

# Palliative Care and End-of-Life Issues



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# OBJECTIVES

- Why POLST
- What is POLST
- How does POLST work
- Who needs POLST
- Implementing POLST



# Case Study



# Why POLST?

- Patient wishes are often not known.
- Advance Health Care Directive (AHCD) may not be accessible or honored.
- **POLST** allows healthcare professionals to know patient's wishes for care and to honor them.



# What is POLST?

- **Physician Orders for Life Sustaining Treatment**
- *“A form to record your wishes for the types of medical care you want if you become seriously ill.”*
- Signed form becomes medical orders.



# POLST History

- POLST developed in Oregon, 1991.
- California
  - AB 3000 signed into law, August 2008
  - Form carries the force of law as of 1/1/09



# California POLST Form

- Is not just a check-box form.
- Focuses on the **conversation**.
- Provides context for patients/families to:
  - Make informed choices.
  - Identify goals of treatment.



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



**Physician Orders for Life-Sustaining Treatment (POLST)**

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.

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

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** (Allow Natural Death)

**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. Additional Orders: \_\_\_\_\_
- Trial period of artificial nutrition, including feeding tubes. \_\_\_\_\_
- Long-term artificial nutrition, including feeding tubes. \_\_\_\_\_

**D INFORMATION AND SIGNATURES:**

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

Advance Directive dated \_\_\_\_\_ available and reviewed → Health Care Agent if named in Advance Directive:  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Advance Directive not available

No Advance Directive

**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**

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

Name (last, first, middle):	Date of Birth:	Gender: <b>M</b> <b>F</b>
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**Health Care Provider Assisting with Form Preparation**

Name:	Title:	Phone Number:
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**Additional Contact**

Name:	Relationship to Patient:	Phone Number:
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**Directions for Health Care Provider****Completing POLST**

- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

**Using POLST**

- Any incomplete section of POLST implies full treatment for that section.

*Section A:*

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

*Section B:*

- 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).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

**Reviewing POLST**

It is recommended that POLST be reviewed periodically. Review is recommended when:

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

**Modifying and Voiding POLST**

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.  
For more information or a copy of the form, visit [www.caPOLST.org](http://www.caPOLST.org).

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

# How POLST Works

- Designed for seriously-ill or medically frail, regardless of age.
- Completion is voluntary.
- Complements Advance Directives
- Form stays with patients as they move across care settings.



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



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

## Physician Orders for Life-Sustaining Treatment (POLST)

**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 #: <i>(optional)</i>



**A**

Check  
One

**CARDIOPULMONARY RESUSCITATION (CPR):** *If person has no pulse and is not breathing.  
When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

- Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)
- Do Not Attempt Resuscitation/DNR (Allow Natural Death)

***“Sometimes when people’s hearts stop,  
doctors & nurses try to delay the dying process.  
Have you considered whether you would want this  
or not?”***



**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 (Allow Natural Death)

## How successful is CPR?

- Age & risk factors proportionate to success
  - unsuccessful in ~100% of patients in nursing homes
- About 15% of all those who have CPR will survive
  - most will be on ventilator for a period of time and still may die
- Brain damage occurs in ~50% who initially survive CPR.



**A**Check  
One**CARDIOPULMONARY RESUSCITATION (CPR):** *If person has no pulse and is not breathing,  
When NOT in cardiopulmonary arrest, follow orders in Sections B and C.* Attempt Resuscitation/CPR (Selecting CPR in Section A **requires** selecting Full Treatment in Section B) Do Not Attempt Resuscitation/DNR (Allow Natural Death)

# CPR Decision Point

- People who choose CPR may think:

*“If it doesn’t work, then I’m no worse off than not trying. I will die either way. So even if there is a high chance of broken ribs and brain damage I want you to try CPR. It’s my only chance.”*

- Other people choose NO CPR because they feel:

*“It’s such a small chance that CPR will work and I’ll probably be sick for along time. If I’ve died, then let me go peacefully.”*



# If you become suddenly ill, treatment options are:

**B**

Check  
One

## MEDICAL INTERVENTIONS:

*If person has pulse and/or is breathing.*

- 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:** \_\_\_\_\_

\_\_\_\_\_



# Medical Intervention – Decision Point

B MEDICAL INTERVENTIONS: <small>If person has pulse and/or is breathing.</small>	
Check One	<input type="checkbox"/> <b>Comfort Measures Only</b> 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. <b>Transfer to hospital only</b> if comfort needs cannot be met in current location.
	<input type="checkbox"/> <b>Limited Additional Interventions</b> 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. <input type="checkbox"/> <b>Transfer to hospital only</b> if comfort needs cannot be met in current location.
	<input type="checkbox"/> <b>Full Treatment</b> 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. <b>Transfer to hospital</b> if indicated. Includes intensive care.
Additional Orders: _____	

Some people will think:

*My body is really tired. Next time I get sick, even a little bit, I don't want to be treated, even if it is something that you think I would be able to get better from. Make sure I'm comfortable – that's what I really want."*

Others may be thinking:

*"It's not a guarantee that life support treatment will work, and if it does, it still sounds like I will be weaker than I am, sicker, and needing help for a long time, and I don't want to be that way. You can treat me in the hospital, but don't put me on life support."*

While others may feel: *If I end up in ICU on life support, I know that it will be a tough fight, but I do think my body will be strong enough to get through. It may be a long recovery, but I'm ready to face it, and I want to try."*



# Section B: Medical Interventions



\*Consider time/prognosis factors under “Full Treatment”  
*“Not to be kept on life support if not expected to recover.”*



**C**

Check  
One

**ARTIFICIALLY ADMINISTERED NUTRITION:**

*Offer food by mouth if feasible and desired.*

- No artificial means of nutrition, including feeding tubes. Additional Orders: \_\_\_\_\_
- Trial period of artificial nutrition, including feeding tubes. \_\_\_\_\_
- Long-term artificial nutrition, including feeding tubes. \_\_\_\_\_

**What to do when you have a severe brain damage  
and can't communicate or swallow**



# Decision Point – Artificially Administered Nutrition

C Check One	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b>	<i>Offer food by mouth if feasible and desired.</i>
	<input type="checkbox"/> No artificial means of nutrition, including feeding tubes.	Additional Orders: _____
	<input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes.	_____
	<input type="checkbox"/> Long-term artificial nutrition, including feeding tubes.	_____

- A person may say:  
*“That’s no qualify of life...No feeding tubes!”*
  
- Another patient may think:  
*“My beliefs are that if there is a medical means to keep my body alive, then I want to have those means used.”*



**D****INFORMATION AND SIGNATURES:**

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

Advance Directive dated \_\_\_\_\_ available and reviewed → Health Care Agent if named in Advance Directive:  
 Advance Directive not available      Name: \_\_\_\_\_  
 No Advance Directive      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:
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Physician Signature: <i>(required)</i>	Date:
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**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: <i>(write self if patient)</i>
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Signature: <i>(required)</i>	Date:
------------------------------	-------

Address:	Daytime Phone Number:	Evening Phone Number:
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**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**



# Legally Recognized Decision Maker

- Agent/surrogate decision-maker
  - Designated in Advance Directive or orally
- Parent, guardian, conservator
- Closest available relative
- Recognized caring, close friend
  - CA Legislature has not codified this process.



# Caring for the POLST Form

- Keep in an obvious place at home (i.e. refrigerator or with medicines)
- Keep together with Advance Health Care in a plastic cover
- Take POLST with you to the hospital
- Take POLST when you leave the hospital
- EMS will take POLST during ambulance transfers between home or skilled nursing facility and the hospital



# Case Discussion

- 80 y.o. M resident of an assisted living facility fell 6 months ago and spent 3 weeks in a skilled nursing facility for rehab.
- Former smoker with HTN and COPD
- Takes meds as directed
- Gets SOB walking to the dining area and has poor short-term memory.
- “I think I’m getting a cold.” That night, staff finds him lethargic, difficult to arouse, with labored respirations.
- Son lives out of state and states that “when he was at the nursing home, I thought I filled out one of those pink forms - it’s in his desk drawer.”

# POLST form is found

- Section A - Do Not Attempt Resuscitation
- Section B - Comfort Measures
- Section C – Not completed
- Signed by Patient and Physician

**What would you do?**

# POLST vs. Advance Health Care Directive

POLST	AHCD
<ul style="list-style-type: none"><li>• For seriously ill/frail, at any age</li></ul>	<ul style="list-style-type: none"><li>• For anyone 18 and older</li></ul>
<ul style="list-style-type: none"><li>• Specific orders for <b>current</b> treatment</li></ul>	<ul style="list-style-type: none"><li>• General instructions for <b>future</b> treatment</li></ul>
<ul style="list-style-type: none"><li>• Can be signed by decision maker</li></ul>	<ul style="list-style-type: none"><li>• Appoints decision maker</li></ul>



# Advance Directive

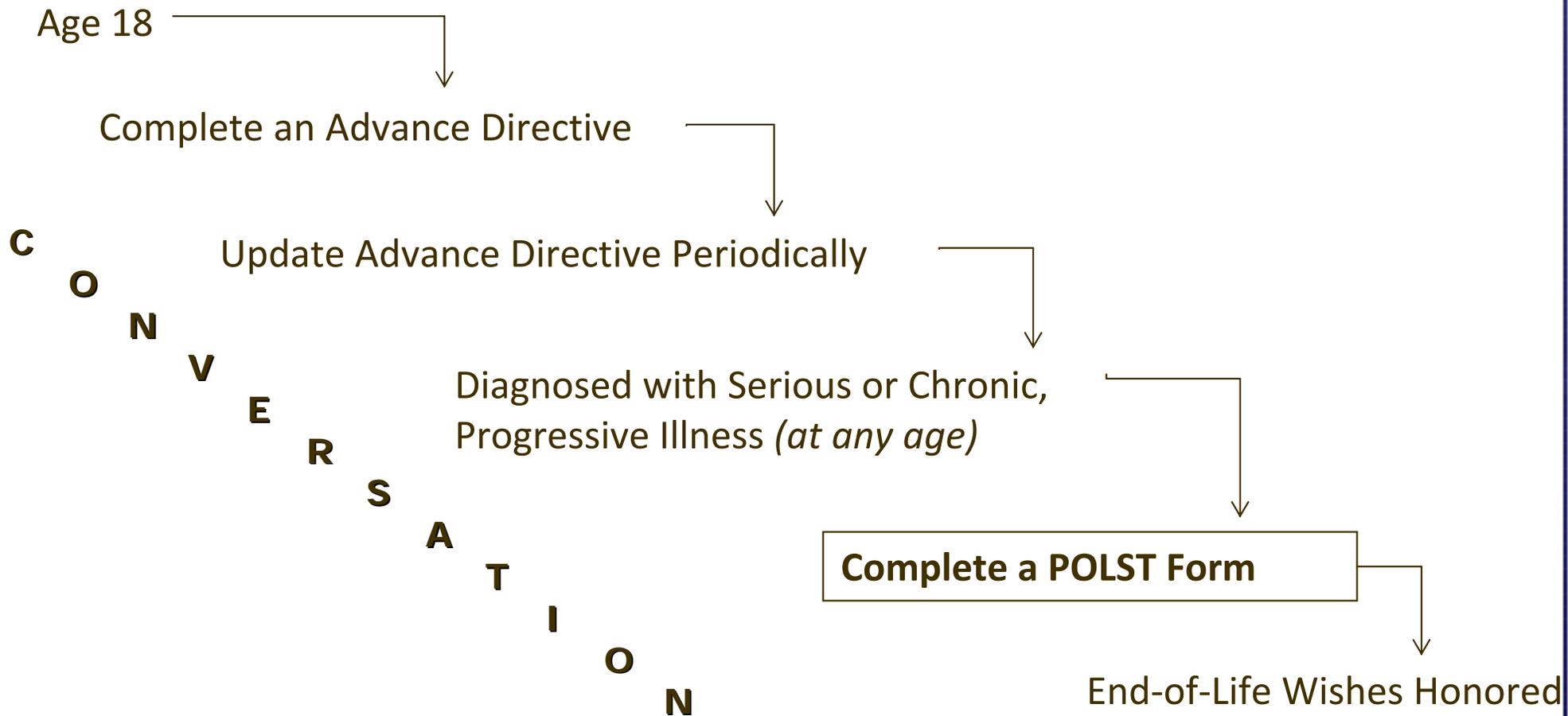
I do NOT want my life prolonged if:

- 1) I have an *incurable* and *irreversible* condition that will result in my death within a *relatively* short time,
- 2) I become unconscious and, to a *reasonable* degree of medical certainty, I will not regain consciousness, or
- 3) The *likely* risks and burdens of treatment would outweigh the *expected* benefits.



# Where Does POLST Fit In?

## *Advance Care Planning Continuum*



# Implementing POLST

- HEDIS measure for Quality
  - Evidence of advance care planning during the measurement year





# PCP-POLST Pilot Project

5/10/2009 - 10/31/2010

- 670 members identified



# Monarch PCP POLST Audit

2010



259 of 658 “completed” POLST; 35 PCPs

Noted

**NO Desire for Full Resuscitative Treatments**

**73.4%**

\*Option to transfer to acute if comfort needs can NOT be met at present location

**NO Desire for Long Term Artificial Nutrition by Tube**

**92.3%**



# POLST is effective in reducing unwanted hospitalization & medical intervention

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY  
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EMSA #111 B (Effective 1/1/2009)

Last Name \_\_\_\_\_  
 First Middle Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date Form Prepared \_\_\_\_\_

**A** **CARDIOPULMONARY RESUSCITATION (CPR):** *Person has no pulse and is not breathing.*  
Check One  
 Attempt Resuscitation/CPR  Do Not Attempt Resuscitation/DNR (Allow Natural Death)  
(Section B: Full Treatment required)  
 When not in cardiopulmonary arrest, follow orders in **B** and **C**.

**B** **MEDICAL INTERVENTIONS:** *Person has pulse and/or is breathing.*  
Check One  
 **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. *Transfer if comfort needs cannot be met in current location.*  
 **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.  
 **Do Not Transfer to hospital for medical interventions.** *Transfer if comfort needs cannot be met in current location.*  
 **Full Treatment** Includes care described above. 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 nutrition by tube.  Defined trial period of artificial nutrition by tube.  
 Long-term artificial nutrition by tube.  
 Additional Orders: \_\_\_\_\_

**D** **SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**  
 Discussed with:  
 Patient  Health Care Decisionmaker  Parent of Minor  Court Appointed Conservator  Other: \_\_\_\_\_  
**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 \_\_\_\_\_ Date \_\_\_\_\_  
 Physician Signature (required) \_\_\_\_\_ Physician License # \_\_\_\_\_  
**Signature of Patient, Decisionmaker, Parent of Minor or Conservator**  
 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.  
 Signature (required) \_\_\_\_\_ Name (print) \_\_\_\_\_ Relationship (write self if patient) \_\_\_\_\_  
 Summary of Medical Condition \_\_\_\_\_ Office Use Only \_\_\_\_\_

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

*Journal of the American Geriatrics Society,*  
 Volume 58, Issue 7, 2010. Pages: 1241–1248.

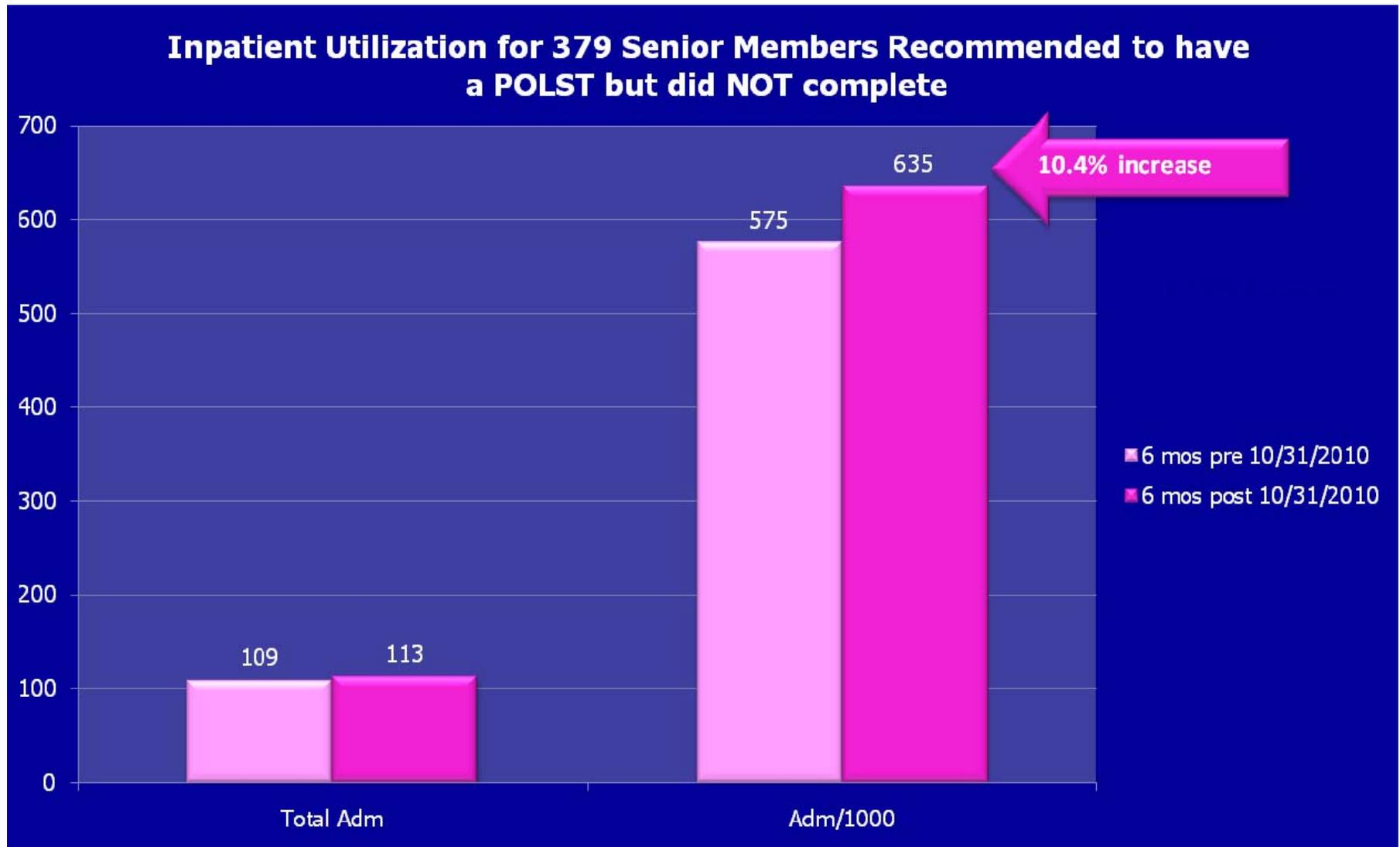




**How effective is POLST in decreasing hospital utilization for MONARCH members?**

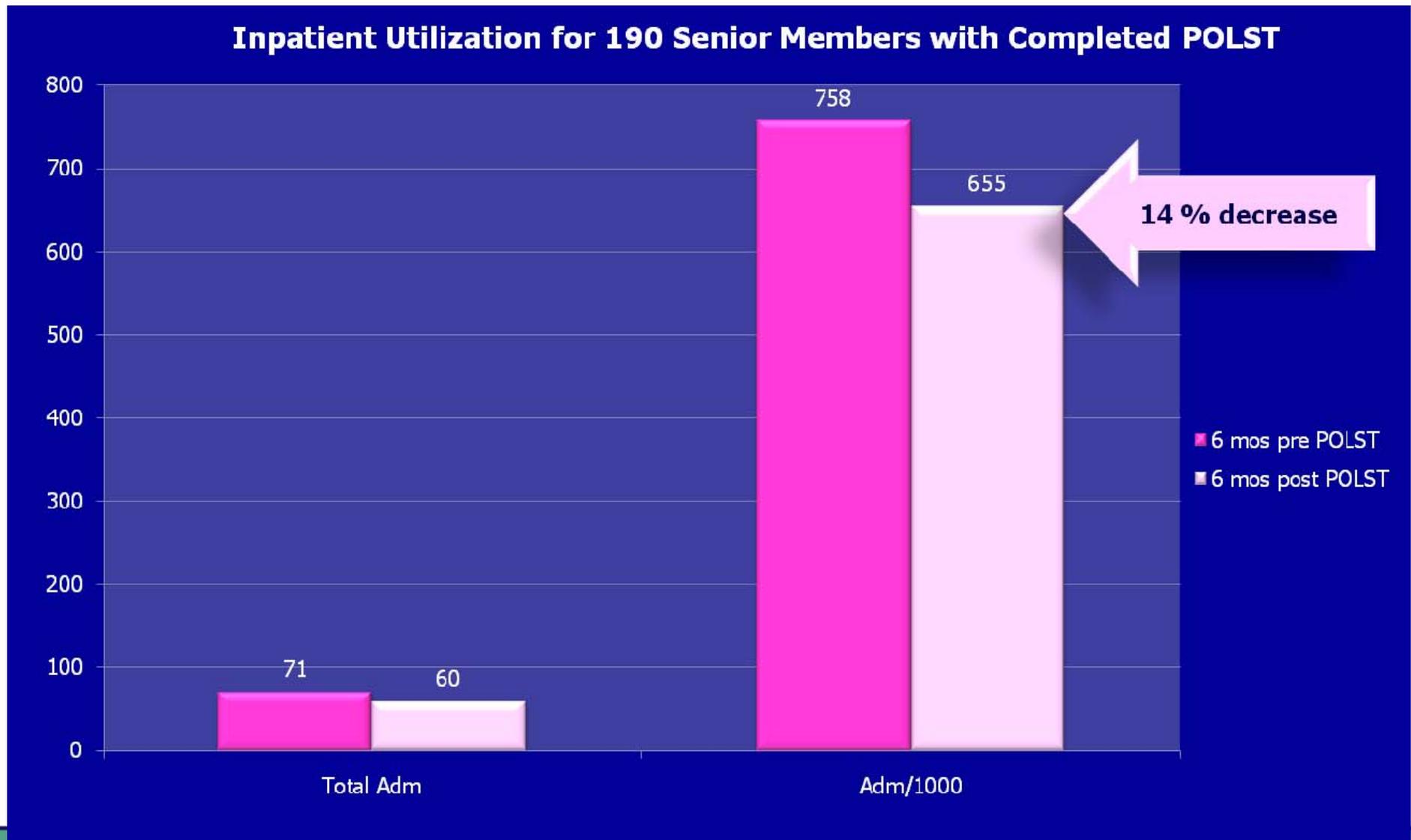


# Incomplete POLST and Hospital Admissions



Cut-off date of study October 31, 2010

# POLST Completion and Hospital Admissions



Cut-off date of study October 31, 2010



HPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

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Last Name: \_\_\_\_\_  
 First Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date Form Prepared: \_\_\_\_\_

**A CARDIOPULMONARY RESUSCITATION (CPR):** *Person has no pulse and is not breathing.*  
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 Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location.  
 Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.  
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**C ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*  
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 Long-term artificial nutrition by tube.  
 Additional Orders: \_\_\_\_\_

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 Discussed with:  
 Patient  Health Care Decisionmaker  Parent of Minor  Court Appointed Conservator  Other  
**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: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Signature (required): \_\_\_\_\_ Physician License #: \_\_\_\_\_  
**Signature of Patient, Decisionmaker, Parent of Minor or Conservator**  
 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.  
 Signature (required): \_\_\_\_\_ Name (print): \_\_\_\_\_ Relationship (write self if patient)  
 Summary of Medical Condition: \_\_\_\_\_ Office Use Only: \_\_\_\_\_

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

# Buy-in from Stakeholders

- POLST = preferred tool to document conversation
- Not an event but as part of routine care
- Align financial incentives
- Reduce cumbersome process
  - Ease of access to POLST document
- Paper form vs. Electronic based





*"There's no easy way I can tell you this, so I'm sending you to someone who can."*

# Coaching

- Other health care providers as advance care planning facilitators
- What to say
- One-hour required training



# OC Community POLST Coalition

2009

Coalition for  
Compassionate Care of  
California (CCCC)

2-year grant - California  
HealthCare Foundation

2011 Grant renewed



# OC Community POLST Coalition

Comprise of 40+ representatives:

- Hospitals
- Health Plans
- Medical Groups
- SNFs
- EMS
- Hospice & Home Health agencies
- Associations (*Alzheimer's, Council on Aging, Ombudsman,...*)



# Regional & State Initiatives

- Numerous communities & states developing or have implemented programs similar to Oregon's
  - National POLST Paradigm Task Force.
- Endorsed programs include:
  - POLST (California, Hawaii, Oregon, Wisconsin, Washington state),
  - POST or Physician Orders for Scope of Treatment (West Virginia, Tennessee),
  - MOLST or Medical Orders for Life Sustaining Treatment (New York), and
  - MOST or Medical Orders for Scope of Treatment (North Carolina).





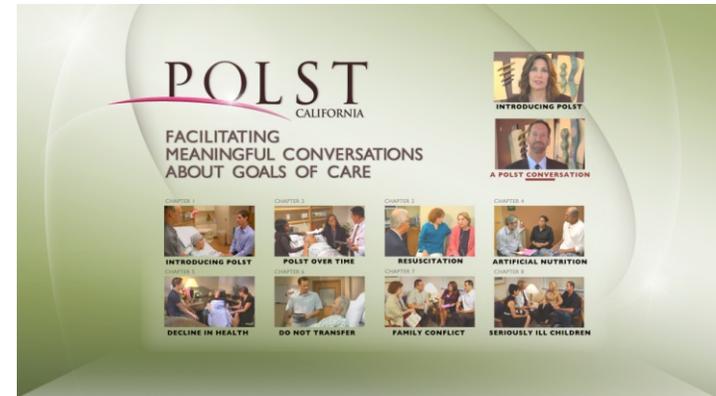
# **POLST Coalition**

**[www.capolst.org](http://www.capolst.org)**

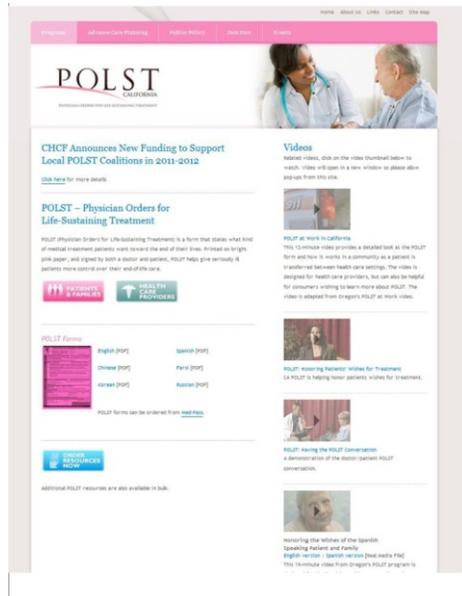


# California POLST Resources

## POLST Conversation Video



## POLST Home Page



## Policies & Procedures



### Model Policy for Skilled Nursing Facilities Physician Order for Life-Sustaining Treatment March 30, 2009

#### PURPOSE

The purpose of this policy is to define a process for skilled nursing facilities to follow when a resident is admitted with a Physician Order for Life-Sustaining Treatment (POLST). This policy also outlines procedures regarding the completion of a POLST form by a resident and the steps necessary when reviewing or revising a POLST form.

#### PREAMBLE

The Physician Orders for Life-Sustaining Treatment (POLST) is a physician order form that complements an advance directive by converting an individual's wishes regarding life-sustaining treatment and resuscitation into physician orders. It is designed to be a statewide mechanism for an individual to communicate his or her wishes about a range of life-sustaining and resuscitative measures. It is designed to be a portable, authoritative and immediately actionable physician order consistent with the individual's wishes and medical condition, which shall be honored across treatment settings.

#### The POLST form

- Is a standardized form that is brightly colored and clearly identifiable,
- Can be revised or revoked by an individual with decision-making capacity at any time,
- Is legally sufficient and recognized as a physician order,
- Is recognized and honored across treatment settings,
- Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors a POLST,
- Can be an alternative to the "Pre-Hospital Do Not Resuscitate," "Preferred Intensity of Care" and "Preferred Intensity of Treatment" forms, although POLST is more comprehensive in that it addresses other life-sustaining treatment in addition to resuscitative measures; and,
- Should be made available for residents who wish to execute a POLST form while in the nursing facility.

A health care provider is not required to initiate a POLST form, but is required to treat an individual in accordance with a POLST form. This does not apply if the POLST requires medically ineffective health care or health care contrary to generally accepted health care standards.

## CPR & Tube Feeding Brochures

**CPR/DNR**

Being asked to make a decision about cardiopulmonary resuscitation (CPR) can be complicated. Few of us have ever seen CPR performed. Our understanding of CPR may come from what we see on TV... where it looks easy and seems to be very successful without any complications. Unfortunately, these TV images of CPR are not completely accurate.

This brochure provides answers to some common questions about what CPR involves and what else is important to think about when making a decision about CPR.

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**WHAT DOES CPR LOOK LIKE?**

CPR is a longer process than most people realize. It is an attempt to re-start the heart when the heart has stopped beating. The person is placed on a hard board or on the ground and the center of the chest is pushed in about 2 inches (to provide 100 to 125 pounds of pressure). These chest compressions must be done 100 times each minute. Artificial respiration using a special mask and bag over the person's mouth to pump air into the lungs may be started. When the emergency team arrives, a breathing tube may be inserted into the windpipe to provide oxygen, and a number of electrical shocks may be given with paddles that are placed on the chest. An intravenous line (IV) will be placed in a vein and medications will be given through the IV line.

If the heart continues to respond to these treatments, the person is taken to the emergency department. Those who survive will then be transferred to the intensive care unit at the hospital and attached to a ventilator (breathing machine) and a heart monitor. At this stage, most people are still unconscious.

**WHO IS LEAST LIKELY TO BENEFIT FROM CPR?**

Risk factors that are more frequent among older people may contribute to lower chances of CPR survival as age increases. Most older adults do not have the type of heart rhythm that responds to CPR. Having any chronic disease that affects the heart, lungs, brain and kidney can lower chances for survival after cardiac arrest. If a person has multiple advanced chronic illnesses, CPR survival will be even lower.

Individuals in advanced stages of dementia have CPR survival rates three times lower than those without dementia. Several studies that looked at survival of frail nursing home residents in advanced stages of illness who were dependent on others for all of their care showed CPR survival rates of 0 - 20% even if they were transferred from the nursing home to the hospital before the cardiac arrest.

continued on next page

A GUIDE FOR DECISION MAKING

**Tube Feeding**

"I've been asked to decide about a feeding tube..."

Making a decision about a long-term feeding tube for yourself or for someone you love may be challenging and emotional. There are many factors to consider when making a decision about a feeding tube. However... Every situation is different... what may help someone with a short-term reversible eating problem may not be best for long-term use for a person who is in the final stages of a terminal illness.

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**What is a feeding tube?**

A temporary feeding tube can be inserted through the nose into the stomach (NG tube) for short-term use. A feeding tube for long-term use is called a Percutaneous Endoscopic Gastrostomy (PEG) tube. A small surgical opening is cut through the skin and stomach to place the tube that allows formula to be delivered directly to the stomach.

**When are feeding tubes less helpful?**

When those in very late stages of dementia lose their ability to swallow, often this is not an isolated event but may represent progression of the disease to a terminal phase. In terminal stages of many diseases including advanced dementia, the gastrointestinal system shuts down and digestion becomes ineffective.

**Who is helped most by having a feeding tube?**

Those who function independently but are receiving chemotherapy or radiation for certain cancers and those stroke survivors in rehabilitation whose swallowing ability is expected to return may benefit from temporary feeding tubes. Persons with ALS (Lou Gehrig's disease) may benefit because swallowing problems may occur before they reach the terminal phase of their disease.

**Will my loved one starve?**

Some people fear that not providing a feeding tube at the end of life means they are letting their loved one "starve to death."

This is not true. Starvation occurs when a hungry person whose body needs and can use the nutrients is deprived of food. When a dying person's body begins to shut down, the body may be unable to adequately use nutrients that tube feeding would provide, and the chance for bloating and discomfort increases.

A GUIDE FOR DECISION MAKING

## **POLST Forms**

- *English*
- *Spanish*
- *Chinese*
- *Farsi*
- *Hmong*
- *Korean*
- *Russian*
- *Tagalog*
- *Vietnamese*

## **CPR and Tube Feeding Brochures**

- *English*
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# POLST – Key Points

- An effective tool to capture member's end-of-life preferences
  - helps the health care system provide the treatment that the member wants.
- A physician order recognized throughout the medical system.
- Portable document that transfers with the member.
- *“It is important to talk about and document your wishes **before** you become seriously ill.”*



Thank you

