The Oregon POLST Registry: Key Elements of Success

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Susan Tolle, MD
Director, Center for Ethics in Health Care
Cornelia Hayes Stevens Chair
Professor of Medicine in the Division of General Internal Medicine and Geriatrics
Founding Member, National POLST Paradigm Task Force
Oregon Health & Science University
POLST Registry in Action
In 2002, 25% of Oregon EMS Providers Reported Difficulty Locating a Patient’s POLST Form

On December 3, 2009, Oregon Launched a Statewide POLST Registry
Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon

Erik K. Fromme, MD, MCR,* Dana Zive, MPH,† Terri A. Schmidt, MD, MS,‡ Jennifer N. B. Cook, BA, GCPH,‡ and Susan W. Tolle, MD§

JAGS: Fromme et al. 2014 62: 1246-1251
Oregon deaths in 2010 and 2011 with POLST forms in the Oregon POLST registry:

Nearly 18,000 (31% of deaths)
How Strong Is Association Between Section B POLST and Location of Death?

<table>
<thead>
<tr>
<th>B</th>
<th>MEDICAL INTERVENTIONS: If patient has pulse and is breathing.</th>
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<tbody>
<tr>
<td></td>
<td>□ 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. <strong>Patient prefers no transfer to hospital</strong> for life-sustaining treatments. <strong>Transfer</strong> if comfort needs cannot be met in current location. <strong>Treatment Plan:</strong> Provide treatments for comfort through symptom management.</td>
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<tr>
<td></td>
<td>□ Limited Treatment. In addition to care described in Comfort Treatment 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). <strong>Transfer to hospital</strong> if indicated. Generally avoid the intensive care unit. <strong>Treatment Plan:</strong> Provide basic medical treatments.</td>
</tr>
<tr>
<td></td>
<td>□ Full Treatment. In addition to care described in Comfort Treatment Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. <strong>Transfer to hospital</strong> and/or intensive care unit if indicated. <strong>Treatment Plan:</strong> All treatments including breathing machine.</td>
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<td><strong>Additional Orders:</strong></td>
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Patient’s preferences recorded as medical orders on a POLST Form and how those orders match with death in the hospital

<table>
<thead>
<tr>
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<th>% of Decedents dying in hospital</th>
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<tr>
<td>Comfort Measures Only</td>
<td>6.4%</td>
</tr>
<tr>
<td>Limited Treatment</td>
<td>22.4%</td>
</tr>
<tr>
<td>Full Treatment</td>
<td>44.2%</td>
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<tr>
<td>No POLST in Registry</td>
<td>34.2%</td>
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Key Elements of Success for Oregon Registry

1. Contains POLST forms only
2. Completion of POLST by patient or caregiver is voluntary
Key Elements of Success for Oregon Registry (cont.)

3. Provider must submit POLST form to the registry; patient can opt out

4. Registry operates statewide

5. Registry operates within EMS System/Health System workflow
IOM Report
September 2014
Recommendation #4:

- National POLST experts provided testimony to panel

- IOM encourages states to develop and implement a POLST program in accordance with nationally standardized requirements
Lessons Learned

- Build a POLST registry system that is integrated with the health care system – not freestanding
- Launch intensive statewide education about the registry to everyone who will use it – especially EMS staff and physicians
- Keep the focus on honoring individual wishes
Summary

- Research shows the effectiveness of the POLST programs in ensuring patient wishes to have or to limit treatment are honored.

- The Oregon POLST registry ensures POLST orders can be found in a time of crisis.
For More Information:

www.capolst.org
www.polst.org
www.orpolstregistry.org