

Stuart Bagatell, MD FACP

July 7, 2017

NOVA SOUTHEASTERN UNIVERSITY, 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



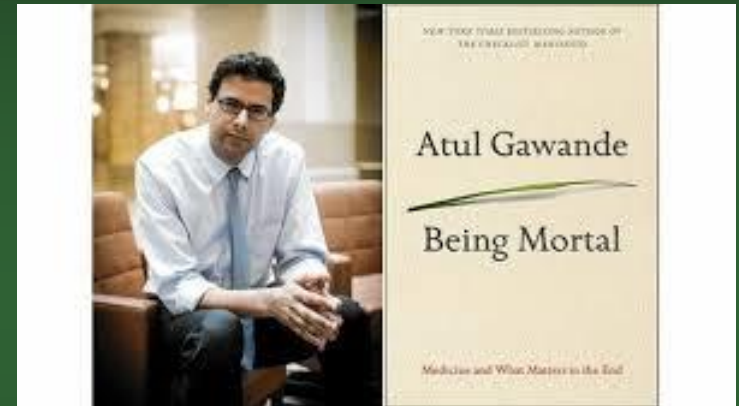
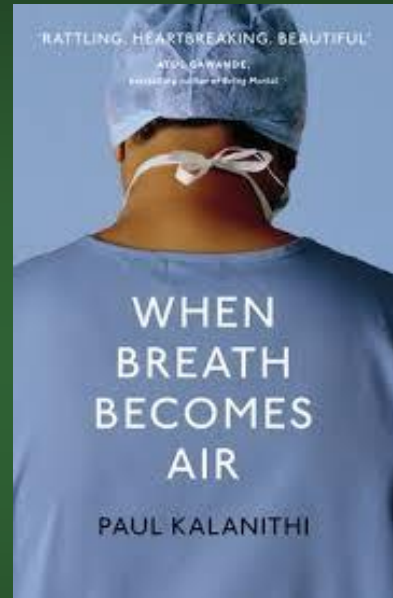
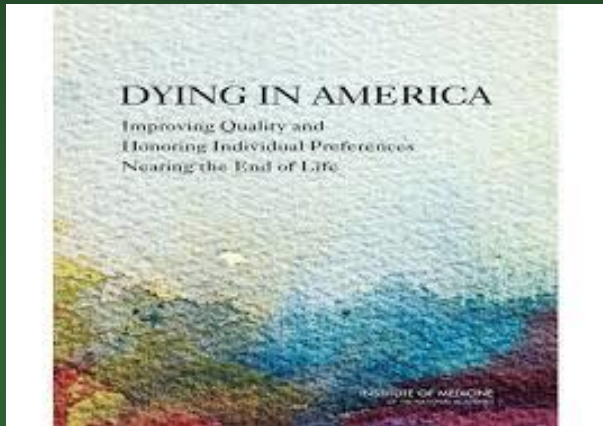
FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE



COLLEGE OF LAW
FLORIDA STATE UNIVERSITY



The Time is Now



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.

Patient Last Name

Patient First Name

Middle Init.

Date of Birth: (mm/dd/yyyy)

Gender

Last 4 SSN:

☐ M ☐ F☐ ☐ ☐ ☐

If the patient has decision-making capacity, the patient's presently expressed wishes should guide his or her treatment

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

Check One

☐ 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.

Check One

☐ 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: _____

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

Check One

☐ Long-term artificial nutrition by tube.

Additional Instructions: _____

☐ Defined trial period of artificial nutrition by tube.☐ No artificial nutrition by tube.**D****HOSPICE or PALLIATIVE CARE (complete if applicable) - consider referral as appropriate**

Check One

☐ Patient/Resident Currently enrolled in Hospice Care☐ Patient/Resident Currently enrolled in Palliative Care☐ Not indicated or refused

Contact: _____

Contact: _____

E**DOCUMENTATION OF DISCUSSION:**

Check All That Apply

☐ Patient (Patient has capacity)☐ Health Care Representative or surrogate☐ Parent of minor☐ 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)] " <input type="checkbox"/> CPR/Attempt Resuscitation <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.) <u>NO DIALYSIS</u> | |
| C. ANTIBIOTICS: <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input checked="" type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal. <input type="checkbox"/> Use antibiotics. Other Orders: _____ | |
| D. ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and liquids by mouth if feasible. <input checked="" type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Trial period of artificial nutrition by tube. Goal: _____ <input type="checkbox"/> Long-term artificial nutrition by tube. Other Orders: _____ | |
| E. SUMMARY OF GOALS: Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input checked="" type="checkbox"/> Healthcare Surrogate <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Durable Power of Attorney for Health Care Other: _____ Summary of Medical Condition: <u>End Stage Dementia</u> | |
| F. HOSPICE CARE: (Complete if applicable. Consider hospice referral as appropriate) <input type="checkbox"/> Patient/Resident Currently Enrolled in Hospice Care Hospice Team/Contact Name: _____ Phone Number: _____ | |
| SIGNATURES: | |

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 (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.): NO 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: Always offer food and liquids by mouth if feasible.
☒ 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: Dementia, non-healing sacral decubitus, 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



Follow up Visit in August

- Patient now 80 pounds
- Had one fall
- No visit to hospital



Follow Up Visit in October

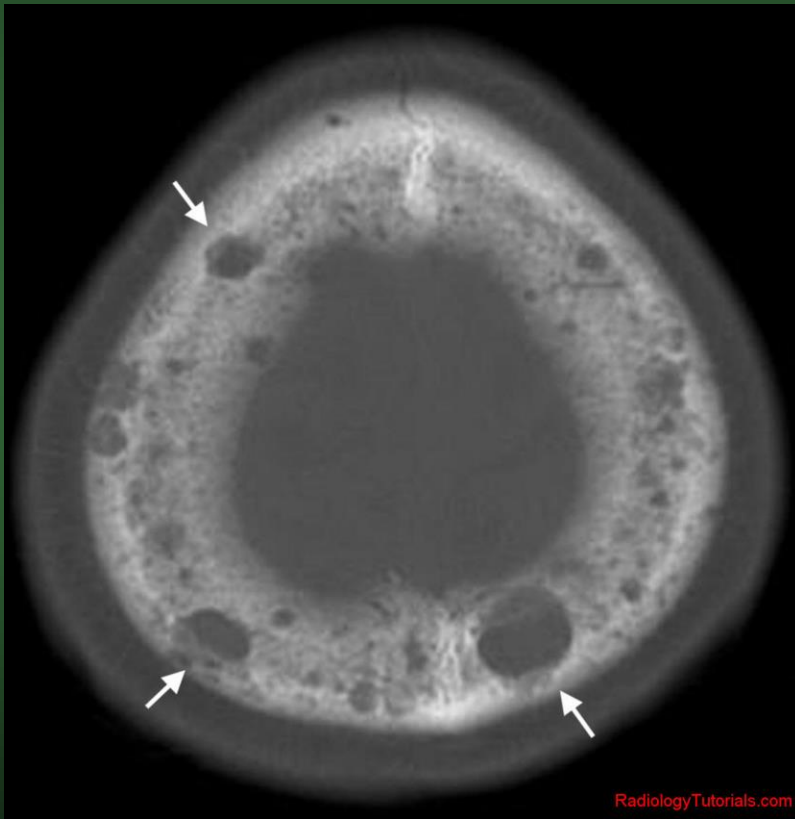
- No visits to Hospital
- Patient NO SHOW
- Call placed to ALF
- ALF still has POLST
- Patient doing well



Saturday Night Call



Case #3



- Diagnosed 08' – 63yo
- Multiple Hospitalizations
- April 2012 – Hip Fracture and starts dialysis
- May 2012 – Outpatient
– (POLST COMPLETED)

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY
PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)**

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: [REDACTED]

First Name: [REDACTED]

Middle Initial: [REDACTED]

Patient Date of Birth: 5/6/45

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.): *No permanent dialysis, only temporary.*

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.

☐ 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: *Hallucinations*

F. HOSPICE CARE: (Complete if applicable. Consider hospice referral as appropriate)

☐ Patient/Resident Currently Enrolled in Hospice Care

Hospice Team/Contact Name: _____

Phone Number: _____

SIGNATURES:

Print patient/Resident or Surrogate Proxy Name: [REDACTED]

Relationship (Write "Self" if patient): *SELF*

Patient or Surrogate Signature: [REDACTED]

Date: 5/7/12 Time: 2:30PM

Print Physician Name: *SPARKMAN*

Physician Signature: *[Signature]*

Date: 5/7/12 Time: 2:30PM

ME/OD License Number: *ME98296*

Phone: 561-548-1540



POS

JFK MEDICAL CENTER
ATLANTA, FL 33462
PHYSICIAN ORDERS FOR
LIFE SUSTAINING TREATMENT (POLST)

PAGE 1 OF 2

SEND FORM WITH PERSON WHENEVER
TRANSFERRED OR DISCHARGED

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 1

Differences between POLST and advance directives

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

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

Angela Fagerlin and Carl E. Schneider, “Enough: The Failure of the Living Will,” *Hastings Center Report* 34, no. 2 (2004): 30-42.

Who Should Have a POLST?



Pop Quiz



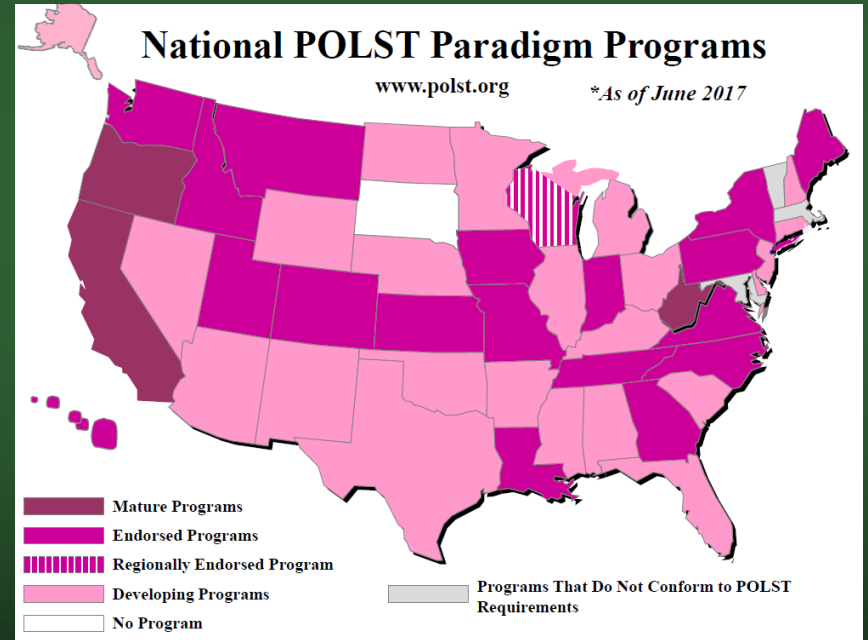
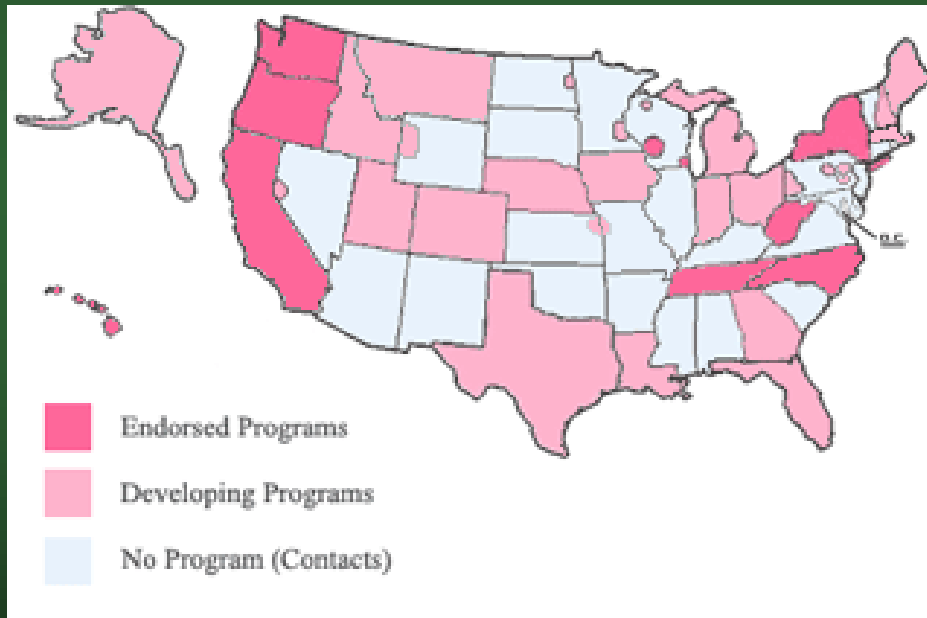
OREGON



National Use of POLST

2011

2017



When DNR is not the most important question: Data from the Oregon POLST Registry

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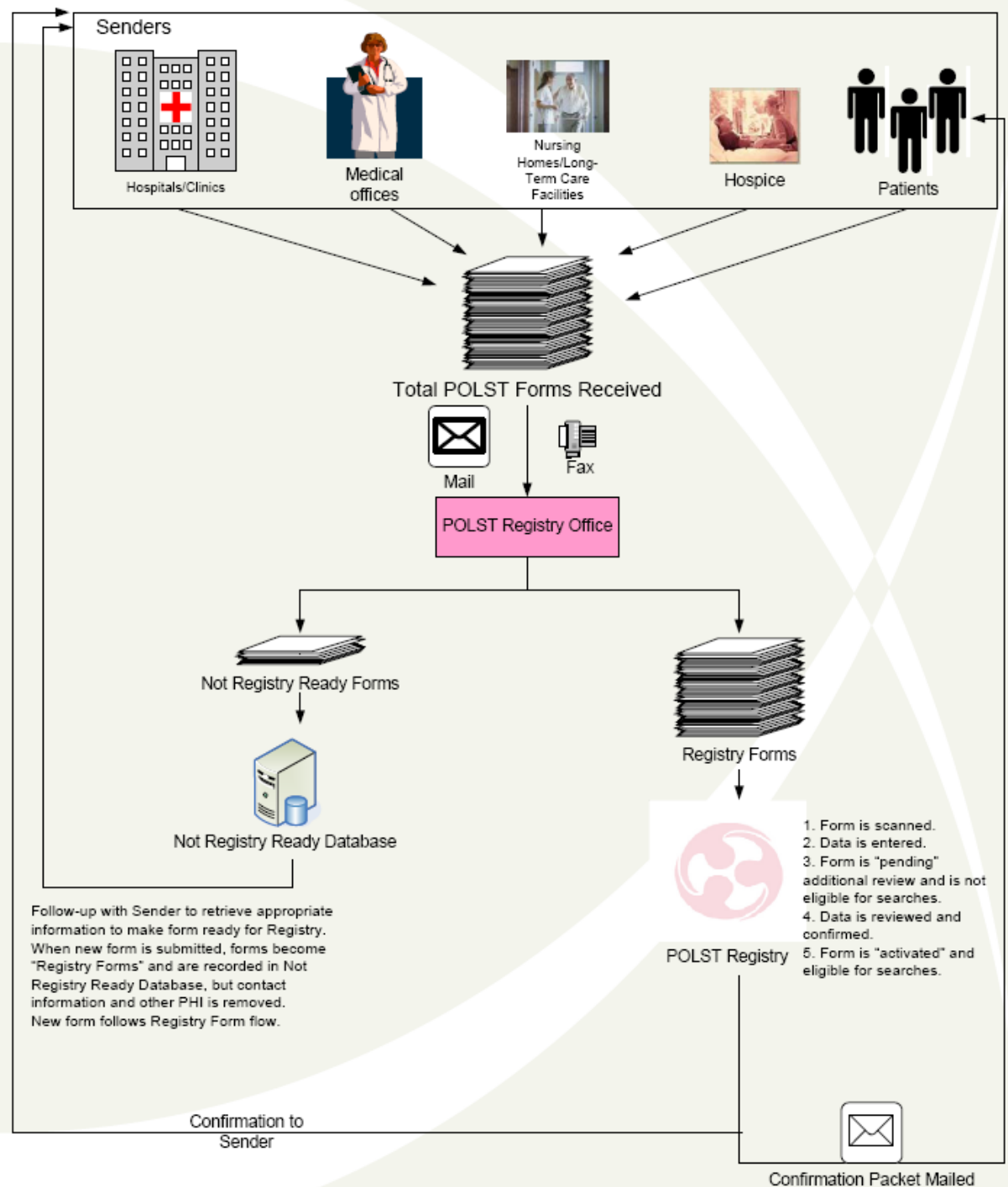
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PORTLAND, OREGON**

POLST REGISTRY SUBMISSION AND ENTRY



CPR vs DNR

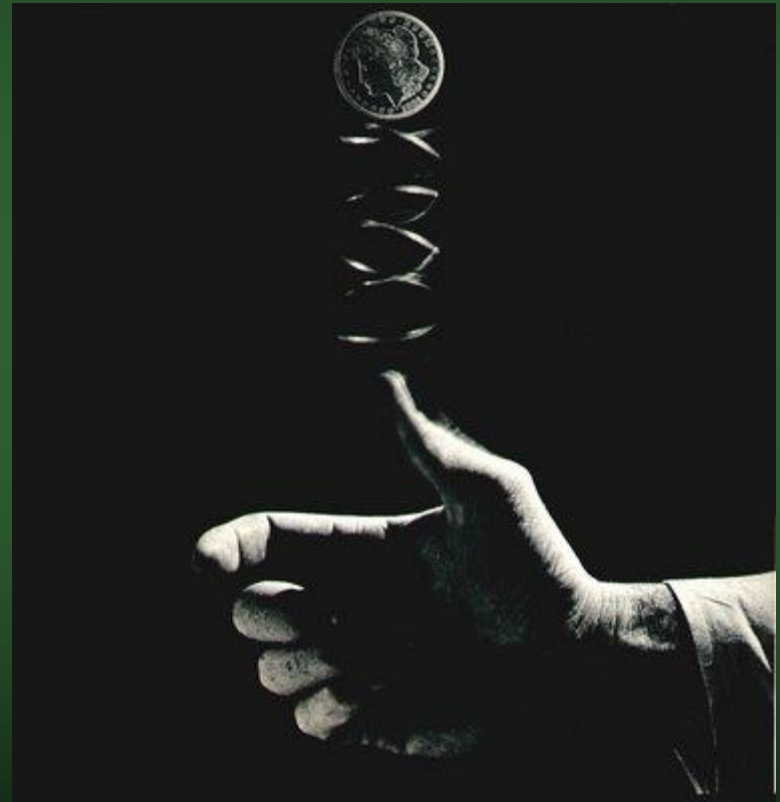
| | If CPR | If DNR |
|------------------------------------|--------|--------|
| Scope of Treatment order | | |
| - Full treatment | 75.7% | 6.6% |
| - Limited additional interventions | 21.6% | 43.8% |
| - Comfort measures only | 2.7% | 49.6% |
| Antibiotic Use order | | |
| - Use antibiotics | 81.6% | 34.2% |
| - Decide when infection occurs | 17.8% | 55.7% |
| - Do not use antibiotics | 0.57% | 10.1% |
| Artificial Nutrition Tube Order | | |
| - Long-term feeding tube | 21.5% | 2.1% |
| - Time-limited trial | 60.5% | 24.0% |
| - No feeding tube | 17.9% | 73.9% |

If a patient has a POLST DNR order, what's the likelihood they would want hospital transport?

| | If CPR | If DNR | Hospital? |
|------------------------------------|--------|--------|-----------|
| Scope of Treatment order | | | |
| - Full treatment | 75.7% | 6.6% | 50.4% Yes |
| - Limited additional interventions | 21.6% | 43.8% | |
| - Comfort measures only | 2.7% | 49.6% | 49.6% No |
| Antibiotic Use order | | | |
| - Use antibiotics | 81.6% | 34.2% | |
| - Decide when infection occurs | 17.8% | 55.7% | |
| - Do not use antibiotics | 0.57% | 10.1% | |
| Artificial Nutrition Tube Order | | | |
| - Long-term feeding tube | 21.5% | 2.1% | |
| - Time-limited trial | 60.5% | 24.0% | |
| - No feeding tube | 17.9% | 73.9% | |

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

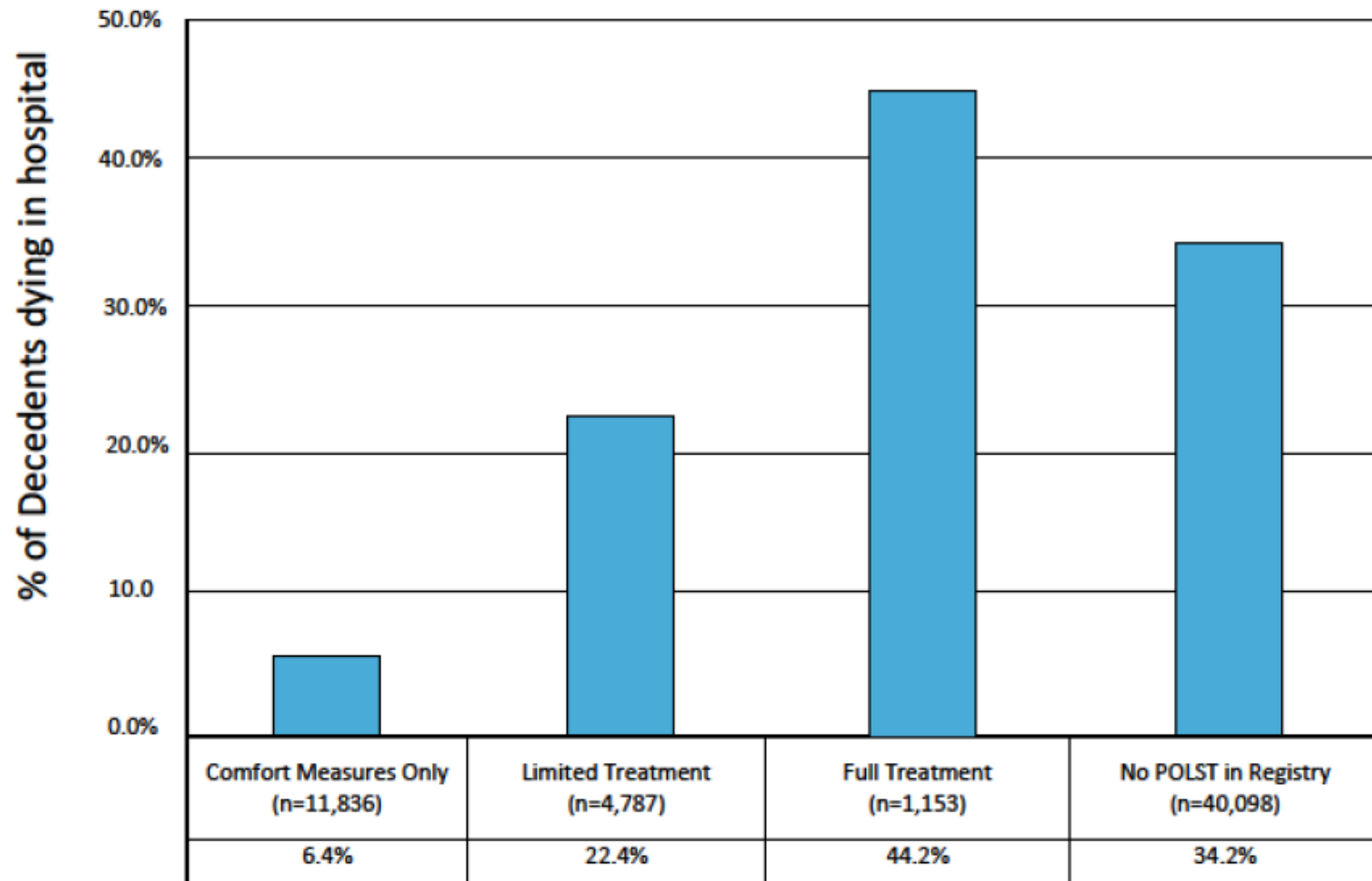


Table 1. Characteristics of 27,000 Decedents with Physician Orders for Life-Sustaining Treatment Forms in the Oregon and West Virginia Registries

| Characteristic | West Virginia, n = 1,330 | Oregon, n = 25,670 | P-Value |
|---|-----------------------------|-----------------------|---------|
| Age at death, median (interquartile range) | 79.7 (18.2) | 83.6 (16.8) | <.001 |
| Sex, % | | | .76 |
| Male | 44.4 | 44.0 | |
| Female | 55.6 | 56.0 | |
| Residence, % | | | <.001 |
| Urban county | 55.3 | 84.5 | |
| Rural county | 44.7 | 15.5 | |
| Cause of death, % | | | <.001 |
| Cancer | 35.6 | 28.4 | |
| Heart disease | 24.7 | 26.1 | |
| Alzheimer's disease and other dementias | 6.7 | 10.6 | |
| Parkinson's disease and other nervous system disorders | 6.8 | 10.1 | |
| Respiratory disease | 10.9 | 9.8 | |
| All other natural causes | 15.3 | 14.9 | |
| Location of death, % | | | .27 |
| Out of hospital ^a | 42.1 | 44.3 | |
| Home | 42.8 | 40.8 | |
| Hospital | 15.1 | 14.9 | |
| Medical intervention orders, % | | | <.001 |
| Comfort measures only | 55.5 | 57.7 | |
| Limited additional interventions | 37.4 | 32.5 | |
| Full treatment | 7.1 | 9.7 | |
| Medical intervention orders of individuals who died in the hospital, % | | | <.001 |
| Comfort measures | 10.8 | 6.8 | |
| Limited additional interventions | 18.1 | 21.9 | |
| Full-treatment order | 33.0 | 39.1 | |

**Those with full
treatment orders are 3-
6 times more likely to
die in the hospital than
those with comfort
measures only orders.**

Alvin Moss, et al. JAGS 2016.

A Hospital Based POLST Pilot



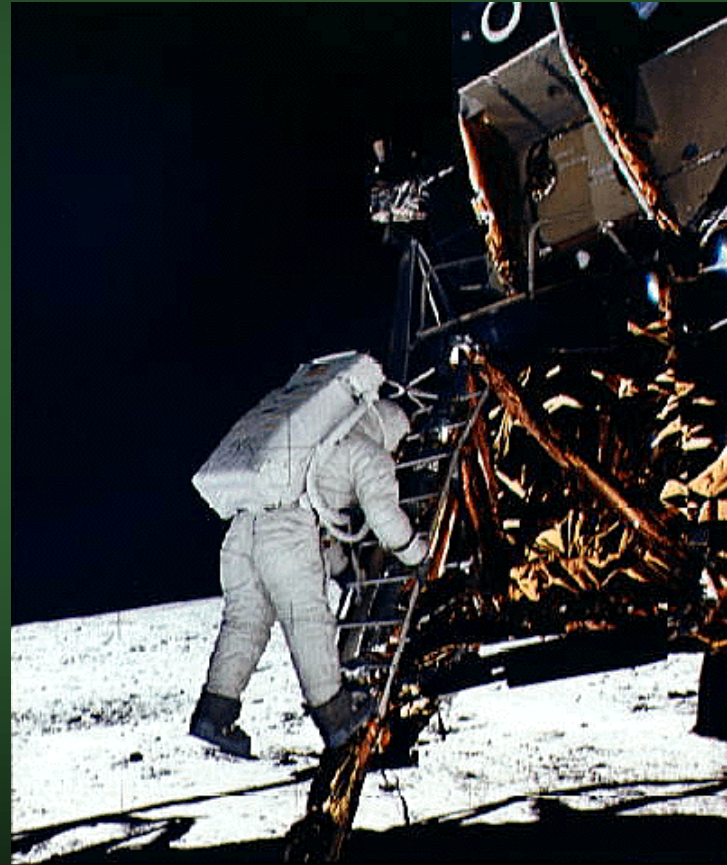
First Steps

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



Second Steps

- Medical Executive Committee
- Edit hospital's current DNR Policy
- Create a new POLST Policy

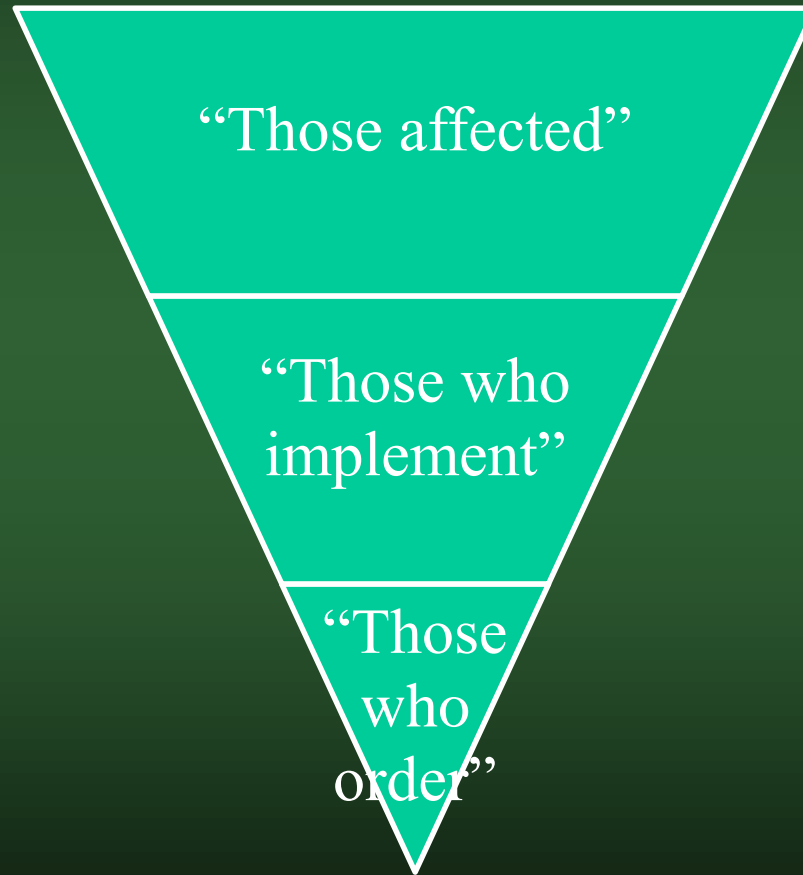


Third Steps

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

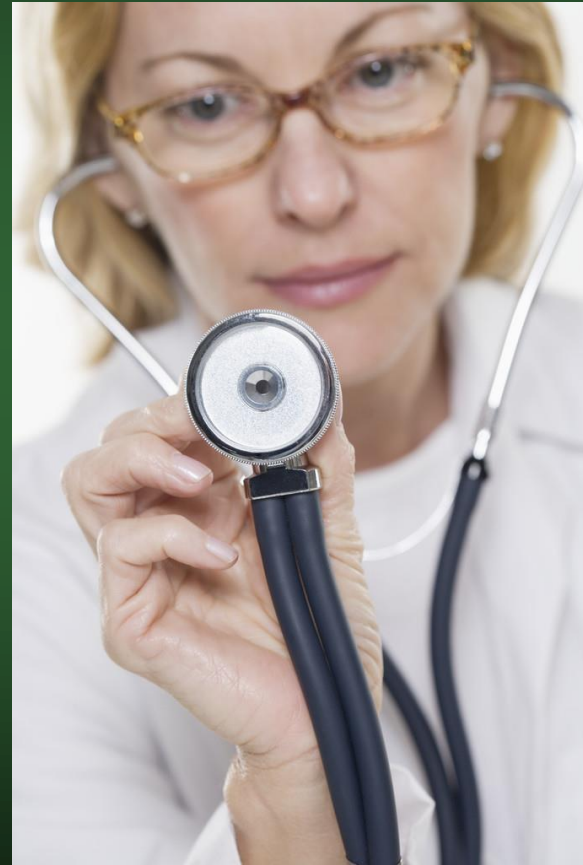


Education



“Those 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

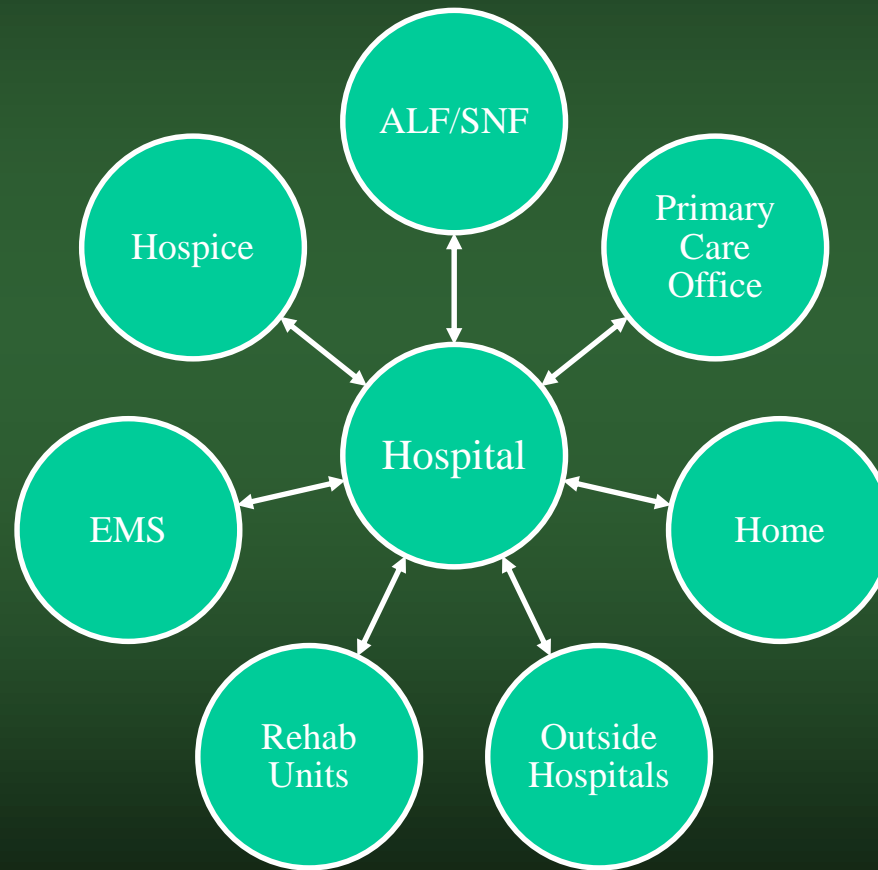


“Those Who Are Affected”

- Hospital Website
- Local newspaper/Radio
- Patient advocacy groups
- At the bedside when completing the form



Hospital Based Approach



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.