

# POLST in California

## A Summary of the Institute of Medicine's Report on Dying in America and Other Research

December 2014

### What Is POLST?

Physician Orders for Life-Sustaining Treatment or POLST is a physician order that specifies the types of medical treatment a patient wishes to receive near the end of life. POLST, which is printed on distinctive bright pink paper, is signed by both the patient and his or her physician. It is a tool that encourages conversation between provider and patient about medical treatment options, allowing the patient to make a more informed decision and communicate his or her wishes clearly. POLST prevents unwanted or medically ineffective treatment, reduces patient and family suffering, and helps ensure that patient wishes are followed. POLST implementation started in California in 2009, and is widely used throughout the state.

In September 2014, the Institute of Medicine (IOM) issued a report entitled *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. The report encouraged states to implement POLST programs like those found in California, Oregon, and 14 other states. It noted that "improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life, but may also contribute to a more sustainable care system."<sup>i</sup>

### Why Does California Need a POLST Registry?

For POLST to be effective, providers need to be able to examine a POLST form at the moment that treatment decisions are being made. Ideally, POLST forms would be readily accessible via their medical record and would transfer with patients across settings of care, but this doesn't always happen. For example, when a patient is transferred from a nursing home to a hospital, the POLST form can be left behind. A POLST registry can provide emergency personnel with 24-hour access to completed POLST orders. A registry ensures that POLST forms are actionable by making sure they are complete at the time of submission. For example, if the form is missing a signature, it won't be added to the registry.

### What Is a POLST Registry?

A POLST registry is an electronic record that allows health care professionals to access information if paper forms or electronic health records are unavailable. Health care professionals can call a registry hotline or access the registry online when they need information about end-of-life decisions.

*The New York Times' The New Old Age Blog* concluded in a 2014 post: "So when people get more sick and frail, and have likely reached their final year or two, they need POLST forms. And we all have to push our states to put in place full coverage and establish state registries. At the end, POLST seems our best bet."<sup>ii</sup> Oregon's POLST registry, established in December 2009, already had 123,000 registrants as of November 2013.

### Is There Evidence the POLST Program Is Working in Oregon?

Researchers at Oregon Health & Science University found that when individuals documented their treatment preferences by participating in the POLST registry, they were more likely to receive the care they wanted. The researchers found:

- Only 6.4% of patients who specified *comfort measures only* orders on their POLST forms died in a hospital. Patients select comfort measures only if they want to avoid hospitalization unless hospitalization is needed to reduce pain or discomfort. In contrast, 44.2% of patients who chose *full treatment, which includes life support measures in the intensive care unit*, died in a hospital.<sup>iii</sup>
- For comparison, 34.2% of people with no POLST form died in a hospital, indicating that patients with a POLST form who want full medical intervention are more likely to have their wishes followed than those without.<sup>iv</sup>

This was the first study to look at the association between place of death and treatment preferences expressed in POLST orders. It shows POLST helps people get the kind of end-of-life care they really want.

## Is POLST Working in Other States?

A 2010 study showed POLST isn't working only in Oregon, but also in West Virginia and Wisconsin. Researchers found in those three states:

- Patients whose choices on POLST forms focused primarily on relieving pain and suffering were less likely to receive unwanted treatments, such as hospitalization, than those who had only "Do Not Resuscitate" orders.<sup>v</sup>
- Patients with POLST forms requesting fewer medical interventions continued to receive pain management. When compared to other patients, they were found to receive identical levels of treatment for pain and other symptoms, showing that requesting fewer interventions didn't have a negative impact on their receiving comfort care.<sup>vi</sup>

## Do Californians Want End-of-Life Planning?

Californians do want to discuss their treatment preferences. A survey conducted in late 2011 on behalf of the California HealthCare Foundation found a need and desire for more advance care planning in California.

Researchers found:

- Most Californians would want to complete a POLST form if seriously ill. After hearing a description of POLST, almost two-thirds of Californians said they would definitely or probably want to complete a POLST if they were seriously ill.<sup>vii</sup>
- Most Californians haven't discussed treatment preferences with their physicians. Nearly 8 in 10 said that if they were seriously ill, they would want to speak with their doctor about end-of-life care, but fewer than 1 in 10 report having had that conversation.<sup>viii</sup>
- More than 80% of Californians think they should put end-of-life wishes in writing. However, fewer than one in four have actually done so. And more than half of Californians say they have not talked with a loved one about the kind of care they want at the end of life.<sup>ix</sup>

## Resources

- *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. Institute of Medicine. [www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx](http://www.iom.edu/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx)
- "When Advance Directives Are Ignored." *The New York Times' The New Old Age Blog*. [http://newoldage.blogs.nytimes.com/2014/06/24/when-advance-directives-are-ignored/?\\_r=0](http://newoldage.blogs.nytimes.com/2014/06/24/when-advance-directives-are-ignored/?_r=0).
- *Final Chapter: Californians' Attitudes and Experiences with Death and Dying*. California HealthCare Foundation. [www.chcf.org/publications/2012/02/final-chapter-death-dying](http://www.chcf.org/publications/2012/02/final-chapter-death-dying)
- "Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon." *Journal of the American Geriatrics Society*. <http://onlinelibrary.wiley.com/doi/10.1111/jgs.12889/abstract>

Prepared by Behr Communications for the California HealthCare Foundation's December 3, 2014 briefing, "Exploring the Need for A POLST Registry in California."

<sup>i</sup> *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life, Key Findings and Recommendations*. Washington D.C.: Institute of Medicine, 2014. (No authors given).

<sup>ii</sup> Span, Paula. "When Advance Directives Are Ignored." *The New York Times' The New Old Age Blog*, June 24, 2014. [http://newoldage.blogs.nytimes.com/2014/06/24/when-advance-directives-are-ignored/?\\_r=0](http://newoldage.blogs.nytimes.com/2014/06/24/when-advance-directives-are-ignored/?_r=0).

<sup>iii</sup> Fromme EK, Zive D, Schmidt TA, Cook JNB, and Tolle SW. "Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon." *Journal of the American Geriatrics Society*, 62(7): 1246-1251, 2014.

<sup>iv</sup> Fromme EK, Zive D, Schmidt TA, Cook JNB, and Tolle SW.

<sup>v</sup> Hickman SE, Nelson CA, Perrin NA, Moss AH, Hammes BJ, and Tolle SW. "A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices Versus the Physician Orders for Life-Sustaining Treatment Program." *Journal of the American Geriatrics Society*, 58(7): 1241-1248, 2010.

<sup>vi</sup> Hickman SE, Nelson CA, Perrin NA, Moss AH, Hammes BJ, and Tolle SW.

<sup>vii</sup> *Snapshot Final Chapter: Californians' Attitudes and Experiences with Death and Dying*.

<sup>viii</sup> *Snapshot Final Chapter: Californians' Attitudes and Experiences with Death and Dying*.

<sup>ix</sup> *Snapshot Final Chapter: Californians' Attitudes and Experiences with Death and Dying*. Oakland, CA: California HealthCare Foundation, 2012. (No authors given).