POLST: What’s New and How Can We Do Better?
The OHSU Center for Ethics in Health Care and Oregon POLST Program, have no relevant financial relationships to disclose that would present a conflict of interest.
Objectives

1. Review POLST and Advance Directive
2. POLST Changes and Best Practices
3. Review new POLST Research Findings
4. Obtaining POLST in the outpatient setting
General Agreement:
Patients (particularly those nearing the end of life) have the right to make their own decisions to accept or decline any treatments they are offered.
Many people who prefer not to return to the hospital end up dying there.
Less than 10% of elderly Americans say that they want to die in the hospital...

...And yet about 4 times that many do
How Advance Directives and POLST work together
What is the impact of having an Advance Directive?

• Initiates the conversation
• Appoint a surrogate decision maker
• People document their values
Different documents for different purposes

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Voluntary Legal Document</strong></td>
<td><strong>A Voluntary Medical Order</strong></td>
</tr>
<tr>
<td>For all adults <em>regardless of health status</em> at any age, starting at age 18</td>
<td>For those with advanced illness, or frailty, or a limited prognosis at any age, <em>depending on health status</em></td>
</tr>
</tbody>
</table>
| 1) Appoints a legal decision-maker  
2) Memorializes values and preferences  
3) Is signed by the patient | Is a *specific medical order* and is signed by a Health Care Professional. |
| Provides for theoretical situations in which a person may not have capacity for decision making. Guidelines for imagined future situations which may arise and for which a person may have preferences for a particular kind of care plan. | Provides for likely events that can be foreseen. Specific medical orders addressing defined medical interventions for situations that are likely to arise given the patient’s health status and prognosis. |
Advance Care Planning

- Billable Medicare service
- Discussion of life sustaining therapy options and patient preferences
- Individuals with end stage chronic illness
- Not for basically healthy adults, but can be part of annual Medicare wellness exam
- 99497 and 99498
POLST: When is the Right Time?
Who should have a POLST form?
Portable Orders for Life-Sustaining Treatment
Front of POLST Form

Demographics

Oregon POLST™ Portable Orders for Life-Sustaining Treatment

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

Patient Last Name: ___________________________ Suffix: ___________________________ Patient First Name: ___________________________ Patient Middle Name: ___________________________

Preferred Name: ___________________________ Date of Birth: (mm/dd/yyyy): __/__/______ Gender: [ ] M [ ] F [ ] X MRN (optional): ___________________________

Address: (street / city / state / zip): ___________________________

1. The descriptive name of the POLST form has changed to “Portable Orders for Life-Sustaining Treatment.”
2. “Suffix,” “Preferred Name,” and “MRN (optional)” have been added.

Section C

DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION See reverse side for add'l info.

☐ Patient
☐ Parent of minor
☐ Person appointed on advance directive
☐ Court-appointed guardian
☐ Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side)
☐ Relative or friend (without written appointment)

Discussed with (list all names and relationship): ____________________________________________

Section D

PATIENT OR SURROGATE SIGNATURE

Signature: ___________________________ (recommend) Name (print): ___________________________

Relationship (write “self” if patient): ___________________________

1. The “opt out” option has moved to its own line.

Back of POLST Form

Information Regarding POLST

Information Regarding POLST

PATIENT’S NAME: ___________________________

1. The section header has changed to “Information Regarding POLST.”
2. Information has been updated and changed to a bulleted list.

Contact Information

Emergency Contact: ___________________________ Relationship: ___________________________

Phone Number: ___________________________

1. “Health Care Representative/Surrogate” has been replaced with “Emergency Contact” and the section for an address has been removed.

Directions for Health Care Professionals

Completing Oregon POLST™ Directions for Health Care Professionals

☐ Discussion and attestation should be accompanied by a note in the medical record.
☐ Any section not completed implies full treatment for that section.
☐ An order of CPR in Section A is incompatible with an order for Comfort Measures Only in Section B (will not be accepted in Registry).
☐ Photocopies, facsimile, and electronically-signed forms are legal and valid. 
☐ Verbal / phone orders from MD/DO/NP/PAND in accordance with facility/community policy can be submitted to the Registry.
☐ For information on determining the legal decision maker(s) for incapacitated patients, refer to OAR 177.505 - 177.600.
☐ A person with developmental disabilities or significant mental health condition requires additional consideration before completing the POLST form; refer to Guidance for Health Care Professionals at www.oregonpolst.org.

1. The order of the bulleted list has changed and text has been updated.

Voiding POLST

Voiding POLST: A copy of the voided POLST must be sent to the Registry unless patient has opted-out.

☐ A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
☐ For paper forms, draw line through sections A through E and write “VOID” in large letters if POLST is replaced or becomes invalid.
☐ If included in an electronic medical record, follow your systems ePOLST voiding procedure.
☐ Regardless of paper or ePOLST form, send a copy of the voided form to the POLST Registry (required unless patient has opted out).

1. Additional information for voiding paper and electronic forms have been added.

Please note that the 2019 Oregon POLST Form will be a white form with a pink border.
The POLST form should be:

- Completed after a careful goals of care discussion
- Based on the patient’s current treatment preferences.
All individuals present for the POLST discussion should be documented in Section C.

<table>
<thead>
<tr>
<th>C</th>
<th>DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION</th>
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<td>□ Person appointed on advance directive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Court-appointed guardian</td>
<td></td>
</tr>
</tbody>
</table>

Discussed with (list all names and relationship): __________________________________________________________

__________________________________________________________
Surrogate/health care decision-maker

- Person named on a valid advance directive is the legal decision maker
- If there is none, surrogate decision maker must be determined

<table>
<thead>
<tr>
<th>D</th>
<th>PATIENT OR SURROGATE SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Signature: <em>recommended</em></td>
</tr>
<tr>
<td></td>
<td>Name (print):</td>
</tr>
<tr>
<td></td>
<td>Relationship (write &quot;self&quot; if patient):</td>
</tr>
</tbody>
</table>

This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box ☐
ORS 127.635 defines the default surrogate as the first of the following:

- The Patient’s spouse or reciprocal beneficiary
- An adult designated by the others listed
- A majority of the adult children
- Either parent of the patient
- A majority of the adult siblings
- Any relative or adult friend
- When none of the persons described above is available consult institutional policy
POLST Best Practices

• Determine if patient needs AD, POLST or both

• POLST is always voluntary and NH, AFC, ALF cannot require a POLST

• Find the most recent POLST - don’t assume you have it

• Ensure the POLST reflects wishes in the patient’s current state of health (i.e., if they were to get sick tonight)
Best Practices

• The patient should fill out a new POLST when their desires for treatment change

• Submit POLST (with a cover sheet) to the Oregon POLST Registry unless the patient opts out
The Oregon POLST Registry

• 24 hour access for EMS, EDs and ICUs

• Provides Registry ID magnet and stickers for patients

• Hospitals, facilities and health care professionals are required to submit unless patient opts out

www.orpolstregistry.org
How strong is the association between Section B POLST orders and location of death?
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></th>
<th>% of Decedents dying in hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort Measures Only</td>
<td>6.4%</td>
</tr>
<tr>
<td>Limited Treatment</td>
<td>22.4%</td>
</tr>
<tr>
<td>Full Treatment</td>
<td>44.2%</td>
</tr>
<tr>
<td>No POLST in Registry</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

## Timing of POLST completion

<table>
<thead>
<tr>
<th></th>
<th># of weeks prior to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>5</td>
</tr>
<tr>
<td>Organ failure</td>
<td>11</td>
</tr>
<tr>
<td>Dementia</td>
<td>15</td>
</tr>
</tbody>
</table>

Obtaining POLST in the outpatient setting
Accessing POLST

Don’t assume you have the most recent version

Health systems vary

Having the POLST form on the patient header:

• Speeds access
• Incorporates orders into care plan
POLST: Doing it Better
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 to

• Attest orders correct

• Know you have the most recent POLST

• Submit to the Registry with a cover sheet
Time Savers and Resources

Utilize educational resources with staff, families, and patients.

Available at www.oregonpolst.org

videos, brochures, guidebooks
Oregon POLST Program
Website: www.oregonpolst.org
Email: polst@ohsu.edu

Oregon POLST Registry
Website: www.orpolstregistry.org
Email: polstreg@ohsu.edu