

POLST MODEL POLICIES FOR GENERAL ACUTE CARE HOSPITALS, HOSPICES & SKILLED NURSING FACILITIES

January 2016

Introductory Notes & Comments

Following are the statewide model policies that define a process for general acute care hospitals, hospices and skilled nursing facilities to follow when a patient or resident presents with a Physician Orders for Life-Sustaining Treatment (POLST) form. These policies also outline procedures regarding the completion of a POLST form by a patient or resident and the steps necessary when reviewing or revising a POLST form

This work is part of the efforts of the statewide POLST Task Force, under the leadership of the Coalition for Compassionate Care of California, to establish POLST as a well-recognized and widely-used tool in California to help ensure that patients' treatment wishes during serious illness are honored.

As general acute care hospitals, hospices and skilled nursing facilities begin to develop and implement their individual facility policy, it will be important to consider the following:

1. The policies and procedures outlined in these documents provide guidance on the necessary steps for appropriate implementation of POLST in a general acute care hospital or skilled nursing facility. Individual hospitals and skilled nursing facilities are advised to adapt these policies and procedures in accordance with their existing structures and related policies.
2. In addition to administrative leadership and committees, facilities should also involve appropriate medical staff leadership and appropriate medical staff committees in the development of their POLST policy. Medical staff bylaws or rules and regulations should be reviewed and revised if necessary.
3. These model policies do not address all aspects of related issues to POLST, such as determination of decision-making capacity and of a legally recognized healthcare decision-maker. Hospitals and skilled nursing facilities should refer to their specific and related policies on these matters.
4. In developing facility policies, special attention will need to be made to whether the original POLST form should be included in the medical record or treated as "personal property" and secured by another mechanism.
5. It is imperative to educate staff to always return the current original POLST form to the patient or resident upon discharge or transfer.

6. Healthcare providers in general acute care hospitals, hospices and skilled nursing facilities, including physicians, should be educated and trained in the purpose of the POLST form, and on the facility's policy regarding implementation of the POLST form. This includes how to respond to questions from patients and residents or their legally recognized healthcare decision-makers regarding the specific interventions described on the POLST form.
7. The official POLST form for California is approved by the Emergency Medical Services Authority. You can download a copy of the form for printing by going to the California POLST website at www.caPOLST.org.
8. Ultra Pink paper is the color used for the POLST form, and 65-pound paper stock is recommended. It is important to use this specific color of pink paper so that the form can be photocopied and faxed. Although Ultra Pink is the recognized and recommended color, the form remains valid if another color paper is used. Photocopies of the form also are valid.

For additional information on POLST, go to the Coalition for Compassionate Care of California website at www.CoalitionCCC.org. For questions on the implementation of POLST or if you would like to provide feedback on issues that arise as you begin to adapt and implement the POLST model policy at your facility, contact CCCC at info@caPOLST.org.