POLST: Advancing the Advance Directive

Renee A Foutz MD
Assistant Professor of Medicine
Medical College of Wisconsin | Palliative Care Program
Zablocki VA Medical Center | Emergency Department

Froedtert & Medical College of Wisconsin

POST VIRGINIA
Physician Orders for Scope of Treatment
A POLST Paradigm Program

POLST
physician orders for life-sustaining treatment paradigm®

MOST
Medical Orders for Scope of Treatment
COALITION

MOLST
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT
A POLST Paradigm Program

Objectives

- The history of POLST
- Current use in WI and around the country
- How it works
- Benefits
- Controversies and concerns
- The future of POLST

Mr. Smith

- 85 yo male with severe COPD
- Lives in SNF now after hospitalization for pneumonia
- Developed shortness of breath and AMS
- 911 called and taken to hospital
- DNR per paperwork from SNF
- ER doc unable to reach family
- Patient intubated and taken to ICU
- Patient had a living will and he talked with family and SNF staff about not wanting to go back to the hospital or receive aggressive treatment but no documentation

The origin

- In 1991, ethicists in Oregon observed that patient preferences for end-of-life care were not always honored
- Recognized that standard advance directives were not adequate for patients with serious illnesses

We're always talking about goals

- Goals:
  - Patients receive the care they want and not receive care they don't want
  - Get preferences elicited, communicated, and honored
  - Gives patients the peace of mind that their wishes will be honored

What makes it different

- For seriously ill patients with a prognosis of less than one year
- Encourages patients and health care professionals to talk about a patient's end-of-life care
- Wishes are translated in to medical orders

This may come as a surprise…

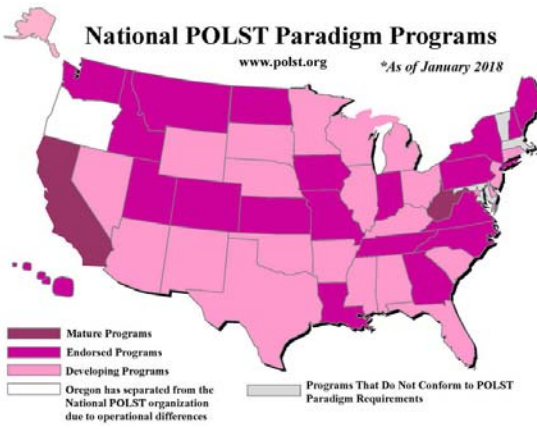
- Advance directives are not often looked at by emergency personal
- Even when advance directives are available, emergency personal generally follow the standard of care

Who's in charge of it?

- Not a federal program but developed state by state
- Some states have legislation in place to regulate use
- The National POLST Paradigm Task Force has quality standards for states to follow

Where is it now

- First form used in 1994
- Use now exists at varying levels in 49 states
- Part of advance care planning
- Does not replace other advance directives



Adapted from www.polst.org

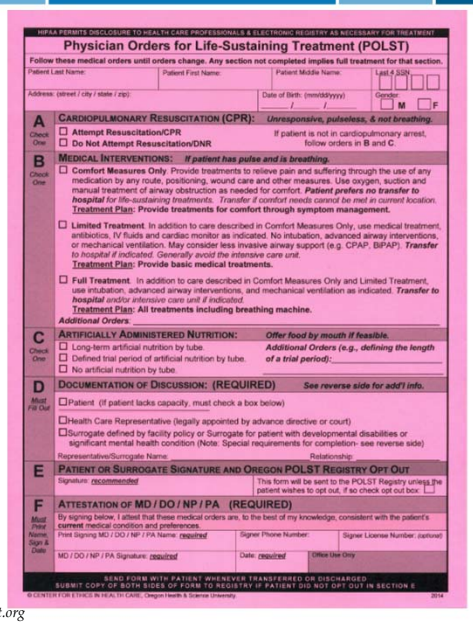
Froedtert & Medical College of Wisconsin

How it works

- A trained facilitator or provider meets with patient AND surrogate decision maker to fill out the form
- Must be signed by a physician, PA, or NP

Adapted from http://coalitionccc.org

Froedtert & Medical College of Wisconsin



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Physician Orders for Life-Sustaining Treatment (POLST)

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient Last Name: | Patient First Name: | Patient Middle Name: | Last 4 SSN

Address: (street / city / state / zip) | Date of Birth: (mm/dd/yyyy) | Gender: ☐ M ☐ F

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*

☐ Attempt Resuscitation/CPR
☐ Do Not Attempt Resuscitation/DNR

If patient is not in cardiopulmonary arrest, follow orders in **B** and **C**.

B Check One — **MEDICAL INTERVENTIONS:** *If patient has pulse and is breathing.*

☐ **Comfort Measures Only**. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: Provide treatments for comfort through symptom management.

☐ **Limited Treatment**. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated. Generally avoid the intensive care unit.***
Treatment Plan: Provide basic medical treatments.

☐ **Full Treatment**. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit if indicated.*
Treatment Plan: All treatments including breathing machine.

Additional Orders:

C Check One — **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible.*

☐ Long-term artificial nutrition by tube.
☐ Defined trial period of artificial nutrition by tube.
☐ No artificial nutrition by tube.

Additional Orders (e.g., defining the length of a trial period):

D Must Fill Out — **DOCUMENTATION OF DISCUSSION: (REQUIRED)** *See reverse side for add'l info.*

☐ Patient (If patient lacks capacity, must check a box below)
☐ Health Care Representative (legally appointed by advance directive or court)
☐ Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion- see reverse side)

Representative/Surrogate Name: | Relationship:

E — **PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT**

Signature: *recommended* | This form will be sent to the POLST Registry unless the patient wishes to opt out, If so check opt out box: ☐

F Must Print Name, Sign & Date — **ATTESTATION OF MD / DO / NP / PA (REQUIRED)**

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's **current** medical condition and preferences.

Print Signing MD / DO / NP / PA Name: *required* | Signer Phone Number: | Signer License Number: (optional)

MD / DO / NP / PA Signature: *required* | Date: *required* | Office Use Only

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION E

Adapted from http://oregonpolst.org

Froedtert & Medical College of Wisconsin

Section A

A Check One	**CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*	
	☐ **Attempt Resuscitation/CPR** ☐ **Do Not Attempt Resuscitation/DNR**	If patient is not in cardiopulmonary arrest, follow orders in **B** and **C**.

Froedtert & Medical College of Wisconsin

Section B

B Check One	MEDICAL INTERVENTIONS: *If patient has pulse and is breathing.*
	☐ **Comfort Measures Only**. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.* **Treatment Plan: Provide treatments for comfort through symptom management.**
	☐ **Limited Treatment**. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer*** *to hospital if indicated. Generally avoid the intensive care unit.* **Treatment Plan: Provide basic medical treatments.**
	☐ **Full Treatment**. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit if indicated.* **Treatment Plan: All treatments including breathing machine.**
	Additional Orders: _____

Adapted from http://polst.org

Froedtert & Medical College of Wisconsin

Section C

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION:	*Offer food by mouth if feasible.*
	☐ Long-term artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube. ☐ No artificial nutrition by tube.	***Additional Orders (e.g., defining the length of a trial period):*** _____ _____

Adapted from http://polst.org

Froedtert & Medical College of Wisconsin

Other Sections of the Form

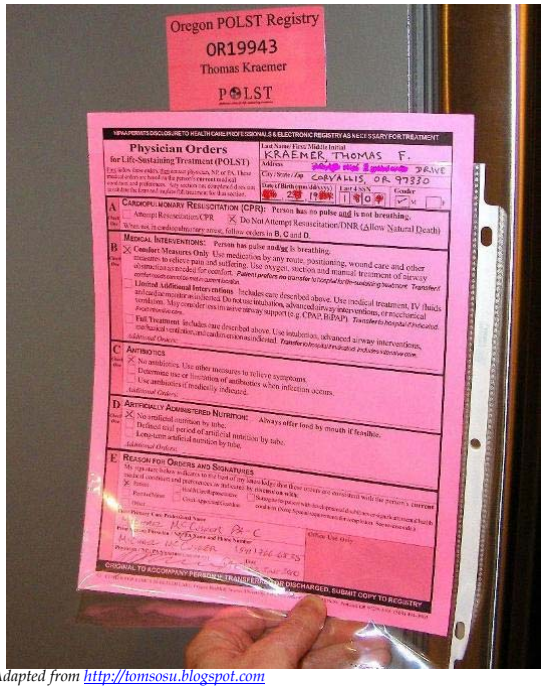
- Health care professional signature
- Patient or surrogate signature
- Backside of form may include additional information such as:
  - Instructions
  - Preparer information
  - How to void the form
  - Contact information for surrogates

Froedtert & Medical College of Wisconsin

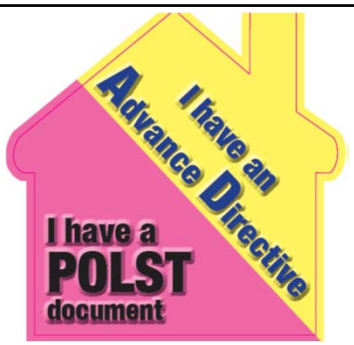
Once it's been filled out

- Patient receives original copy
- Copy goes in medical record
- Conversation should be documented in the medical record
- Copy sent to state POLST registry (if applicable)

Froedtert & Medical College of Wisconsin



Adapted from http://tomsosu.blogspot.com



Adapted from http://gapolst.org

Adapted from http://sacbeec.com

What happens once the form leaves the office

- Patient's treatment wishes are now medical orders
- The orders transfer across care lines
- Are to be reviewed with changes in medical condition or transfer of care

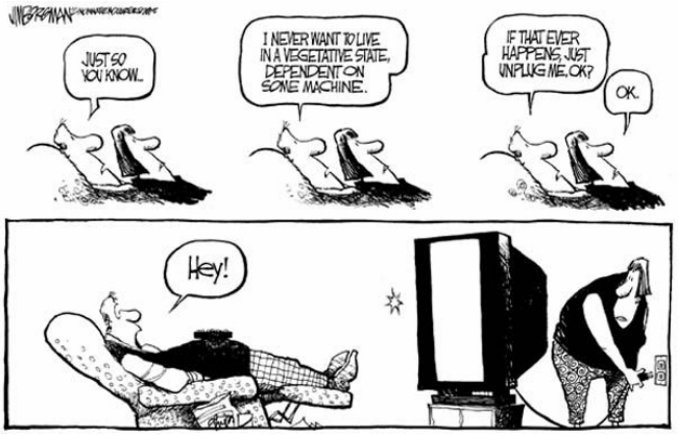
Froedtert & Medical College of Wisconsin

When to review/revise

- Patient is transferred to another care setting or to another care level
- Change in patient's health status
- When primary provider changes
- If patient requests or surrogate for patient without capacity requests it
- Patient care conference

Where else the form might be found

- Some states have databases that providers can access to see patient's forms
- Some EHRs are set up so form can be filled out in the medical record
- May have an alert on screen that patient has a POLST



Limitations of Current ACP Documents

- Vague
- Often filled out years before serious illness
- Can be filled out at any time with no discussion with anyone
- Surrogates may not feel comfortable making decisions
- No one can find them
- Can't reach surrogate
- EMS will follow standard of care regardless of advance directives
- Not often looked at until patient in the hospital and stabilized

TABLE 1

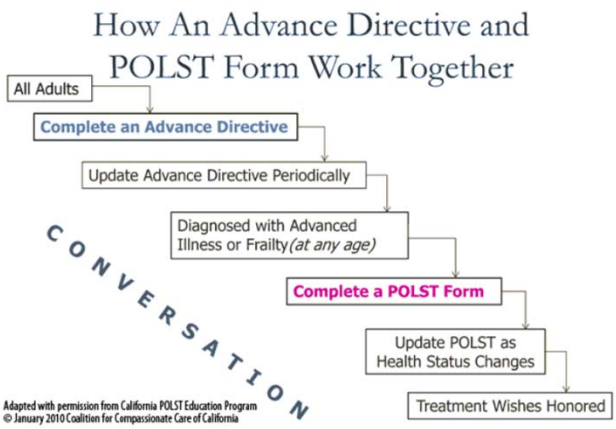
Differences between POLST and advance directives

CHARACTERISTICS	POLST	ADVANCE DIRECTIVES
Population	For the seriously ill	All adults
Time frame	Current care	Future care
Who completes the form	Health care professionals	Patients
Resulting form	Medical orders (POLST)	Advance directive
Health care agent or surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete
Portability	Provider responsibility	Patient/family responsibility
Periodic review	Provider responsibility	Patient/family responsibility

POLST = Physician Orders for Life-Sustaining Treatment

Adapted from http://americanbar.org

Froedtert & Medical College of Wisconsin



Adapted from http://polst.org

Froedtert & Medical College of Wisconsin

Are treatment wishes followed?

- Generally POLST forms with comfort measures indicated are associated with lower rates of hospital death
- Evidence suggests orders to withhold interventions are usually honored
- Individuals with orders for full treatment received same number of interventions a those without POLST forms

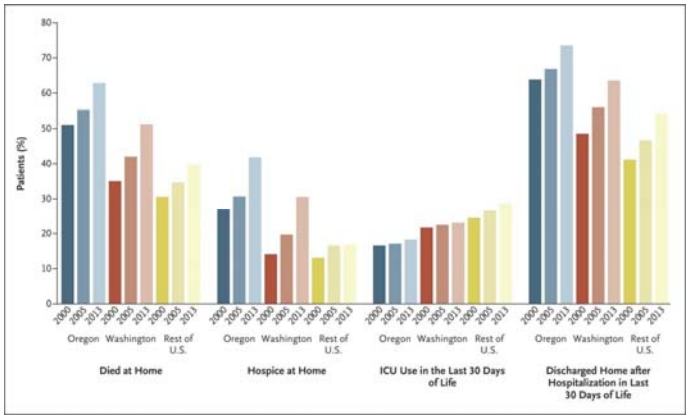
Froedtert & Medical College of Wisconsin

What does it mean for patients who fill it out

- Less likely to die in the hospital
  - 6% with POLST orders for comfort measures
  - 22% with POLST orders for limited interventions
  - 34% with no POLST
- More likely to have an out-of-hospital death
  - 56.9% with advance directive only
  - 75.9% with POST with limited or full intervention orders
  - 88.4% with POST comfort measures order

Froedtert & Medical College of Wisconsin

Lessons from Oregon in Embracing Complexity in End-of-Life Care



Adapted from Tolle SW, Teno JM. N Engl J Med 2017; 376:1078-1082

Froedtert & Medical College of Wisconsin

Controversies and Concerns

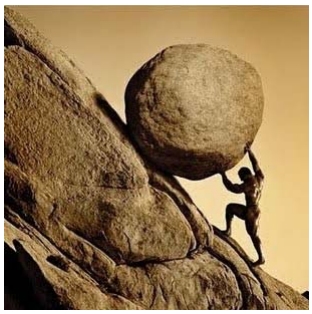
- Does it adequately reflect preferences
- Inconsistencies or contradictions
- Confusion among providers in interpreting
- Fear of litigation
- Legal barriers in states
- Not standardized nationally
- Ethical concerns

Froedtert & Medical College of Wisconsin

A couple big barriers

Time

Effort



A lot of players

- Health clinics
- Hospitals
- EMS
- Public health departments
- Home health organizations
- Senior Centers
- Religious leaders
- Independent and assisted living centers
- Adult day health centers
- Nursing homes
- Lawyers
- Private caregivers
- Prisons
- Higher education centers

Catholic Physician and Healthcare Providers

- Limits good clinical care
- Not real time
- May not be done with time needed
- Done by a facilitator
- Scripts contain bias
- Wishes change when questions asked differently
- Facilitators often employed by facility
- State lack of evidence that POLST reflects patient wishes

Froedtert & Medical College of Wisconsin

Wisconsin Catholic Conference

- Cannot determine in advance if treatment is necessary or optional
- Form presents treatment options as morally neutral
- Risk of euthanasia
- Lacks signature
- Potential conflict with law and/or other advance directives
- Does not protect facilities or providers who cannot follow the form

Froedtert & Medical College of Wisconsin

Addressing concerns

- Keep it voluntary
- Select patients appropriately
- Fill out at the right time
- Nonbiased approach to discussion
- Review form with transfer across system and/or change in medical condition

FAQs

- Can a surrogate fill out the form?
- What if the patient has other advance directives?
- What if the provider disagrees with the patient's wishes?
- What is the provider who signed the form does not have admitting privileges?
- What it the patient filled out the form in another state?

Remember Mr. Smith

- 85 yo male with severe COPD
- Lives in SNF now after hospitalization for pneumonia
- Developed shortness of breath and AMS
- 911 called and taken to hospital
- DNR per paperwork from SNF
- ER doc unable to reach family
- Patient intubated and taken to ICU
- Patient had a living will and he talked with family and SNF staff about not wanting to go back to the hospital or receive aggressive treatment but no documentation

Froedtert & Medical College of Wisconsin

Back to Mr. Smith

- Mr. Smith would have been transported to the hospital and intubated even if:
  - Living Will was presented to emergency personnel
  - SNF personnel said he had told them he didn't want aggressive interventions

Froedtert & Medical College of Wisconsin

More information

- polst.org
  - Contact information available for each state

Froedtert & Medical College of Wisconsin

Why is use limited in Wisconsin?

- Effort
- Opposition from Catholic Bishops in the state
- Lack of legislative support

Froedtert & Medical College of Wisconsin

Future in Wisconsin

- Wisconsin POST Coalition
  - Recently formed with members from various organizations around the state interested in utilizing POLST in their health care system
  - Hope is to establish use of the form in different parts of the state and eventually statewide recognition and use

Froedtert & Medical College of Wisconsin

POLST Paradigm Stories

Froedtert & Medical College of Wisconsin

References

- www.polst.org/toolkit
- www.wisconsincatholic.org
- Brugger C, Breschi LC, Hart EM, Kummer M, Lane JI, Morrow PT et al. The POLST paradigm and form: facts and analysis. Linacre Quarterly. 2013;80(2):103-138.
- Clemency B, Cordes CC, Lindstrom HA, Basior JM, Waldrop DP. Decisions by default: incomplete and contradictory MOLST in emergency care. J Am Med Direct Assoc. 2016;18(1)35-39.
- Collier J, Kelsberg G, Safranek S. Clinical inquiries: how well do POLST forms assure that patients get the end-of-life they requested? 2018;67(4):249-251.
- Hickman SE, Hammes BJ, Torke AM, Sudore RL, Sachs GA. The quality of physician orders for life-sustaining treatment decision: a pilot study. J Pall Med. 2017;20(2):155-162.
- Hickman SE, Keevern E, Hammes BJ. Use of physician orders for life-sustaining treatment program in the clinical setting: a systematic review of the literature. J Am Geriatr Soc. 2015;63:341-350.
- Hickman SE, Sabatino CP, Moss AH, Nester JW. The POLST (physician orders for life-sustaining treatment) paradigm to improve end-of-life care: potential state legal barriers to implementation. J Law Med Ethics. 2008;36(1) 119-140.
- Jesus JE, Geiderman JM, Venkat A, Limehouse WE, Derse AR, Larkin GL et al. Physician orders for life-sustaining treatment and emergency medicine: ethical considerations, legal issues, and emerging trends. Ann Emerg Med. 2014;64(2):140-144.
- Kapp MB. Overcoming legal impediments to physician orders for life-sustaining treatment. AMA J Ethics.2016;18(9):861-868.
- ACEP Board of Directors. Guidelines for emergency physicians on the interpretations of physician orders for life-sustaining therapy (POLST).Ann Emerg Med. 2017;70(1):122-125.
- Mirachi FL, Doshi AA, Zerkle SW, Cooney TE. TRIAD VI: how well do emergency physicians understand physician orders for life sustaining treatment (POLST) forms? J Pain Safety. 2015;11(1):1-8.
- Pedraza SL, Culp S, Falkenstine EC, Moss AH. POST forms more than advance directives associated with out-of-hospital death: insights from a state registry. J Pain Symptom Manage. 2016;51(2):240-246.
- Pedraza SL, Culp S, Knestrick M, Falkenstine E, Moss AH. Association of physician orders for life-sustaining treatment form use with end-of-life care quality metrics in patients with cancer. J Oncol Pract. 201713(10):e881-e888.
- Schmidt TA, Zive D, Fromme EK, Cook JNB, Tolle SW. Physician orders for life-sustaining treatment (POLST): lessons learned from analysis of the Oregon POLST Registry. Resuscitation. 2014;85(4):480-485.
- Stuart RB, Thielke S. Standardizing protection of patients' rights from POLST to MOELI (medical orders for end-of-life care). J Am Med Direct Assoc. 2017;18(9):741-745.
- Pope TM, Hexum M. Legal briefing: POLST: physician orders for life-sustaining treatment. J Clin Ethics. 2012;23(4):353-76.
- Tolle SW, Teno JM. Lessons from Oregon in embracing complexity in end-of-life care. N Engl J Med 2017;376(11):1078-1082
- Pope TM, Hexum M. Legal briefing: POLST: physician orders for life-sustaining treatment. J of Clin Ethics. 2012;23(4): 353-76.

Froedtert & Medical College of Wisconsin