

# POLST: A Critical Safety and Quality of Care Initiative for California

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**POLST**  
CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

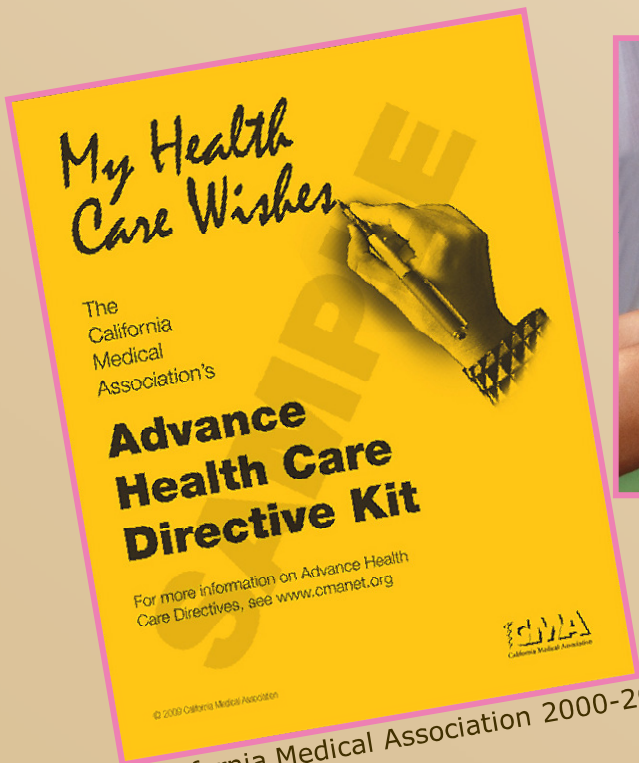
# Learning Objectives

- Discuss the need/opportunity for POLST and improved advance care planning
- Review the essentials elements and details of of POLST in California
- Provide tools for participants to be able to begin POLST implementation

# Case Study: What We Know



# Case Study: What We Didn't Know



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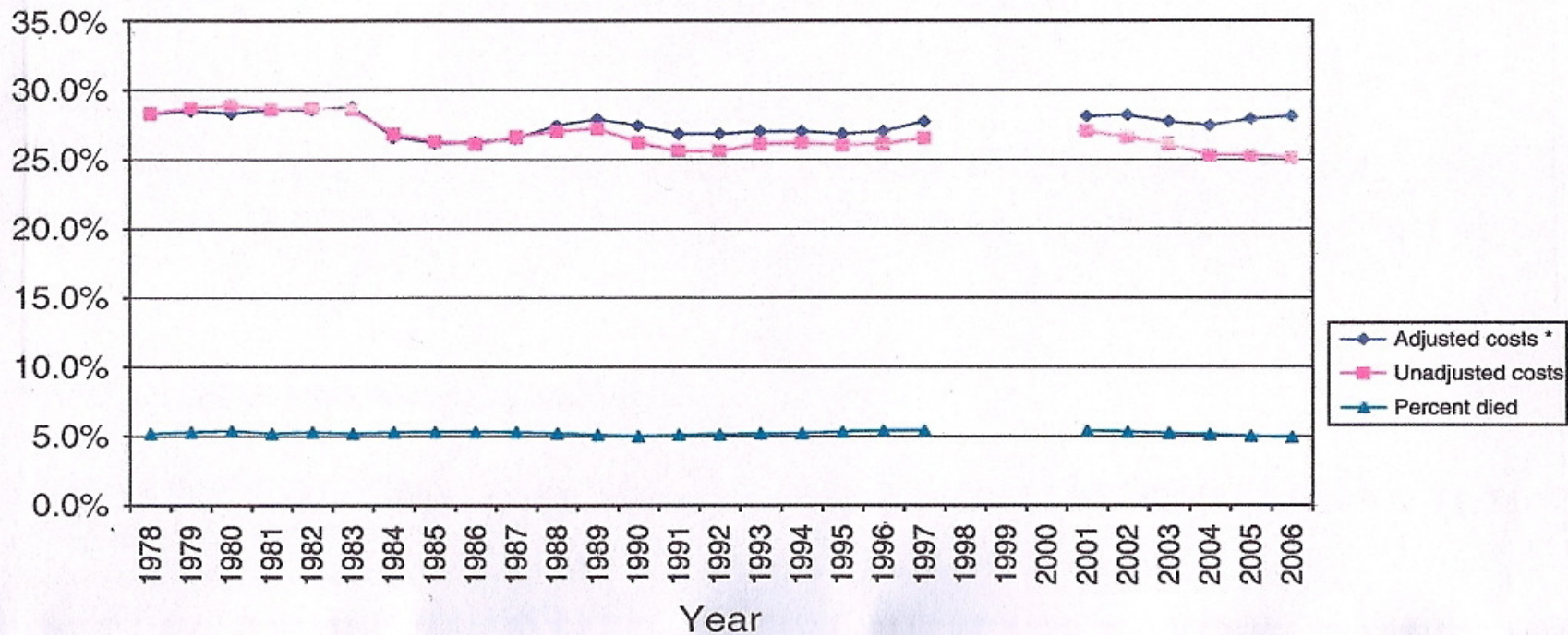
# Case Study: What Happened

- AHCD not transferred with patient.
- DNR wishes not documented.
- Over-treatment against patient wishes.
- Unnecessary pain and suffering.

# 1978 – 2006 Medicare Spending End of Life:

## No Significant Change in Percent of Medicare Payment

Figure 1: Percent Dying and Percent of Medicare Payments Spent in the Last 12 Months of Life, among Medicare Beneficiaries Aged 65 and Older, 1978–2006



"Long Term Trends in Medicare Payments in the Last Year of Life,"  
Riley, GF and Lubitz JD, Health Services Research 45:2 (Apr 2010)

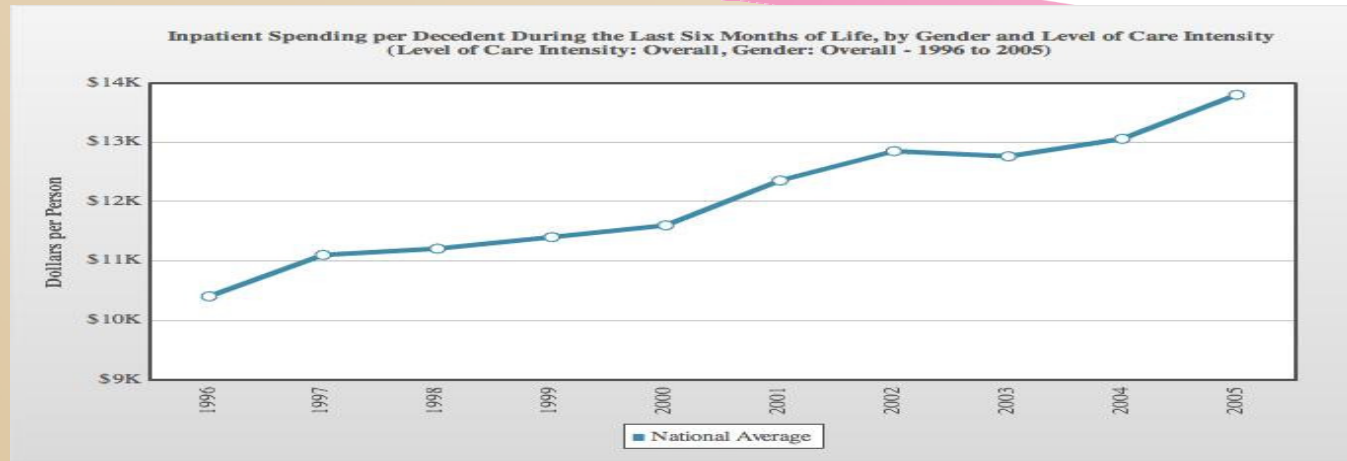
California POLST Education Program

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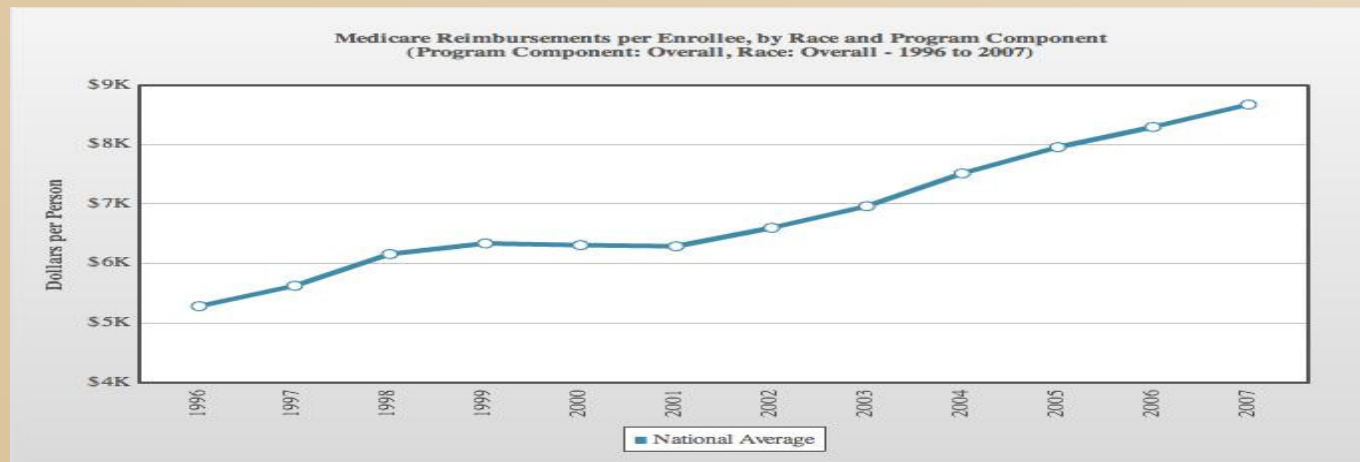
Materials made possible by a grant from the California HealthCare Foundation

# Medicare Cost Increase Parallels Last Six Months of Life Costs

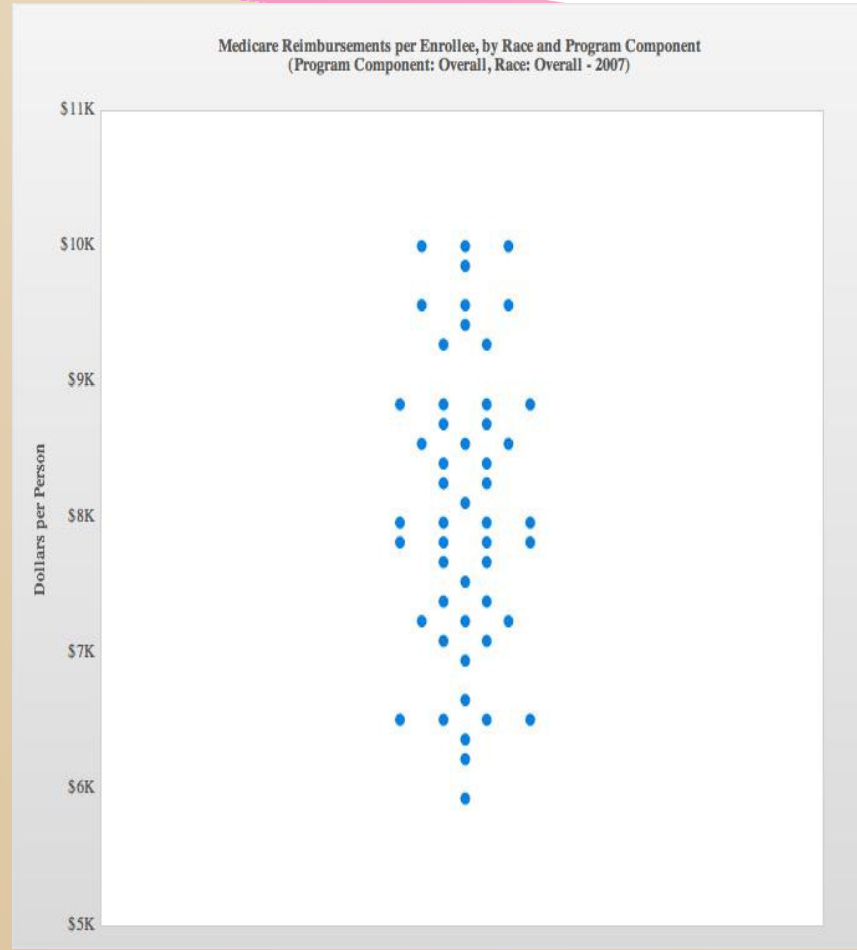
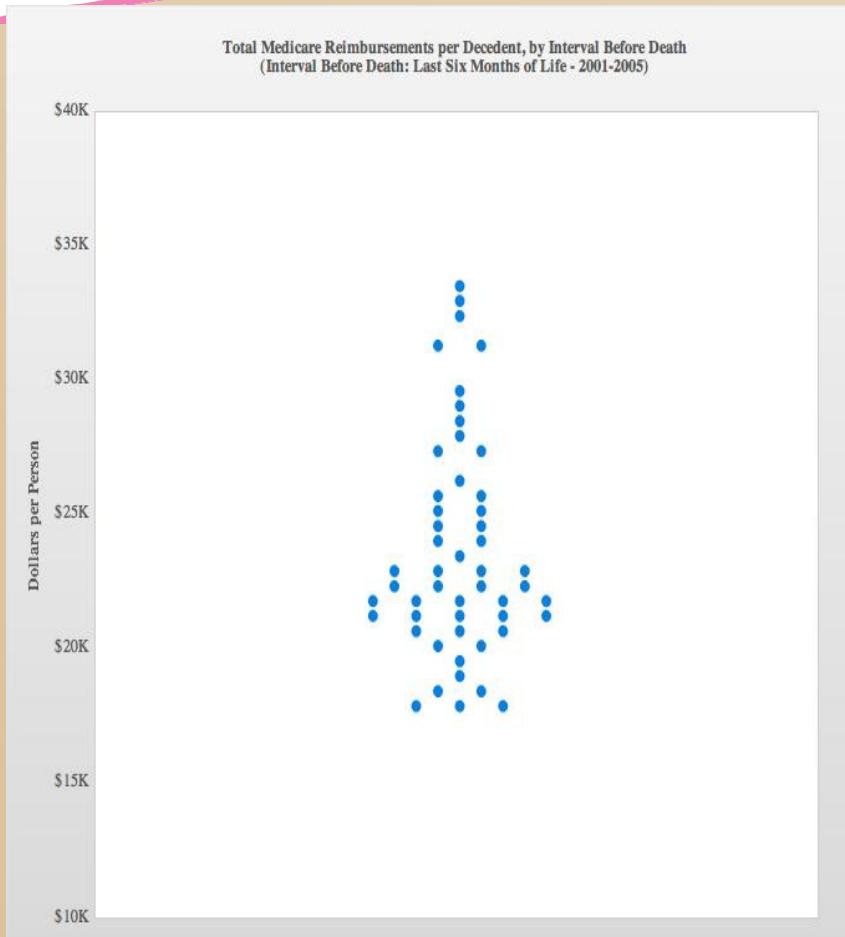
**Last  
6 Months  
Of Life  
Medicare Cost  
1996-2007**



**Total  
Medicare  
Reimburseme  
nt  
Per Patient  
1996-2007**



# Medicare Cost Variation by State Six Months Before Death





# Are Regional Variations in End-of-Life Intensity Explained by Patient Preferences?

- Questionnaire re: End of Life Preferences
- Random sample 3480 Medicare >65 years old FFS patients x 65% response rate
- Mail or computer assisted Spanish and English

Barnato, AB et al, *Medical Care*. 2007 May; 45(5): 386-393.

# Are Regional Variations in End-of-Life Intensity Explained by Patient Preferences?

- Questioned re: scenario in which likely to die within 1 year
  - Intensity of care concerns about “too little treatment” “not concerned” or “too much treatment”
  - Preference for “potentially life prolonging drugs that made them feel worse all the time
  - Preference for “drugs that would reduce symptoms even if they might be life-shortening”
  - Preference for mechanical ventilation if it would extend life by 1 week or 1 month

# Medicare Beneficiaries End of Life Preferences

- 40.4% concerned about too little treatment
- 45% concerned about too much treatment
- 86% preferred to spend their last days at home
- 83.9% did not want potentially life-prolonging medications that made them feel worse
- 71.7% wanted palliative medications, even if they might be life-shortening
- 87.4% would not want to be put on a ventilator to gain 1 week of life
- 77.4% would not want to be put on a ventilator to gain 1 month of life

# No Correlation of End of Life Care Intensity with End of Life Preferences

- **No correlation of Medicare spending with:**
  - Concern about getting too little treatment
  - Concern about getting too much treatment
  - Preference for spending last days of life in hospital
  - Preference for Potentially life-prolonging drug that made them feel worse all the time
  - Preference for palliative drugs, even if they might be life shortening ( except slight trend in lowest quintiles of spending areas for higher use (p=.12)
  - Preference for mechanical ventilation if it would extend life by 1 week or 1 month

# Family Perspectives on End of Life Care at the Last Place of Care

- 67% died in institutions; 33% died at home
- 25% noted inadequate treatment for pain or dyspnea
- >33% reported insufficient emotional support
- < 50% of institutional deaths reported “excellent” care
- > 75% of hospice patients reported “excellent” care
- Telephone survey of 1578 families, probability sample to represent experience of 1.97 million deaths from chronic illness in the US 2000

Teno, JM et al, “Family Perspectives on End-of Life Care at the Last Place of Care,” JAMA.2004;291(1):88-93.

# POLST?

1. Patient wishes often are not known.
  - The Advance Health Care Directive (AHCD) often not accessible.
  - Wishes often not clearly defined in AHCD or vague such as “limited code” or “no code.”
  - Defined wishes are not followed.
2. Physician Orders for Life Sustaining Treatments allow health care professionals to know and honor wishes for end-of-life care.

# What is POLST?

- Physician Orders for Life Sustaining Treatments
- A physician order recognized throughout the medical system.
- Portable document that transfers with the patient.
- Brightly colored, standardized form for entire state of CA.
- A program of education and policy that facilitates end of life conversation and decision making

# What is POLST?

- Allows individuals to choose medical treatments they want to receive, and identify those they do not want.
- Provides direction for health care providers during serious illness.





EMSA #111 B  
(Effective 1/1/2009)

## 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. Everyone shall be treated with dignity and respect.

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



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

Patient Name (last, first, middle)	Date of Birth	Gender: <b>M</b> <b>F</b>
Patient Address		

<b>Contact Information</b>			
Health Care Decisionmaker	Address	Phone Number	
Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

**Directions for Health Care Professional**

**Completing POLST**

- Must be completed by health care professional based on patient preferences and medical indications.
- POLST must be signed by a physician and the patient/decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or medical treatments may prohibit a person from residing in a residential care facility for the elderly.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

**Using POLST**

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

**Section A:**

- No defibrillator (including automated external defibrillators) 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).
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- Treatment of dehydration prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

**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 person with capacity can, at any time, void the POLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or a new POLST form.
- To void POLST, draw a line through Sections A through D and write "VOID" in large letters. Sign and date this line.
- A health care decisionmaker may request to modify the orders 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**

**POLST**  
CALIFORNIA

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



EMSA #111 B  
(Effective 1/1/2009)

## 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. Everyone shall be treated with dignity and respect.

Last Name	
First /Middle Name	
Date of Birth	Date Form Prepared

**A**

Check  
One

**CARDIOPULMONARY RESUSCITATION (CPR):** *Person has no pulse and is not breathing.*

**Attempt Resuscitation/CPR**  
(Section B: Full Treatment required)

**Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B** and **C**.

**B**

Check  
One

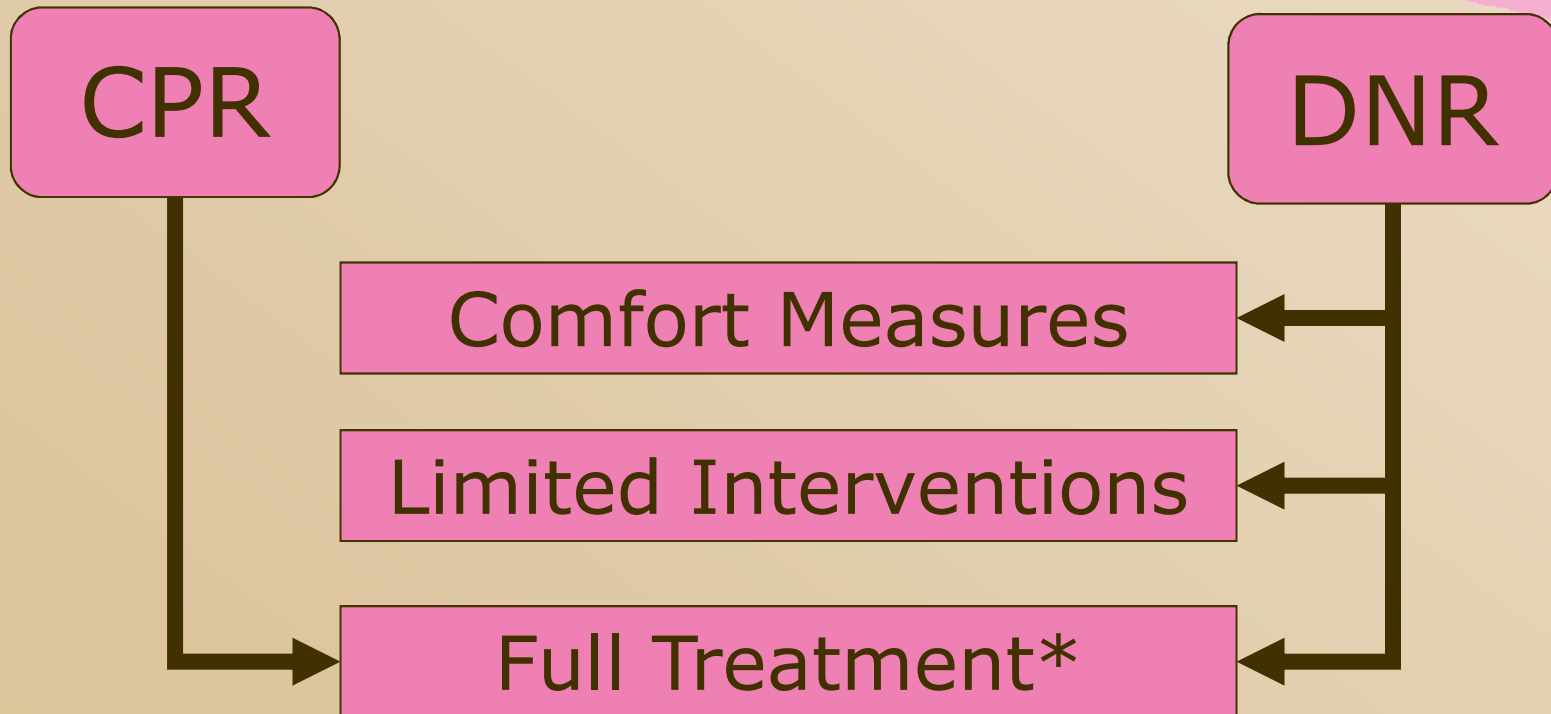
**MEDICAL INTERVENTIONS:**

*Person has pulse and/or is breathing.*

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

# Diagram of POLST Medical Interventions



\*Consider time/prognosis factors under "Full Treatment"  
*"Defined trial period. Do not keep on prolonged life support."*

**C**

Check  
One

**ARTIFICIALLY ADMINISTERED NUTRITION:**

*Offer food by mouth if feasible and desired.*

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**



# The POLST Conversation

- POLST is not just a check-box form.
- The POLST conversation provides context for patients/families to:
  - Make informed choices.
  - Identify goals of treatment.

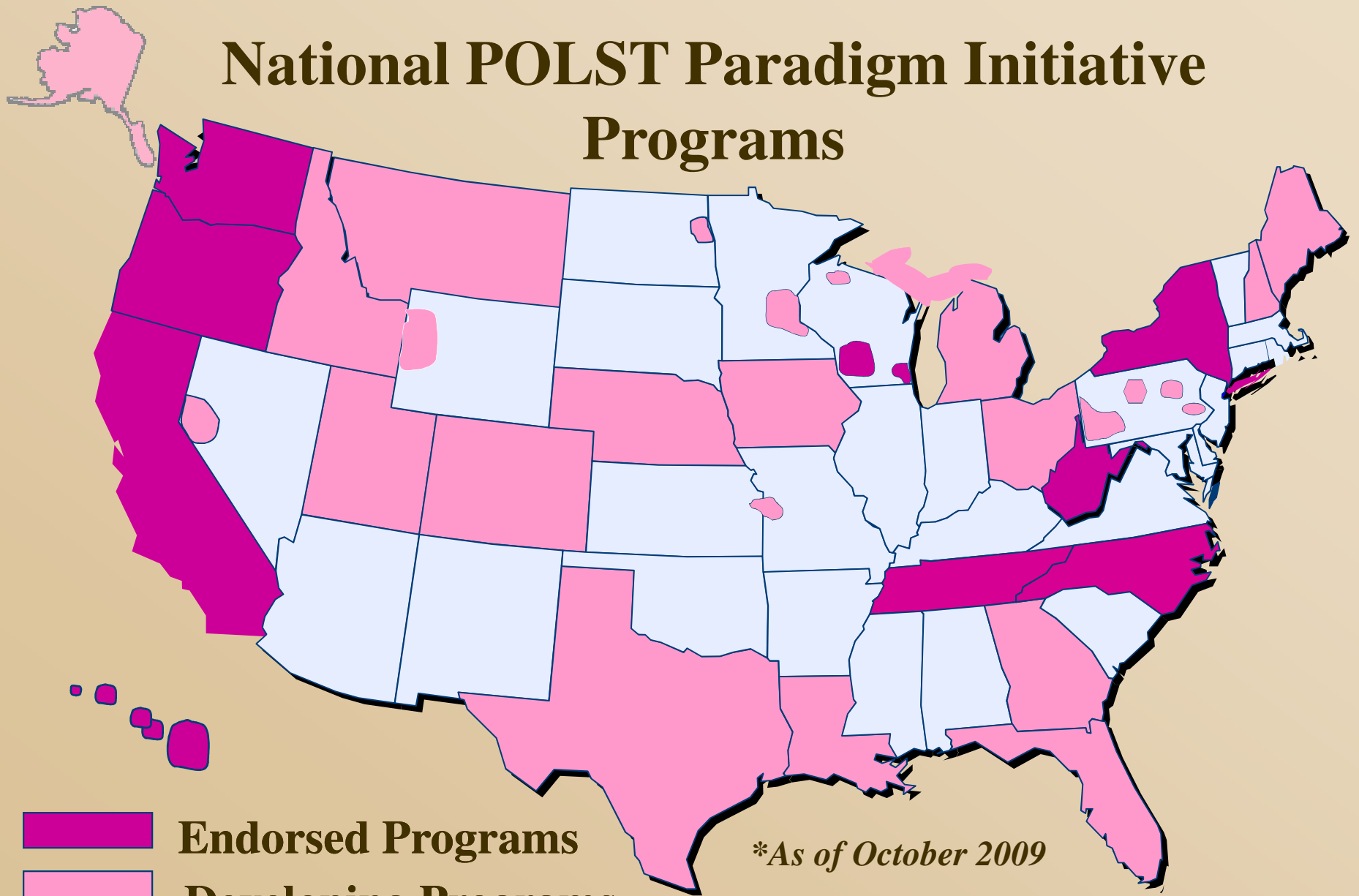
# Who Needs POLST?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- Tool for determination
  - “You wouldn’t be surprised if this patient died within the next year.”

# POLST History

- POLST development began in Oregon in 1991.
- Expanded to more than half of US states.

# National POLST Paradigm Initiative Programs



*\*As of October 2009*

-  **Endorsed Programs**
-  **Developing Programs**
-  **No Program (Contacts)**

# POLST in California

- The Coalition for Compassionate Care of California (CCCC) is lead agency.
- Support from California HealthCare Foundation.
- Grassroots efforts of local POLST coalitions and communities.

# POLST in California

## Assembly Bill No. 3000

### CHAPTER 266

An act to amend Sections 4780, 4782, 4783, 4784, and 4785 of, to amend the heading of Part 4 (commencing with Section 4780) of Division 4.7 of, and to add Sections 4781.2, 4781.4, and 4781.5 to, the Probate Code, relating to health care decisions.

[Approved by Governor August 4, 2008. Filed with  
Secretary of State August 4, 2008.]

LEGISLATIVE COUNSEL'S DIGEST

AB 3000, Wolk. Health care decisions: life-sustaining treatment.

## Effective January 1, 2009

# POLST in California

- One form for entire state.
- Use not mandated.
- **Honoring form is mandated.**
- Provides immunity from civil or criminal liability.

# POLST vs. Advance Health Care Directive

- POLST complements the Advance Health Care Directive (AHCD).
- Both are legal documents.

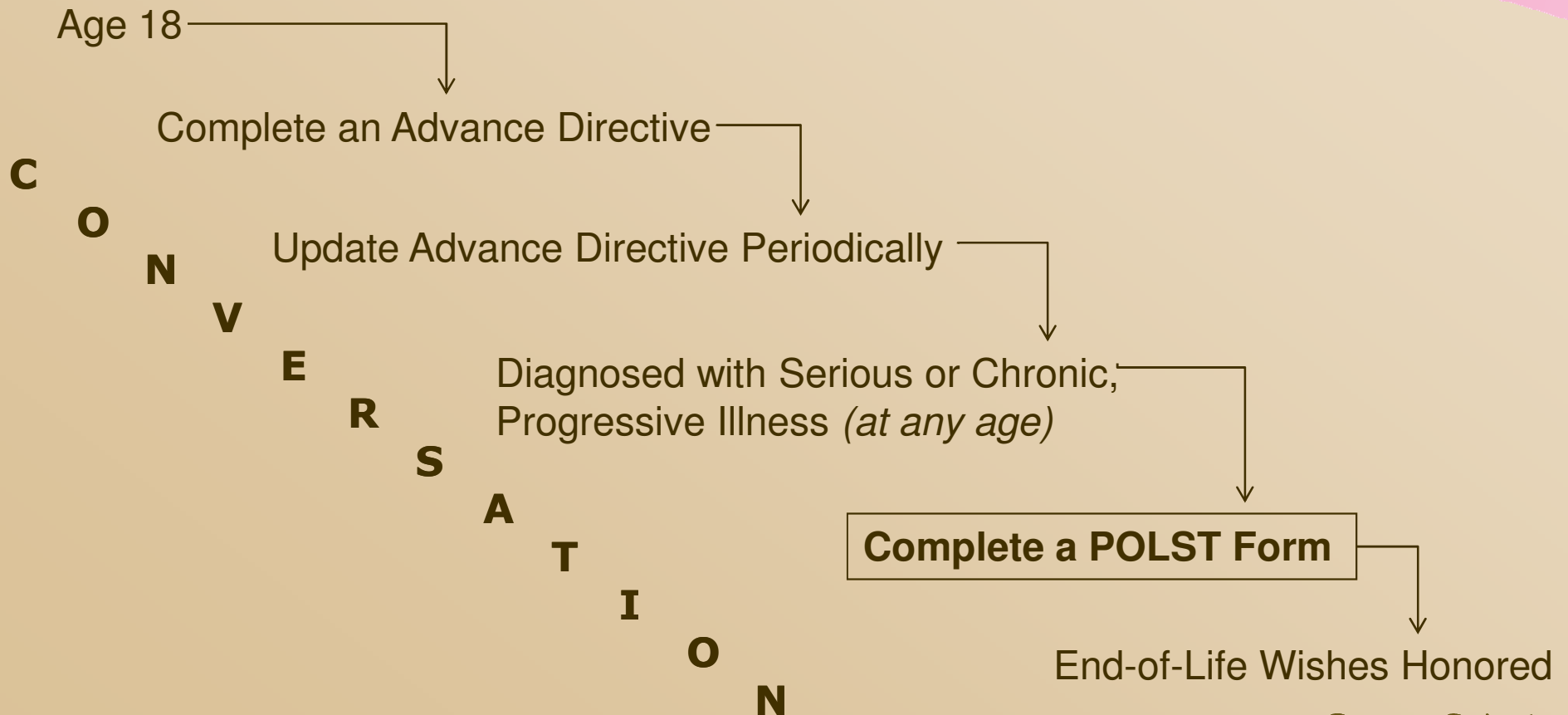


# POLST vs. Advance Health Care Directive

<u>POLST</u>	<u>AHCD</u>
<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 decisionmaker</li></ul>	<ul style="list-style-type: none"><li>• Appoints decisionmaker</li></ul>

# Where Does POLST Fit In?

## Advance Care Planning Continuum



# POLST vs. Pre-Hospital DNR (*Do Not Resuscitate*)

- Similarities:
  - Physician orders.
  - Address Do Not Resuscitate.
  - Intended for medically frail or those with chronic or serious illness.

# POLST vs. Pre-Hospital DNR

## *(Do Not Resuscitate)*

<u>POLST</u>	<u>Pre-Hospital DNR</u>
<ul style="list-style-type: none"><li>• Allows for choosing resuscitation</li></ul>	<ul style="list-style-type: none"><li>• Can only use if choosing DNR</li></ul>
<ul style="list-style-type: none"><li>• Allows for other medical treatments</li></ul>	<ul style="list-style-type: none"><li>• Only applies to resuscitation</li></ul>
<ul style="list-style-type: none"><li>• Honored across all health care settings</li></ul>	<ul style="list-style-type: none"><li>• Only honored outside the hospital</li></ul>

# Who Can Speak for the Patient?

- Surrogate decisionmaker/agent
- Parent, guardian, conservator
- Closest available relative

# Who Can Help Complete POLST?

- Health care providers – “licensed, certified, or otherwise authorized to provide health care in the normal course of business.”
- Best practice suggests use of those trained in the POLST Conversation:
  - Physicians
  - Nurses
  - Social Workers
  - Chaplains
  - Social Service Designees

# Can POLST be Changed?

- Individual with capacity can change POLST at any time.
- Health care decisionmaker may request change based on condition change or new information regarding patient wishes.

# When Should POLST be Reviewed?

- Patient's treatment preferences change.
- Change in patient's health condition.
- Transfer from one care setting to another.
- Patient Care Conference.



# POLST Success

- Oregon study of 180 Skilled Nursing Facility (SNF) patients:
  - None who stated No CPR or Comfort Measures Only.
  - Patient wishes were honored.
- More research available at [www.polst.org](http://www.polst.org).

# Impact of POLST on Patient Care

- Multi-state observational cohort study of approx 1700 patients.
  - Those with POLST much more likely to have specific orders about limitation beyond CPR (98% v. 16.1%;  $p < .001$ )
  - Residents with POLST forms indicating “comfort care” were less likely to receive invasive medical interventions (e.g. hospitalization) than patients with POLST full treatment orders ( $p = .004$ ) or those with traditional No CPR orders ( $p = .001$ )
  - No difference in pain or other symptom control was seen.

Hickman, SE et al, “A comparison of methods to communicate treatment preferences in nursing Facilities: traditional practices versus the POLST program, J Am Geriat Soc 58:1241-1248, 2010.

# Summary

- POLST is carefully designed evidence based, standardized, targeted intervention to address across care organizations a high risk, high volume, error prone process
- Implementing POLST can establish new relationships and inter-facility coordination that can lead to both improvement of end of life care and other inter-facility communications.
- Is POLST a priority for your health system?

# Implementing POLST

- Engage several leaders
- Identify physician champion(s)
- Develop policy and procedures
- Educational programs
  - Physicians
  - Other care team members
  - Patients and community
- Join with multiple state and community coalitions
- Additional funding may be available

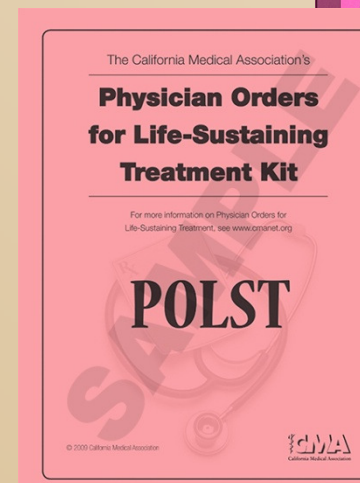
# California POLST Form

- Available at [www.caPOLST.org](http://www.caPOLST.org)
  - Translations available: Chinese, Farsi, Korean, Russian, Spanish
- May be purchased from:
  - [www.med-pass.com](http://www.med-pass.com) (bulk forms/paper)
  - [www.cmanet.org](http://www.cmanet.org) (POLST Kit)

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

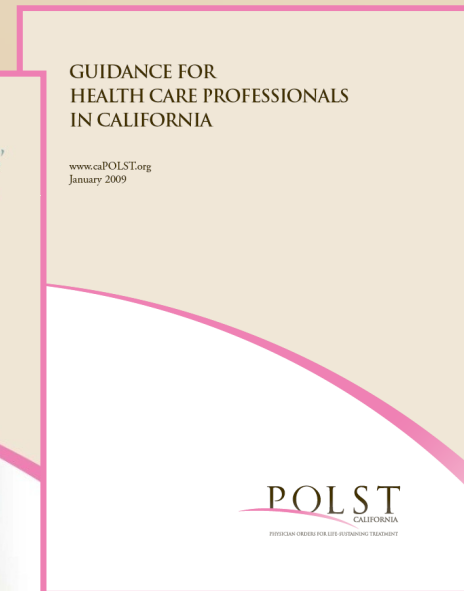
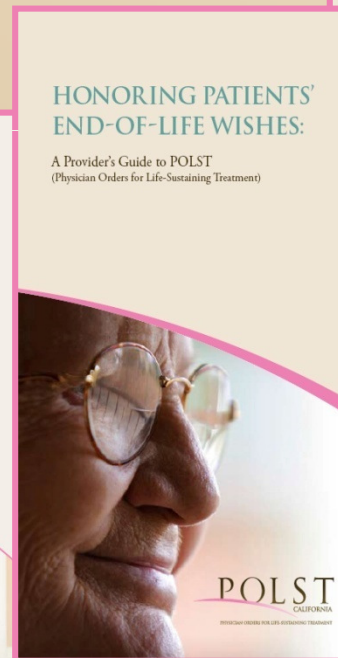
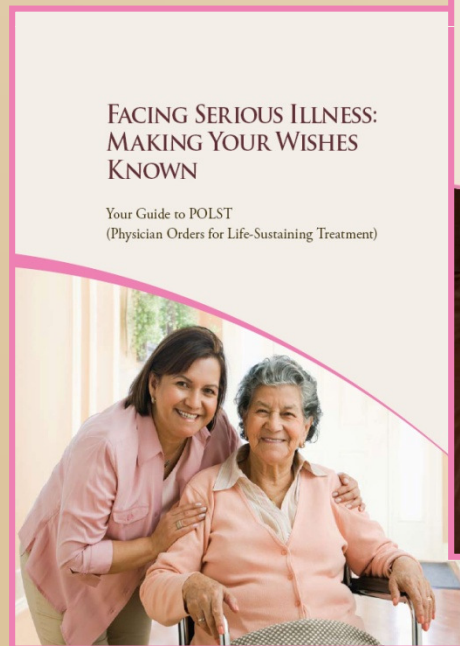
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 Attempt Resuscitation/CPR  Do Not Attempt Resuscitation/DNR (Allow Natural Death)

**B MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.  
 Comfort Measures Only  
 Limited Additional Interventions  
 Full Treatment



# Additional Resources ([www.capolst.org](http://www.capolst.org))

- Provider and Consumer Brochures
- Provider Manual



# POLST Resources

- Frequently Asked Questions (FAQs)
- Model policies and procedures
  - Hospital, Skilled Nursing Facility & Hospice
- Standardized educational curriculum
  - Physicians, other staff, patients and community
- Local POLST coalitions (18 coalitions)
- Additional funding for coalitions expenses available

# Questions?



**POLST**  
CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT