COALITION FOR
COMPASSIONATE CARE
OF CALIFORNIA

Resources in California: POLST & PCAP

Judy Thomas, JD

Coalition for Compassionate Care of California

- Collaboration of healthcare providers, consumers and regulatory agencies
- Working together to improve care for seriously ill, and foster change in the areas of public, professional and system readiness
- 501(c)(3) nonprofit, founded in 1998

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

Tools, Publications and Research

NEW WHITEPAPER

Thinking Ahead Matters: *Supporting and Improving Healthcare Decision-Making and End-of-Life Planning for People with Intellectual and Developmental Disabilities*

CoalitionCCC.org

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

Lead agency for POLST in California

- Support from California HealthCare Foundation
- Worked to pass AB 3000 that authorized the use of POLST throughout California
- Leads 25+ local POLST coalitions
- Developed California POLST education curriculum

POLST CALIFORNIA
PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

What is POLST?

- A physician order recognized throughout the medical system.
- Portable document that transfers with the patient.
- Brightly colored, standardized form for entire state of CA.

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

EMSA #111 B
(Effective 10/1/2014)*

Physician Orders for Life-Sustaining Treatment (PO

First follow these orders, then contact physician. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepa
Patient First Name:	Patient Date of Bi
Patient Middle Name:	Medical Record #

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** *If patient has no pulse and is not b*
If patient is NOT in cardiopulmonary arrest, follow orders in Sections

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A requires selecting Full Treatment in Sec

☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B Check One — **MEDICAL INTERVENTIONS:** *If patient is found with a pulse and/or is b*

☐ **Full Treatment – primary goal of prolonging life by all medically effective means.**
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubatio
advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
☐ ***Trial Period of Full Treatment.***

☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures**
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, a
fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid inter
☐ ***Request transfer to hospital only** if comfort needs cannot be met in current location*

☐ **Comfort-Focused Treatment – primary goal of maximizing comfort.**
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manua
of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent wit
goal. ***Request transfer to hospital only if comfort needs cannot be met in current location.***

Additional Orders: ____________________

C Check One — **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible an*

☐ Long-term artificial nutrition, including feeding tubes. Additional Orders: ________
☐ Trial period of artificial nutrition, including feeding tubes.
☐ No artificial means of nutrition, including feeding tubes.

D — **INFORMATION AND SIGNATURES:**

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated ________, available and reviewed → Healthcare Agent if named in Advance Directive
☐ Advance Directive not available Name: ________
☐ No Advance Directive Phone: ________

Signature of Physician
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and

Print Physician Name:	Physician Phone Number:	Physician License Numb
Physician Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request re
resuscitative measures is consistent with the known desires of, and with the best interest of, the patient who is the subject of the fo

Print Name:		Relationship: *(write self*
Signature: *(required)*		Date:
Mailing Address (street/city/state/zip):	Phone Number:	Office Use Only:

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009 or 4/1/2011 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F

Healthcare Provider Assisting with Form Preparation ☐ N/A if POLST is completed by signing physician

Name:	Title:	Phone Number:

Additional Contact ☐ None

Name:	Relationship to Patient:	Phone Number:

Directions for Healthcare Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a healthcare provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker 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.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit **www.caPOLST.org.**

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

What is POLST?

- Allows individuals to choose medical treatments they **want** to receive, and identify those they **do not want**.
- Provides direction for healthcare providers during serious illness.

Who benefits from having a POLST form?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- Tool for determination

"You wouldn't be surprised if this patient died within the next year."

POLST vs. Advance HealthCare Directive

POLST	AHCD
• For seriously ill/frail, at any age	• For anyone 18 and older
• Physician orders for ***medical*** treatment	• General instructions for treatment
• Can be signed by decisionmaker	• Appoints decisionmaker

The POLST conversation

POLST
CALIFORNIA
PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

- POLST is **not** just a check-box form.
- The POLST conversation provides context for patients/families to:
  - Make informed choices.
  - Identify goals of treatment.

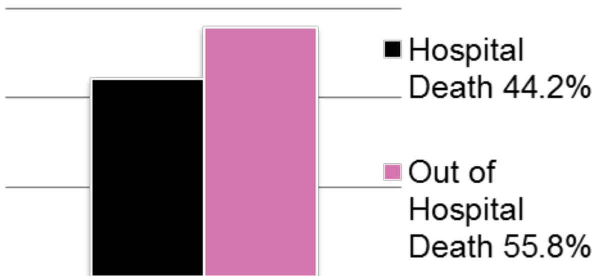
POLST success

POLST
CALIFORNIA
PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

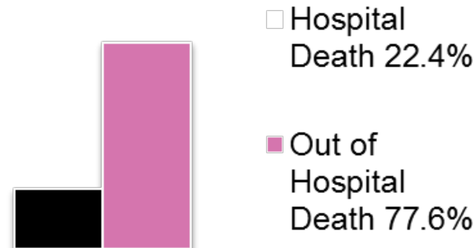
Oregon Study: Location of Death and POLST Orders

- 58,000 deaths reviewed, 31% had POLST in Oregon Registry
- Patient treatment choices honored, including avoiding dying in hospital

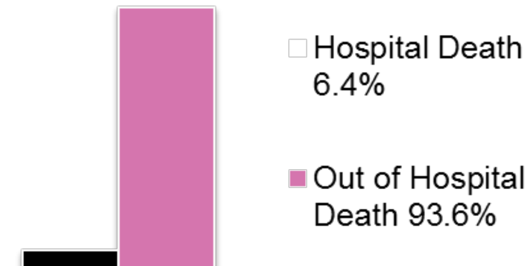
Full Treatment
1,153



Limited Interventions
4,787



Comfort Measures Only
11,836



Palliative Care Access Project (PCAP)

- Voice of palliative care in California
- Incubates and disseminates models and ideas to improve access to community-based palliative care
- Working to ensure organizations and communities have the information, knowledge and tools to create the future of palliative care

COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

“Open source” palliative care

Factsheets, reports, calculators and presentations

CoalitionCCC.org/**PCAP**

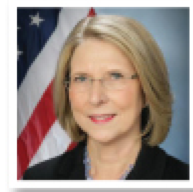
COALITION FOR COMPASSIONATE CARE OF CALIFORNIA

7th ANNUAL SUMMIT

APRIL 14-15, 2015
SACRAMENTO, CALIFORNIA

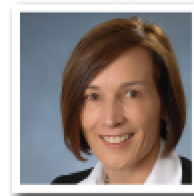
COALITIONCCC.ORG/SUMMIT

Robert M. Arnold, MD

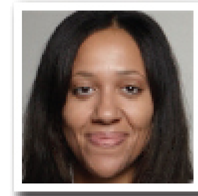


Diana Dooley

Shirley Otis-Green, MSW, ACSW, LCSW, OSW-C



Christine, Ritchie, MD, MSPH, FACP, FAAHPM



Cardinale Smith, MD, MSCR

EVENT SPONSOR

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