

## Long-Term Care Facilities

### Administrative Policy and Procedures regarding POLST in Maine

RE: POLST (Physician Orders for Life-Sustaining Treatment)

Institution: Long-Term Care Facility

Date: September 2012

Author: Maine POLST Coalition – LTC Workgroup

Next Review Date: September 2013

#### POLICY

All appropriate<sub>1</sub> residents will be offered a POLST form. Those who wish to have a POLST form completed will be able to do so and a copy will remain in their chart. The POLST is not meant to replace a Maine Advance Directive, and this should be clearly explained to the resident. A POLST form is not to be completed without first having a conversation about goals of care. If (*facility name*) would like to use the POLST form as a DNR form would be used, complete Section A in accordance to the resident's wishes. If only section A is completed and confirmed by a physician/NP/PA (section E), the form is valid and implies full treatment for all other sections of the POLST. Please note that facilities should check with their local Emergency Room Department and EMS to make sure they are aware of the POLST form as well as know how to recognize the form in the field.

#### PROCEDURE

The POLST form is a portable physician order form designed to improve the quality of care people receive at the end-of-life. The form also provides documentation of a resident's individual preferences concerning life-sustaining treatment.

1. The POLST form must be printed on lime green #24 paper. The form must be a single page document printed as double-sided.
2. The POLST form is optional, not required, for all residents.
3. Blank POLST forms are not to be given to patients and/or families to be filled out. Please share the POLST patient and family brochure with patient/families, as well as refer them to the website: [www.polstmaine.org](http://www.polstmaine.org).
4. Within fourteen (14) days of a resident's arrival at (*facility name*), the primary physician or designated primary facilitator<sub>2</sub> will have a goals of care conversation with the resident (and/or authorized representative<sub>3</sub>); and, if the resident or authorized representative desires to proceed, will complete a POLST form based on this conversation. The goals of care conversation should include options for life-sustaining treatment and should take place within 14 days of arriving at the facility. The goals of care conversation and completion of the POLST should be documented in the resident's chart to include who participated in the conversation; the decisions made; how the decisions reflect the resident's goals of care.
5. The primary physician will complete and sign the form within fourteen (14) days of admission to (facility). The form is valid as long as Section A is completed and the document is signed by the physician, nurse practitioner (NP), or physician assistant (PA). Other sections do not need to be completed for the form to be valid as stated above.

6. The patient should sign the POLST if (s)he is able to make his/her own health care decisions. If unable to sign, an authorized representative should sign the POLST.
7. A POLST form may be filled out with an authorized representative over the telephone if they cannot be present. The choices selected will be reviewed with the authorized representative by an appropriate witness (social worker, nurse, NP, PA, physician) to confirm they are accurate. This needs to be documented in Section F.
8. The POLST requires an order by a physician/NP/PA; a verbal order is acceptable, internally, with a signature to follow. Maine Emergency Medical Services (EMS) only recognizes signed POLST forms.
9. When a resident is transferred or discharged, the original POLST form will accompany the resident. If a resident is transferred to the hospital for evaluation, the original POLST form will accompany him/her to the Emergency Room (ER).
10. A photocopy, clearly marked as “**COPY**” on the upper left header of the form, will remain in the resident’s facility chart. Photocopies can be made on either white paper or lime green #24.
11. Faxed copies and photocopies are valid on either white or lime green #24 paper.
12. If a new resident presents to (*facility name*) with a POLST upon admission, the registered nurse/social worker will review each section of the POLST to confirm that the resident’s current wishes for care are recorded accurately. The date of review and verification of current preferences should be documented in the resident’s chart.
13. To VOID a POLST, staff shall:
  1. draw a line through Sections A through F;
  2. write “VOID” in large letters, date and initial, and retain in the resident’s medical record;
  3. document the discussion in the resident’s medical record and update the plan of care; and
  4. work with resident to create a new POLST if desired.
14. The form, if a year old or more, should be reviewed with the resident/authorized representative for accuracy. If changes are needed, VOID the current form, and start a new one with the voiding process listed above. The voided copy should also be present in the chart behind the new POLST form once completed. Other situations requiring review of the form include:
  - The patient is transferred from one facility to another;
  - The patient is transferred to the hospital and then back to the facility;
  - There is a significant change in the resident’s health status (improvement or deterioration), and/or the resident’s treatment preferences change.
15. A retrospective quality chart audit will be conducted annually in partnership with the Maine Healthcare Association.

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**APPENDIX:**

- (1) Appropriate residents-** POLST is for the seriously ill and/or frail, not all adults. It is particularly useful for people who are frail and elderly, who have a life-limiting condition, who have a life expectancy of 1 year or less, and/or who have a terminal illness. POLST is also appropriate to use for anyone who wishes to further define their preferences regarding life-sustaining therapies. POLST has no age limitations. Unless it is the resident’s preference, use of the POLST form to limit treatment is not appropriate for persons with stable medical conditions or functionally disabling problems who have many years of life expectancy.

- (2) **Primary physician or designated primary facilitator**: Each LTC facility will need to decide who will be initiating the goals of care conversation. It can be a physician, physician assistant (PA), nurse practitioner (NP), social worker (SW), registered nurse (RN), etc. The name of the person who completes the form needs to be documented on the back of the form where it states “healthcare professional preparing form” under Section F. A physician, nurse practitioner, and/or physician assistant must sign the front of the form even if they are not the person who initiated the conversation. After they have reviewed the form, clarified any concerns/questions with the patient/authorized representative, they will then authorize appropriate orders.
- (3) **Authorized Representative**: An Authorized Representative includes, in order of priority, a health care agent (same as durable health care power of attorney or agent named in advance directive), court appointed guardian, parent of minor, or surrogate as defined in 18-A MRS § 5-801. An Authorized Representative may execute, revise, or revoke the POLST form for a resident **only** if the resident lacks decision-making capacity.