

MODEL POLICY FOR GENERAL ACUTE CARE HOSPITALS

PRACTITIONER ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) – NEW JERSEY

PURPOSE

The purpose of this policy is to define a process for general acute care hospitals to follow when a patient presents with a Practitioner Orders for life Sustaining Treatment (POLST) form. This policy also outlines procedures regarding the completion of a POLST form by a patient in the hospital and the steps necessary when reviewing or revising a POLST form.



PREAMBLE

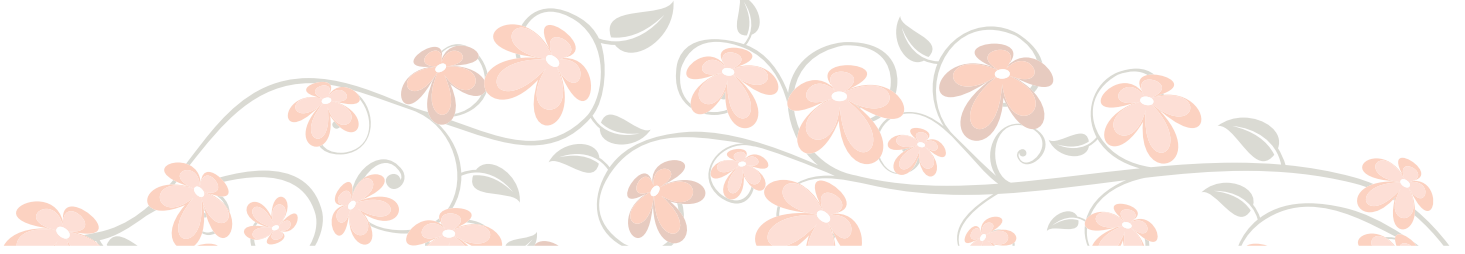
The POLST is a physician or advanced practice nurse (APN) order form that complements an advance directive or an individual’s expressed wishes regarding life-sustaining treatment and resuscitation by converting those preferences into a comprehensive set of orders. It is designed to be a statewide mechanism for an individual to communicate his or her preferences about a range of life-sustaining and resuscitative measures. It is designed to be a portable, authoritative and immediately actionable physician/nurse practitioner order consistent with the individual’s preferences and medical condition, which shall be honored across all treatment settings.

THE POLST FORM:

- Is a standardized form that is brightly colored and clearly identifiable¹
- 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 all 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:
- Is an alternative to the Out-of-Hospital Do Not Resuscitate form, although POLST is more comprehensive in that it addresses other life-sustaining treatment in addition to resuscitative measures; and
- Should be made available for all appropriate patients or their legally recognized health care decision maker, who wish to execute a POLST form while they are in the general acute care hospital

¹ NOTE: The official POLST form for New Jersey is approved by the NJ Department of Health & Senior Services. You can download a copy of the form for printing by going to the NJ website.....at:

(Define) green paper is the color used for the NJ POLST form. It is important to use this specific color of green paper so that the form can be photocopied and faxed. AlthoughGreen is the recognized and recommended color; the POLST form remains valid if another color paper is used. A photocopy of the form is also valid.



A health care provider is not required to initiate a POLST form, but is required to treat a patient in accordance with a POLST form. As outlined in the following procedures the physician will review the POLST and incorporate the content of the POLST into the care and treatment plan of the patient. **This does not apply if the POLST requires medically ineffective health care or health care contrary to generally accepted health care standards.**²

A legally recognized health care decision maker³ may execute the POLST form for an individual who does not have decision making capacity. If an individual with decision making capacity executes a POLST, a legally recognized surrogate decision maker for the individual may modify or revoke the POLST in collaboration with the individual's physician **only if** the individual has previously authorized that surrogate to do so. This policy does not address the criteria or process for determining or appointing a legally recognized health care decision maker, nor does it address the criteria or process for determining decision making capacity.⁴

While a health care provider⁵ such as a nurse or social worker can explain the POLST form to the patient and/or the patient's legally recognized health care decision maker, the physician or advanced practice nurse (APN) is responsible for discussing the efficacy or appropriateness of the treatment options with the patient, or if the patient lacks decision making capacity, the patient's legally recognized health care decision maker.



Once the POLST form is completed, it should be signed by the patient, if possible, or if the patient lacks decision making capacity, the patient's legally recognized health care decision maker, AND the physician or APN who conducted the discussion about goals of care.

The POLST is intended for persons who are frail and elderly or who have a compromised medical condition, a prognosis of five years of life or less, a terminal illness, or specific preferences regarding life sustaining treatment. The POLST should be executed as part of the health care planning process and ideally is a complement to a person's advance directive. A POLST form may also be used by persons who do not have an advance directive. Completion of a POLST form should reflect a process of careful decision making by the patient, or if the patient lacks decision making capacity, the patient's legally recognized health care decision maker, in consultation with the physician or nurse practitioner about the patient's medical condition, prognosis and known treatment preferences.

² (Do we have such a code/law in NJ?)

³ Legally recognized health care decision maker includes the individual's legal guardian, health care proxy as designated by an Advance Directive for Health Care, or closest available next of kin as described in New Jersey (case law reference?)

⁴ NOTE: Hospitals should refer to their specific policies and relevant case law regarding determination of decision making capacity and of a legally recognized health care decision maker.

⁵ (NJ law citation) "Health care provider" means an individual licensed, certified, or otherwise authorized or permitted by law of New Jersey to provide health care in the ordinary course of business or practice of a profession.



GENERAL ACUTE CARE HOSPITAL PROCEDURES⁶

I. PATIENT IN EMERGENCY DEPARTMENT WITH COMPLETED POLST FORM

1. During the initial patient assessment, document the existence of the POLST form⁷
2. A nurse or designated staff member will communicate to the emergency department physician caring for the patient the existence of the POLST.⁸
3. POLST orders will be followed by health care providers as a valid physician order until the emergency department physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate.⁹ The physician should document his/her review of the POLST in the medical record.
4. If the emergency department physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and/or legally recognized health care decision maker (if previously authorized by the patient) , and issue a new order consistent with the most current information available about the patient's health status, medical condition, prognosis, treatment preferences and goals of care. The physician should document the reasons for any deviation from the POLST in the medical record. (*See also "Reviewing/Revising a POLST form" regarding voiding a POLST.*)
5. Discussions with the patient and/or the patient's legally recognized health care decision maker regarding the POLST and related treatment decisions must be documented in the medical record.
6. Copy the POLST form (both sides) for the medical record and/or scan into the electronic medical record.
7. Place appropriate hospital patient information label on the copy of the POLST form in the upper right corner of the POLST and write "COPY" on the form and the date copied.
8. Place the current original POLST form in the appropriate and prominent section of the doctor's orders section of the patient's medical record.¹⁰
9. If the patient is discharged from the Emergency Department, **return the current original POLST form to the patient and document such action.**
10. If the patient is admitted to an inpatient unit, send the **current original POLST** with the patient to the inpatient unit.



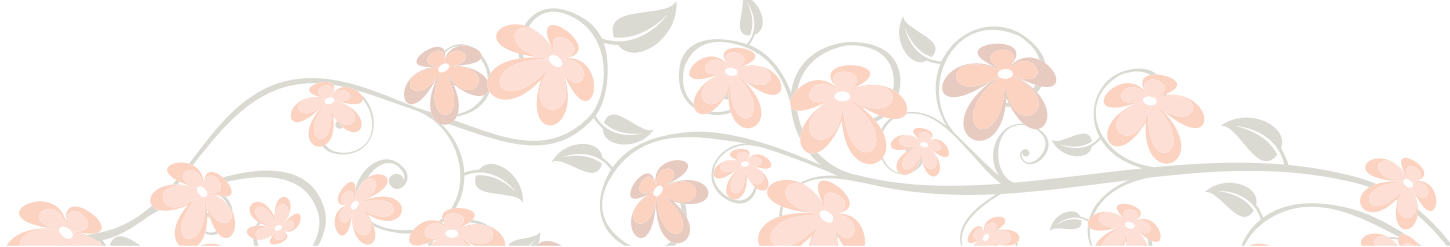
⁶ NOTE: Individual hospitals may adapt the model procedures in accordance with their existing structures and related policies.

⁷ NOTE: Hospitals should designate by policy the specific staff responsible for this action.

⁸ NOTE: Hospitals should designate by policy the specific staff responsible for this action.

⁹ NOTE: See footnote 2 above.

¹⁰ NOTE: Hospitals may choose an alternative process that differs in the basic principle of whether the original POLST should be included in the medical record or treated as "personal property" and secured by another mechanism. For example, "Place the copy of the POLST form in the front of the patient's chart and keep original with the patient's other personal property."



II. PATIENT ADMITTED WITH A COMPLETED POLST FORM

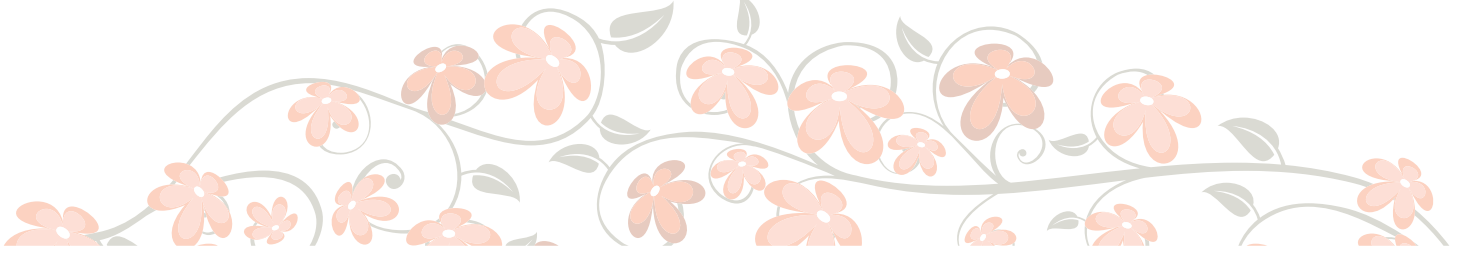
1. During the initial patient assessment, document the existence of the POLST form
2. A nurse, social worker or other designated staff member will communicate to the admitting physician caring for the patient the existence of the POLST.¹¹
3. POLST orders will be followed by health care providers as a valid physician order until the admitting physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate.¹² The physician should document his/her review of the POLST IN THE MEDICAL RECORD.
4. The physician or APN should complete any hospital approved and required order forms, such as DNR Orders, if appropriate, to reflect and make known the orders contained on the POLST form.¹³
5. If the admitting physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and issue a new order consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. If the patient has lost decision making capacity, the physician **MUST** review any proposed changes to the POLST with the patient's legally recognized decision maker if previously authorized by the patient to do so. The physician should document the reasons for any modification of the POLST in the medical record. (*See also "Reviewing/Revising a POLST form" regarding voiding a POLST.*)
6. Discussions with the patient and/or the patient's legally recognized health care decision maker regarding the POLST and related treatment decisions must be documented in the medical record. If goals of care have been changed related to changes in the patient's condition, new POLST form should be completed prior to the patient's discharge.
7. Copy the POLST form (both sides) for the hospital medical record and/or scan into the electronic medical record.
8. Place appropriate hospital patient information label on the copy of the POLST form in the upper right corner and write "COPY" on the form and the date copied.
9. Place the current original POLST form in the appropriate and prominent section of the Doctor's Order section of the patient's chart.¹⁴
10. Because the current original POLST is the patient's personal property, ensure its return to the patient or legally recognized health care decision maker upon discharge or transfer, maintaining a copy for the patient's medical record.
11. At discharge, **send the most current original POLST with the patient** during any transfers to another health care facility or to home. Document in the medical record that the original POLST was sent with the patient at the time of discharge.
12. If the patient is discharged or transferred by Emergency Medical Services (EMS), ensure that the POLST form is visible and accessible to the EMS transport staff.

¹¹ NOTE: Hospitals should designate by policy the specific staff responsible for this action.

¹² See 2 above.

¹³ NOTE: Hospitals may elect to use the POLST form as the approved DNR Order form; or they may elect to maintain a separate Order form for DNR along with the POLST form.

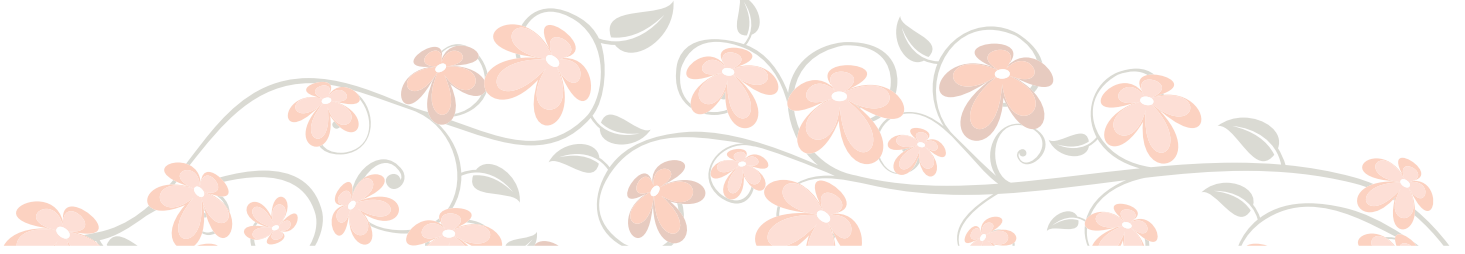
¹⁴ NOTE: See Note 10 above.



III. COMPLETING A POLST FORM WITH THE PATIENT

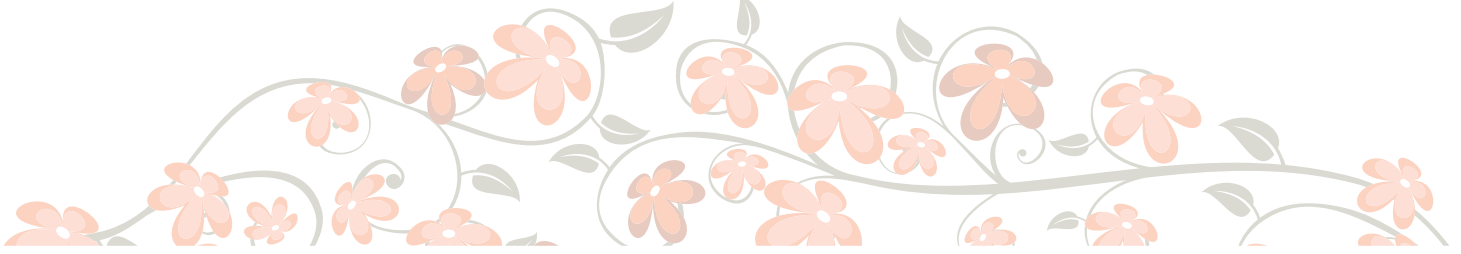
1. If the patient, or if the patient lacks decision making capacity, the patient's legally recognized health care decision maker, wishes to complete a POLST form during a hospital admission, the patient's physician or APN should be contacted. The physician or APN should discuss **goals of care** with the patient or legally recognized health care decision maker. The discussion should include information about the patient's advance directive (if any) or other statements the patient has made regarding his/her preferences for end-of-life care and treatments. The benefits, burdens, efficacy and appropriateness of treatment options and medical interventions should be discussed by the physician or nurse practitioner with the patient and/or the patient's legally recognized health care decision maker.
2. A health care provider such as a nurse or social worker can explain the POLST form to the patient and/or the patient's legally recognized health care decision maker. However, the physician or APN is responsible for discussing treatment options with the patient or the patient's legally recognized health care decision maker.
3. The above-described discussions should be documented in the medical record, and dated and timed.
4. The POLST form is to be completed based upon the patient's expressed treatment preferences and medical condition. If the patient lacks decision making capacity and the POLST form is completed with the patient's legally recognized health care decision maker, it must be consistent with the known desires of and in the best interest of the patient.
5. In order to be valid, the POLST must be signed by a physician or APN, and by the patient, or if the patient lacks decision making capacity, the legally recognized health care decision maker.
6. Follow the instructions above for copying the POLST form and putting it in the medical record.
7. Because the current original POLST is the patient's personal property, **ensure its return to the patient, or legally recognized health care decision maker, upon discharge or transfer** and maintain a copy for the hospital medical record.¹⁵
8. If the patient will not be transferred or discharged for a period of time, place the completed current original POLST in the appropriate and prominent section of the Doctors Order section of the chart. Indicate that the patient has a POLST on the Discharge Summary Form/Discharge Checklist. **The current original POLST will be sent with the patient at the time of discharge.**

¹⁵ NOTE: Hospitals should designate by policy the specific staff responsible for this action.



IV. REVIEWING/REVISING A POLST FORM

1. Discussions about revising or revoking the POLST should be documented in the medical record, and dated and timed. This documentation should include the essence of the conversation and the parties involved in the discussion.
2. At any time the attending physician or APN and the patient may review or revise the POLST consistent with the patient's most recently expressed preferences. In the case of a patient who lacks decision making capacity, the attending physician or APN and the patient's legally recognized health care decision maker may review the POLST, as long as it is consistent with the known desires of and in the best interest of the patient. ***For a patient who had decision making capacity at the time of the POLST completion, the legally recognized health care decision maker may revise or revoke the POLST in collaboration with the physician or APN , only if previously authorized by the patient on the original POLST form.***
3. During the acute care admission, care conferences and/or discharge planning, it is recommended that the attending physician or APN review the POLST when there is substantial change in the patient's health status, medical condition or when the patient's treatment preferences change.
4. If the current POLST is no longer valid due to a patient changing his/her treatment preferences, or if a change in the patient's health status or medical condition warrant a change in the POLST orders, the POLST can be voided in accordance with Section IV, Item #2. To void a POLST, draw a line through Sections A through D and write "VOID" in large letters. Sign and date this line. This change should be documented in the medical record.
5. If a new POLST is completed, a copy of the original POLST, marked "VOID" (that is signed and dated) should be kept in the medical record directly behind the current POLST.



V. CONFLICT RESOLUTION

If the POLST conflicts with the patient’s previously expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the patient’s wishes govern.

If there are any conflicts or ethical concerns about the POLST orders, appropriate hospital resources – e.g., ethics consultation, care conference, legal, risk management or other administrative and medical staff resources – may be utilized to resolve the conflict.¹⁶

During conflict resolution, consideration should always be given to: (a) the attending physician’s assessment of the patient’s current health status and the medical indications for care or treatment; (b) the determination by the physician as to whether the care or treatment specified by POLST is medically ineffective, non-beneficial, or contrary to generally accepted health care standards; and (c) the patient’s most recently expressed preferences for treatment and the patient’s treatment goals.

¹⁶ Note: Hospitals may specify by policy the order in which resources should be requested for the resolution of conflicts.