The Importance of POLST in the time of COVID-19

POLST: It’s more than just a form

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State POLST Coordinator
Who is Kōkua Mau?

- 501(c)3, community benefit org., statewide (not a state agency)
- Membership – hospices, health plans, hospitals, long term care, spiritual care, Arcadia, Kahala Nui, Pohai Nani
- Passionate volunteers across the state
What is POLST?

- Provider
- Orders for
- Life
- Sustaining
- Treatment
What is POLST?

- Provides direction for healthcare providers during serious illness
- Allows for “shades of gray” in choices e.g. CCO-DNR bracelet is only “yes/no” choice
- Portable medical order that transfers with the patient
- Brightly colored, standardized form for entire state of HI
Who Would Benefit from Having a POLST Form?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- A person for whom you would issue an in-patient DNR order
- “Would you be surprised if this patient died within the next year?”
POLST in Hawaii

- One form for entire state.
- Use not mandated.
- Honoring form is mandated.
- Provides immunity from civil or criminal liability.
POLST in Hawaii

Effective 2009, Updated 2014
HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

**PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)**

FIRST follow these orders. THEN contact the patient’s provider. This Provider Order form is based on the person’s current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

- **Patient’s Last Name**
- **First/Middle Name**
- **Date of Birth**
- **Date Form Prepared**

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

<table>
<thead>
<tr>
<th>Patient Name (last, first, middle)</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

**Patient’s Preferred Emergency Contact or Legally Authorized Representative**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Date Form Prepared</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Care Professional Preparing Form</th>
<th>Preparer Title</th>
<th>Phone Number</th>
<th>Date Form Prepared</th>
</tr>
</thead>
</table>
Section A: Cardiopulmonary Resuscitation (CPR)

**Person has no pulse and is not breathing**

**Person has no pulse and is not breathing**
**Person has pulse and/or is breathing**
Diagram of POLST Medical Interventions

CPR

Comfort Measures

Limited Interventions

Full Treatment*

DNAR

*Consider time/prognosis factors under “Full Treatment”
“Defined trial period. Do not keep on prolonged life support.”
Always offer food and liquid by mouth if feasible and desired.
POLST
Section D – Important Signatures!

- Physician or Advance Practice Registered Nurse (APRN) and
- Patient or their Legally Authorized Representative (LAR)
- LAR - Agent designated for Health care Power of Attorney:
  - Parent of a Minor
  - Patient-designated Surrogate
  - Surrogate selected by consensus of interested persons
  - Guardian

SIGNATURES AND SUMMARY OF MEDICAL CONDITION
- Discussed with:

  - Guardian
  - Agent designated in Power of Attorney for Healthcare
  - Patient-designated surrogate
  - Surrogate selected by consensus of interested persons (Sign section E)
  - Parent of a Minor

Signature of Provider (Physician/APRN licensed in the state of Hawai’i)
My signature below indicates to the best of my knowledge that these orders are consistent with the person’s medical condition and preferences:

- Provider Name
- Provider Phone Number
- Date
- Provider Signature (required)
- Provider License #

Signature of Patient or Legally Authorized Representative
My signature below indicates that these orders/resuscitative measures are consistent with my wishes or (if signed by LAR) the known wishes and/or the best interest of the patient who is the subject of this form:

- Signature (required)
- Name (print)
- Relationship (write “self” if patient)

Summary of Medical Condition
- Official Use Only

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
Practical considerations

- Recommended to be printed on lime green paper (but any color, including black and white is acceptable)
- A copy of the POLST form is legal
- Recommended to be kept in a visible place at home:
  - Refrigerator
  - Bedroom door
  - Bedside table
- A copy should be given to EMS personnel
- POLST is not transferable from state to state
## Advance Health care Directive vs. POLST

<table>
<thead>
<tr>
<th><strong>Advance Directives</strong></th>
<th><strong>POLST</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>For anyone 18 years or older</td>
<td>Persons at any age with serious illness</td>
</tr>
<tr>
<td>Identifies wishes for future healthcare</td>
<td>Indicates decisions about current treatments</td>
</tr>
<tr>
<td>Appoints a health care representative</td>
<td>Legally authorized representative can be noted</td>
</tr>
<tr>
<td>Does not translate into orders for EMS personnel</td>
<td>Actionable orders</td>
</tr>
<tr>
<td>CPR/DNR not addressed</td>
<td>CPR/DNR order</td>
</tr>
</tbody>
</table>
Where Does POLST Fit In?

**Advance Care Planning Continuum**

- **Age 18**
  - Complete an Advance Directive
  - Update Advance Directive Periodically
  - Diagnosed with Serious or Chronic, Progressive Illness *(at any age)*
    - Complete a POLST Form
    - Treatment Wishes Honored

*Kōkua Mau Continuous Care,* A Movement to Improve Care
Reviewing POLST

- Review whenever clinical condition changes
- Review when goals for therapy change
- Review at hospitalizations or if Code status changes in hospital
- *Best way to communicate patient wishes to EMS*
POLST: Depth of the Process

- POLST is more than a form.
- POLST:
  - Facilitates rich conversations with patients/families to make treatment decisions & discuss goals of care
  - Complements the AHCD.
  - Incorporates the depth of comfort care.
Can POLST be Changed?

- Individual with capacity can request alternative treatment or revoke a POLST at anytime.
- Legally recognized decision maker may request change based on condition change or new information regarding patient wishes.
Revoking or Modifying

- The patient or legally authorized representative (LAR) must be able to change their mind on a POLST order
- Draw a line, or communicate in any manner the intent to void
POLST Conversations

- Opportunity to increase awareness of different courses of action possible

- Introduce concept of Palliative Care and Hospice

- Change the question:
  “What’s the matter with me?”
  to
  “What matters TO me?”
Join Us at Kōkua Mau!!

Resources and other activities

- Join Kōkua Mau Mailing List
- Download materials from the Kōkua Mau Website – look for the Tool Kit
- Use the translations
- Request a speaker from Kōkua Mau’s Let’s Talk Story Program – We are ready to talk with your church or other group!
Kōkua Mau Resources

http://www.kokuamau.org/
Resources

Kōkua Mau Resources incl. POLST on main webpage
- https://kokuamau.org/covid-19-resources/

National POLST resources
- https://polst.org/covid/

Center to Advance Palliative Care (CAPC)
- https://www.capc.org/toolkits/covid-19-response-resources/

Ariadne Labs – Serious Illness Conversation Guide
- https://covid19.ariadnelabs.org/providers/

California Coalition Conversations Guides
Conversation Guides (complimentary use through May 30, 2020)

**CPR Decision Aid**

**What is CPR?**

CPR (Cardiopulmonary Resuscitation) is an attempt to restart a person’s heart when the heart has stopped beating or cannot pump blood.

**How is CPR done?**

- The chest is pushed down two (2) or more inches every time each minute to make the heart pump.
- Strong electrical shocks may be given through the chest to make the heart beat at a normal rate.
- Medial time may be given, usually through an IV (intravenous) line.
- A mask may be placed on the face or a tube is in the windpipe (trachea). These are often used to assist with breathing.

**When do people need CPR?**

It is needed when someone’s heart stops. When this happens, healthcare providers should try CPR using the specific CPR Guidelines and the AED (Automated External Defibrillator). Check this online for more information.

**Who should use this guide?**

This decision aid is for people with serious illness. It can be used to support medical decision making and conversations about CPR.

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**Artificial Hydration Decision Aid**

**What is artificial hydration?**

Artificial hydration is a medical treatment that gives water and sometimes salt to the body.

**How is artificial hydration given?**

It is given as a liquid through:
- A tube fed through the nose or mouth into the stomach. These liquids are often used to assist with breathing.
- A tube fed through a vein into the bloodstream. These liquids are often used to assist with breathing.

**When does a person need artificial hydration?**

- When a person is not able to drink enough water or cannot swallow alone.
- When they have problems swallowing.
- For treatment of severe dehydration.
Kōkua Mau Contact

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https://kokuamau.org/covid-19-resources/