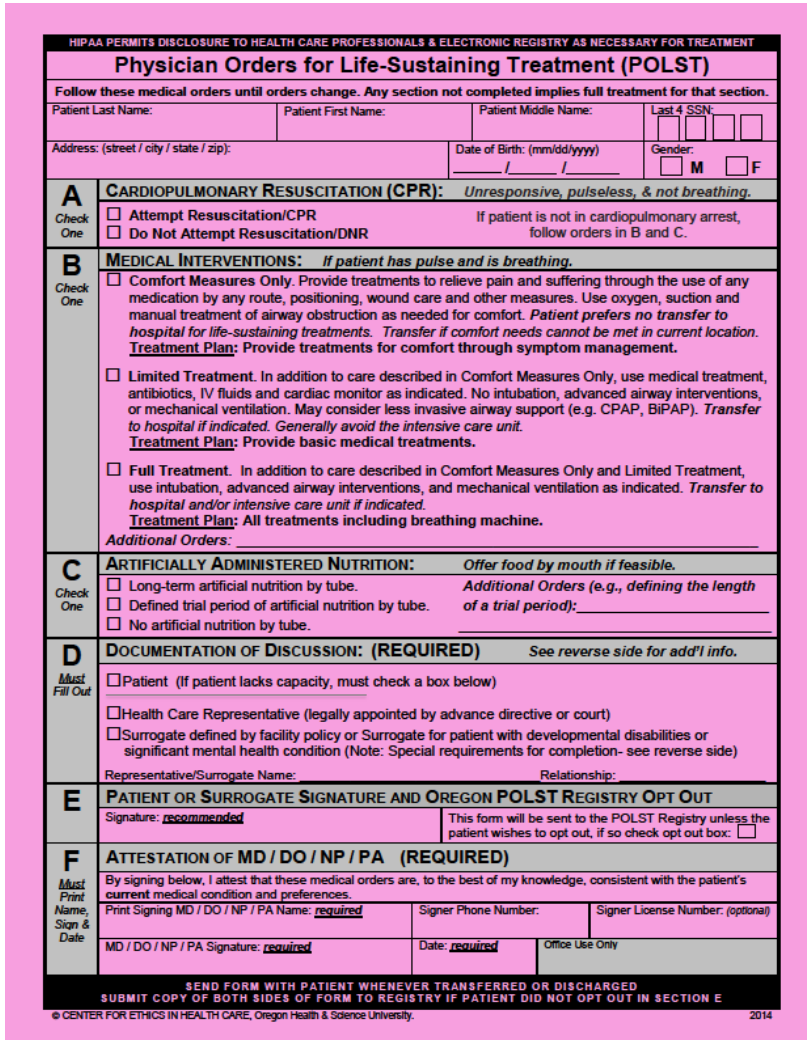
Effective January 1, 2018:

New version of POLST form

Naturopathic Physicians can sign POLST forms

List of Providers allowed to sign POLST forms:

- Physicians (M.D. or D.O.)
- Nurse Practitioners
- Physician Assistants
- Naturopathic Physicians



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Acceptance of POLST forms signed by Verbal Order into the Oregon POLST Registry

Logistics/Suggested Steps:

1. A Hospice staff person assists a patient to complete the POLST form.
2. A Verbal Order for POLST is obtained from the Attending Physician/NP or by the Hospice Physician/NP
3. The Hospice staff person documents the Verbal Order ("VORB" or "VO" or "TO") with their name and role in the signature box, the date the order was authorized in the required Date field AND LEGIBLY prints the first and last name of the authorizing physician, with license number if possible, in the "Print Signing MD/DO/NP/PA/ND" row. This will allow easier and faster entry into the Registry.
4. The Hospice staff person then takes the POLST form and, using a FAX cover sheet, FAXes it to the Registry and returns the POLST form ASAP to the patient's home.

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Key Points to remember:

- If the Provider's name is **legibly** written, the license number does not have to be documented on the Verbal Order POLST form.
- A FAX cover sheet **must** accompany the POLST form to enable the Registry Staff to contact the sender if there are any questions.
- The POLST Registry FAX number (503-418-2161) is located on the back of the POLST form.
- When the signed POLST form is available, it can then be FAXed to the POLST Registry and placed in the patient's home, replacing the "Verbal Order" form.
- Having a current POLST form in the Registry is the best way to ensure a patient's current wishes are followed!

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