POLST Paradigm
A New Program in New Jersey

Jeanne Kerwin, DMH, CT
Ethics & Palliative Care
Overlook Medical Center
Why do we need Advance Care Planning?

- Life expectancy increased to 78 with many reaching 90’s +
- Increased prevalence of chronic diseases and varying degree of disability and dependence towards end of life
- Advanced medical technologies available – not always beneficial
- New Jersey rated worst in excessive ICU care in last six months of life and poor quality end-of-life care
- Lack of good communication skills for HC professionals about EOL options and prognosis
- Need to honor patient preferences for End-Of-Life (EOL) care
What happens when you call 9-1-1 for emergency help?

► No time for evaluation of diagnosis/prognosis
► No time for evaluation of patient preferences
► No Goals of Care identified
► All medical interventions will be provided
► High speed train!
What if you have an Advance Directive (Living Will, Proxy)?

► Becomes operative **only**:
  ✦ When patient determined to lose Decision-Making capacity; **and**
  ✦ When received by doctor or hospital; **and**
  ✦ When **adequate time for diagnosis and prognosis**; **and**
  ✦ When **adequate time for evaluation and interpretation** of preferences contained in an Advance Directive document

**Bottom Line: It is not operational in the field for EMS or upon arrival in ED**
What if you have an Out-of-Hospital DNR Order?

- Statewide protocol developed – 1997
- Honored by EMS statewide
- Protects patients at home, or during EMS transport who do not want resuscitation – only applicable at the time of death

Limitations:
- Does not address artificial ventilation for respiratory distress
- Does not address other goals of care and preferences regarding artificial life-supports
- Must be re-written for hospital or nursing home use
POLST: *What is it?*
(Practitioner Orders for Life Sustaining Treatments)

► **Actionable Medical Order set:**

✧ Does not require interpretation/evaluation of prognosis so can be honored at point of contact with POLST by EMS, ED, hospital

✧ Represents previous discussion about end-of-life care and decisions made concerning preferences for medical interventions

✧ Brightly colored green format – universally recognized among hospitals, nursing homes, EMS, home care

✧ Promise by HC professionals to honor

✧ Portable from one setting to another – ALL SETTINGS!

✧ Complements, but does not replace, Advance Directives
POLST – New Jersey

► Practitioner = licensed physician or advance practice nurse (APN)

♦ APN – allowed by NJ law and NJ Board of Nursing to execute a POLST document
POLST

✧ **Who** should have POLST?

★ **Target population:** those with terminal, progressive illness and limited life expectancy who have preferences about their end-of-life care, such as:

✧ Terminal illness with limited life expectancy
✧ Long term care residents with limited life expectancy
✧ Frail elderly with progressive illness entering last phase of life
✧ Those with life expectancy < 1 year

*Not indicated for those without life-limiting prognosis for the “what if” scenario (as in an Advance Directive)*
How is POLST different than AD?

► Targeted for those with *limited life expectancy*
► Does *not* require loss of decision-making capacity
► Can be created by HC practitioner (physician or APN) with the patient or surrogate (of patient who lacks DM capacity)
► Not limited to adults 18+
► **Applies immediately** – no interpretation or evaluation needed at point of contact
► Set of actionable medical orders
How is POLST different than Out of Hospital (OOH) DNR?

► OOH DNR – is not portable! (Only applicable to EMS)

► OOH DNR – only applies to resuscitation in event of CP arrest; POLST includes choices about other life-sustaining treatments such as intubation for respiratory distress

► POLST = Travels across all settings to accept
Core Elements of POLST

- **Actionable** medical orders
- Recommended for persons who have advanced chronic progressive illness and interested in further defining their end of life care wishes
- May be used either to limit medical interventions or to clarify a request for all medically indicated treatments
- Provides **explicit direction about resuscitation**
- Includes directions about **other types of LST** (intubation, dialysis, antibiotics, tube feeding, etc.)
PRACTICAL MATTERS CONCERNING POLST

► Out of Hospital DNR orders remain valid for those w/o POLST
► POLST includes resuscitation status so no need for Out of Hospital DNR if POLST present
► Advance Directives complement POLST but many will have POLST w/o advance directives
► POLST can be completed for patients w/o decision-making capacity by MD/APN and surrogate decision-maker
NJ POLST Specifics

This section is not a medical order, but a narrative about the goals of care to better understand the preferences of the patient.

► A – Goals of Care Section:

- What is the care plan trying to achieve?
- What is most important to this patient?
- What are hopes of patient?
- Examples: I want to live as long as possible with freedom from pain and discomfort, but I do not want my life artificially prolonged by tubes and machines in intensive care under any circumstances. I prefer care at home and want to avoid hospitalizations –or
- I want to continue dialysis and hospitalizations for infections, but do not want intubation for respiratory failure or resuscitation for cardiopulmonary arrest.

Diagnosis and prognosis may be included in this section
Section B – Medical Interventions

- Full treatment – no limitation on medical interventions if appropriate
- Resuscitation status – indicated in Box D

*(may choose full treatment and DNR)*
NJ POLST Specifics

► Section B – Medical Interventions

✧ **Limited Treatment** – specify acceptable treatments (for example, antibiotics, IV fluids); but generally avoid intensive care and artificial life-sustaining treatments.

✧ Specify preference for transfer to hospital
NJ POLST Specifics

► Section B – Medical Interventions

✦ **Symptom Treatment only** – use aggressive comfort measures to relieve pain and symptoms with medications any route and any appropriate means to maintain comfort.

✦ This includes all measures to relieve spiritual, emotional and psychological suffering
  ✴ No artificial life extending supports
  ✴ Transfer to hospital *only if* comfort cannot be achieved in other settings
NJ POLST specifics

Section C

► Artificial nutrition (tube, IV) – yes, no, or trial period

► *Always offer food/fluids by mouth if feasible and desired by patient*
NJ POLST Specifics

► Section D – CPR – **EMS FOCUS**
  ✦ Attempt resuscitation/CPR
  ✦ Do Not Attempt CPR – Allow Natural Death

► Section D – Airway Management (for patient *with pulse in respiratory failure*)
  ✦ Intubate/use artificial ventilation
  ✦ Do not intubate – Use O2, non-invasive support, medications for comfort *

*Exception: OR elective procedures for comfort such as surgery for SBO, fracture repairs*
NJ POLST Specifics

► Section E – Patient permission for surrogate to modify, rescind POLST

- Only for patients with decision-making capacity at time of POLST completion
- Allows patient to decide if anyone can modify or rescind POLST
- Any modification must be in collaboration with patient’s physician/APN

**Note**: Discuss with patient any prior existence of a HC proxy designated in an Advance Directive and avoid conflict by naming a different surrogate in this Section
NJ POLST Specifics

► Section F – signatures
- Must be signed by patient with capacity or designated surrogate decision-maker for patients who lack capacity
- Physician or APN must print name and license number, sign and print date and phone number **

► Has person made anatomical gift?
- This is not time/place to make gift, but just acknowledges if gift has been made in past (driver’s license, AD)

** Imperative for validity of document!
NJ POLST Specifics

► Reverse side of POLST

✧ *Always copy POLST as two-sided*

✧ Place to print person’s name, address and date of birth

✧ Place to print Surrogate’s name, address and phone number

✧ Copies

★ Original (GREEN) *stays with patient*

★ Copies for medical record (two-sided) – can be copied on white paper
NJ POLST specifics
► What makes POLST valid?
✦ Signed by patient or surrogate
✦ Signed by physician or APN
✦ Dated
✦ Original on green paper, but copies on other paper will be accepted if readable

Sections of POLST not completed will default to full treatment under that section.
NJ POLST specifics

► POLST form belongs to the patient!!
► POLST should not be modified to add institutional logo, facility name, etc.
POLST is Law in New Jersey as of December, 2011

► Signed into law by Governor
► NJHA IQPS appointed by Commissioner of health to develop statewide form, educational materials and implementation
► It is the law now.
► **HC Professionals are protected from liability when honoring POLST in good faith**
POLST is *not* a check list menu!

- It is a tool used to implement Goals of Care
- Requires a *comprehensive conversation* with patient’s *clinical caregivers* about their goals of care and medical conditions
- Should not be used for *DNR status only*
GOC Conversation starters…

► What is your understanding of your illness?
► What are your expectations at this point?
► What is most important to you?
► What are your fears and worries about what might happen?
► What would you want *not* to happen to you?
NJ POLST Resources
► Guide for HC professionals
► NJ Blueprint for EOL Care
► POLST FAQs
► Webinars

www.njha.com/polst
Discussion...CONCERNS?