



Minnesota's Provider Orders for Life Sustaining Treatment (POLST) Form

Karolyn Stirewalt, J.D.

Legal Counsel, Minnesota Medical Association

KStirewalt@mnmed.org

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Learning Objectives

- What is the POLST form?
- National POLST effort
- MMA POLST task force
- Implementation of POLST in Minnesota

What is the POLST form?

- “POLST” stands for Provider Orders for Life Sustaining Treatment.
 - Tool to be used by primary care providers (physicians, nurse practitioners, physician assistants) in discussing end-of-life treatment choices with terminally ill patients and their families.
 - Form is filled out and signed by the provider for use by other providers, EMS, ER, nursing home staff, and home care nurses.

Minnesota POLST form

POLST: Provider Orders for Life Sustaining Treatment POLST

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)	
Last Name	_____
First Name	_____
Date of Birth	_____
Primary Care Provider/Phone	_____

A CARDIOPULMONARY RESUSCITATION (CPR):
 Patient has no pulse and is not breathing.

Check One **CPR/ATTEMPT RESUSCITATION** **DO NOT ATTEMPT RESUSCITATION** (Allow Natural Death)

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

B GOALS OF TREATMENT:
 Patient has pulse and/or is breathing. See Section A regarding CPR if pulse is lost.

Check One **COMFORT CARE** — Do not intubate, use medication, oxygen, and suction, and manual clearing of airways, etc. as needed for immediate comfort.

Check all that apply:

Avoid calling 911, call _____ instead

If possible, do not transport to ER (EMS should consult medical control)

If possible, do not admit to the hospital from the ER (e.g. when patient can be made comfortable at residence)

LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS — Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited.

Check one:

Do not intubate

Trial of intubation (e.g. _____ days) or other instructions: _____

Intubate long-term if necessary

PROVIDE LIFE SUSTAINING TREATMENT
 Intubate, catheterize, and provide medically necessary care to sustain life.

C INTERVENTIONS AND TREATMENT

ANTIBIOTICS (check one):

No Antibiotics (Use other methods to relieve symptoms whenever possible.)

Oral Antibiotics Only (No IV/IM)

Use IV/IM Antibiotic Treatment

NUTRITION/HYDRATION (check all that apply):

Offer food and liquids by mouth

Tube feeding through mouth or nose

Tube feeding directly into GI tract

IV fluid administration

Other: _____

Provider Name (MDD/DO/PA when delegated, etc. acceptable) _____ Date _____

Provider Signature _____

POLST

D SUMMARY OF GOALS

Check All That Apply

DISCUSSED WITH:

PATIENT

PARENT(S) OF MINOR

HEALTH CARE AGENT

COURT-APPOINTED GUARDIAN

NONE OTHER: _____

THE BASIS FOR THESE ORDERS IS PATIENT'S (check all that apply):

REQUEST BEST INTEREST

KNOWN PREFERENCE OTHER: _____

HEALTH CARE DIRECTIVE/LIVING WILL

Name of Health Care Professional Preparing Form _____ Preparer Role _____ Phone Number _____ Date Prepared _____

E SIGNATURE OF PATIENT OR HEALTH CARE AGENT / GUARDIAN / SURROGATE

THESE ORDERS REFLECT THE PATIENT'S TREATMENT WISHES

Name _____ Date _____

Relationship to Patient _____ Phone Number _____

Signature _____

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

- COMPLETING POLST**
- Must be completed by a health care professional based on patient preferences and medical indications.
 - If the goal is to support quality of life in last phases of life, then DNR must be selected in Section A.
 - If the goal is to maintain function and quality of life, then either CPR or DNR may be selected in Section A.
 - If the goal is to live as long as possible, then CPR must be designated in Section A.
 - POLST must be signed by a physician, nurse practitioner, Doctor of Osteopathy, or Physician Assistant (when delegated). The signature of the patient or health care agent / guardian/ surrogate is strongly encouraged.
- USING POLST**
- Any section of POLST not completed implies most aggressive treatment for that section.
 - An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."
 - Oral fluids and nutrition must always be offered if medically feasible.
 - When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort.
 - All IV medications to enhance comfort may be appropriate for a patient who has chosen "Comfort Measures Only."
 - Artificially-administered hydration is a measure which may prolong life or create complications. Careful consideration should be made when considering this treatment option.
- REVIEWING POLST**
- This POLST should be reviewed periodically and a new POLST completed if necessary when:
- The patient is transferred from one care setting, or level of acuity, or
 - There is a substantial change in the patient's health status.
 - A new POLST should be completed when the patient's treatment preferences change.

Minnesota POLST - January, 2011



TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.

POLST

How is the POLST form different from a Healthcare Directive?

- The POLST form:
 - Can serve as a supplement to healthcare directive.
 - Is intended for patients who have on-average, less than six months to live.
 - Is filled out and signed by the patient's primary care provider when discussing end-of-life treatment options with the patient.
 - Is intended for use during emergency end-of-life treatment.

How is a POLST form Different from a Healthcare Directive?

- Healthcare directives:
 - Are filled out and signed by a patient at any point in their life.
 - Are less specific, and are intended for the patient's medical team as well as his/her family members.

National POLST Effort

- POLST began in Oregon in 1991 because patient wishes for life-sustaining treatments were not being honored consistently despite the availability of advance directives.
- The Center for Ethics in Health Care at Oregon Health & Science University convened representatives from stakeholder health care organizations to develop the form.
- Over one million forms have been distributed to date in Oregon, and the use of POLST is now the accepted medical standard of care. It is used by all hospices and over 95% of nursing homes in the state.

National POLST Effort

- Other states (New York, Pennsylvania, Washington, West Virginia, and Wisconsin) were early to develop programs similar to Oregon's POLST program.
- In 2004, leaders of these programs became the original members of the National POLST Paradigm Initiative Task Force which facilitates the development of other POLST programs.

MMA POLST Task Force

- MMA learned that there were multiple versions of the POLST form in circulation in Minnesota.
 - Allina
 - ECHO in Duluth
 - Others (using a similar form but not called POLST)
- Multiple forms decrease the efficiency for first responders.
- MMA Ethics and Medical Legal Affairs Committee agreed to form a task force to develop a single (POLST) form that will be acceptable to all interested parties in the State of Minnesota.

MMA POLST Task Force

MMA sent out an open invitation to anyone interested in joining the task force in 2009.

- Representatives from:
 - Medical, nursing, health law, hospice, EMS
 - Metro and greater Minnesota
 - Invites sent to those participating in national POLST teleconferences

MMA POLST Task Force

- Task force has met on six occasions.
- Form development began by comparing the POLST forms being used by Allina and Echo, as well as POLST forms being used in other states.
- The layout and content of the form were carefully considered by the task force participants.

Considerations RE: MN POLST Layout

- MN POLST form is white with conspicuous black block that says “POLST” in the upper and lower right corners
 - Can print it off from any computer
 - Can find in stack of papers
 - Can reproduce or download blank copies
 - Can make copies of completed forms
 - Can fax it
 - Can easily move toward electronic versions
- 2 pages

Considerations RE: MN POLST

Content: Patient/Surrogate Signing the Form

- Controversial
 - Physicians sign DNR orders and don't require patient's signature to do so.
 - Not having patient signature could increase providers to liability risk (did informed consent take place?).
 - Patient signature is required per inter-company policies at some health care facilities.
- Better to have the patient's signature so that form can easily travel with the patient between health care facilities.

Considerations RE: MN POLST

Content: Can Physician Assistants Sign off?

- MD, DO and NP can sign a POLST form.
- PA's wanted the ability to sign too, for patients in rural areas that don't have access to an MD, DO or NP.
- Per MN Board of Medical Practice:
“Physician Assistants permitted to sign POLST, subject to supervisory agreement with physician.”

MN POLST Endorsement

- Form was endorsed by the Emergency Medical Services Regulatory Board and the MMA Board of Trustees in the fall of 2009.
- Two versions of the form are currently available on the MMA's website:
 - MMA-endorsed version (bearing MMA logo)
 - Editable version – facilities may insert their own logo

MN POLST In the News

- Minnesota Medicine: *“The Need for POLST: Minnesota’s Initiative”* By: Lem Vawter, M.D., M.P.H., and Edward Ratner, M.D., January 2010
- Star and Tribune: *“New tool lets patients call the shots at end of their lives”* By: Josephine Marcotty, March 10, 2010.
- MMA press release – March 30, 2010

MN POLST Implementation

- Honoring Choices MN – (Community-wide advance care planning initiative is using the POLST form)
- Allina -- using the POLST form (inpatient, hospice and homecare patients).
- Park Nicollet – legal counsel has approved the form.
- Duluth – Outreach programs going on to educate about the POLST form.
- Emergency Medical Services Regulatory Board (EMSRB) – Has posted the POLST form on its website. Ambulance service medical directors around the state are starting to use the form.
- Hospice MN -- Requesting information about it.
- Nursing home medical directors – Requesting information about it.
- Individual clinics are starting to use the form.

Summary

- After a long wait, a single Minnesota POLST form has been created and endorsed by EMS.
- Dissemination and implementation of the form are underway.
- The form and its accompanying materials can be found at: mmaonline.net

Contact Information

- Karolyn Stirewalt, J.D.
 - C/o Minnesota Medical Association
1300 Godward Street, NE, Suite 2500
Minneapolis, MN 55110
 - KStirewalt@mnmed.org
 - (612) 362-3738