Finding A VOICE

POLST (Provider Orders for Life Sustaining Treatment)

Cindy Works MD
University of Wyoming Family Medicine Residency Casper
Goals

- Provide a brief outline of the POLST program
- Discuss the differences between POLST and other types of Advanced Directives
- Discuss the history of POLST in Wyoming
- Discuss future directions for the Wyoming POLST project
History of POLST

- Originated in 1990’s by patients, medical ethicists and physicians in Oregon
- 16 states have adopted as law
- 27 states have developing programs
National POLST Paradigm Programs
www.polst.org
*As of September 2014
It’s about the conversation not the form........
What is POLST?

- A written physician/provider ORDER
- EXPLICITLY outlines PATIENT WISHES for life sustaining and medical treatment
- ACTIONABLE - contains explicit instructions for treatment
- PORTABLE - Accompanies patients across care settings
- SINGLE PAGE
## POLST vs Advanced Directive

<table>
<thead>
<tr>
<th>POLST</th>
<th>Advanced Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written by provider based on patients wishes</td>
<td>Written by attorney</td>
</tr>
<tr>
<td>Valid medical order for current treatment</td>
<td>Instructions for future treatment</td>
</tr>
<tr>
<td>Valid across hospital &amp; outpatient environments including EMS **</td>
<td>Not valid for EMS</td>
</tr>
<tr>
<td>Patient can opt-in or opt-out of specific treatments</td>
<td>Vague, may not cover specific treatments or covers them in general terms</td>
</tr>
<tr>
<td>For any person with advanced illness</td>
<td>For anyone over 18</td>
</tr>
</tbody>
</table>
History of POLST Pilot Project in Wyoming

- Started in 2008 as “Pilot Project” in Teton County
- Teton County ideal due to geographic isolation, limited number of facilities, small population
- Implemented via policy as a pilot project at St. John’s Hospital in 2010
- Adopted by Fire/EMS, assisted living centers through policy
POLST AND THE LEGISLATURE

- 2012 Bill introduced in Wyoming Legislature
- 2013 growing grassroots coalition looking at statewide implementation
- Sporadic use of POLST form around state
- 2014 Working Group formed stakeholders, providers, lawyers, legislators
- 2015 POLST HB0162 introduced by Representative Sue Wilson in legislature
- 2015 March POLST passed and signed by Governor Mead
**WyoPOLST**

Providers Orders for Life Sustaining Treatment

**HIPAA PERMITS DISCLOSURE TO HEALTHCARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

**FIRST** follow those orders, **THEN** contact the Physician, Nurse Practitioner or PA-C. This is a Provider Order Sheet based on the person’s current medical condition and wishes. Any section not completed implies full treatment for that section. Every patient shall be treated with dignity and respect.

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**CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

- [ ] CPR / Attempt Resuscitation
- [ ] DNR / Do Not Attempt Resuscitation (Allow Natural Death)

When NOT in cardiopulmonary arrest, follow orders in **B and C**
**MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

- **FULL TREATMENT:** Use intubation, advanced airway interventions, mechanical ventilation and defibrillation/cardioversion as indicated. Includes care described below.  
  *Transfer to hospital if indicated. Includes intensive care.*

- **SELECTIVE TREATMENT:** Use medical treatment, IV fluids, and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). Includes treatments listed below. Includes care described below.  
  *Transfer to hospital if indicated. Avoid intensive care if possible.*

- **COMFORT-FOCUSED THERAPY:** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort.  
  *Patient prefers no transfer: EMS contact medical control if transport indicated to provide adequate comfort.*

*Additional Orders (e.g. dialysis, etc)*
ARTIFICIALLY ADMINISTERED NUTRITION: Oral fluids and nutrition must always be offered if medically feasible.

☐ Long-term artificial nutrition by tube
☐ Trial period of artificial nutrition by tube
☐ No artificial nutrition by tube

Additional Orders/Patient Goals:

MEDICAL CONDITION / PATIENT GOALS:
**SIGNATURES:** The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences, and best known information.

<table>
<thead>
<tr>
<th>Discussed with:</th>
<th>Print Physician / NP / PA Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Parent of a minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Legal Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Health Care Agent (DPOAHC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other: _______________________</td>
<td>Physician / NP / PA Signature (mandatory)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient (or Legal Representative) (mandatory)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date: (mandatory)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
## WyoPOLST — Providers Orders for Life Sustaining Treatment

<table>
<thead>
<tr>
<th>Patient Name (Last, First Middle)</th>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Contact Information (optional)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Next of Kin, Guardian, Surrogate, or Patient Contact:</td>
<td>Relationship:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Patient has: ☐ Advanced Directive (or Living Will) ☐ DPOAHC ☐ Organ Donor</td>
<td>Encourage all advance care planning documents to accompany POLST</td>
<td></td>
</tr>
</tbody>
</table>
Wyoming Medical Society Link for POLST form and link for Wyoming POLST legislation

- www.wyomed.org/wyopolst

http://legisweb.state.wy.us/2015/Enroll/HB0162.pdf

- www.polst.org
WE NEED YOUR HELP.....
HOW YOU CAN HELP........

- Train health care professionals
  - To complete form
  - Entire continuum of care providers EMS, providers, social workers, nurses in use of form
- Program coordination
- Distribution Plan
- Review program components
- Relationship to media
- Use available resources