3-23-14 Lecture on the POLST

by:

Carol Ann Wegenast

For:

The Humanists Organization Palo Alto, CA

Materials made possible by a grant from the California HealthCare Foundation

POLST Community Presentation

Physician

Orders for

Life

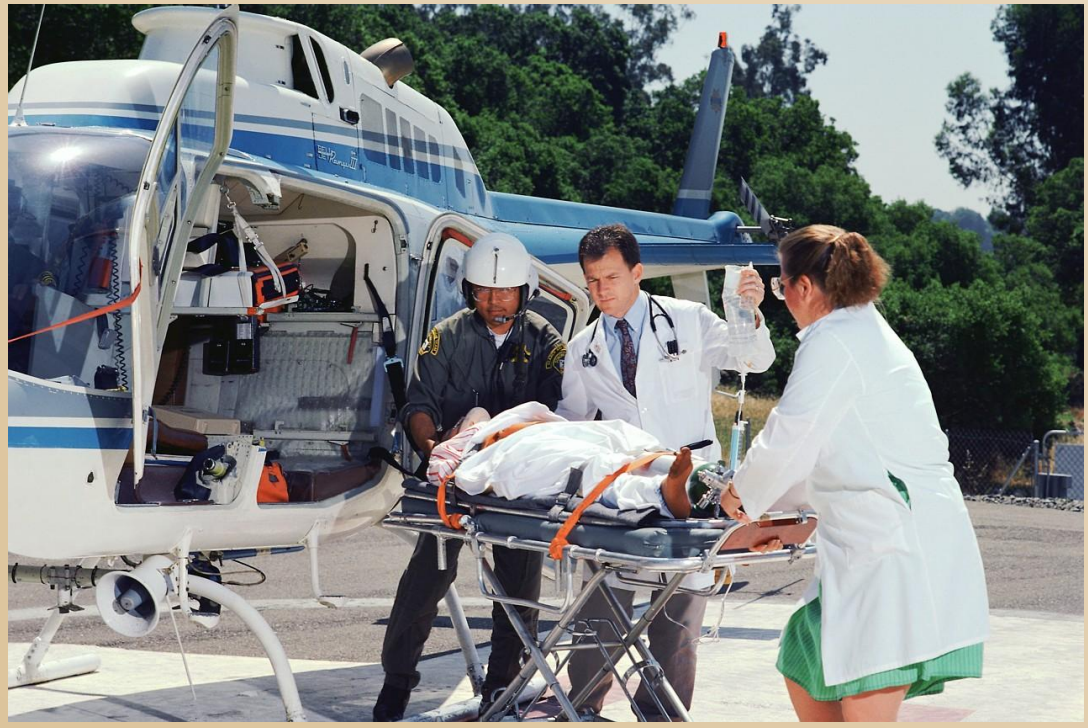
Sustaining

Treatment

POLST
CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Why plan?



50% of people won't be able to participate in their own end-of-life decisions

- When health professionals are uncertain, default = treat.
- If haven't spoken with patient, hard to predict wishes.

Why POLST?

- Patient wishes often are not known.
  - The Advance Healthcare Directive (AHCD) may not be accessible.
  - Wishes may not be clearly defined in AHCD.
- Allows healthcare professionals to know and honor your wishes for care.

Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

POLST Conversations

- Focus is on the conversation.
- It is important to talk about and document your wishes before you become seriously ill.

Materials made possible by a grant from the California HealthCare Foundation

What is POLST?

- Doctor's order recognized by the entire medical system.
- Portable document that goes with the patient.
- Brightly colored, standardized form for entire state of CA.

Materials made possible by a grant from the California HealthCare Foundation

What is POLST?

- Allows individuals to choose medical treatments they want to receive, and identify those they do not want.
- Provides direction for healthcare providers during serious illness.

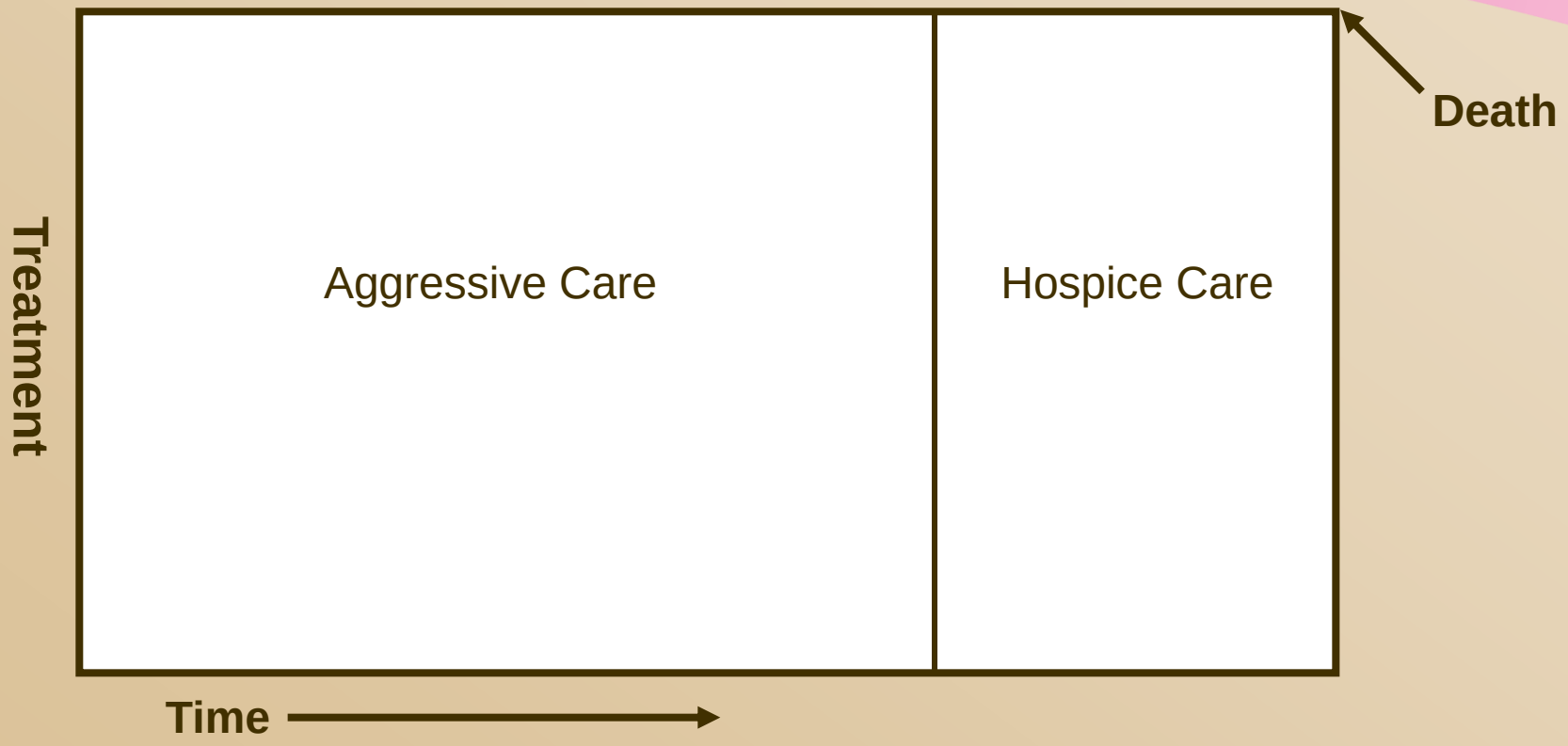
Materials made possible by a grant from the California HealthCare Foundation

Who Would Benefit from Having a POLST Form?

- Chronic, progressive illness
- Serious health condition
- Medically frail

Materials made possible by a grant from the California HealthCare Foundation

Models of Care – Old Concept

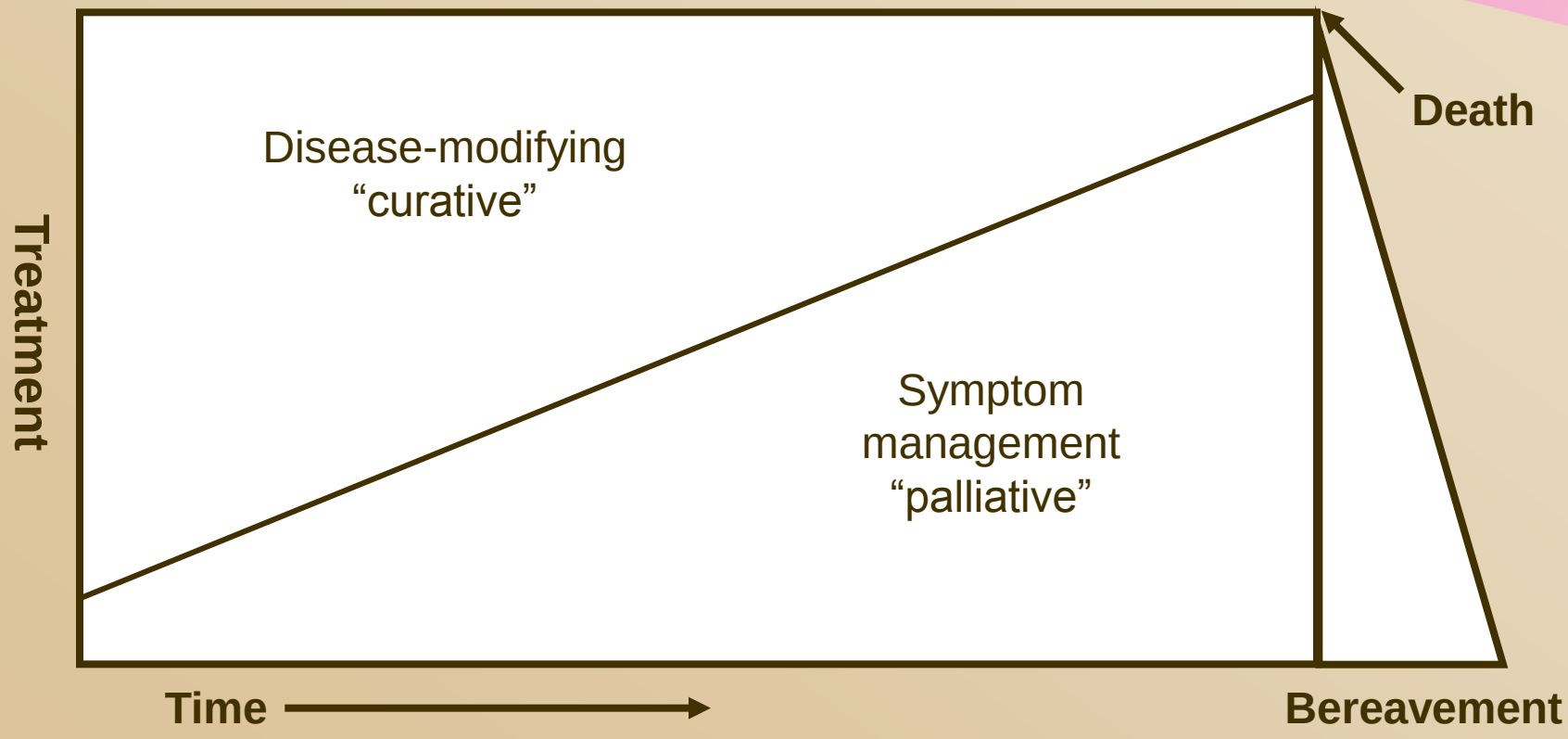


~Lynn, Adamson; Rand Health; "Living Well at the End of Life;" 2003

Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

Models of Care – Better Concept



~Lynn, Adamson; Rand Health; "Living Well at the End of Life;" 2003

Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

Transitions in Care

- When illness cannot be cured, or
- When treatment cannot be tolerated, focus shifts to:
  - Maximizing quality of life
  - Promoting comfort and dignity
  - Symptom management to prevent suffering and distress

Materials made possible by a grant from the California HealthCare Foundation

Palliative Care: What We Do

- Identify needs/goals.
  - Include family and physician in discussion.
  - Review and/or revise POLST.
  - Document plan of care.
- Encourage family visitation and communication

Materials made possible by a grant from the California HealthCare Foundation

Palliative Care: What We Do

- Goal is pain prevention.
- Use continuous or long-acting medication for chronic pain.
- Use short-acting medications for breakthrough pain.
- Review treatment plan if pain uncontrolled.

Materials made possible by a grant from the California HealthCare Foundation

POLST History

- POLST development began in Oregon in 1991.
- Expanded to more than half of US.
- Studies have shown that POLST is effective in providing care that is consistent with patient wishes.

Materials made possible by a grant from the California HealthCare Foundation

POLST in California

- The Coalition for Compassionate Care of California (CCCC) is lead agency.
- Support from California HealthCare Foundation.
- Grassroots efforts of local POLST coalitions and communities.

Materials made possible by a grant from the California HealthCare Foundation

POLST in California

Assembly Bill No. 3000

CHAPTER 266

An act to amend Sections 4780, 4782, 4783, 4784, and 4785 of, to amend the heading of Part 4 (commencing with Section 4780) of Division 4.7 of, and to add Sections 4781.2, 4781.4, and 4781.5 to, the Probate Code, relating to health care decisions.

[Approved by Governor August 4, 2008. Filed with Secretary of State August 4, 2008.]

LEGISLATIVE COUNSEL'S DIGEST

AB 3000, Wolk. Health care decisions: life-sustaining treatment.

Effective January 1, 2009

Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

POLST in California

- One form for entire state.
- Use not mandated.
- **Honoring form is mandated**.

Materials made possible by a grant from the California HealthCare Foundation

POLST vs. Advance Healthcare Directive

- POLST **complements** the Advance Healthcare Directive (AHCD).
- Both are legal documents.

Materials made possible by a grant from the California HealthCare Foundation

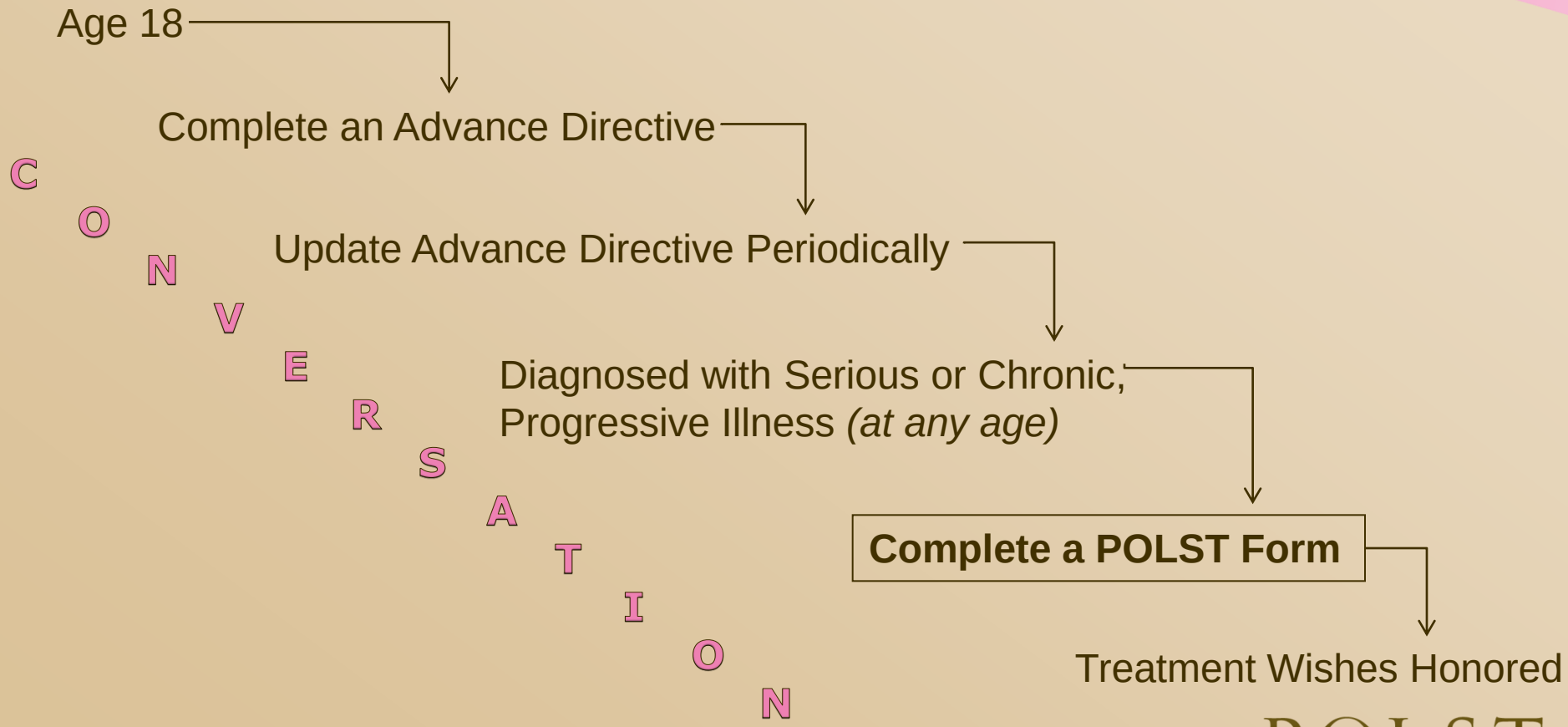
POLST vs. Advance Healthcare Directive

POLST	AHCD
• For seriously ill/frail, at any age	• For anyone 18 and older
• Specific orders for ***current*** treatment	• General instructions for ***future*** treatment
• Can be signed by decisionmaker	• Appoints decisionmaker

Materials made possible by a grant from the California HealthCare Foundation

Where Does POLST Fit In?

Advance Care Planning Continuum



Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

POLST vs. Pre-Hospital DNR *(Do Not Resuscitate)*

- Similarities:
  - Doctor's orders.
  - Address Do Not Resuscitate.
  - Intended for medically frail or those with chronic or serious illness.

Materials made possible by a grant from the California HealthCare Foundation

POLST vs. Pre-Hospital DNR *(Do Not Resuscitate)*

POLST	Pre-Hospital DNR
• Allows for choosing CPR	• Can only use if choosing DNR
• Allows for other medical treatments	• Only applies to resuscitation
• Honored across all healthcare settings	• Only honored outside the hospital

Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

How Do I Complete a POLST?

- Talk to your doctor about what kind of medical treatment you would want if you became seriously ill.
- Talk to your doctor about POLST.
- Talk to your family about your decisions.

Materials made possible by a grant from the California HealthCare Foundation

Where Do I Keep a POLST?

Original pink POLST stays with you!

- At home:
  - Post in easy-to-find location (with AHCD).
  - Give to Emergency Medical Services.
- At SNF/Hospital:
  - Filed in medical chart (with AHCD).
  - Goes with you if transferred.

Materials made possible by a grant from the California HealthCare Foundation

POLST CALIFORNIA

Can POLST be Changed?

- You can change your POLST at any time.
- If you cannot speak for yourself, your healthcare decisionmaker may request change based on the known desires of the individual.

Materials made possible by a grant from the California HealthCare Foundation

POLST

- Talk with your doctor and your family
- Visit **www.caPOLST.org**

Materials made possible by a grant from the California HealthCare Foundation

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2011)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A — CARDIOPULMONARY RESUSCITATION (CPR): *If person has no pulse and is not breathing.*

When NOT in cardiopulmonary arrest, follow orders in Sections B and C.

Check One

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (**A**llow **N**atural **D**eath)

B — MEDICAL INTERVENTIONS: *If person has pulse and/or is breathing.*

Check One

☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. ***Transfer to hospital*** *if indicated. Includes intensive care.*

Additional Orders: _____

_____

C — ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

Check One

☐ No artificial means of nutrition, including feeding tubes.

☐ Trial period of artificial nutrition, including feeding tubes.

☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders: _____

_____

_____

D — INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated _____ available and reviewed →

☐ Advance Directive not available

☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker

By signing this form, the legally recognized decisionmaker 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.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*		Date:
Address:	Daytime Phone Number:	Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

POLST CALIFORNIA

Diagram of POLST Medical Interventions

*Consider time/prognosis factors under "Full Treatment"

"Defined trial period. Do not keep on prolonged life support."

POLST CALIFORNIA

Resources

- Coalition for Compassionate Care of California - www.coalitionccc.org
- American Academy of Hospice and Palliative Medicine - www.aahpm.org
- Hospice and Palliative Nurses Association - www.hpna.org
- National Hospice and Palliative Care Association - www.nhpco.org

Materials made possible by a grant from the California HealthCare Foundation

Questions?

POLST
CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT