

Quick Reference Guide on POLST in Nursing Homes

POLST is Voluntary

POLST is a voluntary form. (AFL 09-27, 10-25, 10-42, and 11-26.) Facilities cannot require that a resident have a POLST form. This means that facilities cannot require completion of a POLST form as a condition of admission.

MDS Section S

While MDS Section S requires facilities to report *whether* a resident has a POLST form, it does *not* require facilities to use POLST nor does it require an individual resident to have a POLST. Section S is used for data collection (not survey) purposes, thus accurate information is critical. If a resident does not have a POLST form, Section S should be completed to indicate so.

Signatures

A POLST isn't valid unless it is signed by (1) the physician and (2) the resident or, if the resident lacks capacity, the resident's legally recognized healthcare decisionmaker.

During the process of completion, the POLST may be put in the medical record with a note affixed to it stating that it is in process and what needs to occur for its completion. Once the form is completed and both signatures obtained, it can be put in the medical record as a legally valid POLST.

Advance Directive

POLST complements a resident's advance directive. If a resident has a POLST and an advance directive, the two documents should be consistent. When filling out a POLST, staff should confirm whether the resident has an advance directive and, if so, obtain a copy of the advance directive and review it.

If the advance directive and POLST call for different medical treatment, the facility should confirm the resident's current wishes regarding medical treatment and then assist with completing new, up-to-date documents. Until a new document is completed, the facility should be guided by the resident's most current documented wishes.

Completing POLST

Members of the healthcare team may help explain the POLST form and support residents in making decisions. These team members should have special training specifically on the POLST conversation before assisting with completion of a POLST.

Admission Packet

POLST should *not* be included in the admission packet. Doing so conveys the *wrong* message that completing POLST is simply a formality for admission and that admission staff are qualified to assist in completing POLST.

To the contrary, POLST should be completed only after a rich conversation between clinical staff or physician and the resident and their family members. POLST serves as documentation of that conversation.

Role of the Physician

POLST is a physician order. By signing POLST, the physician certifies that the orders on the form are consistent with the resident's medical condition and preferences.

It should be standard practice for the physician, *before signing the form*, to speak to the resident or, if the resident lacks capacity, the resident's legally recognized decisionmaker to confirm that the orders on the POLST are consistent with resident's medical condition and accurately reflect the resident's wishes.

Under no circumstances should a physician sign a POLST before it is filled out with the resident's identification and treatment preferences.

Who Is the Decisionmaker

The resident is the decisionmaker unless he/she lacks capacity.

Family members may act as a resident's surrogate decision maker *only if the resident lacks capacity* and has not designated an individual as his or her healthcare agent, or has specifically indicated that he/she would like family to make these decisions for him/her. If an incapacitated resident previously designated a healthcare agent, then POLST completion should be limited to that agent. Capacity is determined by a physician.

It is often helpful to include additional family members in the POLST conversation, even if they are not the decisionmaker, so they are aware of the resident's treatment choices.

Role of Surrogates

In completing POLST, legally recognized decisionmakers are to make decisions that are consistent with the resident's personal preferences. Their job is to make the same treatment decisions the resident would make if the resident had capacity.

POLST on Transfer

The original POLST is to stay with the resident if the resident is transferred to an acute care hospital or another long-term care facility.

Who Would Benefit from POLST

In general, our healthcare system is designed to provide invasive, life-prolonging treatment, rather than treatment aimed at enhancing quality of life. Some residents, however, do not want invasive treatment. Research shows that POLST is the best tool available for ensuring that those residents, who do not want invasive treatment, will have their preferences honored.

We would expect that residents who are medically frail, or suffer from serious or chronic, progressive illness might be the ones who don't want invasive treatment. However, we don't know with 100% accuracy. Thus, it is appropriate to *offer* POLST to all residents.

Residents Who Do Not Want POLST

Just because POLST is offered, however, does not mean a resident must complete one. *No one is required to complete a POLST form.* Facilities considering use of the POLST as a part of their routine care may want to use another form or format to document in the medical record the wishes of residents who don't want POLST.

This reference guide was developed by the Coalition for Compassionate Care of California in collaboration with the State Long-Term Care Ombudsman, California Association of Health Facilities, and California Association of Long-Term Care Medicine.