POLST: PENNSYLVANIA ORDERS FOR LIFE-SUSTAINING TREATMENT

KCC / BF Ethics Committee

October 12, 2021

Thomas Lawrence, MD, CMD

Medical Director: Kendal at Longwood, Crosslands, Barclay Friends

System Medical Director of Geriatric Medicine and Long Term Care
Main Line Health System

POLST Champion, Pennsylvania POLST Program

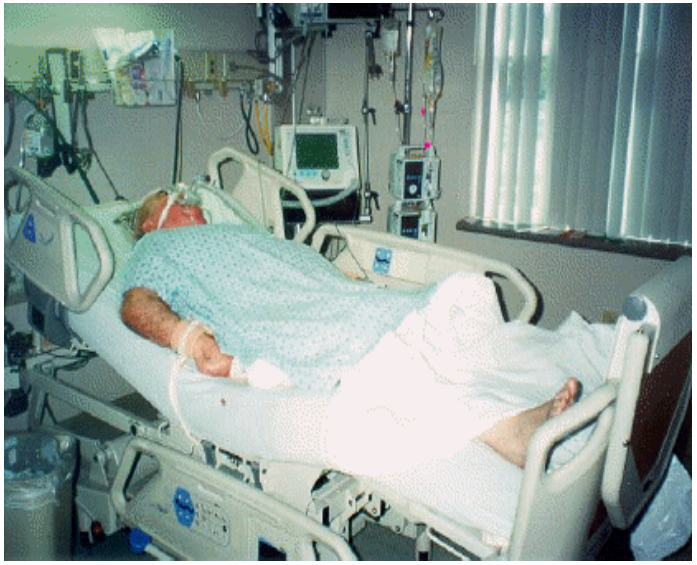
Slide Set Adapted from and Courtesy of Judith Black, MD Medical Director Highmark

HIGHMARK.

AGENDA

- History of POLST
- The Role of POLST
- POLST Implementation

How and where Americans Die



80% of Americans say they want to die at home.

Latest Data from 2017:

- 30% at home
- 30% in hospitals
- 20% in nursing homes
- 8% in hospice facilities

Almost all from chronic conditions. *NEJM 2019*

HIGHMARK.

WHAT IS POLST?

- A medical order
- Can be completed by any healthcare professional
- Signed by a physician, nurse practitioner or physician assistant in Pennsylvania*
- Complements, but does not replace, advance directives
- Voluntary use, but provides consistent recognized document

**A physician assistant signature requires a physician to co-sign within ten days.*

HIGHMARK.

papolst.org

Page 1

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from his/her medical command physician

pennsylvania
DEPARTMENT OF HEALTH

Pennsylvania Orders for Life-Sustaining Treatment (POLST)

Last Name

First/Middle Initial

Date of Birth

FIRST follow these orders, **THEN** contact physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.

A Check One

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ CPR/Attempt Resuscitation ☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B**, **C** and **D**.

B Check One

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, oral 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 if possible.*

☐ **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 Check One

ANTIBIOTICS:

☐ No antibiotics. Use other measures to relieve symptoms.
☐ Determine use or limitation of antibiotics when infection occurs, with comfort as goal
☐ Use antibiotics if life can be prolonged

Additional Orders

D Check One

ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:
Always offer food and liquids by mouth if feasible

☐ No hydration and artificial nutrition by tube.
☐ Trial period of artificial hydration and nutrition by tube.
☐ Long-term artificial hydration and nutrition by tube.

Additional Orders

E Check One

SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES:

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

Patient Goals/Medical Condition:

By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.

Physician /PA/CRNP Printed Name:	Physician /PA/CRNP Phone Number
Physician/PA/CRNP Signature (Required):	DATE

Signature of Patient or Surrogate

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

PaDOH version 06-28-2021

1 of 2

HIGHMARK.

papolst.org

Page 2

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Other Contact Information

Surrogate	Relationship	Phone Number	
Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

Directions for Healthcare Professionals

Any individual for whom a Pennsylvania Order for Life-Sustaining Treatment form is completed should ideally have an advance health care directive that provides instructions for the individual's health care and appoints an agent to make medical decisions whenever the patient is unable to make or communicate a healthcare decision. If the patient wants a DNR Order issued in section "A", the physician/PA/CRNP should discuss the issuance of an Out-of-Hospital DNR order, if the individual is eligible, to assure that an EMS provider can honor his/her wishes. Contact the Pennsylvania Department of Aging for information about sample forms for advance health care directives. Contact the Pennsylvania Department of Health, Bureau of EMS, for information about Out-of Hospital Do-Not-Resuscitate orders, bracelets and necklaces. POLST forms may be obtained online from the Pennsylvania Department of Health. www.health.pa.gov or www.papolst.org

Completing POLST

Must be completed by a health care professional based on patient preferences and medical indications or decisions by the patient or a surrogate. This document refers to the person for whom the orders are issued as the "individual" or "patient" and refers to any other person authorized to make healthcare decisions for the patient covered by this document as the "surrogate."

At the time a POLST is completed, any current advance directive, if available, must be reviewed.

Must be signed by a physician/PA/CRNP and patient/surrogate to be valid. Verbal orders are acceptable with follow-up signature by physician/PA/CRNP in accordance with facility/community policy. A person designated by the patient or surrogate may document the patient's or surrogate's agreement. Use of original form is strongly encouraged. Photocopies and Faxes of signed POLST forms should be respected where necessary

Using POLST

If a person's condition changes and time permits, the patient or surrogate must be contacted to assure that the POLST is updated as appropriate.

If any section is not completed, then the healthcare provider should follow other appropriate methods to determine treatment.

An automated external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation"

Oral fluids and nutrition must always be offered if medically feasible.

When comfort cannot be achieved in the current setting, the person, including someone with "comfort measures only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).

A person who chooses either "comfort measures only" or "limited additional interventions" may not require transfer or referral to a facility with a higher level of care.

An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."

Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Limited Additional Interventions" or "Full Treatment.

A patient with or without capacity or the surrogate who gave consent to this order or who is otherwise specifically authorized to do so, can revoke consent to any part of this order providing for the withholding or withdrawal of life-sustaining treatment, at any time, and request alternative treatment.

Review

This form should be reviewed periodically (consider at least annually) and a new form completed if necessary when:

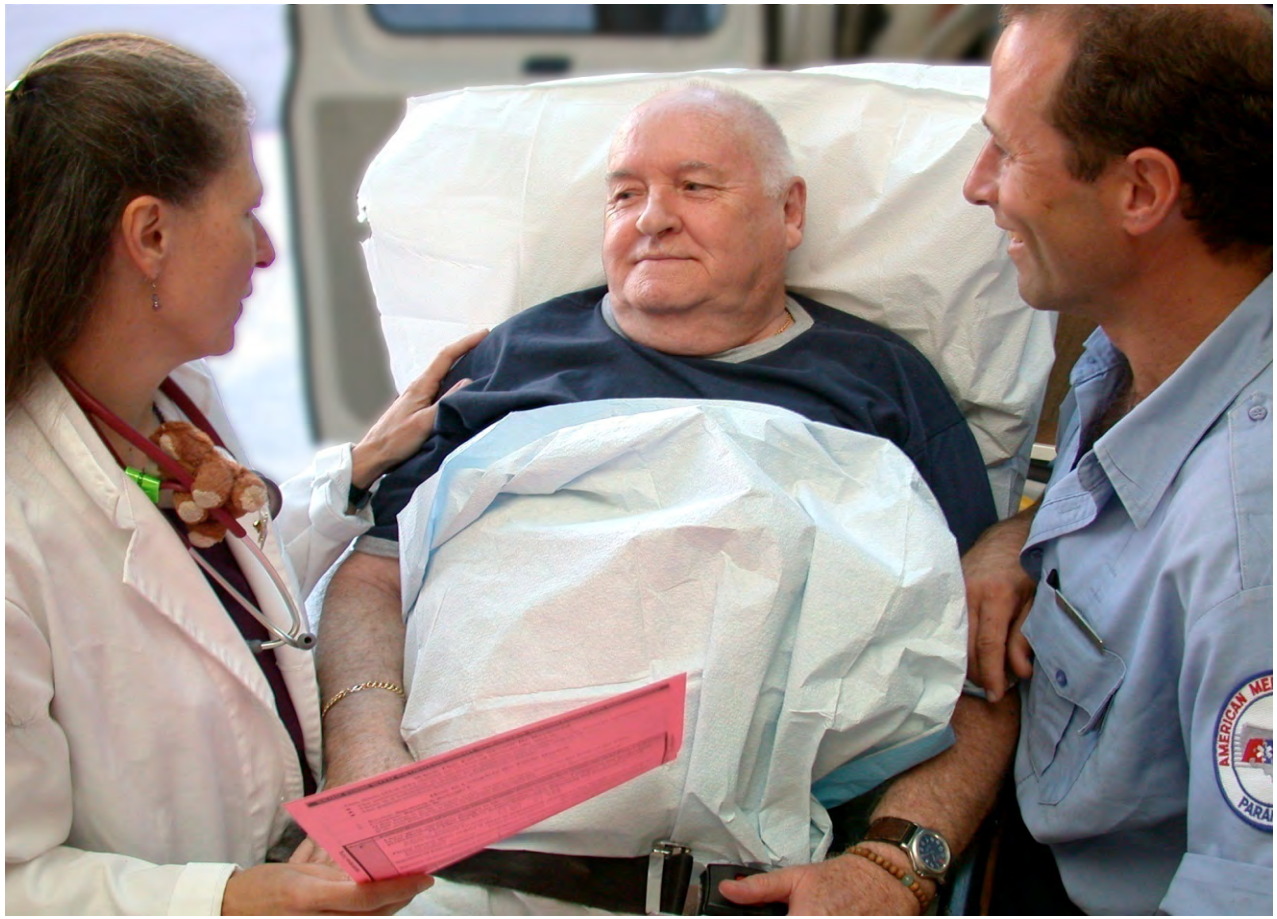
(1) The person is transferred from one care setting or care level to another, or
(2) There is a substantial change in the person's health status, or
(3) The person's treatment preferences change.

Revoking POLST

If the POLST becomes invalid or is replaced by an updated version, draw a line through sections A through E of the invalid POLST, write "VOID" in large letters across the form, and sign and date the form.

HIGHMARK.

EMS AND POLST



A patient transitioning between care settings with a completed POLST form.

HIGHMARK.

THE POLST PARADIGM

- Developed in Oregon by POLST Task Force, 1991
- Used in almost all States currently
- Brightly colored medical order form for seriously ill patients
- Signed by physician (requirements vary by state)
- Turns patient treatment preferences and Advance Directives into Medical Orders
- Goal is to ensure patient's wishes for treatment are honored

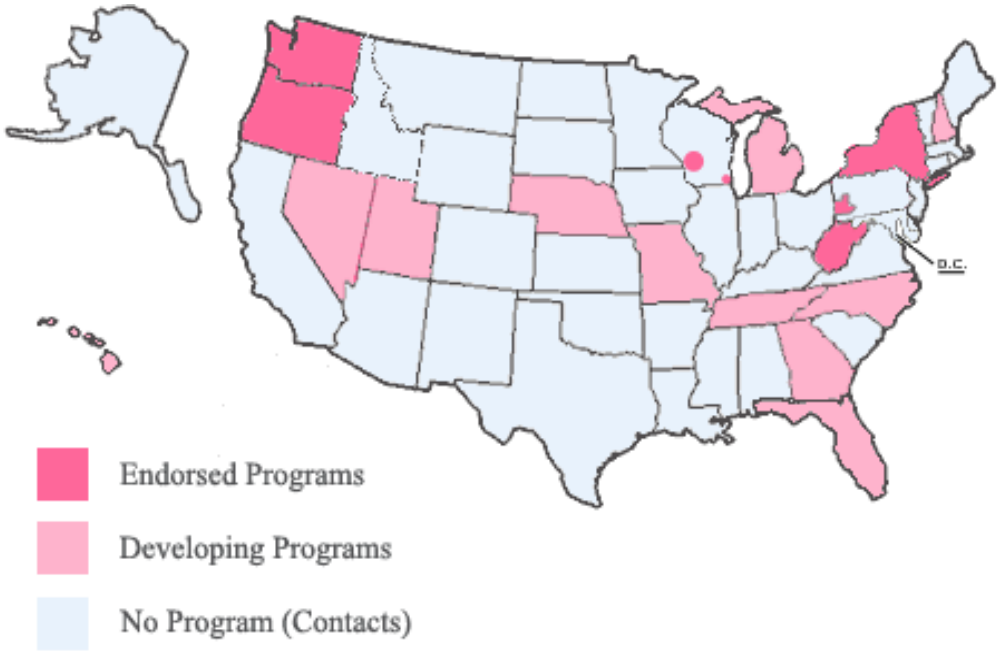
POLST
physician orders for life-sustaining treatment paradigm

POLST PROGRAMS

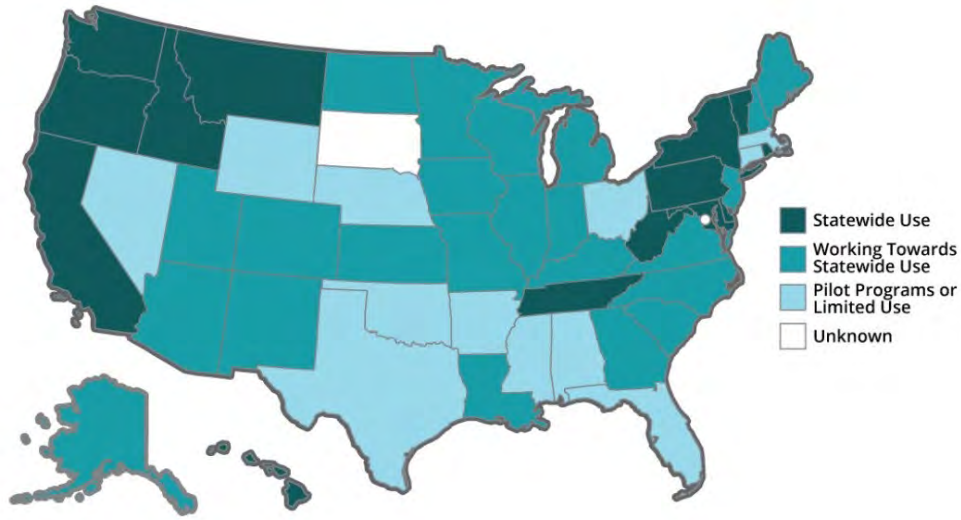
July 2006

October 2021

National POLST Paradigm Programs



POLST Use by State



HIGHMARK.

HISTORY OF POLST IN PA

2000 - Provider Task Force to Improve Care at the End-of-Life convened

2002 - Pittsburgh End of Life Collaborative, a quality improvement initiative within fourteen nursing homes. Funded by Highmark, UPMC and the Jewish Healthcare Foundation

2004 - Susan Tolle MD, of the Oregon Health Sciences University Department of Ethics and a leader in the launching of POLST, spoke to group of community leaders

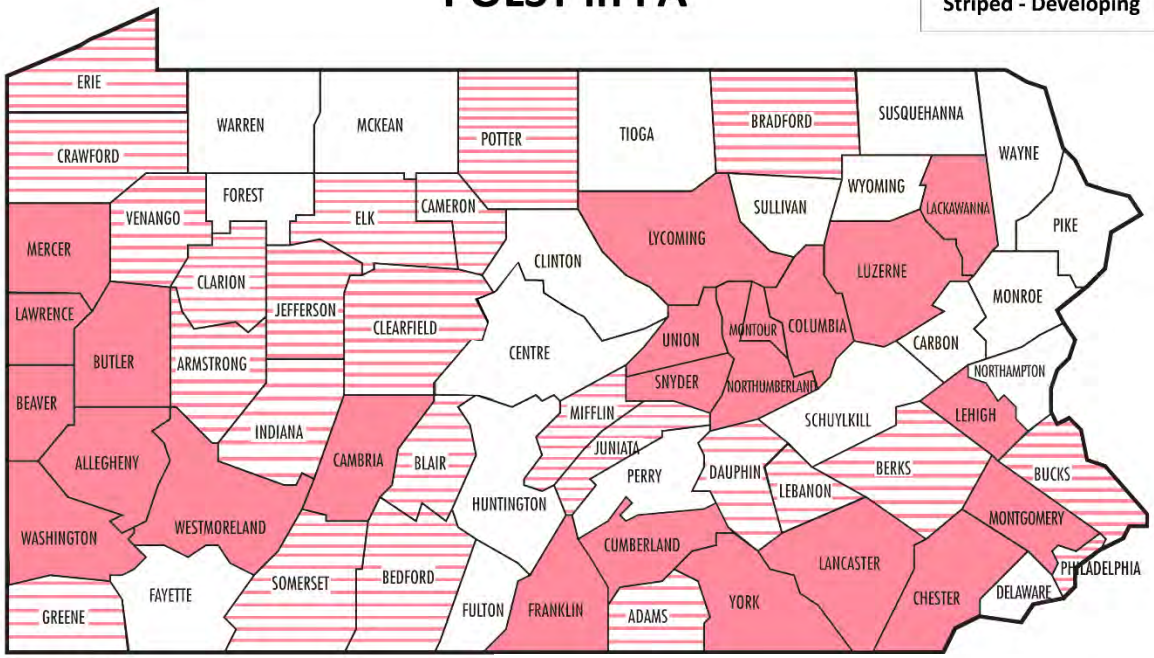
2004 - Coalition for Quality at the End of Life (CQEL) established

2007 - As mandated by Act 169, the Pennsylvania Department of Health Patient Life-Sustaining Wishes Committee convened

October 2010 - POLST approved by Pennsylvania Secretary of Health

POLST in PA

Solid - Implemented
Striped - Developing

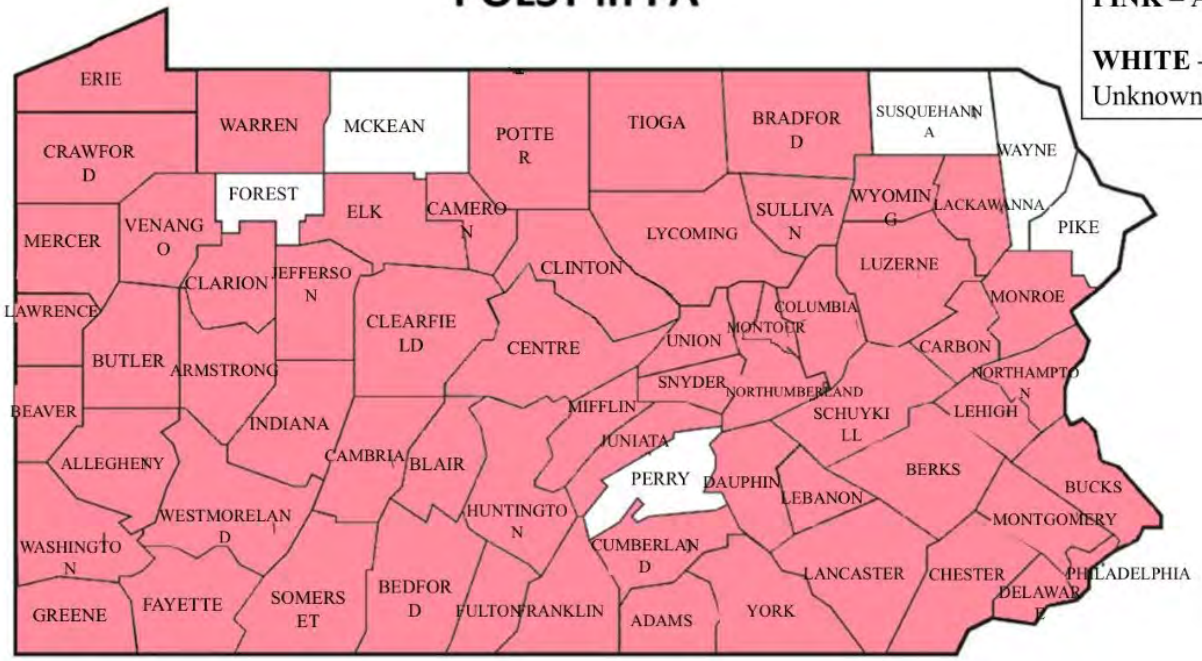


January 2015

POLST in PA

PINK – Active

WHITE – Not Using or Unknown

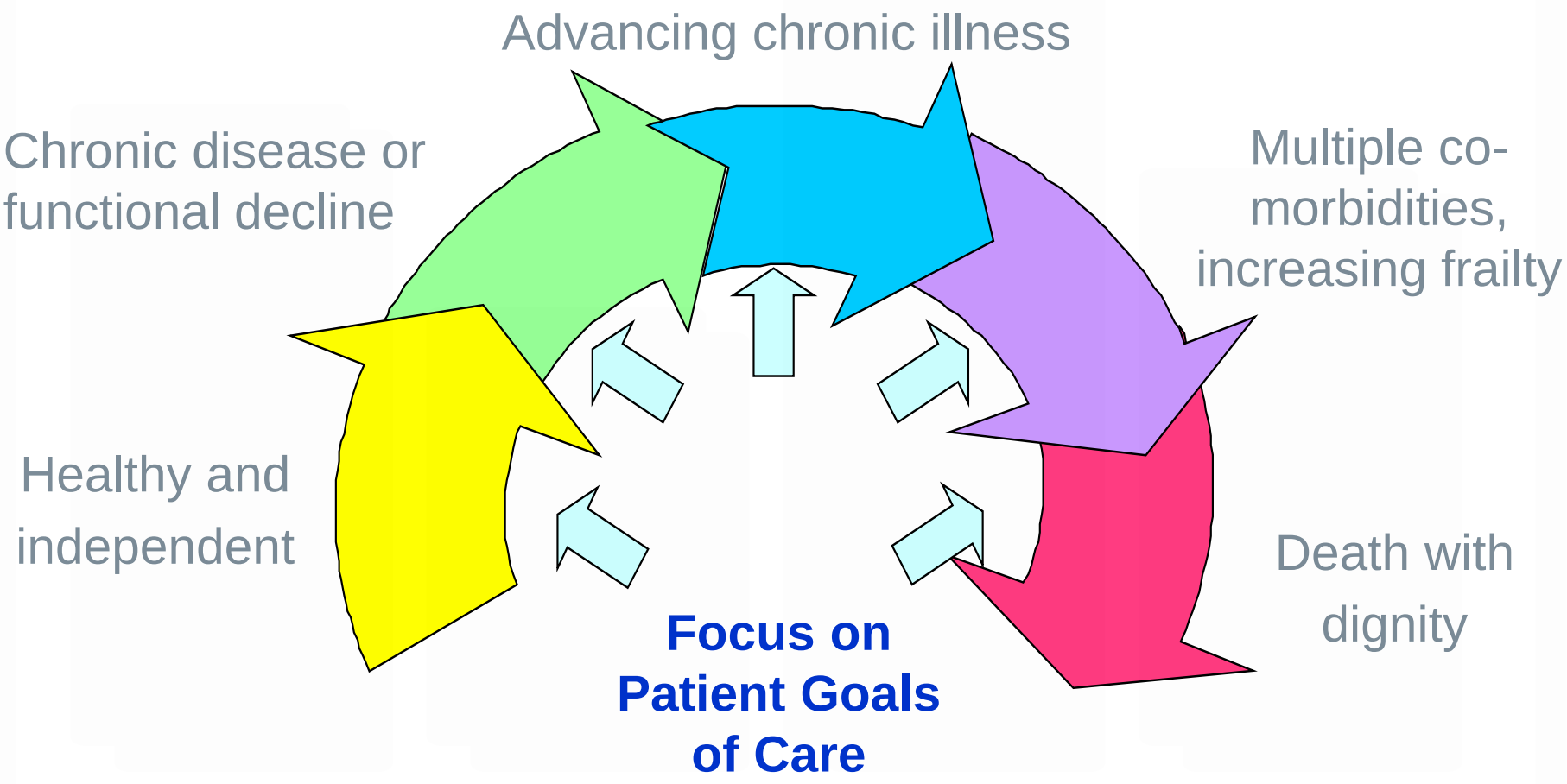


October 2021

HIGHMARK.

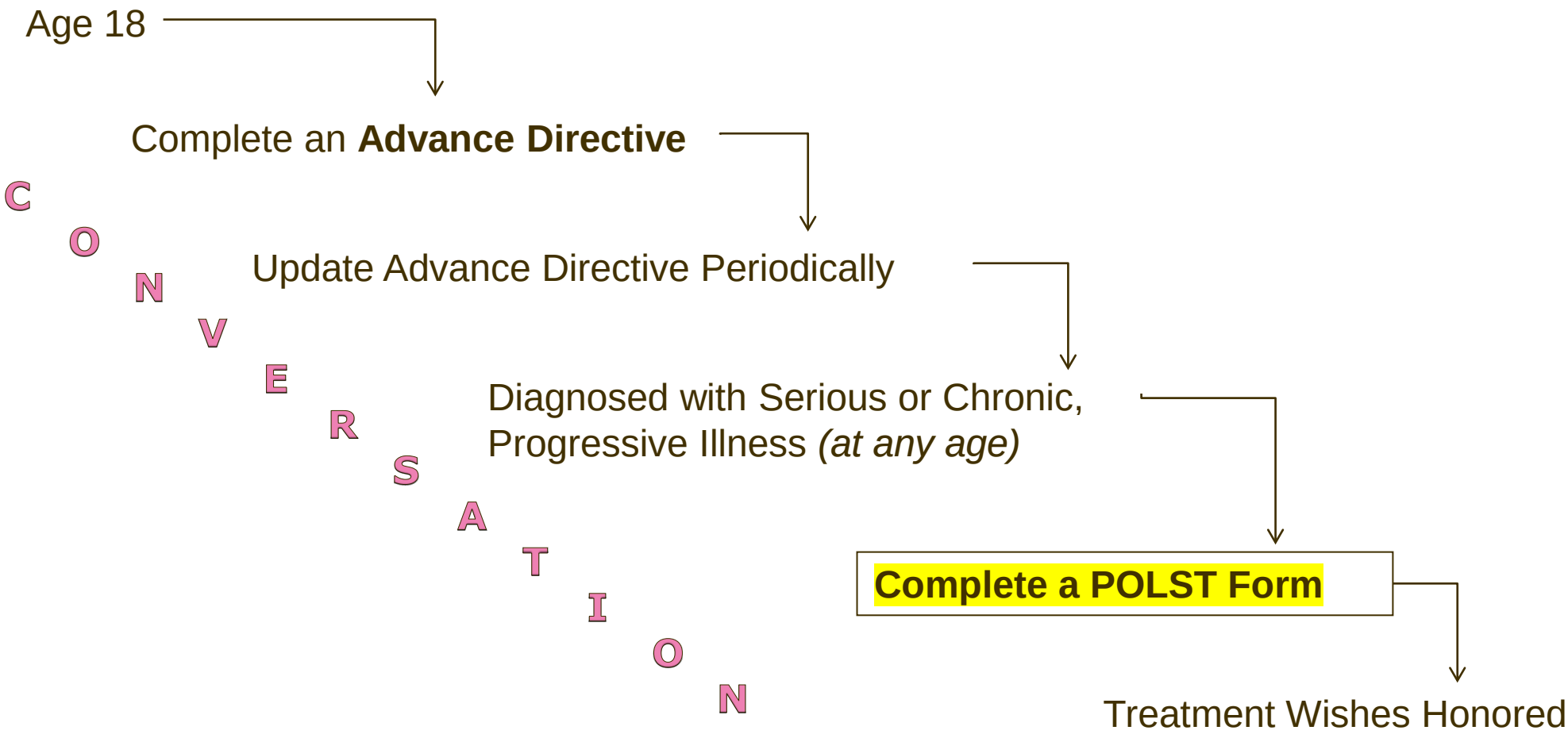
ADVANCE CARE PLANNING

The Continuum of Care



WHERE DOES POLST FIT IN?

Advance Care Planning Continuum



HIGHMARK.

TWO TYPES OF ADVANCE PLANNING TOOLS

Traditional Advance Directives

- little or no impact on immediate care

- Health Care Power of Attorney
- Living Will

Actionable Medical Orders *- relatively immediate impact on care*

- Do not resuscitate (DNR) order
- Do not hospitalize (DNH), no feeding tube, etc
- POLST Paradigm form

McAuley & Travis, Am J Hospice & Palliative Care 2003;20(5):353-359

HIGHMARK.

POLST IS FOR…

- **Seriously ill patients** *–with chronic progressive illness*
- **Terminally ill patients** *–less than 6 months life exp.*
- **Patients with advanced frailty**
- **Anyone with advanced age wishing to further define their preferences for care**

Unless it is the patient's preference, use of the POLST form is not appropriate for persons with stable medical or functionality problems who have many years of life expectancy.

* chronic, progressive disease

HIGHMARK.

POLST FORM REQUIREMENTS

The minimum requirements for completion and acceptance as a medical order are:

- Patient name
- Completion of Section A - Resuscitation orders
- Completion of Section E
  1. Clinician signature – A physician, CRNP or physician assistant*
  2. Patient or legal decision-maker signature

All other information is optional

*(* Must be co-signed by a physician within 10 days)*

Top of page 1:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from his/her medical command physician

pennsylvania
DEPARTMENT OF HEALTH

Pennsylvania Orders for Life-Sustaining Treatment (POLST)

Last Name

First/Middle Initial

Date of Birth

FIRST follow these orders, **THEN** contact physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.

A Check One

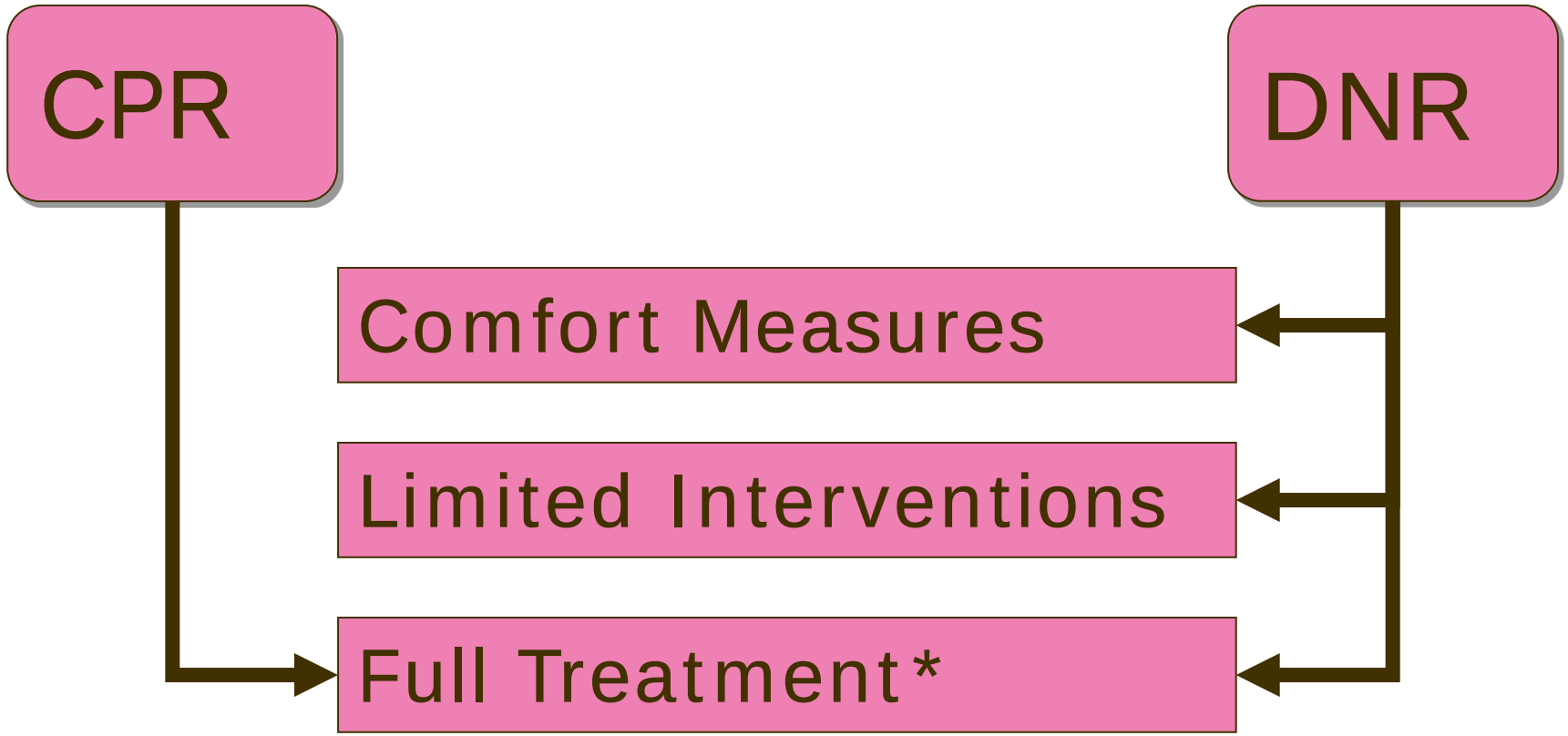
CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

☐ CPR/Attempt Resuscitation ☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B**, **C** and **D**.

- Black bar: EMS directive to communicate with Medical Command Physician
- A: CPR Designation
  - Once CPR started it continues until stopped—often in the Emergency Department of the hosptial

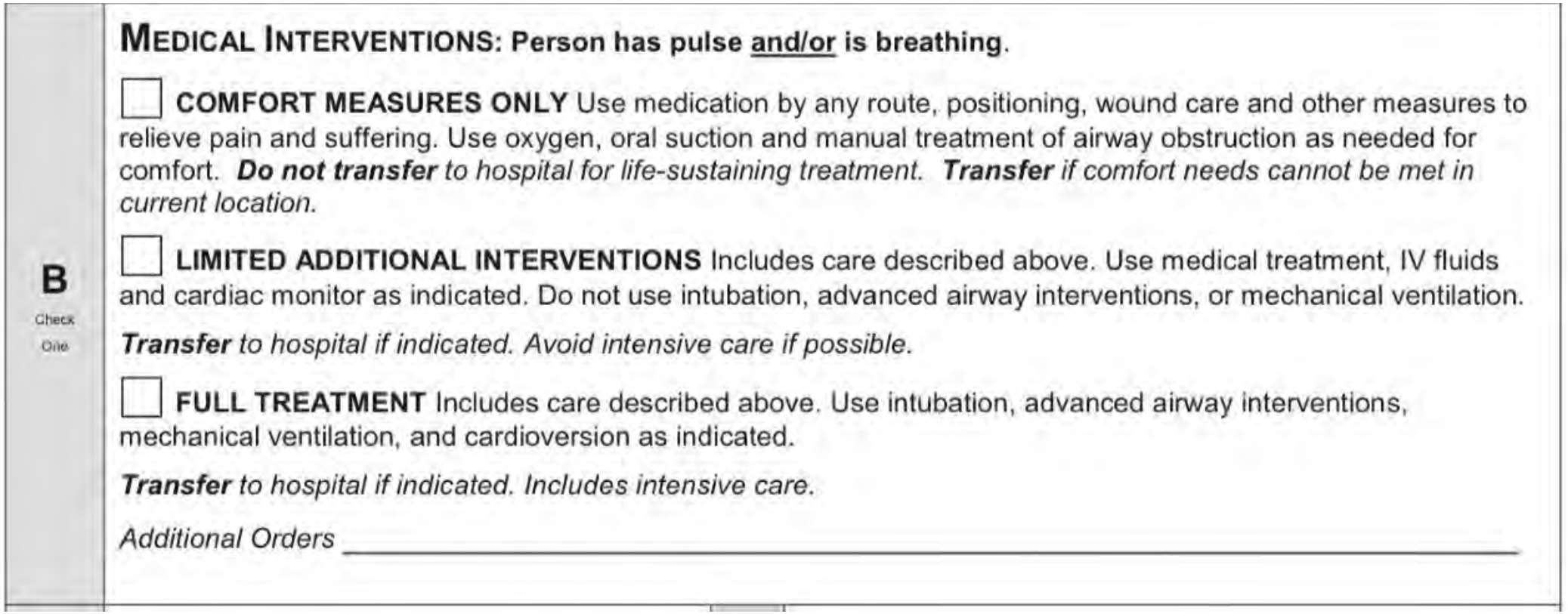
CPR / DNR Choices



** CPR Success in seniors is very low: <5%

HIGHMARK.

Box B:



B Check One

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, oral 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 if possible.*

☐ **FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

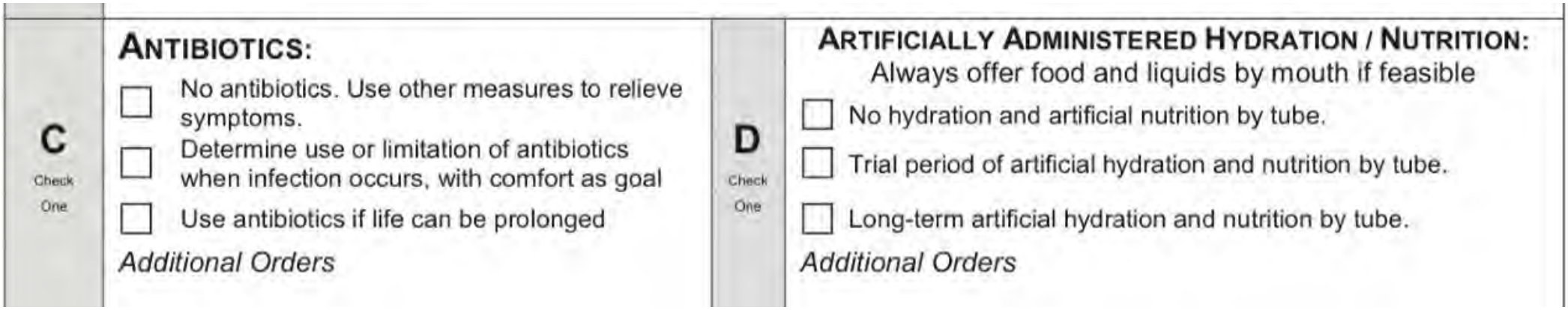
Transfer *to hospital if indicated. Includes intensive care.*

Additional Orders _____

- **Comfort measures only** –generally means no hospitalization
- **Limited interventions** -generally means no intubation/mechanical ventilation
- **Full treatment** -this is the default level of care

HIGHMARK.

Box C & D:



C Check One

ANTIBIOTICS:

- ☐ No antibiotics. Use other measures to relieve symptoms.
- ☐ Determine use or limitation of antibiotics when infection occurs, with comfort as goal
- ☐ Use antibiotics if life can be prolonged

Additional Orders

D Check One

ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:
Always offer food and liquids by mouth if feasible

- ☐ No hydration and artificial nutrition by tube.
- ☐ Trial period of artificial hydration and nutrition by tube.
- ☐ Long-term artificial hydration and nutrition by tube.

Additional Orders

- **Antibiotics**
  - Antibiotic treatment can promote comfort
  - Antibiotic treatment is generally well tolerated and oral antibiotics are non-invasive
- **Hydration and Nutrition**
  - IV hydration is short term relatively non-invasive
  - Artificial feeding usually requires a minor surgical procedure to place a feeding tube.

Box E:

E Check One

SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES:

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

Patient Goals/Medical Condition:

By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.

Physician /PA/CRNP Printed Name:	Physician /PA/CRNP Phone Number
Physician/PA/CRNP Signature (Required):	DATE

Signature of Patient or Surrogate

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

PADOH version 04-30-18

1 of 2

- The completed form requires discussion
- In Pennsylvania the POLST requires both the patient and the physician to sign the form.
- If the patient is unable to make their own decisions a surrogate (DPA-HC) can sign the from.

HIGHMARK.

PA POLST *Page 2*

- **Other Contact Information**
  - Surrogate decision-maker (DPA)
- **Completing POLST**
  - Advance directives reviewed at the same time
- **Using POLST**
  - Automatic defib. (AED) not used for DNR choice
  - Oral fluid and nutrition always offered
  - Treatment preference of IV fluid should be clear
- **Review**
  - Review periodically:
    - On transfer to another level of care
    - When there is a change in condition
    - Annual review
- **Revoking POLST**
  - Can be changed or revoked at any time

-finis