Florida POLST
physician orders for life-sustaining treatment

Beyond Advance Directives: Implementing the POLST Paradigm in Florida

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Florida

POLST

physician orders for life-sustaining treatment

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Limitations of Advance Directives

- Usually not available in clinical settings
- Do not provide clear guidance to EMS personnel
- Only 17% of older people have them
- Variations in forms
- Terms may be unclear to clinicians
- Don't work – SUPPORT study

Angela Fagerlin and Carl E. Schneider,
"Enough: The Failure of the Living Will,"
Hastings Center Report 34, no. 2 (2004): 30–42.

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Will Better Discussions Work?

- SUPPORT Study:
  - System-level innovation … may offer more powerful opportunities for improvement.
  - Physician behavior is not altered significantly by addressing poor communication alone.
  - The fundamental problem may be structural and institutional.

Lynn, J. Ineffectiveness of SUPPORT, JAGS, 48: 2000
Murray TH, Improving EOL-Why So Difficult?
Hastings Center Report, 2005

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Purpose of POLST

- To ensure that patient preferences are followed
- To provide a mechanism to communicate patient preferences for end of life treatment <u>across treatment settings</u>

Home ⟷ Hospital ⟷ Nursing home

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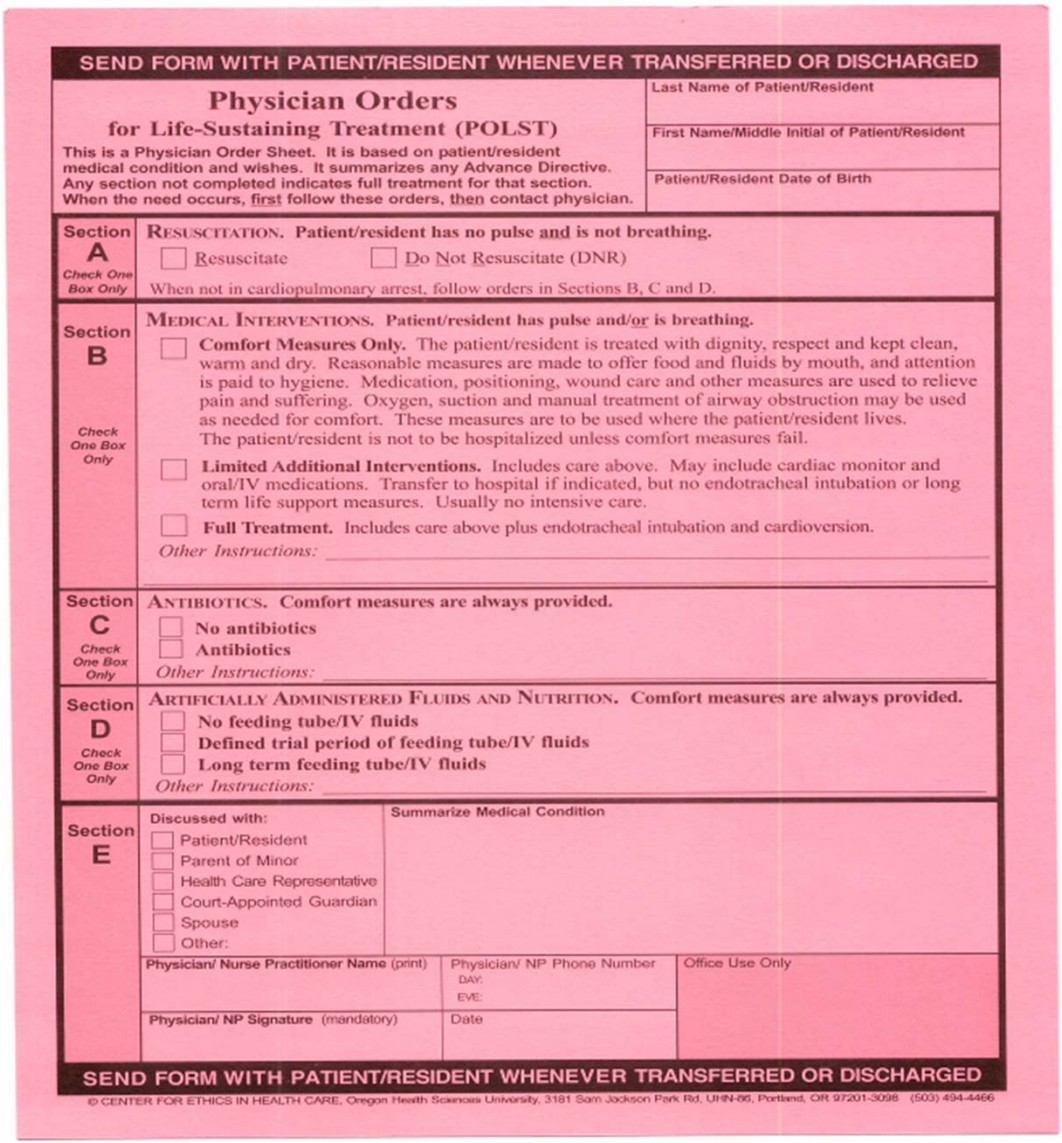

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

Physician Orders
for Life-Sustaining Treatment (POLST)

This is a Physician Order Sheet. It is based on patient/resident medical condition and wishes. It summarizes any Advance Directive. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.

Last Name of Patient/Resident

First Name/Middle Initial of Patient/Resident

Patient/Resident Date of Birth

Section A *Check One Box Only*

RESUSCITATION. Patient/resident has no pulse and is not breathing.

☐ Resuscitate ☐ Do Not Resuscitate (DNR)

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

Section B *Check One Box Only*

MEDICAL INTERVENTIONS. Patient/resident has pulse and/or is breathing.

☐ **Comfort Measures Only.** The patient/resident is treated with dignity, respect and kept clean, warm and dry. Reasonable measures are made to offer food and fluids by mouth, and attention is paid to hygiene. Medication, positioning, wound care and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction may be used as needed for comfort. These measures are to be used where the patient/resident lives. The patient/resident is not to be hospitalized unless comfort measures fail.

☐ **Limited Additional Interventions.** Includes care above. May include cardiac monitor and oral/IV medications. Transfer to hospital if indicated, but no endotracheal intubation or long term life support measures. Usually no intensive care.

☐ **Full Treatment.** Includes care above plus endotracheal intubation and cardioversion.

Other Instructions: _____

Section C *Check One Box Only*

ANTIBIOTICS. Comfort measures are always provided.

☐ **No antibiotics**

☐ **Antibiotics**

Other Instructions: _____

Section D *Check One Box Only*

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION. Comfort measures are always provided.

☐ **No feeding tube/IV fluids**

☐ **Defined trial period of feeding tube/IV fluids**

☐ **Long term feeding tube/IV fluids**

Other Instructions: _____

Section E

Discussed with:

☐ Patient/Resident
☐ Parent of Minor
☐ Health Care Representative
☐ Court-Appointed Guardian
☐ Spouse
☐ Other:

Summarize Medical Condition

Physician/ Nurse Practitioner Name (print)

Physician/ NP Phone Number
DAY:
EVE:

Office Use Only

Physician/ NP Signature (mandatory)

Date

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

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Section A: Resuscitation

- Resuscitate
- Do Not Resuscitate (DNR)
  - Order only applies if a person is pulseless and apneic
  - New Oregon POLST includes
    "AND" – Allow Natural Death

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Section B – Three Levels

- Comfort Measures Only
  - Transfer to hospital only if comfort needs cannot be met
- Limited Additional Interventions
  - Do not use intubation or artificial ventilation, avoid ICU
- Full Treatment
  - Use intubation & ventilation, cardioversion, pacemaker insertion, ICU

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Sections C and D

- Antibiotics
  - No antibiotics
  - Determine use or limitation of antibiotics when infection occurs, with comfort as the goal.
  - Use antibiotics
- Artificial Nutrition
  - No nutrition by tube
  - Use for a defined trial period
  - Use long term

* New OR form drops antibiotic orders and discusses it in Section B

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Section E

- Basis for Orders
  - Who was it discussed with?
  - A summary of the medical condition(s)
  - Signatures

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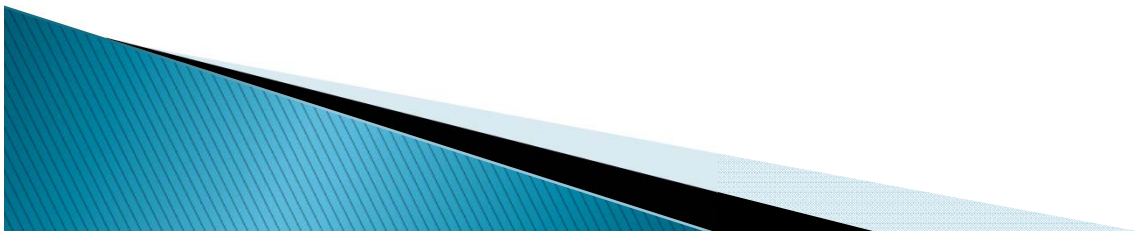
Comfort Measures Always Provided!

- Each level of care starts with comfort
- Each successive level includes the previous level
- Even those receiving “full treatment” need comfort
- SUPPORT study – majority of dying patients had untreated, but controllable symptoms



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Where to Keep the POLST

- The front of the chart if admitted
- In a red envelope on the fridge (makes it hard to read when in envelope)
- Goes with resident (patient) on transfer to another facility
- Comes back with resident
- Photocopies stay in medical chart (or EHR) after discharge or in physician's office

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AMERICAN MEDICAL RESPONSE
AMR
PARAMEDIC

A Hospital Based POLST Pilot

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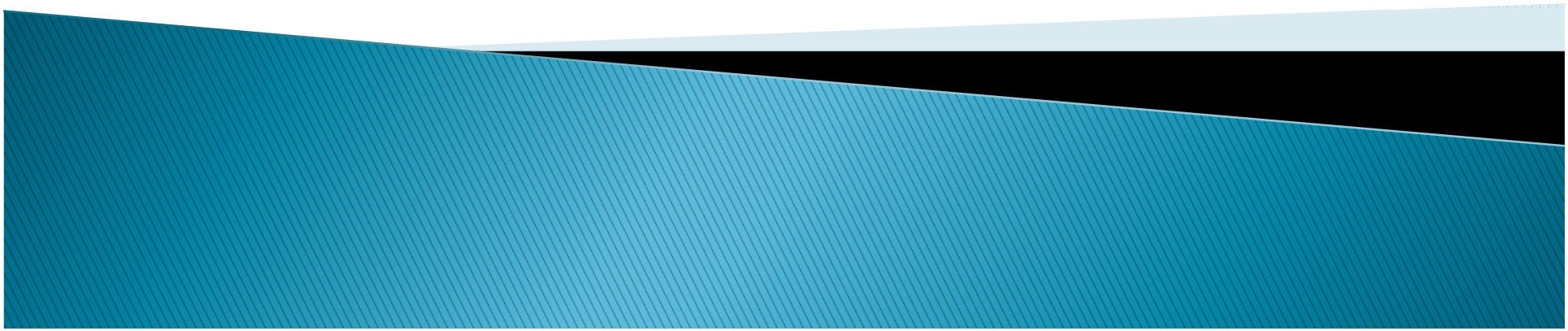

JFK Medical Center – Atlantis, FL

- Founded in 1966
- 460 beds
- Owned by HCA
- Affiliation with University of Miami Internal Medicine Residency since 2008

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First Steps

- Physician Champion
- Letter to CEO/CMO
- Ethics Committee

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Second Steps

- Medical Executive Committee
- Edit hospital's current DNR Policy
- Create a new POLST Policy

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Third Steps

- Approve Order Form
- Work out the “Kinks”
- Distribute Hospital Wide

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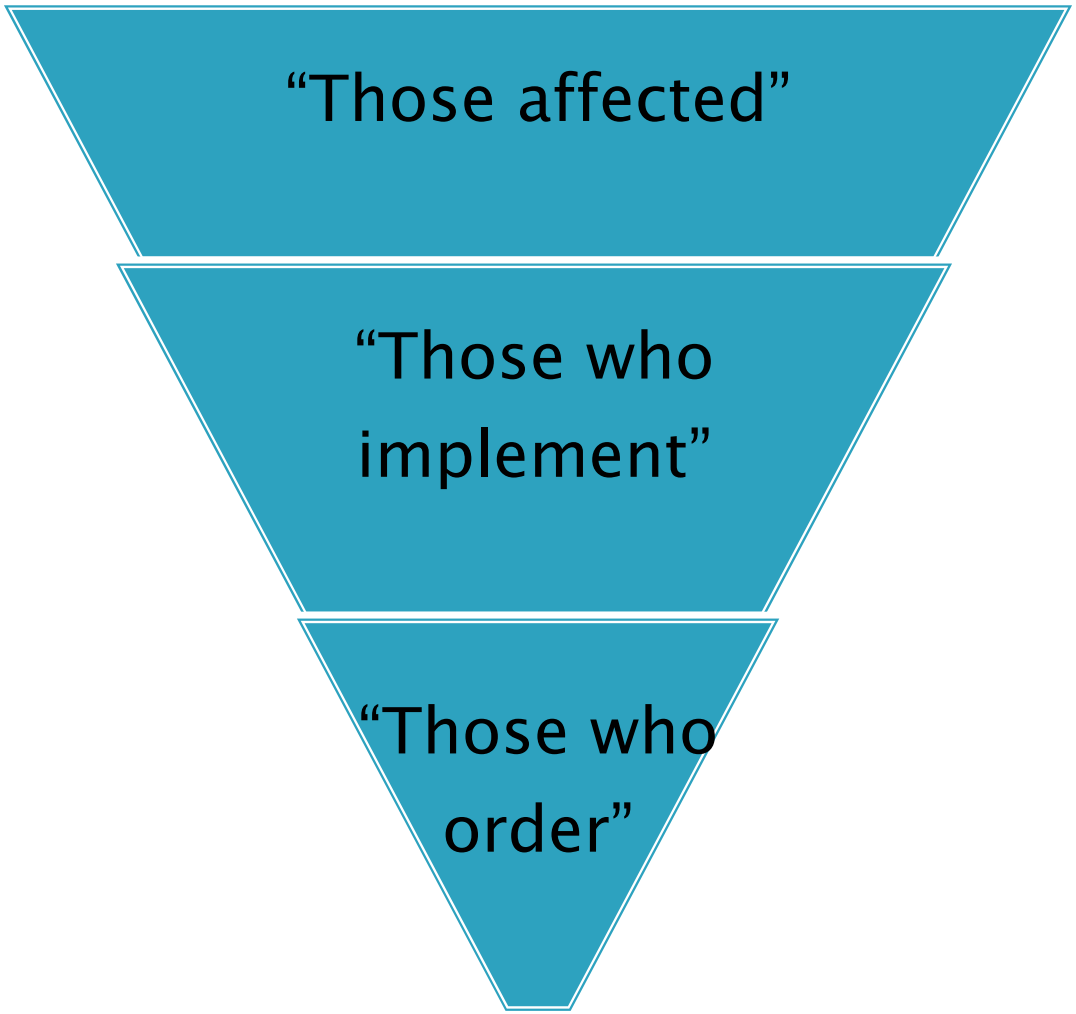
Education



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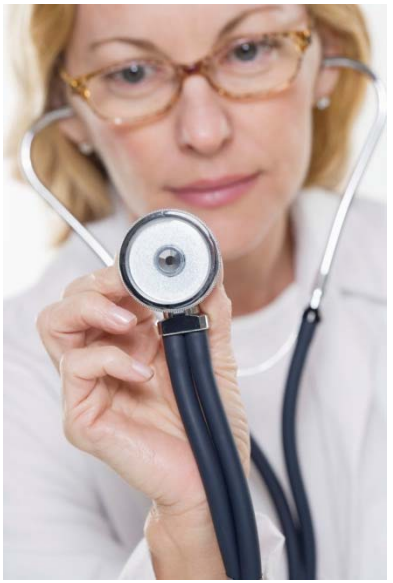
"Those Who Order" – Physicians

- Intensive care units
- Hospitalists
- Primary care providers
- Select specialties



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"Those Who Implement"

- Nursing Leadership
- Emergency Department
- Hospice units
- EMS Personnel
- ALF/SNF

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“Those Who Are Affected”

- Hospital Website
- Local newspaper
- Patient advocacy groups
- At the bedside when completing the form

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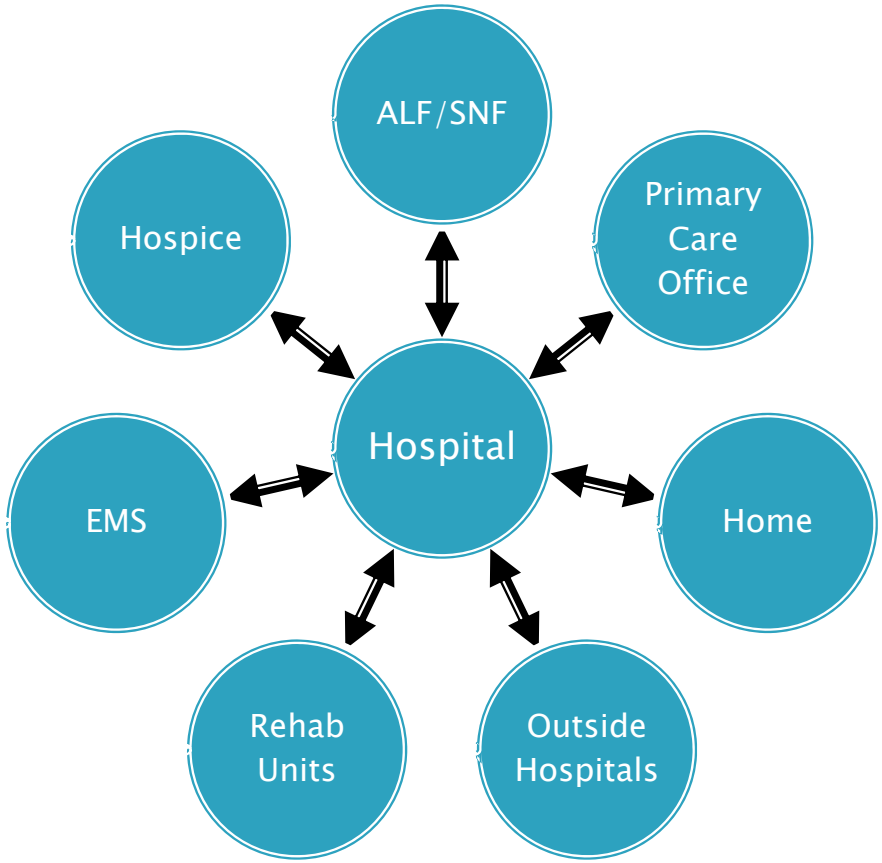
Hospital Based Approach



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Ideas for Data Collection

- ✓ Pre-Post Studies
- ✓ % of Hospitalized Patients With a Written Advance Directive at the time of Death
- ✓ Adherence to wishes
- ✓ Patient satisfaction
- ✓ Practitioner satisfaction

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Developing a Statewide Program in Florida

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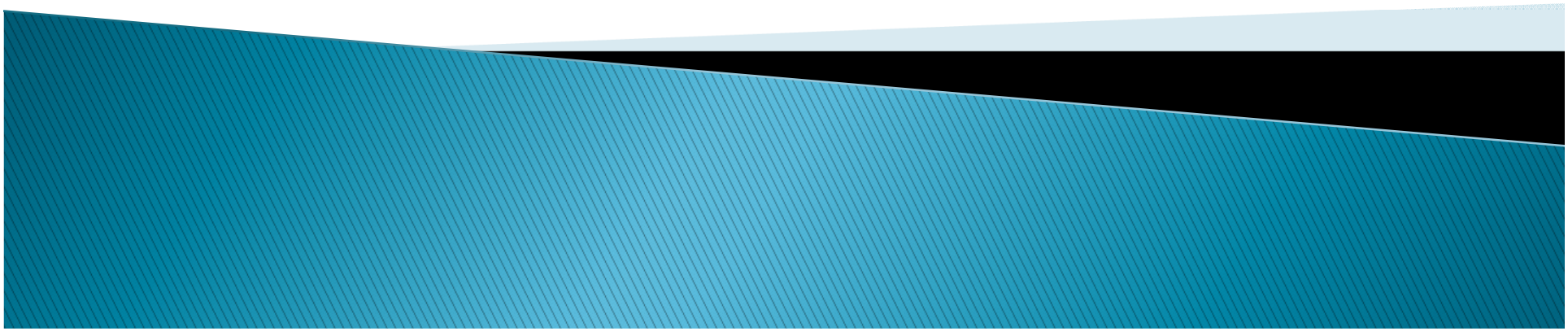
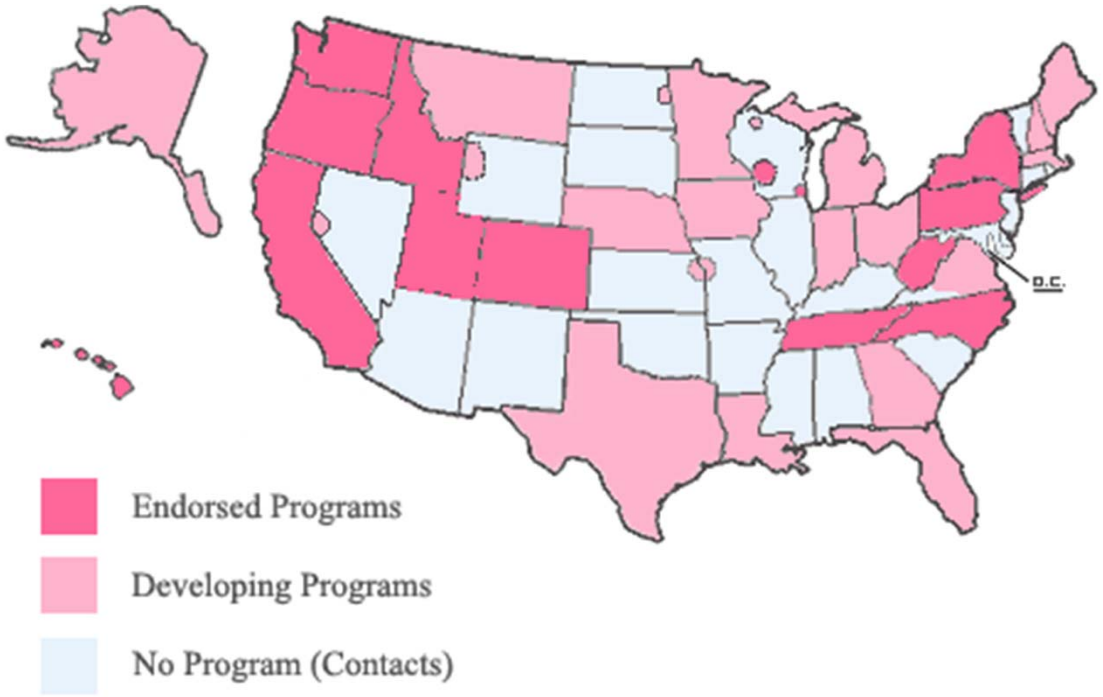


POLST Programs



CA, CO, HI, ID, MN, NC, NY, OR, PA, TN, TX, UT, VT, WA, WI, WV

AK, FL, GA, IA, IN, KS, LA, MA, ME, MI, MO, MT, NE, ND, NH, NV, OH, VA, WY,

AL, AR, AZ, CT, DE, IL, KY, MD, MS, NJ, NM, OK, RI, SC, SD, (D.C.)

Approaches

- Legislative Approach (WV, TN, HI)
- Regulatory Approach (OR, UT, WA)
  - Grass-roots movements to establish the use of POLST as the standard of care in treatment near the end of life
- Hybrid Approach (NY)
  - progressed from a grassroots effort, to administrative promulgation and support of a form, to express legislative approval

Implementation Steps

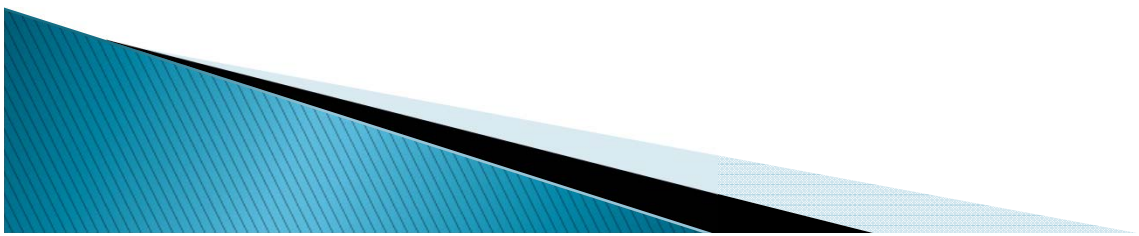
1) Needs Assessment
2) Core Working Group
3) Task Force – Collaborative Model
4) Pilot Project
5) Legal Issues
6) Education & Training
7) Program Coordination
8) Distribution Plan
9) Review Program Requirements
10) Relationship to Media
11) Available Resources

Needs Assessment

- Is the system working well already to identify and respect patients' preferences for end-of-life care?
- Interdisciplinary Approach (EMS, ED Physicians, nurses, social workers, long term care facilities, hospitals, hospice, attorneys, etc.)
- Data-driven
- Build on current research

Core Working Group

- Assemble a workgroup
- Broad representation
- Leadership
- Passion, commitment
- Education & Outreach
- Sustainable

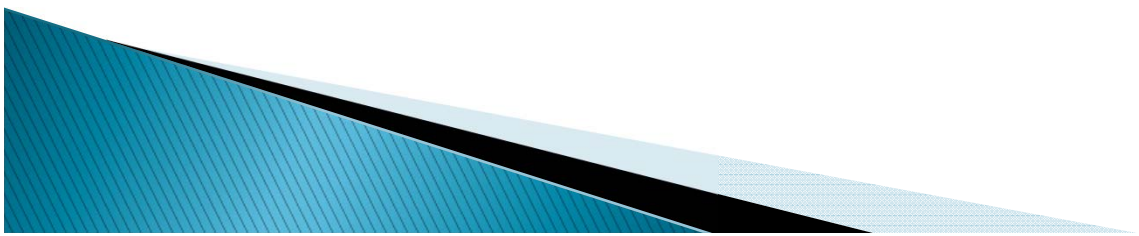


Assemble a Task Force

- EMS
- ED Physicians & Nurses
- Long-term Care Assoc.
- State Medical Assoc.
- State Surveyors
- Senior Services
- Department of Health
- State Hospital Assoc.
- Home Health Assoc.
- State Bar Assoc.
- State Hospice Assoc.
- Senior Healthcare Orgs
- Members of Under-Represented Communities
- Ethics Committee Networks
- Legislative Champions
- Representatives of the Disability Community

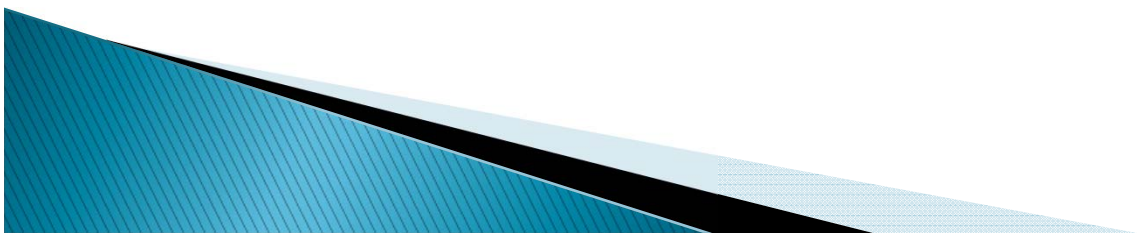
Pilot Project

- Conduct a voluntary pilot project in one or more communities.
- Provide training on the form.
- Create a regional task force.
  - Meet monthly.
  - Review results.
  - Share results with statewide task force.



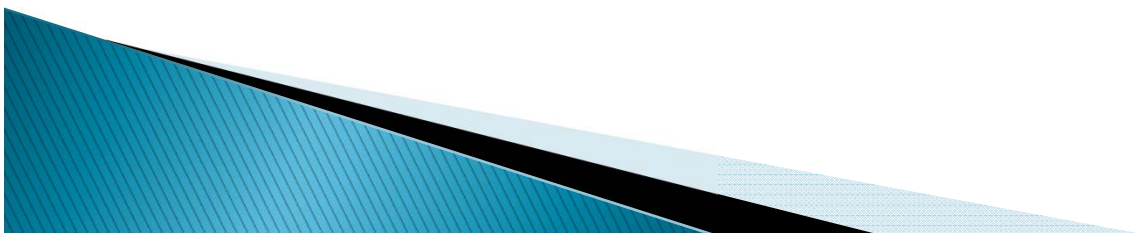
Address Legal Issues

- What approach?
- Patient's signature
- Practioner's signature other than MD



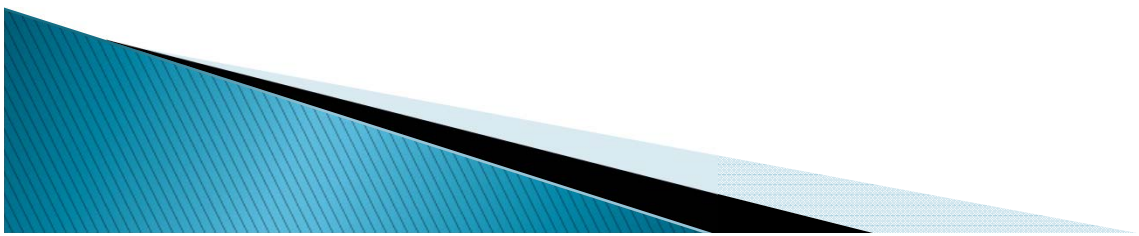
Education & Training

- Train social workers, nurses, chaplains and others to be advance care planning facilitators. (Respecting Choices®)
- Physician training
- Community education



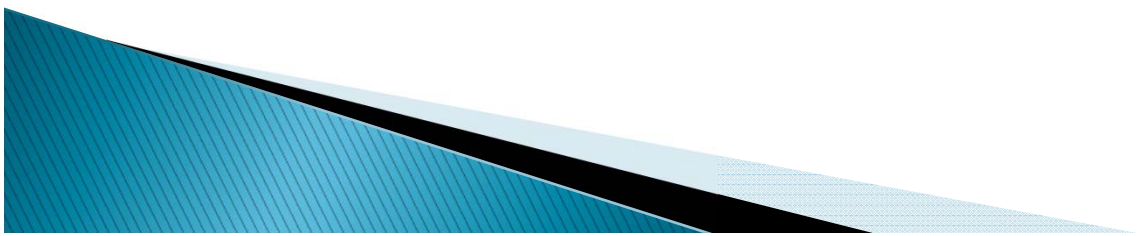
Program Coordination

- Consider best method to coordinate the program long-term, operationally & financially. (academic ethics centers, medical assoc., DOH)



Distribution Plan

- Develop a plan to distribute the form.
  - Approaches
    - Downloadable
    - Numbered and distributed from a central office



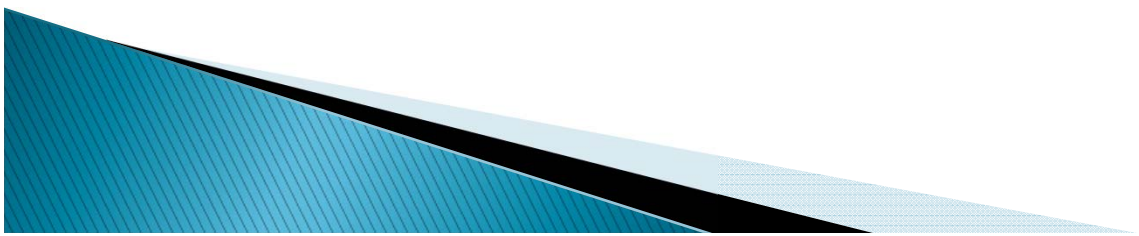
Review Program Requirements

- Program Requirements
- Form Requirements
- Apply for endorsement as a POLST Paradigm Program

*** Review Requirements on-line
http://ohsu.edu/polst/corereqs.shtml

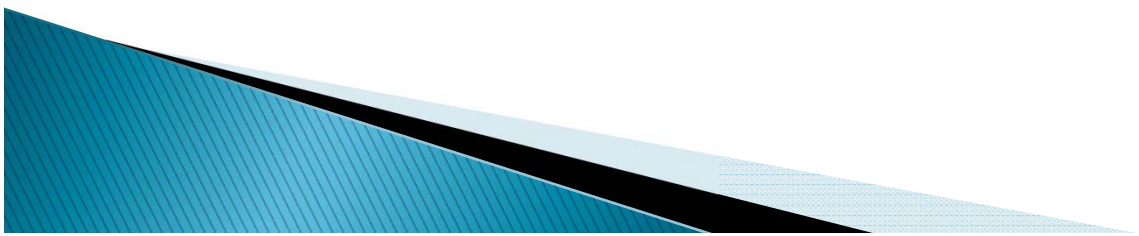
Relationship to Media

- Develop a communication/media plan.
  - What message do you want to send?
  - Which message do you want to avoid?
- Good communication skills
  - Prepare for interviews
  - Key messages



Available Resources

- National POLST Paradigm Initiative Task Force
- Experienced colleagues in various states
- POLST.org



Suggestions and Lessons Learned

- Find the champions.
- Be as inclusive as possible.
- Build coalitions on the local level, too.
- Start with pilots. Then build out.
- Keep POLST integrated into the larger spectrum of good end-of-life care.
- Follow the lead of existing POLST states.
- Know your state.
- Devise a legislative strategy if going that route.
- Allow flexibility to design and revise the form.
- Plan an infrastructure for the long haul.
- Funding can be key.
- Think electronic.

Implementing the POLST Paradigm in Florida: Legal Issues

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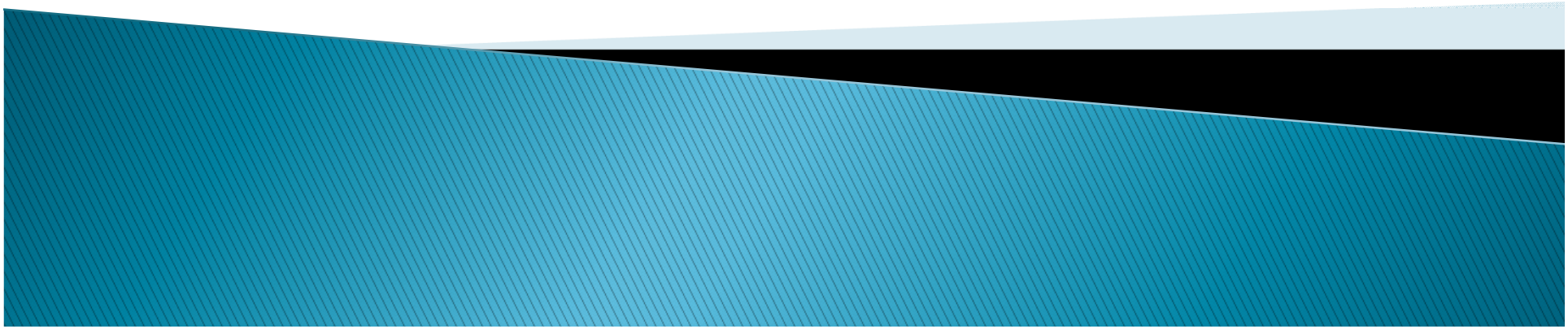

Existing Florida Law

- Fla. Stat. ch. 765—Advance directives, surrogate and proxy decision making
- Fla. Stat. ch. 709—Durable power of attorney
- Fla. Stat. ch. 744—Guardianship
- Florida Stat. §401.45 (3)—Do Not Resuscitate orders, implemented by Fla. Admin. Code r. 64B8-9.016 (DOH Yellow Form)

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What Kinds of Legal Changes Are Needed?

- Statutory changes? Placement?
  - Chap. 765?
    - Failed House Bill 1017, 2006 Leg. Reg. Sess. (Fla. 2006) (identical to S. 2572, 2006 Leg. Reg. Sess. (Fla. 2006)).
  - Chap. 401.45?
- Regulatory changes? Alternative or supplement to statutory changes? Which agencies should have authority? Inter-agency coordination?

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What Kinds of Legal Changes Are Needed?

- Clinical consensus
  - Fla. Stat. § 765.106 **Preservation of existing rights**— The provisions of this chapter are *cumulative* to the existing law regarding an individual's right to consent, or refuse to consent, to medical treatment and do *not* impair any existing rights or responsibilities which a health care provider, *a patient*, including a minor, *competent or incompetent person*, or *a patient's family* may have under the common law, Federal Constitution, State Constitution, or statutes of this state.

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Drafting/Policy Questions for Statutory or Regulatory Revisions

- Form content? Specified in law?
  - CPR
  - Medical interventions
    - Full treatment
    - Comfort measures only/DNH/DNI
  - Antibiotics
  - Artificially administered nutrition + hydration
  - Reason for orders (documents conversations)
  - Signatures

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Drafting/Policy Questions for Statutory or Regulatory Revisions (cont.)

- Must the approved form be used?
- Must POLST be offered? To *which* patients?
- Who (besides physicians) may write a POLST?
- Must patient consent be documented on the form by signature?

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Drafting/Policy Questions for Statutory or Regulatory Revisions (cont.)

- Extent of surrogates' authority to consent to POLST on behalf of a patient lacking decisional capacity?
- Immunity for providers for following a POLST?
- Penalties for provider non-compliance?
- Originals vs. Copies/Faxes?
- Conflicts between POLST and advance directives?

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Drafting/Policy Questions for Statutory or Regulatory Revisions (cont.)

- POLST forms with some sections not completed—Presumption of full-court press?
- Reciprocity for out-of-state POLST forms? (Portability)

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Storing and Retrieving POLST Forms

- Form "on the refrigerator" approach?
- Include in electronic medical record?
- Central registry facilitates retrieval and research, but raises legal questions:
  - Is submission of the POLST mandatory?
  - Who must/may submit?
  - Protection for submitters?
  - Consequences for not complying with submission requirements?

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Storing and Retrieving POLST Forms (cont.)

- Who has access?
- Confidentiality and security of data? HIPAA compliance?
- Quality control, timeliness, updating of data? Liability for inaccurate data entry?

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Policy Questions for Institutions

- How does POLST fit with institutional by-laws and protocols?
- Recognition of POLST signed by physician without privileges in that institution?
- Recognition of POLST signed by non-physician?

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For More Information

Florida POLST

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Program Affiliations

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