

## Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

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**Date:** August 13, 2015

**Topic:** **Physician Orders for Life-Sustaining Treatment (POLST) Forms in Adult Foster Homes**

**Provider:** APD (Older Adults and Adults with Physical Disabilities)  
Adult Foster Home Providers

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Dear Provider,

The purpose of this Alert is to ensure Physician Orders for Life-Sustaining Treatment (POLST) are being properly used to honor individual treatment wishes. It has come to our attention that at times facilities are incorrectly requiring POLST upon admission. This alert provides information about the proper use of POLST and adult foster home compliance requirements.

### **POLST Reminders:**

- **Facilities may not require residents to have a POLST Form.**
- **POLST Forms are always voluntary.**
  - POLST Forms should **never** be mandatory or a pre-condition to admission for any long-term care facility.
  - Residents should **never** be given blank POLST Forms to complete.
- **Not everyone needs a POLST.** POLST Forms are intended for, and should be offered to, individuals who have a serious advanced illness or frailty for whom their health care professional would not be surprised if the patient died within the year.
  - Facilities may have policies mandating that residents be **offered** the opportunity to have a POLST Form.
- **POLST is the result of a conversation.** A POLST Form should never be completed without the patient and/or surrogate first having a conversation with his/her health care professional (physician, nurse practitioner or physician assistant).

- Completion of a POLST Form requires the health care professional to confirm through their signature that a conversation occurred with the patient or his/her surrogate.
  - POLST Forms should not be included in admission packets, although brochures about POLST may be included.
- **Only health care professionals complete and sign a POLST Form.** POLST forms should be completed *after* having a conversation with the patient (or his/her representative) about the patient's diagnosis, prognosis, and treatment options and listening to the patient's goals of care and wishes about treatment.
  - **POLST orders remain in the Oregon POLST Registry until changed or voided.**
    - The signer of a POLST Form is required to submit a copy of the form to the Registry unless the patient explicitly opts out of the Registry.
    - The current POLST Form remains with patient.
  - **POLST Forms are portable medical orders.** POLST Forms provide patients a portable medical order that will allow Emergency Medical Services (EMS) to honor their treatment wishes. POLST Forms remain in effect after discharge unless voided.
    - The Oregon POLST Task Force recommends facilities develop a discharge process that includes:
      - Reviewing the POLST Form to determine if it still accurately reflects the patient's goals of care given his/her current medical condition.
      - Facility confirms patient understands that the POLST is in effect for lifetime until changed or voided.
      - The **current** POLST Form should go with the patient at time of discharge or transfer. A copy should be sent to patient's primary care practitioner.

**Regulatory Summary for Community-Based Care Facilities:**

Oregon Revised Statutes and Oregon Administrative Rule (see specific references at the end of this Alert)

- State and federal regulations do not require POLST forms for every resident of a long-term care facility.
- During the screening and assessment period prior to a resident's admission, disclose any policies that may limit the prospective resident's activities or preferences, including but not limited to, a written statement

about the licensed provider’s inability to implement an Advance Directive on the basis of conscience.

- Prior to admission, the licensee must obtain, if available, and place in the resident’s record a copy of the resident’s Advance Directive, POLST Form, and other legal documents.
- In the event of an emergency, a resident’s POLST Form, and copies of other legal documents such as an Advance Directive or Do Not Resuscitate (DNR) order, must be made available to the emergency responders.
- The Residents’ Bill of Rights states each resident has the right to:
  - Be informed of all resident rights and all house policies;
  - Be encouraged and assisted to exercise constitutional and legal rights;
  - Be informed of their medical condition and the right to consent to or refuse treatment;
  - Receive appropriate care and services and prompt medical care as needed; and
  - Be free of discrimination in regard to the execution of an Advance Directive, POLST or DNR orders.

**POLST v. Advance Directives:**

- A POLST Form does not replace an Advance Directive.
  - Both forms are voluntary and document medical treatment information, but have key differences:

▪ KEY DIFFERENCES	
POLST	Advance Directive
Only to be used for those with serious advanced illness or frailty – at any age.	For anyone 18 and older.
Medical Orders for medical treatments specific to <b>current</b> state of health.	Instructions communicating general wishes for treatments in future states of health.
CANNOT appoint a Health Care Representative.	Can appoint a Health Care Representative.*
EMS can follow orders.	EMS cannot follow (because not medical orders).
Patient has specific diagnosis & prognosis of a serious illness or frailty when discussing goals of care and treatment decisions.	Individual may be healthy and may not have any diagnosis when completing.
Signed by health care professional (physician, NP or PA in Oregon).	Document is signed by the resident, his/her chosen health care representative, and witnesses.

**\*NOTE: “Health Care Representative” means an individual appointed in an Advance Directive by the resident/patient to make decisions about care for the resident/patient if needed in the future.**

**Additional Information about POLST:**

- [www.or.polst.org](http://www.or.polst.org)
- [Facing Serious Illness \(guidance for patients/families on POLST\)](#)
- [Guidebook for Health Care Professionals](#)
- [POLST Use for Persons with Disabilities](#)
- [POLST in Action in Oregon \(video\)](#)
- [Understanding POLST \(video\)](#)
- [Press Release for 2014 Oregon POLST Form](#)

**Relevant Guidance:**

ORS 127.505, et seq Advance Directive

ORS 127.663, et seq Physician Order for Life-Sustaining Treatment Registry

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