POLST in Florida

Stuart Bagatell, MD
September 9, 2016
Key Largo, FL
FINANCIAL DISCLOSURE

NONE
SOCIAL DISCLOSURE

- White
- Male
- Married with 2 sons
- Jewish
- Registered Independent until 2008
EMOTIONAL DISCLOSURE

Grandma Rose
1927-2013
2000-2009
Lawyers and Doctors
The Time is Now

DYING IN AMERICA
Improving Quality and Honoring Individual Preferences Nearing the End of Life

WHEN BREATH BECOMES AIR
PAUL KALANITHI

Atul Gawande
Being Mortal

the conversation project
OBJECTIVES

1. To understand the various sections of a POLST order set
2. To empower the audience with the evidence to support the use of POLST in conjunction with Advance Directives
3. To be able to lead a POLST pilot project at your home institution
What is POLST?

• Physician’s
• Orders
• Life
• Sustaining
• Treatment
What is POLST?

• A physician’s order

• Complements advance directives

• Voluntary

• Provides easily recognized document
Purpose of POLST
**Physician Orders for Life-Sustaining Treatment (POLST)-Florida**

Follow these orders until orders are reviewed. These medical orders are based on the patient’s current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written.

**A**

**CARDIOPULMONARY RESUSCITATION (CPR):** Patient is unresponsive, pulseless, and not breathing.

- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation/DNR

When not in cardiopulmonary arrest, follow orders in B and C.

**B**

**MEDICAL INTERVENTIONS:** If patient has pulse and is breathing.

- [ ] Full Treatment – goal is to prolong life by all medically effective means.
  - In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated.
  - Care Plan: Full treatment including life support measures in the intensive care unit.

- [ ] Limited Medical Interventions – goal is to treat medical conditions but avoid burdensome measures.
  - In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit.
  - Care Plan: Provide basic medical treatments.

- [ ] Comfort Measures Only (Allow Natural Death) – goal is to maximize comfort and avoid suffering.
  - Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Consider hospice or palliative care referral if appropriate.
  - Care Plan: Maximize comfort through symptom management.

Additional Orders:

<table>
<thead>
<tr>
<th>Additional Orders:</th>
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</table>

**C**

**ARTIFICIALLY ADMINISTERED NUTRITION:** Offer food by mouth if feasible.

- [ ] Long-term artificial nutrition by tube.
- [ ] Defined trial period of artificial nutrition by tube.
- [ ] No artificial nutrition by tube.

Additional Instructions:

<table>
<thead>
<tr>
<th>Additional Instructions:</th>
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</tbody>
</table>

**D**

**HOSPICE or PALLIATIVE CARE (complete if applicable) – consider referral as appropriate**

- [ ] Patient/Resident Currently enrolled in Hospice Care
  - Contact:

- [ ] Patient/Resident Currently enrolled in Palliative Care
  - Contact:

- [ ] Not indicated or refused

**E**

**DOCUMENTATION OF DISCUSSION:**

- [ ] Patient (Patient has capacity)
- [ ] Parent of minor

Health Care Representative or surrogate

- [ ] Court-Appointed Guardian
- [ ] Other (proxy)
POLST Categories

- Section A: Resuscitation or DNR
- Section B: Level of medical intervention
- Section C: Nutrition
- Section D: Hospice?
- Section E: Documentation of Discussion
Section A - “Code Status”
Section B – Three Choices

• Comfort Measures Only
  – Transfer to hospital only if comfort needs cannot be met

• Limited Additional Interventions
  – Do not perform artificial ventilation, avoid ICU

• Full Treatment
  – Use all medical procedures necessary to prolong life
Sections C - Nutrition

- Artificial Nutrition
  - No nutrition by tube or IV fluids
  - Use for a defined trial period
  - Use long term
Combinations in Section A&B

Incompatible Orders

• Section A – Full Code
• Section B – Comfort Measures Only

Compatible Orders

• Section A – DNR
• Section B – Comfort Measures Only
For Example...
Case #1 - Inpatient

- 85 F with Dementia
- From ALF with SOB
- History vague
- Recent Admit to OSH
- Proxy out of town
- No AD or LW
- 114 Pounds
Hospital Course – 23 Hour Obs

- CXR x2
- EKG + Telemetry
- CBC
- CMP
- Urine
- Pneumovax
- Lovenox
- Protonix
- Oxygen
## Discharge Plan

### A. CARDIOPULMONARY RESUSCITATION (CPR)
- Person has no pulse and is not breathing (Check one)
  - □ CPR/Attempt Resuscitation
  - ○ Do Not Resuscitate (DNR)
  - Do not attempt resuscitation. (Allow natural death)
  - When not in cardiopulmonary arrest, follow orders B, C, and D

### B. MEDICAL INTERVENTIONS
- Person has pulse and/or is breathing (Check one)
  - □ COMFORT MEASURES ONLY.
  - 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 to comfort. DO NOT transfer to hospital for life-sustaining treatment. Transfer if comfort needs can not be met in current location.
  - ○ LIMITED ADDITIONAL INTERVENTIONS includes care described above. Use medical treatments and IV fluids as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid Intensive care if possible.
  - □ FULL TREATMENT includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Other Orders: (e.g., Dialysis, etc.)
- □ Dialysis

### C. ANTIBIOTICS
- □ No antibiotics. Use other measures to relieve symptoms.
- ○ Determine use or limitation of antibiotics when infection occurs, with comfort as goal.
- □ Use antibiotics.

Other Orders:

### D. ARTIFICIALLY ADMINISTERED NUTRITION
- □ No artificial nutrition by tube.
- ○ Trial period of artificial nutrition by tube
  - Goal: __________
- □ Long-term artificial nutrition by tube

Other Orders:

### E. SUMMARY OF GOALS
- Discussed with: □ Patient □ Parent of Minor
  - □ Healthcare Surrogate □ Court-Appointed Guardian
  - □ Durable Power of Attorney for Health Care □ Other: __________

Summary of Medical Condition: __________

### F. HOSPICE CARE
- (Complete if applicable)
  - □ Consider hospice referral as appropriate
  - □ Patient/Resident Currently Enrolled in Hospice Care

Hospice Team/Contact Name: __________
Phone Number: __________
Call to ALF 8 weeks Later

- Still have POLST
- No hospital visits
- Doing well
Case #2 - Outpatient

- 91 F from ALF weighing 86 pounds with:
  - Dementia, HTN, HLD
- First Office Visit in June 2012 after:
  - Hospital stay in April
  - Rehab until June
Follow up Visit in July

- Lost 3 pounds
- Had multiple falls
- ALF sent patient to ED 5 times for:
  - Fall
  - “UTI”
  - Altered Mental Status
Plan of Care

A. CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing (Check one)
   [ ] CPR/Attempt Resuscitation [ ] Do Not Resuscitate (DNR)/Do not attempt resuscitation
   When in cardiopulmonary arrest, follow orders B, C, and D

B. MEDICAL INTERVENTIONS: Person has pulse and/or is breathing (Check one)
   [ ] COMFORT MEASURES ONLY. 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 to comfort. Do NOT
   transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.
   [ ] LIMITED ADDITIONAL INTERVENTIONS includes care described above. Use medical treatments and IV fluids as
   indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if
   indicated. Avoid intensive care if possible.
   [ ] FULL TREATMENT includes care described above. Use intubation, advanced airway interventions, mechanical
   ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Other Orders: (e.g., Dialysis, etc.): NO DIABETES

C. ANTIBIOTICS:
   [ ] No antibiotics. Use other measures to relieve symptoms.
   [ ] Determine use or limitation of antibiotics when infection occurs, with comfort as goal.
   [ ] Use antibiotics.
   Other Orders:

D. ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and liquids by mouth if feasible.
   [ ] No artificial nutrition by tube.
   [ ] That period of artificial nutrition by tube, Goal:
   [ ] Long-term artificial nutrition by tube.
   Other Orders:

E. SUMMARY OF GOALS: Discussed with: [ ] Patient [ ] Parent of Minor
   [ ] Healthcare Surrogate [ ] Court-Appointed Guardian
   [ ] Durable Power of Attorney for Health Care [ ] Other
   Summary of Medical Condition: Dmentor, moderately sedating, frequent falls.

F. HOSPICE CARE: (Complete if applicable. Consider hospice referral as appropriate)
   [ ] Patient/Resident Currently Enrolled in Hospice Care
   Hospice Team/Contact Name:
Patient Enrolled the Next Day

HOSPICE
Peace, Comfort & Dignity
Follow up Visit in August

- Patient now 80 pounds
- Had one fall
- No visit to hospital
Follow Up Visit in October

• No visits to Hospital
• Patient NO SHOW
• Call placed to ALF
• ALF still has POLST
• Patient doing well
Case #3

- Diagnosed 08’ – 63yo
- Multiple Hospitalizations
- April 2012 – Hip Fracture and starts dialysis
- May 2012 – Outpatient – (POLST COMPLETED)
This is a physician order sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Patient Last Name: ____________
First Name: ____________
Middle Initial: ____________
Patient Date of Birth: ____________

A. CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing (Check one)
☐ CPR/Attempt Resuscitation
☐ Do Not Resuscitate (DNR) Do Not attempt resuscitation (Allow natural death)
When not in cardiopulmonary arrest, follow orders B, C, and D

B. MEDICAL INTERVENTIONS: Person has pulse and/or is breathing (Check one)
☐ COMFORT MEASURES ONLY: 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 to comfort. DO NOT transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.
☐ LIMITED ADDITIONAL INTERVENTIONS: Includes care described above. Use medical treatments and IV fluids as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care if possible.
☐ FULL TREATMENT: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Other Orders: (e.g., Dialysis, etc.): ____________________________________________

C. ANTIBIOTICS:
☐ No antibiotics. Use other measures to relieve symptoms.
☐ Determine use or limitation of antibiotics when infection occurs, with comfort as goal.
☐ Use antibiotics.

Other Orders:

D. ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and liquids by mouth if feasible.
☐ No artificial nutrition by tube.
☐ Full period of artificial nutrition by tube. Goal: ____________
☐ Long-term artificial nutrition by tube.

Other Orders:

E. SUMMARY OF GOALS: Depressed with: [ ] Patient [ ] Parent of Minor
☐ Healthcare Surrogate [ ] Court-Appointed Guardian
☐ Durable Power of Attorney for Health Care: [ ] Other: ____________

Summary of Medical Condition: ____________

F. HOSPICE CARE: Complete if applicable. Consider hospice referral as appropriate.
☐ Patient/Resident Generally Eligible in Hospice Care

Hospice Transmitter Name: ____________
Phone Number: ____________

SIGNATURES:
Print patient/resident or surrogate Proxy Name: ____________
Relationship (Wife/Sister/Parent): ____________
Patient or Surrogate Signature: ____________ Date: ____________ Time: ____________
Print Physician Name: ____________
Physician Signature: ____________ Date: ____________ Time: ____________

MEDISYS: ____________

JFK MEDICAL CENTER
ATLANTIS, FL 33462
PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)
PAGE 1 OF 2
SEND FORM WITH PASSPORT, WHEREVER TRANSFERRED OR DISCHARGED

JFK-400-00814 (REV 04/29/2011)
December 2012 – Outpatient

- Reviewed POLST and confirmed no changes
- Patient given a copy to keep with her
March 2013

- Re-hospitalization for nausea/vomiting and a positive blood culture.
- POLST was available for review for inpatient team and was again incorporated into the chart.
July 2013 (~1 year after POLST)

- Patient elects to forego dialysis treatments
- Enters hospice care for last week of life
# POLST vs Advance Directives

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>POLST</th>
<th>ADVANCE DIRECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>For the seriously ill</td>
<td>All adults</td>
</tr>
<tr>
<td>Time frame</td>
<td>Current care</td>
<td>Future care</td>
</tr>
<tr>
<td>Who completes the form</td>
<td>Health care professionals</td>
<td>Patients</td>
</tr>
<tr>
<td>Resulting form</td>
<td>Medical orders (POLST)</td>
<td>Advance directive</td>
</tr>
<tr>
<td>Health care agent or surrogate role</td>
<td>Can engage in discussion if patient lacks capacity</td>
<td>Cannot complete</td>
</tr>
<tr>
<td>Portability</td>
<td>Provider responsibility</td>
<td>Patient/family responsibility</td>
</tr>
<tr>
<td>Periodic review</td>
<td>Provider responsibility</td>
<td>Patient/family responsibility</td>
</tr>
</tbody>
</table>

POLST = Physician Orders for Life-Sustaining Treatment
Limitations of Advance Directives

- Usually not available in clinical settings
- Do not provide clear guidance to EMS personnel
- Only 17% of people have them
- Variations in forms
- Terms may be unclear to clinicians
- Don’t work – SUPPORT study

Who Should Have a POLST?
Pop Quiz
OREGON
National Use of POLST

2011

2016

National POLST Paradigm Programs

Endorsed Programs
Developing Programs
No Program (Contacts)

Mature Programs
Endorsed Programs
Regionally Endorsed Program
Developing Programs
No Program (Contacts)

Programs That Do Not Conform to POLST Requirements

*As of May 2016

www.polst.org
When DNR is not the most important question: Data from the Oregon POLST Registry

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Oregon Health & Science University
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POLST REGISTRY SUBMISSION AND ENTRY

Follow-up with Sender to retrieve appropriate information to make form ready for Registry. When new form is submitted, forms become "Registry Forms" and are recorded in Not Registry Ready Database, but contact information and other PHI is removed. New form follows Registry Form flow.
# CPR vs DNR

<table>
<thead>
<tr>
<th>Scope of Treatment Order</th>
<th>If CPR (%)</th>
<th>If DNR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Full treatment</td>
<td>75.7</td>
<td>6.6</td>
</tr>
<tr>
<td>- Limited additional interventions</td>
<td>21.6</td>
<td>43.8</td>
</tr>
<tr>
<td>- Comfort measures only</td>
<td>2.7</td>
<td>49.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antibiotic Use Order</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Use antibiotics</td>
<td>81.6</td>
<td>34.2</td>
</tr>
<tr>
<td>- Decide when infection occurs</td>
<td>17.8</td>
<td>55.7</td>
</tr>
<tr>
<td>- Do not use antibiotics</td>
<td>0.57</td>
<td>10.1</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Artificial Nutrition Tube Order</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>- Long-term feeding tube</td>
<td>21.5</td>
<td>2.1</td>
</tr>
<tr>
<td>- Time-limited trial</td>
<td>60.5</td>
<td>24.0</td>
</tr>
<tr>
<td>- No feeding tube</td>
<td>17.9</td>
<td>73.9</td>
</tr>
</tbody>
</table>
If a patient has a POLST DNR order, what’s the likelihood they would want hospital transport?

<table>
<thead>
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<th>Scope of Treatment order</th>
<th>If CPR</th>
<th>If DNR</th>
<th>Hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Full treatment</td>
<td>75.7%</td>
<td>6.6%</td>
<td>50.4% Yes</td>
</tr>
<tr>
<td>- Limited additional interventions</td>
<td>21.6%</td>
<td>43.8%</td>
<td></td>
</tr>
<tr>
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<td>2.7%</td>
<td>49.6%</td>
<td>49.6% No</td>
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Conclusions

50/50
Implications

• DNR ONLY ORDERS SHOULD BE A NEVER EVENT
Patient’s preferences recorded as medical orders on a POLST Form and how those orders match with death in the hospital

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Decedents dying in hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort Measures Only (n=11,836)</td>
<td>6.4%</td>
</tr>
<tr>
<td>Limited Treatment (n=4,787)</td>
<td>22.4%</td>
</tr>
<tr>
<td>Full Treatment (n=1,153)</td>
<td>44.2%</td>
</tr>
<tr>
<td>No POLST in Registry (n=40,098)</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

JAGS: Fromme et al 2014 62: 1246-1251
Those with full treatment orders are 3-6 times more likely to die in the hospital than those with comfort measures only orders.

A Hospital Based POLST Pilot
First Steps

- Physician Champion
- Letter to CEO/CMO
- Ethics Committee
Second Steps

• Medical Executive Committee

• Edit hospital’s current DNR Policy

• Create a new POLST Policy
Third Steps

- Approve Order Form
- Work out the “Kinks”
- Distribute Hospital Wide
Education

“Those affected”

“Those who implement”

“Those who order”
“Those Who Order” - Physicians

- Intensive care units
- Hospitalists
- Primary care providers
- Select specialties
“Those Who Implement”

- Nursing Leadership
- Emergency Department
- Hospice units
- EMS Personnel
- ALF/SNF
“Those Who Are Affected”

• Hospital Website
• Local newspaper/Radio
• Patient advocacy groups
• At the bedside when completing the form
Hospital Based Approach

- Hospital
- ALF/SNF
- Primary Care Office
- Hospice
- EMS
- Home
- Rehab Units
- Outside Hospitals
TAKE HOME POINTS

1. POLST order sets help clarify the intensity of care patients wish to receive during a code situation and during the time while they have a pulse and are breathing.

2. The orders on a POLST order set translate into the level of care a patient receives.

3. Successful implementation of a POLST pilot program requires ongoing educational efforts.