

# **POLST MODEL POLICY | SKILLED NURSING FACILITIES**

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## **Purpose**

The purpose of this policy is to define a process for skilled nursing facilities to follow when a resident is admitted with a Physician Orders for Life Sustaining Treatment (POLST). This policy also outlines procedures regarding the completion of a POLST form for a resident and the steps necessary when reviewing or revising a POLST form.

## **Preamble**

Physician Orders for Life Sustaining Treatment (POLST) is a form printed on bright pink paper that clearly states what level of medical treatment a patient wants toward the end of life. Signed by a patient (or their decision-maker) and by a physician, nurse practitioner (NP) or physician assistant (PA), POLST helps give seriously ill patients more control over their treatment. POLST also helps patients talk with their healthcare team and loved ones about their choices. In this way, POLST can help reduce patient and family suffering and make sure that patients' wishes and goals of care are known and honored.

The POLST form:

- Is a standardized form that is brightly colored and clearly identifiable<sup>i</sup>;
- Is always voluntary for the patient;
- Can be revised or revoked by an individual with decision-making capacity at any time;
- Is legally sufficient and recognized as a physician 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;
- Can be an alternative to the "Pre-Hospital Do Not Resuscitate" forms<sup>ii</sup>, although POLST is more comprehensive in that it addresses other life-sustaining treatments in addition to resuscitative measures and can request affirmative treatment as opposed to merely requesting withholding of resuscitation;
- Can be an alternative to the "Preferred Intensity of Treatment" (PIT) or "Preferred Intensity of Care" (PIC) forms used in some skilled nursing facilities, although POLST is preferable because it is valid outside the walls of the facility and carries the full force of a physician's order; and
- Should be made available for seriously ill residents who wish to execute a POLST form while in the nursing facility.

A healthcare provider is not required by law to initiate a POLST form but is required to treat an individual in accordance with a POLST form. This does not apply if the POLST requires medically ineffective health care or health care contrary to generally accepted healthcare standards.<sup>iii</sup>

The POLST is particularly useful for persons who are frail and elderly or who have 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 resident's advance directive. A POLST form may also be used by residents who do not have an advance directive.

A legally recognized healthcare decision-maker<sup>iv</sup> may execute, revise or revoke the POLST form for a resident only if the resident lacks decision-making capacity or at the request of a resident with 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, which is generally the responsibility of the attending physician.<sup>v</sup>

While a healthcare provider<sup>vi</sup> such as a nurse or social worker can explain the POLST form to the resident/decision-maker, the responsibility for discussing the efficacy or appropriateness of the treatment options with the resident/decision-maker lies with the physician/NP/PA.

Once the POLST form is completed, it must be signed by the resident or decision-maker AND a physician, or by an NP or PA operating under the supervision of a physician.

Completion of a POLST form should reflect a process of careful reflection by the resident/decision-maker, in consultation with the physician, NP or PA about the resident's medical condition and known treatment preferences.

## Skilled Nursing Facility Procedures<sup>vii</sup>

### I. Resident Admitted with a Completed POLST Form

1. A completed, fully executed POLST is a legal physician order, and is immediately actionable.
2. The admitting nurse will note the existence of the POLST form on the admission assessment and review the form for completeness (e.g. dated, signed by resident and/or legally recognized healthcare decision-maker, and by a physician, nurse practitioner [NP] or physician assistant [PA], at least Section A completed).
3. It will be confirmed with the resident, if possible, or the resident's legally recognized healthcare decision-maker, that the POLST form in hand has not been revoked or superseded by a subsequent POLST form or conflicting advance directive.
4. Once reviewed, the POLST will be copied, and the current original form placed in the front of the resident's chart, along with the resident's advance directive if he/she has one. If there is an electronic health record (EHR) and availability to scan and upload the POLST into the record or otherwise include it, the POLST should be incorporated into the EHR.
5. The POLST form will be added to the resident's inventory to ensure that when the resident is discharged or transferred, the current original POLST will be sent with the resident.
6. The order to "Follow POLST instructions" will be added to the resident's admitting orders for physician review. Specifics such as Do Not Resuscitate or No Tube Feeding may also be incorporated into the orders and recaptulations for increased clarity.
7. The attending physician will review this order by direct conversation with the resident and/or their decision-maker, with respect to the resident's wishes and goals of care, within 72 hours of admission whenever possible.
8. The physician will complete the review process by signing an order in the chart stating, "Follow POLST instructions" and/or by writing the specific orders corresponding to those contained in the POLST.
9. The POLST will be honored during the initial comprehensive assessment period (14 days), even if the attending physician has not yet formally reviewed the form or discussed with the resident and/or their decision-maker.
10. If "Do Not Attempt Resuscitation" is indicated on the POLST, follow the facility procedure for communication and documentation of DNR/DNAR.
11. POLST may replace the "Preferred Intensity of Care," "Preferred Intensity of Treatment," and "Pre-Hospital DNR/DNAR" forms, if consistent with facility policy.
12. If the POLST conflicts with the resident's previously-expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the resident's wishes governs, in accordance with AB 3000. (See Section VI, "Conflict Resolution" for additional guidance.)

13. A qualified healthcare provider<sup>viii</sup>, preferably a registered nurse or social worker, will conduct an initial review of the POLST with the resident, or if the resident lacks decision-making capacity, the legally recognized healthcare decision-maker, within the first required 14-day assessment period as part of the comprehensive assessment and care planning process.
14. If the resident or their decision-maker expresses concern or has questions about the POLST form, the attending physician/NP/PA will be notified as soon as possible to discuss any issues with the resident/decision-maker. In situations where there are problems with communication between the resident/decision-maker and their treating clinicians on this topic, the facility medical director should be notified and should intervene.
15. The initial review and discussion about continuing, revising or revoking the POLST will be documented in the medical record, including the time and date of the discussion, the parties involved, the essence of the conversation, and plans for follow-up action if needed.
16. As the resident moves from one healthcare setting to another, the original pink POLST and copies of the resident's advance directive, when available, should always accompany the resident.

## II. Reviewing/Revising the POLST

1. The POLST will be reviewed by the facility interdisciplinary team during the quarterly care planning conference, anytime there is a significant change<sup>ix</sup> in the resident's condition, and at any time that the resident/decision-maker requests it.
2. A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates an intent to revoke. Revocation should be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
3. If a resident decides to revoke the POLST form, the resident's attending physician should be notified and appropriate changes to the physician orders should be obtained as soon as possible to ensure that the resident's wishes are accurately reflected in the plan of care.<sup>x</sup>
4. A legally recognized decision-maker may request to modify the orders, in collaboration with the physician, based on the known desires of the patient or, if unknown, the patient's best interests..<sup>xi</sup> (*See also Section IV, "Change in Patient Condition: Continuing Assessment and Reassessment".*)
5. All discussions about revising or revoking the POLST must be documented in the resident's medical record. This documentation should include the time and date of the discussion, the parties involved, the essence of the conversation, and plans for follow-up action if needed.
6. Older POLST forms with versions are still valid.
7. The newest version of the POLST form should be used whenever a patient's POLST is updated.

8. To void POLST, draw a diagonal line through the entire Section A through D and write "VOID" in large letters. The patient/decision-maker should then sign and date the VOID line.

The original voided POLST should be filed in the medical record. Voided POLST forms should not be discarded.

### III. Initiating a POLST

1. Completing a POLST form is always voluntary. It should not be a standard part of every skilled nursing facility admission process. Many nursing home residents may not be appropriate for POLST completion.
2. If a resident (or if the resident lacks decision-making capacity, the legally recognized healthcare decisionmaker) wishes to complete a POLST form, a POLST form will be provided for the physician, NP or PA and the resident/decision-maker to discuss, fill out and sign.
3. The resident's physician, NP or PA will be notified that the resident/decision-maker wishes to discuss the treatment options on the POLST form.
4. Staff should determine whether the resident has an advance directive. POLST complements but does not replace an advance directive. Facility staff should make a concerted effort to obtain a copy of the Advance Health Care Directive (AHCD). When available, review the AHCD to ensure consistency with the POLST, and update forms appropriately to resolve any conflicts. (*See Section VI, "Conflict Resolution."*)
5. A healthcare provider, such as a nurse or social worker, can explain the POLST form to the resident and/or the resident's legally recognized healthcare decision-maker; however, the physician, NP or PA is responsible for discussing treatment options and goals of care based on the patient's current medical condition.
6. After the physician, NP or PA discusses treatment options and goals of care with the patient/ decision-maker, the POLST form should be completed and signed and dated by all parties. Physicians, NPs and PAs should not sign POLST forms on nursing home residents without confirming that the form accurately reflects the known wishes or, if wishes not known, the best interests of the resident.
7. POLST must be signed by the patient/decision-maker AND by a physician or an NP or PA acting under the supervision of a physician to be valid.
8. Verbal (telephone) orders are acceptable with follow-up signature by the physician, NP or PA in accordance with facility policy, and a faxed version of POLST is also valid.
9. When a POLST is signed by an NP or PA, the name of the supervising physician should be noted on the back of the POLST form by the NP or PA. Signature of the supervising physician is not required. The supervising physician does not have to be the resident's attending physician of record in the nursing facility.

10. Follow facility procedures for any issues brought to the physician, NP or PA's attention to ensure follow-up.
11. Make a copy of the completed POLST form. Mark it as "COPY" with the date the copy was made. File the copy in the advance directive or legal section of the medical record. The current original POLST form is considered the property of the resident, and will be transferred with the resident upon discharge, so the copy is the only record that will remain with the facility in the chart upon discharge or transfer.
12. Add the POLST form to the resident's inventory to ensure that the current original form is sent with the resident upon transfer or discharge from the facility.
13. Place the current original POLST form, along with a copy of the resident's advance directive (if he/she has one) at the front of the resident's physical chart or in another prominent and easily accessible location.

#### **IV. Change in Patient Condition: Continuing Assessment and Reassessment**

1. It is recognized that in some resident care situations, a decline in status (medical, physical, mental, psychosocial) is an expected and unavoidable outcome. When an expected change in condition occurs, it is generally not necessary to reassess POLST status when a resident has chosen comfort-focused treatment and rejected life-prolonging measures. It is generally inappropriate to change POLST under these circumstances. However, the physician, NP or PA is ultimately responsible for the decision whether to modify POLST orders in conjunction with the resident and/or legally recognized decision-maker.
2. Whenever a resident exhibits a sudden and/or marked adverse change in signs, symptoms and/or behavior, the attending physician must be notified,<sup>xii</sup> regardless of the POLST instructions, or of whether the change was an expected outcome of the disease process. The physician will evaluate whether the current plan of care is effectively meeting the resident's treatment needs in light of his/her previously or currently expressed wishes.
3. Unless the resident requests otherwise, the family also will be notified of any marked and/or adverse changes in the resident's status as soon as possible.
4. The facility's plan of care for the resident will include continuing reassessment of the resident's needs to ensure that all appropriate and desired care is being provided to the extent possible.
5. Revisions to the POLST should be considered whenever there is a change of condition that renders the expressed treatment wishes of a patient medically ineffective, non-beneficial, or contrary to generally accepted healthcare standards<sup>xiii</sup>.  
(See Section II, *Reviewing/Revising the POLST*).

#### **v. POLST and the Medical Record<sup>xiv</sup>**

1. The most current POLST, in its original version signed in ink, should be the first page of the medical record when that is feasible with the facility's chart format.
2. If the resident has an advance directive, copies should be attached in the same area as the current original POLST in the front of the chart.
3. If the resident is transferred or discharged home or to another care setting, the current original POLST should accompany the resident.
4. A fully executed, dated copy of the POLST, marked "COPY," should be retained in the medical record in the advance directive or legal section of the medical record. Whenever possible, this copy should be on Ultra Pink paper stock so it is readily recognizable in the event that the current original is transferred with the resident.
5. All voided versions of the POLST, clearly marked "VOID," will be retained in the medical record.
6. Whenever the POLST is reviewed, revised, and/or revoked, the process will be documented in the medical record by the physician/NP/PA and/or the healthcare provider(s) involved.
7. For facilities with electronic health records, the POLST should be scanned in and placed in the appropriate section of the healthcare record per facility policy.

## VI. Conflict Resolution

1. If the POLST conflicts with the resident's healthcare instructions or advance directive, then, to the extent of the conflict, the most recent expression of the resident's wishes govern.
2. If there are any conflicts or ethical concerns about the POLST orders, appropriate facility resources – e.g., ethics committees, care conferences, interdisciplinary team meetings, legal, risk management or other administrative and medical staff resources – may be utilized to resolve the conflict.
3. During conflict resolution, consideration should always be given to: a) the attending physician's assessment of the resident'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 resident's most recently expressed preferences for treatment and the resident's treatment goals.

## Endnotes

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<sup>i</sup> 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](http://www.CaPOLST.org) or to the Coalition for Compassionate Care Website at [www.CoalitionCCC.org](http://www.CoalitionCCC.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.*

<sup>ii</sup> *Note: In order to promote consistency and efficiency of communication of a resident's wishes across treatment settings, we recommend that, for skilled nursing facility residents who have a POLST, that the POLST form replace the PIC, PIT, and Pre-Hospital DNR/DNAR for that resident.*

<sup>iii</sup> 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 decisionmaker, issue a new order consistent with the most current information available about the individual's health status and goals of care.

<sup>iv</sup> 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.

<sup>v</sup> *Note: Skilled nursing facilities should refer to their specific policies, the Health Care Decisions Law (Probate Code §§4600-4805), and relevant case law regarding determination of capacity, and of a legally recognized health care decisionmaker.*

<sup>vi</sup> California Probate Code §4621. "Health care provider" means an individual licensed, certified, or otherwise authorized or permitted by law of this state to provide health care in the ordinary course of business or practice of a profession.

<sup>vii</sup> *Note: Individual skilled nursing facilities may adapt the model procedures in accordance with their existing structures and related policies.*

<sup>viii</sup> "Qualified" means that they have had training in the purpose and use of the POLST form, and on the facility's policy regarding implementing or reviewing the POLST, including how to respond to questions from the resident and/or the resident's legally recognized health care decisionmaker regarding the specific interventions described on the POLST. And see 6 above regarding "health care provider."

<sup>ix</sup> Significant change is defined in the Resident Assessment Instrument as "a decline or improvement in a resident's status that:

- will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting"
- impacts more than one area of the resident's health status: and
- requires interdisciplinary review and/or revision of the care plan."

<sup>x</sup> See 3 above.

<sup>xi</sup> California Probate Code §4781.2(d). The legally recognized health care decisionmaker of an individual without capacity shall consult the physician who is, at that time, the individual's treating physician prior to making a request to modify that individual's POLST form.

<sup>xii</sup> California Code of Regulations, 72311(a)(3)(B) and Health and Safety Code 1599.1(i).

<sup>xiii</sup> 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. Also, California Probate Code §4735 states that: "A health care provider or health care

institution may decline to comply with an individual health care instruction or health care decision that requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.”

<sup>xiv</sup> *Note: Facilities should decide the most appropriate filing system for POLST depending on their specific medical records system and modify this model policy accordingly. The main considerations are: 1) that the most current POLST be available in a location of prominence in order to increase awareness of its existence and promote compliance, and 2) that the current original POLST must travel with the resident, so obtaining and filing of a copy is critical.*