

POLST MODEL POLICY | GENERAL ACUTE CARE HOSPITALS

January 1, 2016

Purpose

The purpose of this policy is to define a process for general acute care hospitals to follow when a patient presents with a Physician Orders for Life-Sustaining Treatment (POLST) form. This policy also outlines procedures regarding the completion of a POLST form by a patient and the steps necessary when reviewing or revising a POLST form.

Preamble

The Physician Orders for Life-Sustaining Treatment (POLST) is a medical order form that complements an advance directive by converting an individual's wishes regarding life-sustaining treatment and resuscitation into medical orders. It is designed to be a statewide mechanism for an individual to communicate his or her wishes about a range of life-sustaining and resuscitative measures. It is designed to be a portable, authoritative and immediately actionable medical order consistent with the individual's wishes and medical condition, which shall be honored across treatment settings.

The POLST form:

- Is a standardized form that is brightly colored and clearly identifiableⁱ;
- Can be revised or revoked by an individual with decision-making capacity at any time;
- Is legally sufficient and recognized as a medical order;
- Is recognized and honored across treatment settings;
- Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors a POLST;
- Is an alternative to the "Pre-Hospital Do Not Resuscitate" form, although POLST is more comprehensive in that it addresses other life-sustaining treatment in addition to resuscitative measures; and,
- Should be made available for patients who wish to execute a POLST form while they are in the general acute care hospital.

A healthcare provider is not required to initiate a POLST form, but is required to treat a patient in accordance with a POLST form. As outlined in the following procedures, the physician, nurse practitioner or physician assistant will review the POLST and incorporate the content of the POLST into the care and treatment plan of the patient. This does not apply if the POLST requires medically ineffective health care or health care contrary to generally accepted healthcare standards.ⁱⁱ

A legally recognized healthcare decision-makerⁱⁱⁱ may execute, revise or revoke the POLST form for a patient only if the patient lacks decision-making capacity. This policy does not address the criteria or process for determining or appointing a legally recognized healthcare decision-maker, nor does it address the criteria or process for determining decision-making capacity.^{iv}

While a healthcare provider^v such as a nurse or social worker can explain the POLST form to the patient and/or the patient's legally recognized healthcare decision-maker, the physician, nurse practitioner or physician assistant is responsible for discussing the efficacy or appropriateness of the treatment options with the patient, or if the patient lacks decision-making capacity the patient's legally recognized healthcare decision-maker.

Once the POLST form is completed, it must be signed by the patient, or if the patient lacks decision-making capacity the patient's legally recognized healthcare decision-maker, AND the attending physician or nurse practitioner or physician assistant, acting under the supervision of a physician and within their scope of practice .

The POLST is particularly useful for persons who are frail and elderly or who have a serious illness, a compromised medical condition, a prognosis of one year of life or less, and/or a terminal illness. The POLST form should be executed as part of the healthcare planning process and ideally is a complement to a patient's advance directive. A POLST form may also be used by patients who do not have an advance directive.

Completion of a POLST form should reflect a process of careful consideration by the patient (or their decisionmaker), in consultation with the physician about the patient's medical condition and known treatment preferences.

General Acute Care Hospital Procedures^{vi}

I. Patient in Emergency Department with a Completed POLST Form

1. During the initial patient assessment, document the existence of the POLST form^{vii} and confirm with the patient, if possible, or if the patient lacks decision-making capacity the patient's legally recognized healthcare decision-maker, that the POLST form in hand has not been voided or superseded by a subsequent POLST form. (See "*Conflict Resolution*" for additional guidance.)
2. A nurse or designated staff member will communicate to the emergency department physician caring for the patient the existence of the POLST.^{viii}
3. POLST orders will be followed by healthcare providers as a valid medical order until the emergency department physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate.^{ix} The physician should document his/her review of the POLST in the medical record.
4. If the emergency department physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and/or legally recognized healthcare decision-maker, and issue a new order consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. The physician should document the reasons for any deviation from the POLST in the medical record. (See also "*Reviewing/Revising a POLST form*" regarding voiding a POLST.)
5. Discussions with the patient and/or the patient's legally recognized healthcare decision-maker regarding the POLST and related treatment decisions should be documented in the medical record.
6. Copy the POLST form for the medical record and/or scan into the electronic medical record.
7. Place the current original POLST form in the appropriate and prominent section of the patient's medical record.^x The date and time the order is placed in the medical record must be documented.
8. If the patient is discharged from the Emergency Department, **return the current original POLST form to the patient** and document such action.
9. If the patient is admitted to an inpatient unit, send the **current original POLST** with the patient to the inpatient unit.

II. Patient Admitted with a Completed POLST Form

1. During the initial patient assessment, document the existence of the POLST form,^{xi} and confirm with the patient, if possible, (or if the patient lacks decision-making capacity, the patient's legally recognized healthcare decision-maker) that the POLST form in hand has not been voided or superseded by a subsequent POLST form. (See "*Conflict Resolution*" for additional guidance.)

2. A nurse, social worker or other designated staff member will communicate to the admitting physician caring for the patient the existence of the POLST.^{xii}
3. POLST orders will be followed by healthcare providers as a valid medical order until the admitting physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate.^{xiii} The physician should document his/her review of the POLST in the medical record.
4. If the admitting physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and/or legally recognized healthcare decision-maker, and issue a new order consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. The physician should document the reasons for any deviation from the POLST in the medical record. (See also "Reviewing/Revising a POLST form" regarding voiding a POLST.)
5. Discussions with the patient and/or the patient's legally recognized healthcare decision-maker regarding the POLST and related treatment decisions should be documented in the medical record.
6. Copy the POLST form for the medical record and/or scan into the electronic medical record.
7. Place the current original POLST form in the appropriate and prominent section of the patient's chart.^{xiv} The date and time the order is placed in the medical record must be documented.
8. Because the current original POLST is the patient's personal property, **ensure its return to the patient**, or legally recognized healthcare decision-maker, upon discharge or transfer.^{xv}
9. At discharge, **send the most current original POLST with patient during any transfers to another healthcare facility or to home**. Document in the medical record that the POLST was sent with the patient at the time of discharge.

III. Completing a POLST Form with the Patient

1. If the patient (or if the patient lacks decision-making capacity the patient's legally recognized healthcare decision-maker) wishes to complete a POLST form, the patient's physician, nurse practitioner or physician assistant should be contacted. The physician/NP/PA should discuss treatment options with the patient or legally recognized healthcare decision-maker. The discussion should include information about the patient's advance directive (if any) or other statements the patient has made regarding his/her wishes for end of life care and treatments. The benefits, burdens, efficacy and appropriateness of treatment and medical interventions should be discussed by the physician/NP/PA with the patient and/or the patient's legally recognized healthcare decisionmaker.
2. A healthcare provider such as a nurse or social worker can explain the POLST form to the patient and/or the patient's legally recognized healthcare decision-maker, however, the physician or an NP or PA is responsible for discussing treatment options with the patient or the patient's legally recognized healthcare decision-maker.

3. The above-described discussions should be documented in the medical record, and dated and timed.
4. The POLST form is to be completed based on the patient's expressed treatment preferences and current medical condition. If the patient lacks decision-making capacity and the POLST form is completed with the patient's legally recognized healthcare decision-maker, it must be consistent with the known desires of and in the best interest of the patient.
5. In order to be valid, the POLST must be signed by the patient (or if the patient lacks decision-making capacity the legally recognized healthcare decision-maker) AND the physician or a nurse practitioner or physician assistant, acting under the supervision of a physician and within their scope of practice.
6. Follow the instructions above for copying the POLST form and putting it in the medical record.
7. Because the current original POLST is the patient's personal property, **ensure its return to the patient**, or legally recognized healthcare decision-maker, upon discharge or transfer.^{xvi}
8. If patient will not be transferred or discharged for a period of time, place the completed current original POLST in the appropriate and prominent section of the chart. Indicate that the patient has a POLST on the Discharge Summary Form/Discharge Checklist. **The current original POLST will be sent with patient at time of discharge.**

IV. Reviewing/Revising a POLST Form

1. Discussions about revising or revoking the POLST should be documented in the medical record, and dated and timed. This documentation should include the essence of the conversation and the parties involved in the discussion.
2. At any time the attending physician and patient (or if the patient lacks decision-making capacity the patient's legally recognized healthcare decision-maker) together may review or revise the POLST consistent with the patient's most recently expressed wishes. In the case of a patient who lacks decision-making capacity, the attending physician and the patient's legally recognized healthcare decision-maker may revise the POLST, as long as it is consistent with the known desires of and in the best interest of the patient.
3. During the acute care admission, care conferences and/or discharge planning, it is recommended that the attending physician, NP or PA review the POLST when there is substantial change in the patient's health status, medical condition or when the patient's treatment preferences change.
4. If the current POLST is no longer valid due to a patient changing his/her treatment preferences, or if a change in the patient's health status or medical condition warrants a change in the POLST, the POLST can be voided. To void POLST, draw a diagonal line through Sections A through D and write "VOID" in large letters. Sign and date this line.

5. If a new POLST is completed, a copy of the original POLST marked “VOID” (that is signed and dated) should be kept in the medical record directly behind the current POLST. Voided POLST should not be discarded.
6. Older POLST forms with versions dated 10/1/2009, 4/1/2011 or 10/1/2014 are still valid.
7. The newest version of the POLST form should be used whenever a patient’s POLST is updated.

V. Conflict Resolution

If the POLST conflicts with the patient’s previously-expressed healthcare instructions or advance directive, then, to the extent of the conflict, the most recent expression of the patient’s wishes govern.

If there are any conflicts or ethical concerns about the POLST orders, appropriate hospital resources—e.g., ethics committees, care conference, legal, risk management or other administrative and medical staff resources—may be utilized to resolve the conflict.

During conflict resolution, consideration should always be given to: a) the attending physician’s assessment of the patient’s current health status and the medical indications for care or treatment; b) the determination by the physician as to whether the care or treatment specified by POLST is medically ineffective, non-beneficial, or contrary to generally accepted healthcare standards; and c) the patient’s most recently expressed preferences for treatment and the patient’s treatment goals.

Endnotes

ⁱ Note: 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.

Ultra Pink paper (65 lb. paper stock recommended) is the color used for the POLST form. 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. A photocopy of the form is also valid.

ⁱⁱ California Probate Code §4781.2. (a) A health care provider shall treat an individual in accordance with a POLST form. (b) This does not apply if the POLST form requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution. (c) A physician may conduct an evaluation of the individual and, if possible, in consultation with the individual, or the individual’s legally recognized health care decision-maker, issue a new order consistent with the most current information available about the individual’s health status and goals of care.

ⁱⁱⁱ Legally recognized health care decisionmaker includes the person’s agent as designated by a power of attorney for health care, surrogate, conservator or closest available relative as described in California Probate Code §§ 4671, 4711, 1880, and *Cobbs v Grant*, 8 Cal3d 229, 244 (1972) respectively.

^{iv} *Note: Hospitals should refer to their specific policies, the Health Care Decisions Law (Probate Code §§4600-4805), and relevant case law regarding determination of decision-making capacity, and of a legally recognized health care decision-maker.*

^v California Probate Code §4621. “Healthcare provider” means an individual licensed, certified, or otherwise authorized or permitted by law of California to provide health care in the ordinary course of business or practice of a profession.

^{vi} *Note: Individual hospitals may adapt the model procedures in accordance with their existing structures and related policies.*

^{vii} *Note: Hospitals should designate by policy the specific staff responsible for this action.*

^{viii} *Note: Hospitals should designate by policy the specific staff responsible for this action.*

^{ix} See 2 above.

^x *Note: Hospitals may choose an alternative process that differs in the basic principle of whether the **original** POLST should be included in the medical record or treated as “personal property” and secured by another mechanism. For example, “Place the **copy** of the POLST form in the front of the patient’s chart and keep **original** with the patient’s other personal property.”*

^{xi} *Note: Hospitals should designate by policy the specific staff responsible for this action.*

^{xii} *Note: Hospital should designate by policy the specific staff responsible for this action.*

^{xiii} See 2 above.

^{xiv} *Note: See 10 above.*

^{xv} *Note: Hospitals should designate by policy the specific staff responsible for this action.*

^{xvi} *Note: Hospitals should designate by policy the specific staff responsible for this action.*