POLST

PRACTITIONER ORDERS FOR
LIFE-SUSTAINING TREATMENT

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POLST
Practitioner Orders for Life-Sustaining Treatment

POLST Paradigm
A New Program in New Jersey

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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

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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!

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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

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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

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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

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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

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- **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)

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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

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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

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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.)

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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

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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

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NJ POLST specifics

- 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)

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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

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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

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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*

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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**

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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

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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 !***

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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

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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.

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NJ POLST specifics

- POLST form belongs to the patient !!
- POLST should not be modified to add institutional logo, facility name, etc.

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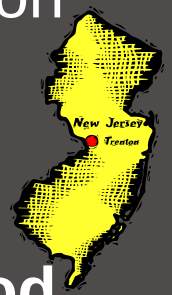
POLST is Law in New Jersey as of December, 2011

- 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.
- **<u>HC Professionals are protected from liability when honoring POLST in good faith</u>**



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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*

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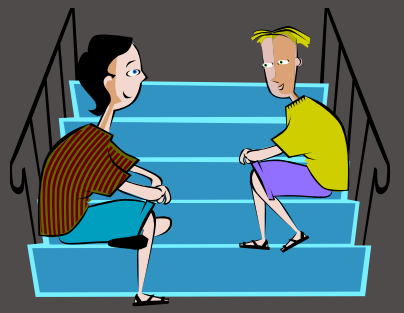
GOC Conversation starters…

- 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?



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NJ POLST Resources

- Guide for HC professionals
- NJ Blueprint for EOL Care
- POLST FAQs
- Webinars

www.njha.com/polst

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Discussion…CONCERNS ?

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