



California POLST eRegistry Status Report

2016 Health Information Exchange in EMS Summit

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Presentation Goal

- Provide an overview of Physician Orders for Life Sustaining Treatment (POLST)
- Provide an update on the process to implement a pilot test of a POLST eRegistry in California

What Is POLST?

- A physician order recognized throughout the health care system
- Brightly colored, standardized, and portable document that transfers with the patient
- Enables individuals to choose medical treatments they want to receive and identify those they do not want
- Completion is voluntary
- Provides direction for health care during serious illness

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY



Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

EMSA #111 B
(Effective 10/1/2014)*

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)

Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

Check One

Full Treatment – primary goal of prolonging life by all medically effective means.
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
 Trial Period of Full Treatment.

Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
 Request transfer to hospital only if comfort needs cannot be met in current location.

Comfort-Focused Treatment – primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.

Additional Orders: _____

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

Check One

Long-term artificial nutrition, including feeding tubes. Additional Orders: _____

Trial period of artificial nutrition, including feeding tubes. _____

No artificial means of nutrition, including feeding tubes. _____

D INFORMATION AND SIGNATURES:

Discussed with: Patient (Patient Has Capacity) Legally Recognized Decisionmaker

Advance Directive dated _____, available and reviewed → Healthcare Agent if named in Advance Directive:
Name: _____
Phone: _____

Advance Directive not available

No Advance Directive

Signature of Physician
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: (required)	Date:	

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the patient who is the subject of the form.

Print Name:	Relationship: (write self if patient)
Signature: (required)	Date:
Mailing Address (street/city/state/zip):	Phone Number: Office Use Only:

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009 or 4/1/2011 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F
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Healthcare Provider Assisting with Form Preparation N/A if POLST is completed by signing physician

Name:	Title:	Phone Number:
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Additional Contact None

Name:	Relationship to Patient:	Phone Number:
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Directions for Healthcare Provider

- Completing POLST**
- Completing a POLST form is voluntary. California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders that are consistent with the patient's preferences.
 - POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
 - POLST must be completed by a healthcare provider based on patient preferences and medical indications.
 - A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
 - A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
 - POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
 - If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
 - Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.
- Section A:**
- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."
- Section B:**
- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
 - Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
 - IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
 - Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
 - Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

- It is recommended that POLST be reviewed periodically. Review is recommended when:
- The patient is transferred from one care setting or care level to another, or
 - There is a substantial change in the patient's health status, or
 - The patient's treatment preferences change.

Modifying and Voiding POLST

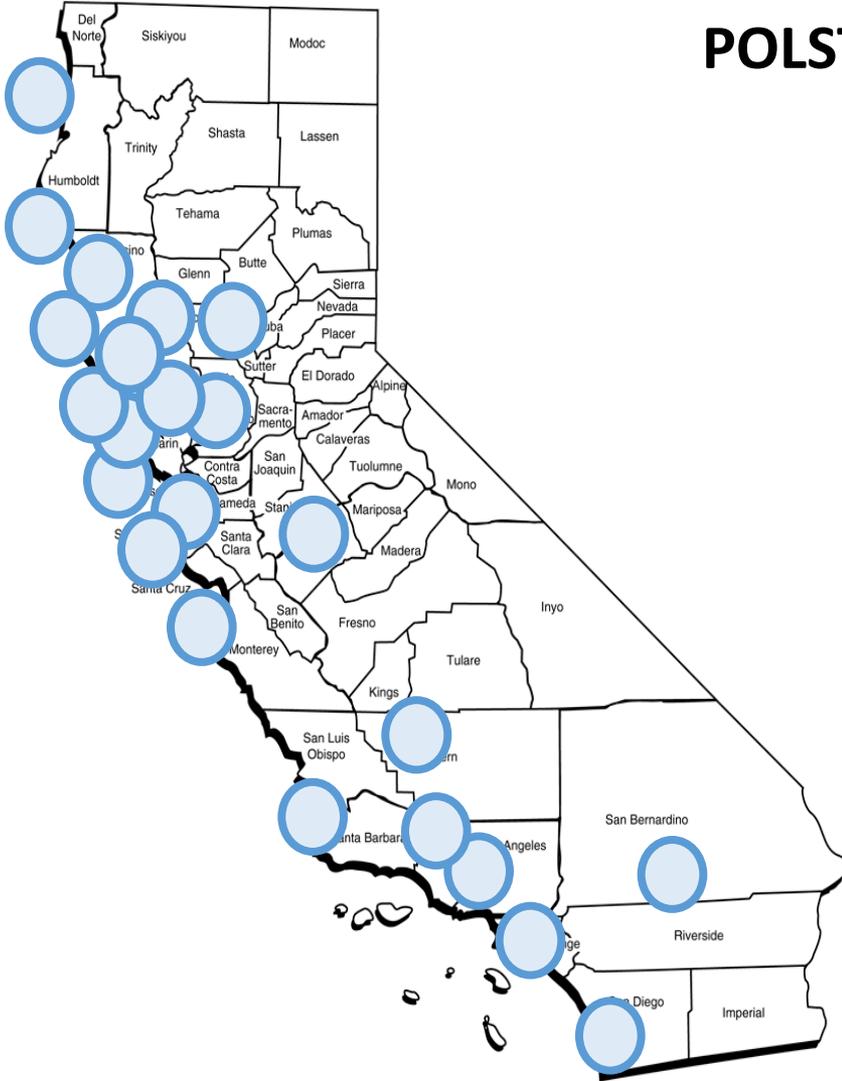
- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.

For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

POLST in California



POLST Local Coalitions

Alameda/Contra
Costa area
Antelope Valley
area
Bakersfield area
Central Coast
area
Central Valley
area
Chico
metropolitan
area
Humboldt area
Los Angeles
(West L.A.) area
Marin area
Mendocino area
Monterey area
Orange County
area
Greater
Pasadena area

Riverside/San
Bernardino area
Sacramento area
San Diego area
San Fernando/Santa
Clarita Valley area
San Francisco area
Santa Clara/San Jose
area
San Mateo area
Santa Barbara area
Santa Cruz area
Sonoma area
Stanislaus/San Joaquin
area
Woodland/Yolo area

POLST in California

- AB 3000 (Wolk -- 2009) authorizes the use of POLST in CA
- AB 637 (Campos -- 2016) allows nurse practitioners and physician assistants to sign POLST forms
- SB 19 (Wolk -- 2016) requires the California Health and Human Services Agency to establish and operate a pilot statewide registry system for the purpose of collecting and accessing POLST forms

Issues with POLST reported by California Nursing Homes, 2012

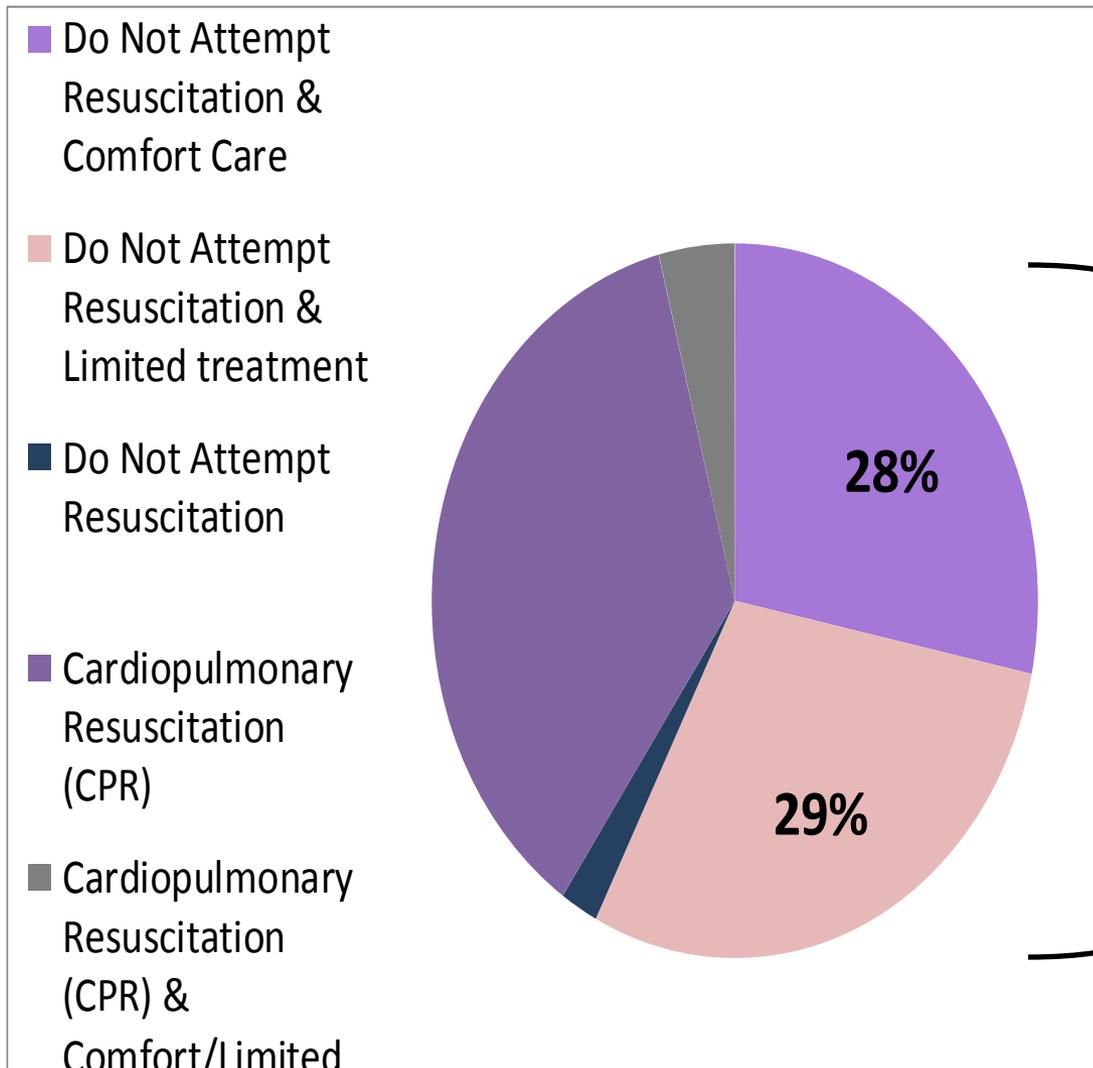
Nearly all of 290 nursing home respondents reported a problem with POLST implementation

Top 2 problems that could be addressed by a POLST registry:

- Not receiving the POLST form back from other facilities
- Receiving incomplete or incorrect POLST form from another facility

Wenger NS, et al: Implementation of Physician Orders for Life Sustaining Treatment in nursing homes in California: evaluation of a novel statewide dissemination mechanism. J Gen Intern Med. 2013;28:51-7.

What do Nursing Home Residents Want?



57% chose to limit care. If POLST information is not known these patients could receive care they don't want.

N=53,403

Source: 2011 Nursing Home Minimum Data Set

Issues with POLST reported by California Hospitals, 2011

Of 286 hospital respondents 47% reported a problem with POLST implementation

Top 3 problems that could be addressed by a POLST registry

- POLST does not contain required signatures
- POLST incomplete
- POLST incorrectly completed

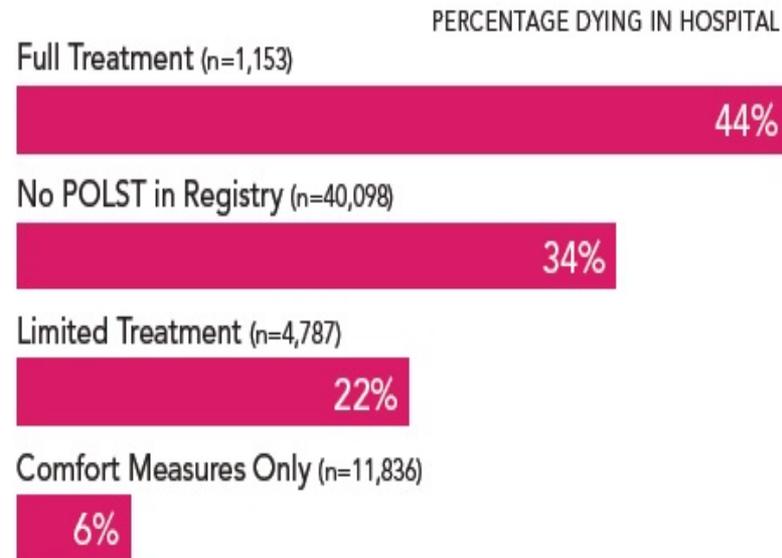
-Sugiyama T, Zingmond D, Lorenz KA, et al. Implementing physician orders for life-sustaining treatment in California hospitals: factors associated with adoption. J Am Geriatr Soc. 2013;61:1337-44.

POLST wishes followed in OR, impacting care

OPERATIONAL

Deaths with POLST forms During 2010 and 2011, nearly 18,000 people who died in Oregon had POLST forms in the Registry: 31% of deaths.

Wishes honored Using the data described above, researchers found a strong association between scope of treatment orders on Oregon POLST forms and patient location of death.

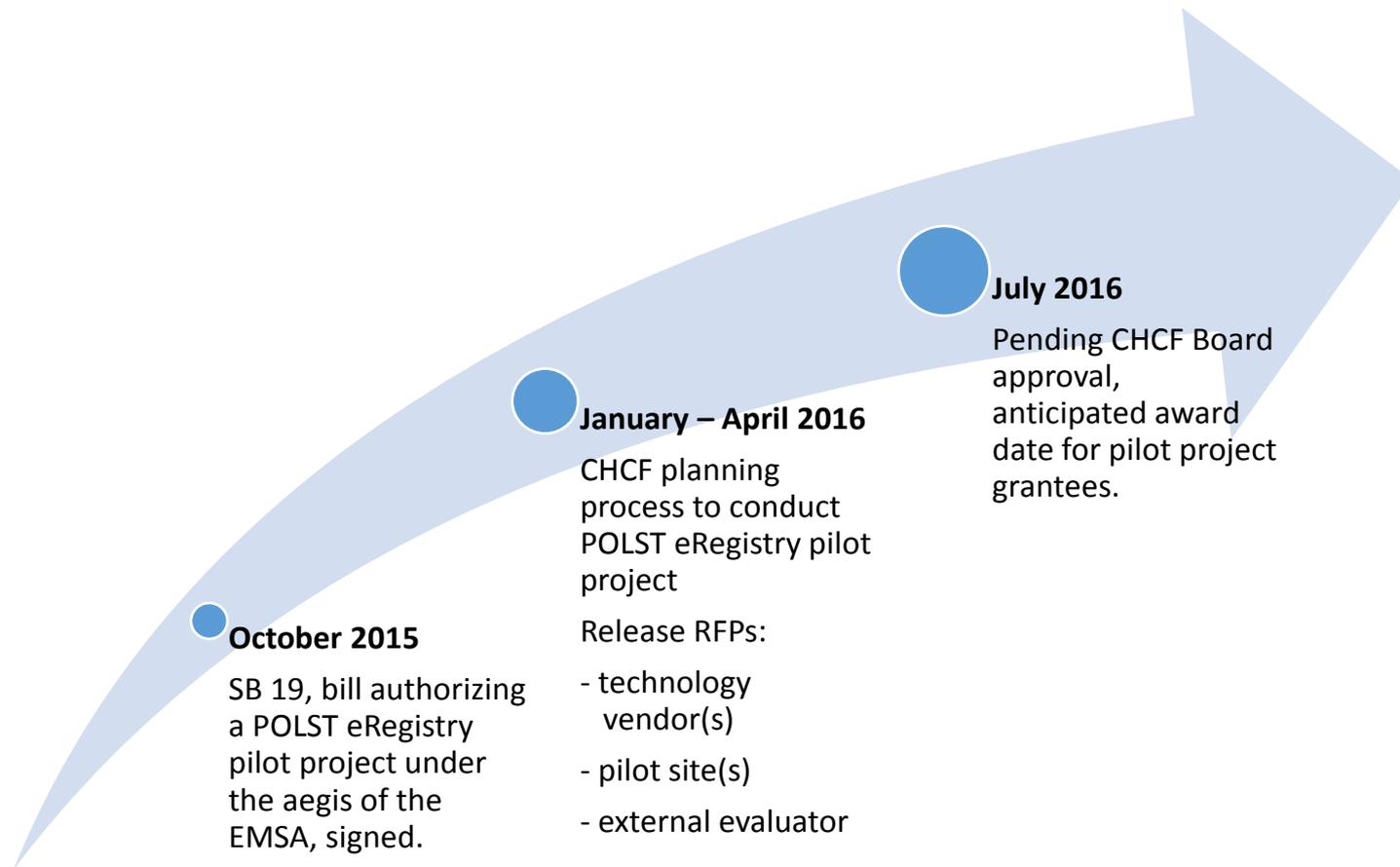


Source: Erik K. Fromme et al., "Association Between Physician Orders for Life-Sustaining Treatment Scope of Treatment and In-Hospital Death in Oregon," *Journal of the American Geriatrics Society* 62, no. 7 (July 2014): 1246-51.

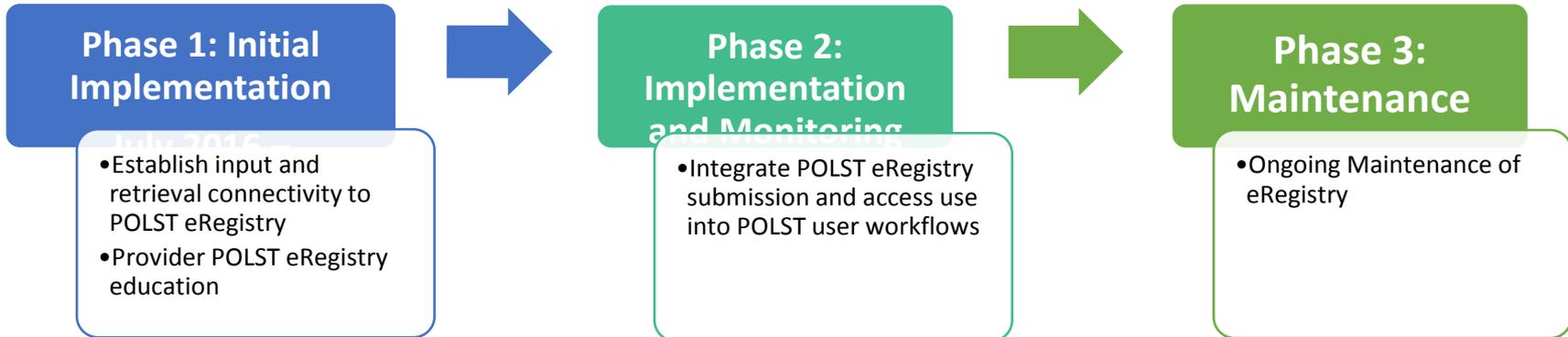
POLST eRegistry Project Partners

- California Health Care Foundation (CHCF) funding for POLST awareness and adoption since 2007
- California Emergency Medical Services Authority is the lead state agency with oversight for the POLST form and the eRegistry
- Coalition for Compassionate Care of California coordinating statewide POLST Taskforce and local POLST coalitions; statewide POLST education program since 2007
- Project management and technical consultants

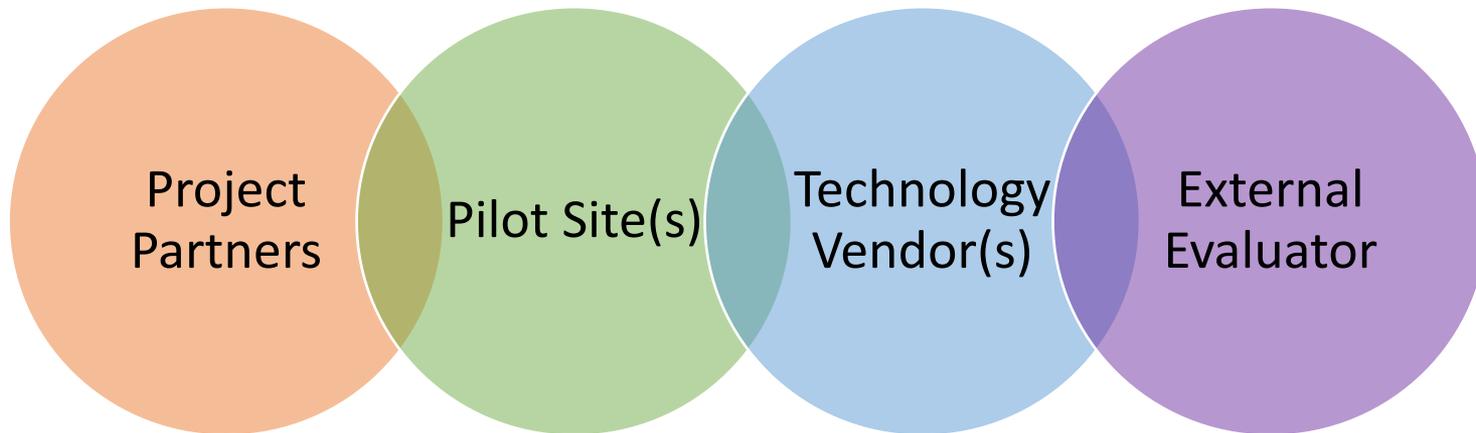
The POLST eRegistry in California:



Pilot Project Timeline – three phases



POLST eRegistry Pilot Project



A pilot project lasting 3+ years will be conducted in one or more pilot sites, as a means of evaluating successes and challenges associated with the implementation of the POLST eRegistry and to ensure patient wishes are being recognized and honored.

Pilot Site (s)

CHCF “request for proposal” released
In April; responses due April 29

Types of pilot sites: a coalition of
health care providers in a geographic
region OR a health system with a
network of existing relationships

Pilot site expectations

Initial launch of POLST eRegistry: connectivity

Implement and monitor the POLST eRegistry: workflow

- Accurate completion of POLST forms in health care settings
- Submission of POLST forms/data from a variety of settings -- volume.
- Accessing POLST forms by first responders in EMS, ambulance transportation services, EDs and ICUs.

Work with project team and evaluators

Maintain efforts after evaluation completed

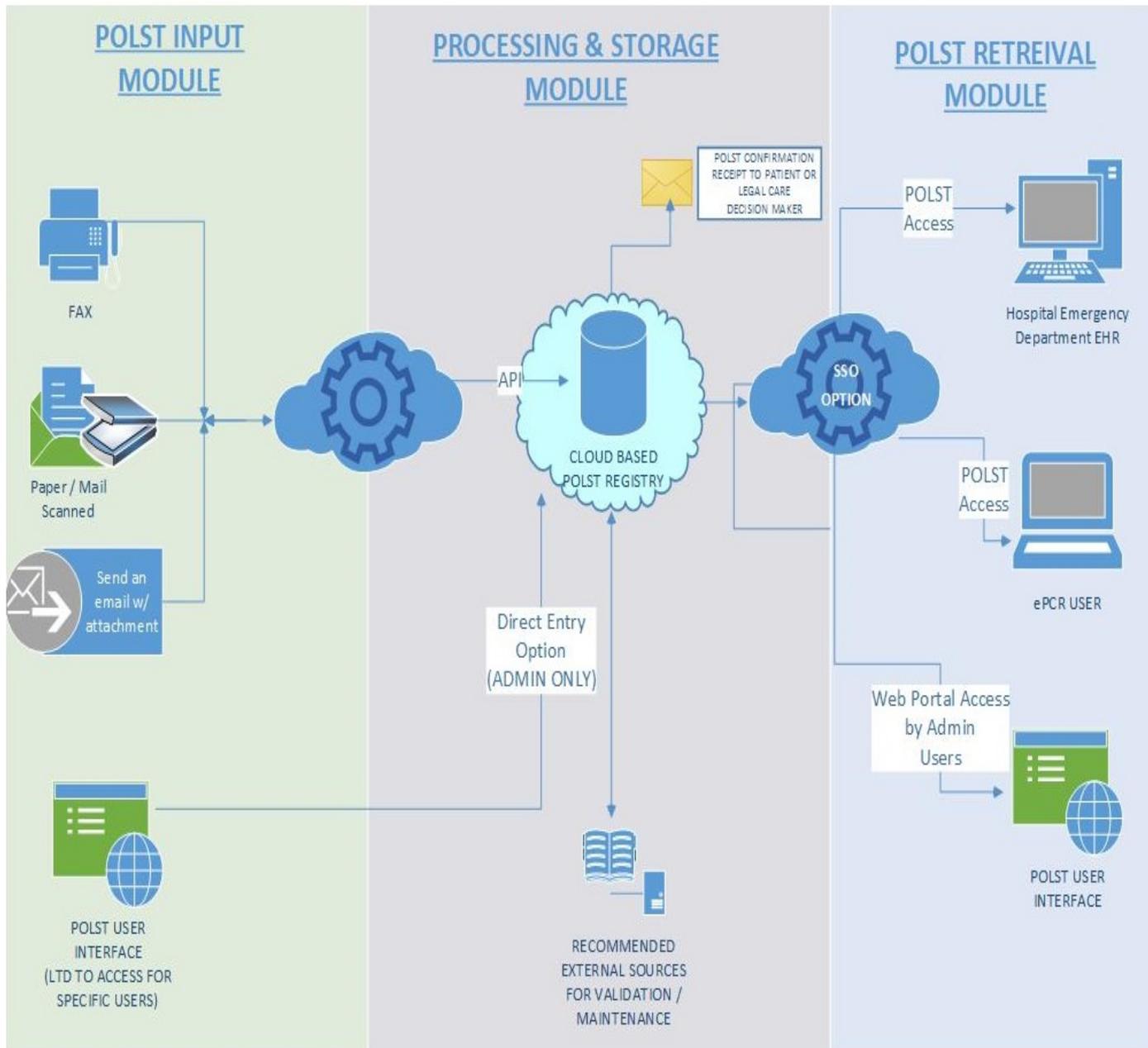
Technology Vendor (s)

- CHCF released a “request for proposal” with responses due April 15
- Disseminated widely through partners, CHCF website and vendors from prior RFI
- Vendors can address one, two or all three of the modules
- Technical solutions must use off-the-shelf features and functionality.

eRegistry Technology development

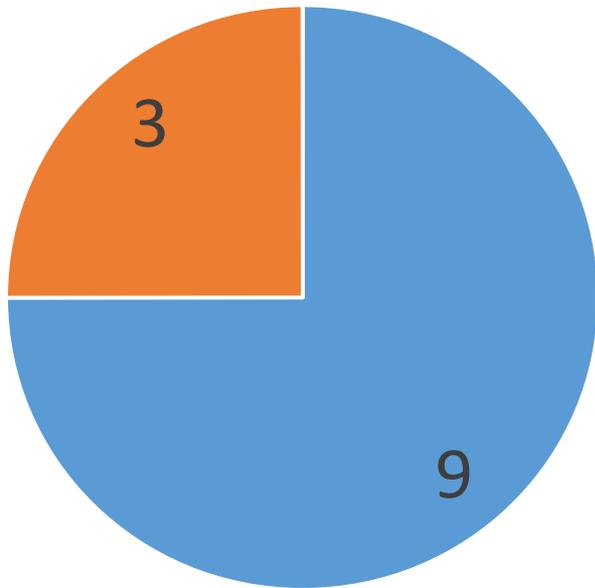
1. Input module –gather POLST forms electronically, convert forms to structured data, authenticate submitters, and transmit the POLST form and structured data to the eRegistry.
2. Processing and Storage module –receive, identify, match and process POLST forms and store that data within the eRegistry for on-demand retrieval.
3. Retrieval module – the ability to connect with the eRegistry, authenticate access and allow retrieval for clinician viewing, including single sign on capabilities.

POLST eRegistry Technical Overview



POLST eRegistry Platform RFP

RFP RESPONDENTS



■ Within California ■ Other States

- Excellent representation across all modules
- 4 responded during the 2014 RFI process
- 1 response contains an HIE partner
- HIE experience across 9 vendors
- Price estimates ranging from \$185,000 to \$2,000,000

Next Steps

- 6 member review team
- Interviews and demonstrations in/around May 5, 2016
- Vendor of Choice to be selected by May 12, 2016
- Pending CHCF Board approval, award anticipated July 1, 2016

Pilot Evaluation

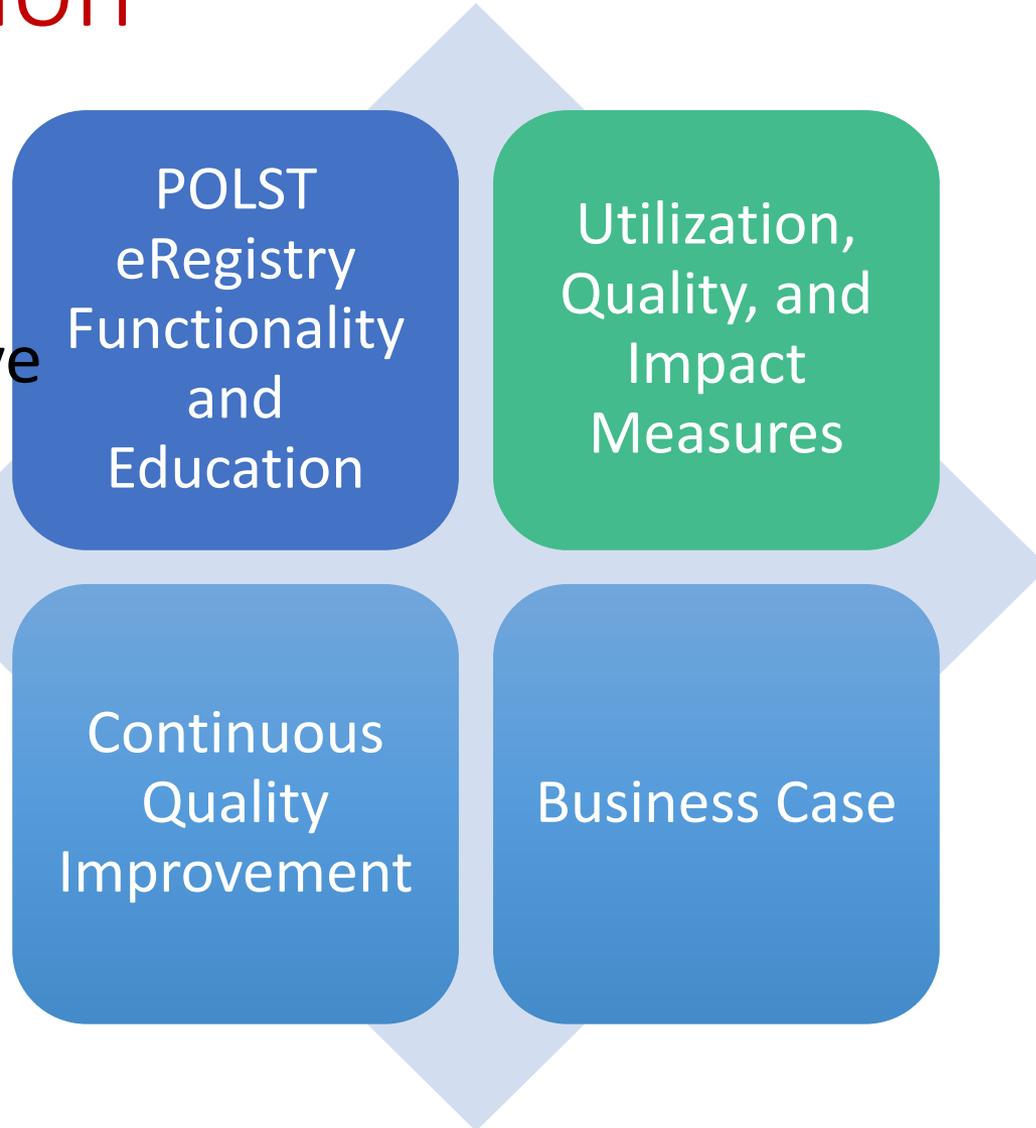
A request for proposal was released in April, with responses due April 29.

Evaluation purpose:

- Confirm functionality of the eRegistry
- Confirm provider education and awareness in pilot location
- Analyze utilization, quality and impact measures
- Use a “CQI” approach during implementation
- Help develop business case
- Communicate outcomes of the pilot to stakeholders

Evaluation Approach and Data Collection

- ✓ Quantitative and
- ✓ Qualitative Methods



Resources

Organizations

California HealthCare Foundation – www.chcf.org

Coalition for Compassionate Care of California -
<http://coalitionccc.org/>

California Emergency Medical Services Authority - www.emsa.ca.gov/

Request for Proposal Site

<http://www.chcf.org/projects/2016/polst-registry>

Reports

Uneven Terrain: Mapping Palliative Care Need and Supply in California. CHCF 2014.

<http://www.chcf.org/publications/2015/02/palliative-care-data>

2015 POLST Form

http://capolst.org/wp-content/uploads/2015/12/2016_CA_POLST_English.pdf