

Housestaff Activation Initiative:
Before Discharge, Take Your Patient's
POLST

An Effort to Increase POLST Documentation Among
DNR Patients Prior to Discharge

Goals

- To activate housestaff across specialties (e.g. medicine, neurology, cardiology) at an academic hospital to complete POLST forms prior to discharge for all patients who choose DNR code status during an inpatient hospitalization
- To capitalize on the opportunities of an inpatient hospitalization to reach patients who would benefit from POLST documentation

Why Should We Activate Housestaff?

- Discussions about code status are most often conducted by housestaff in academic hospitals
- By learning to fill out POLSTs with inpatients, housestaff will build knowledge and experience to bring to future practice



The Opportunity

- An inpatient hospitalization is time when
 - A patient's health status is changing
 - Patients and families have frank discussions about medical decisions
 - Patients are asked to think about their preferences about possibilities they might not have considered (e.g. cardiopulmonary arrest, surrogate decision makers)
 - Vulnerable patients have access to social workers and case managers who can facilitate communication with family and other social supports

The Plan

- Step 1. Create a system for documentation of POLST in the electronic medical record
- Step 2. Identify resident champions across specialties and provide resident education about POLST forms and the documentation process
- Step 3. Motivate housestaff with incentives chosen by resident champions: bonus to the team with the highest POLST documentation rate
- Step 4. Provide teams with midpoint feedback to keep motivation high

The image shows a sample Physician Orders for Life-Sustaining Treatment (POLST) form. The form is titled "Physician Orders for Life-Sustaining Treatment (POLST)" and includes a header section for patient information (Name, Address, Phone, etc.) and a section for the physician's name and signature. The main body of the form is divided into several sections, each with a lettered heading (A, B, C, D) and a list of checkboxes for different treatment preferences. Section A is titled "Respiratory Support" and includes options for "No mechanical ventilation" and "Mechanical ventilation". Section B is titled "Cardiovascular Support" and includes options for "No CPR" and "CPR". Section C is titled "Artificial Nutrition and Hydration" and includes options for "No artificial nutrition and hydration" and "Artificial nutrition and hydration". Section D is titled "Antibiotics" and includes options for "No antibiotics" and "Antibiotics". The form also includes a section for "Additional Orders" and a section for "Physician Signature" and "Date".

How do we know it will work?

- POLST documentation project already underway at the San Francisco VA Hospital with results at four months:
 - Among patients who designated their code status as DNR during the a hospitalization at the VA on the medicine service, the percentage of patients who had a POLST form documented increased from 0% to 26.3%
 - Prior to the project, 57% of medicine residents felt comfortable filling out a POLST form with a patient; post-project, this improved to 84%.

Big picture goals

- To increase the rate of conversations about end of life care among patients and their doctors and surrogates
- To better honor patient preferences by creating clear systems for communication in the health record
- To reach vulnerable patients during an important time in their health trajectory