

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) OVERVIEW

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History

The first POLST program began in Oregon in 1991.

The national organization Physician Orders for Life-Sustaining Treatment Paradigm was convened in 2004, with the express purpose of helping create sustainable state and regional POLST programs.

As of December 2012, 13 states (CA, CO, HI, ID, MT, NY, NC, OR, PA, TN, UT, WA, WV) and 1 region (LaCrosse, WI) have endorsed POLST programs. 25 states and 1 region (Northern Wisconsin) are in the process of developing POLST programs (see Endorsed POLST programs document or

Benefits of POLST System

The POLST system can help convert patient preferences for life-sustaining treatment into easily actionable medical orders by providing clear instructions as to what treatments the patient would like as it relates to the use of:

- cardiopulmonary resuscitation,
- antibiotics and IV fluids,
- a ventilator to help with breathing, and
- artificial nutrition by tube.

The POLST form, which is a brightly colored form outlining an individual's wishes in these four areas, can easily clear up many of the problems associated with Advanced Directives, such as vague wording regarding what interventions a patient may want, a proxy decision maker who does not understand the patient's wishes, and not having the Advanced Directive form available to emergency personnel. POLST forms are intended to complement Advance Directives, not replace them.

POLST provides the individual with the opportunity to document his/her treatment goals and preferences, thus permitting increased individualization. The POLST form is signed by the patient and the physician and becomes a set of medical orders

The POLST form transfers across treatment settings, so it is available to an array of health care professionals (EMTs, nursing home staff, physician, hospitals.)

To increase its portability, several states (OR, WV, NY, MT, VT) have developed or are in the process of developing secure electronic registries of all POLST forms. These

registries allow EMS, emergency departments and acute care professionals access to POLST forms 24/7. In Oregon, authorities have incorporated the POLST form into the EHR.

Implementation of POLST Programs

Creating a POLST program in one’s state can take many forms. In most cases, the POLST form is approved by a regulatory body with jurisdiction over EMS, or health facilities, or health professions and guidelines are typically developed by NGOs. In two states -- Idaho and North Carolina -- EMS Division provides detailed guidelines whereas in other states -- for example, TN, UT, VT -- they have developed procedures in formal regulation.

This chart provides a legislative/regulatory comparison of how various states with nationally endorsed POLST programs approached this issue in 2010:

State	Placement in state code
CA	Health Decisions Act
HI	Health Code generally
ID	Health Decisions Act
NC	Med Mal provisions
NY	Family HC Decisions Act referencing DNR*
OR	Non-Statutory
TN	Health Facilities provisions for universal DNR*
WA	DOH authorizing provisions*
WV	DNR law
UT	Health Decisions Act

*indicates left to regulation

These six issues commonly need to be addressed in state statutes and regulations prior to implementing a state or regional POLST program:

- 1- Highly detailed out-of-hospital DNR Protocol barriers that are incompatible with the requirements for the POLST forms
- 2- Limitations on Substituted Consent to Forgo Life-Sustaining Treatment, including artificial nutrition and hydration
- 3- Absence of default surrogate provisions
- 4- Legally defined medical preconditions
- 5- Witnessing requirements
- 6- Civil and criminal liability for physicians following another physician’s orders

Other challenges associated with POLST programs

These are common challenges state officials mentioned when attempting to implement the POLST program:

- 1- finding a clear 'home' for the initiative
- 2- clarifying the difference between POLST and Advanced Directive
- 3- lack of funds for general education and outreach efforts
- 4- obtaining signatures, especially from physicians, on the forms

Several states have implemented the following practices to help address these challenges:

- 1- Partner with universities, health plans, medical, nursing and social services staff to assist with the education and outreach function
- 2- Broaden the scope of signers on the POLST form, to include PA, NP, and social workers
- 3- Accept electronic or faxed signatures

Helpful resources

Sample POLST Forms and Brochures, as well as videos, presentations and training resources: <http://www.polst.org/>.