



POLST and Advance Care Planning Tools

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About Compassion & Choices

Compassion & Choices is a national nonprofit organization with a proven record of successful client consultation, and of protecting and expanding the rights of patients.

We advocate strongly on behalf of persons with advanced or terminal illness to ensure that healthcare providers respect their wishes, whether their choice is to receive curative treatment and palliative care, or to refuse unnecessary or life-prolonging treatment.



What is POLST or MOLST?

Physician Orders for Life-Sustaining Treatment

OR

Medical Orders for Life-Sustaining Treatment



The POLST Paradigm

“The National POLST Paradigm is an approach to end-of-life planning based upon conversations between patients, loved ones, and medical providers. The POLST Paradigm is designed to ensure that seriously ill patients can choose the treatments they want and that their wishes are honored by medical providers.”

Source: www.polst.org National POLST Office at Oregon Health & Science University



Purpose of POLST

Developed for patients with one or more serious advanced illness. It is a conversation about:

1. The patient's specific disease, treatment options (benefits and alternatives) and what will happen as the disease continues; AND
2. The patient's goals of care and values

(source www.polst.org)



What happens next...

After a conversation - your health care provider will fill out the POLST/MOLST form with you, marking what treatments you do and do not want at the end of your life. Because it is a medical order – it means that your treatment wishes will be known and should be followed during a medical emergency, regardless of where you are.

(Source: www.polst.org)

POLST – is not a substitute for other planning tools...

- POLST is only for those diagnosed with serious advanced illness.
- POLST is intended to compliment your advance directive and NOT replace it.
- An advance directive is still needed in order to appoint a health care proxy
- An advance directive is still needed in order to communicate your wishes in the future with regard to wanted or unwanted medical treatments.

Is POLST available in your state?

- There are programs in 17 states
- There are programs under development in 27 states
- There are only 8 states not doing anything related to POLST/MOLST at this time

(To see your state's status please visit:
www.polst.org/programs-in-your-state/)

Montana POLST form

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

Montana Provider Orders For Life-Sustaining Treatment (POLST)		
<p>THIS FORM MUST BE SIGNED BY A PHYSICIAN, PA or APRN IN SECTION E TO BE VALID</p> <p>If any section is NOT COMPLETE: Provide the most treatment included in that section</p> <p>EMS: If questions/concerns, contact Medical Control.</p>		<p>Patient's Last Name: _____</p> <p>Patient's First Name: _____</p> <p>Date of Birth: _____</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>Section A Select only one box</p>	<p>Treatment Options: If patient does not have a pulse and is not breathing:</p> <p><input type="checkbox"/> Resuscitate (CPR) <input type="checkbox"/> Do Not Resuscitate (DNR/No CPR) (Allow Natural Death)</p> <p>If patient is not in cardiopulmonary arrest, follow orders found in sections B and C</p>	
<p>Section B Select only one box</p>	<p>Treatment Options: If patient has a pulse and/or is breathing:</p> <p><input type="checkbox"/> Comfort Measures: Treat patient with dignity and respect. Keep patient clean, warm and dry. Reasonable measures are to be made to offer food and fluids by mouth. Use medication, positioning, wound care and other measures to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. DO NOT transfer to hospital for life-sustaining treatment. Transfer ONLY if comfort needs cannot be met in current location.</p> <p><input type="checkbox"/> Limited Additional Interventions: In addition to the care described above, use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation, advanced airway interventions or mechanical interventions. May consider use of less invasive airway support such as CPAP or BiPAP. Transfer to hospital if indicated. Avoid Intensive Care.</p> <p><input type="checkbox"/> Full Treatment: In addition to the care described above, use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Include Intensive Care.</p> <p>Other instructions: _____</p>	
<p>Section C Select only one box</p>	<p>Antibiotics:</p> <p><input type="checkbox"/> No antibiotics except if needed for comfort (i.e. urinary tract infection)</p> <p><input type="checkbox"/> No Invasive (IM/IV) antibiotics</p> <p><input type="checkbox"/> Aggressive treatment Other instructions: _____</p>	
<p>Section D Select only one box</p>	<p>Medically Administered Nutrition:</p> <p><input type="checkbox"/> No Feeding tube</p> <p><input type="checkbox"/> Feeding tube for defined trial period</p> <p><input type="checkbox"/> Feeding tube long-term Other instructions: _____</p>	
<p>Section E</p>	<p>Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Healthcare Agent/Surrogate <input type="checkbox"/> Court appointed Guardian</p> <p><input type="checkbox"/> Other _____</p> <p>Name of Agent/Surrogate/Guardian/Other: _____</p> <p>Phone #: _____</p> <p>The basis for these orders is: <input type="checkbox"/> Patient's preference <input type="checkbox"/> Patient's best interest</p> <p><input type="checkbox"/> Other _____</p>	
<p>Signature of Physician/NP/PA (mandatory) _____</p>		<p>Physician/NP/PA Name (type or print) _____</p>
		<p>Time and Date _____</p>
<p>FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED OR DISCHARGED Use of original form is strongly encouraged. Photocopy, fax or electronic copies of signed POLST forms are legal and valid</p>		

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Section F	Patient/Resident (Parent of Minor Child) Preferences as a Guide for this POLST Form			
	I have given significant thought to life-sustaining treatment. I have expressed my preferences to my physician and/or health care provider(s). This document reflects my treatment preferences. The following have further information regarding my preferences.			
	Advance Directive <input type="checkbox"/> NO <input type="checkbox"/> YES			
	Court-appointed Guardian <input type="checkbox"/> NO <input type="checkbox"/> YES			
	Review and discuss these orders if there is substantial change in my health status, such as: Advanced progressive illness Close to death Extraordinary suffering Improved condition Permanent unconsciousness			
Signature of Patient/Resident, Parent of minor or Guardian/Healthcare Agent (optional)				
Signature of Person preparing form	Preparer Name (please print)	Date form prepared		
Section G	Review of this POLST Form			
	Date	Reviewer	Location of Review	Outcome of Review
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
COMMENTS:				

You might be asking:

***“Why Does
Compassion &
Choices care about
POLST?”***

A New Study in *JAMA*:

- Showed that from 2000-2009 treatment in acute care hospitals decreased but usage of the ICU increased. As did healthcare transitions in the last month of life.
- Usage of hospice care increased, but the data showed that 28% of those using it did so for three days or less.

An accompanying *JAMA* editorial concluded:

“The focus appears to be on providing curative care in the acute hospital regardless of likelihood of benefit or preferences of patients. If programs aimed at reducing unnecessary care are to be successful, patients’ goals of care must be elicited and treatment options such as palliative and hospice care offered earlier in the process than is the current norm.”

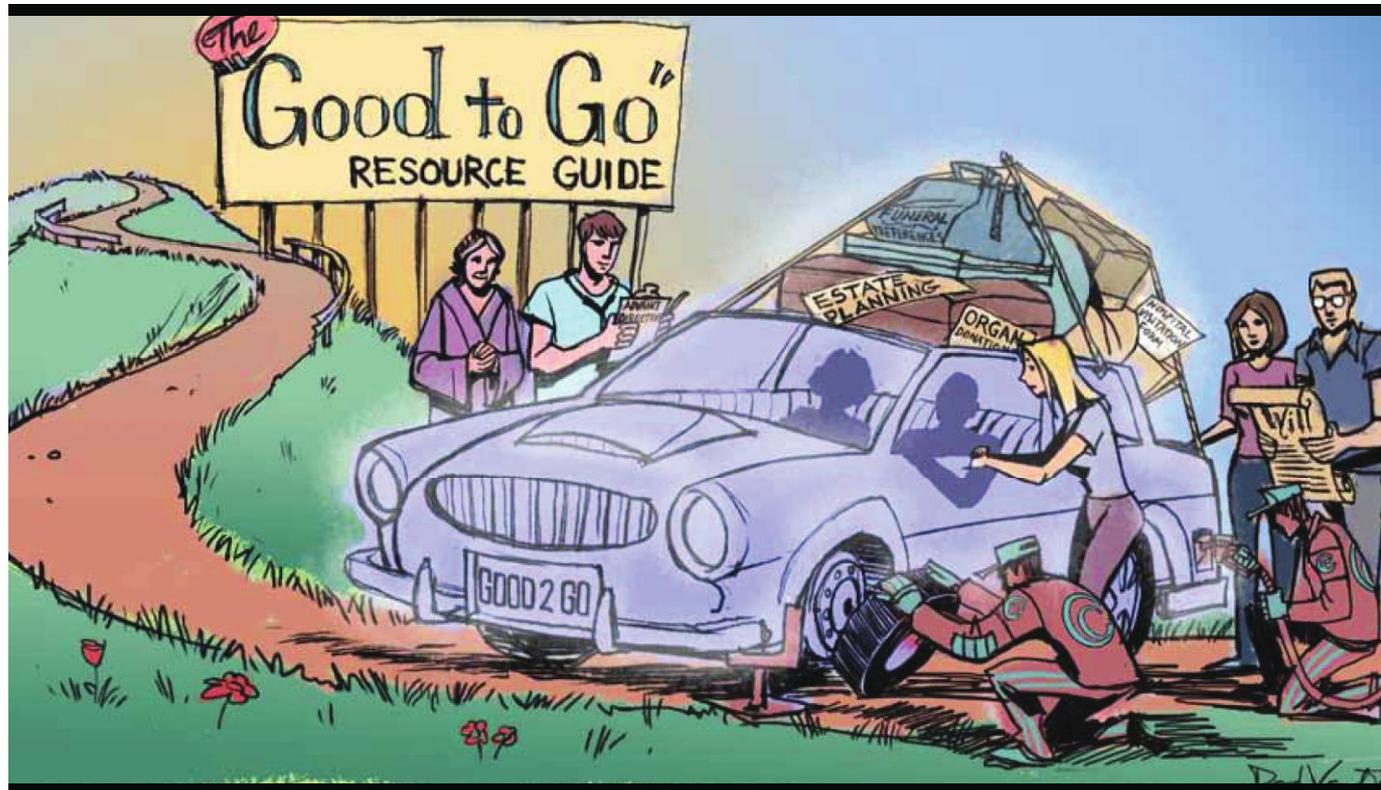
That's why **Compassion & Choices** is working to:

- Bring these issues to the forefront of healthcare quality and system reform discussions;
- Support policies and programs that ensure a full range of wanted healthcare;
- Educate patients, the public and providers; and
- Reward providers who uphold patient self-determination and when necessary penalize those who provide unwanted treatment.

Compassion & Choices is dedicated to:

- Ensuring that a full range of medical treatments are freely available to patients.
- Improving the quality of discussions between patients and healthcare professionals.
- Ensuring compliance with advance directives.

We have lots of tools available to you!



Tools we recommend:

- State-Specific Advance Directives
- The Dementia Provision
- My Particular Wishes
- A Sectarian Health Care Directive
- Hospital Visitation Authorization
- Finding a Health Care Representative

POLST vs. Advance Directive

Advance Directive:

- For anyone 18 and older
- Provides instruction for future treatment
- Appoints a health care proxy
- Does not necessarily guide Emergency Medical Personnel
- Guides inpatient treatment decisions

POLST

- For persons with serious illness – at any age
- Provides medical orders for current treatment
- Guides actions by Emergency Medical Personnel when made available
- Guides inpatient treatment decisions

Tell us your stories!

- Have you experienced unwanted treatment?
- Has a family member been subject to unwanted treatment?
- Ask your friends, neighbors, etc. if they have experienced unwanted treatment!
- We need your story! This will help us end unwanted treatment.



Contact us with questions!

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compassion & choices

Support. Educate. Advocate. Choice & Care at the End of Life.