

POLST in California:

Use in Nursing Homes & Hospitals,
Quality of Completion and
Impact of Community Coalitions

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POLST
CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Evaluation of POLST Dissemination in California

- Nursing home use, statewide
 - 2010
 - Coalition and non-coalition areas
- Hospital use, statewide
 - 2011
- Quality of POLST completion
 - Nursing homes and Hospital in Coalition areas
 - 2010 and 2011

Evaluation of POLST Dissemination in Nursing Homes

- Develop survey instrument
 - POLST Taskforce
 - Community Coalitions
- Survey nursing homes in Coalition areas and comparison areas
 - 52% response in Coalition and non-Coalition areas
- Mailed and electronic, telephone f/u
 - July to October 2010

Evaluation of POLST Dissemination in Nursing Homes

- Topics
 - Preparation for POLST
 - POLST use
 - Problems with POLST



 Community Coalition areas

 Non-Community Coalition areas

SNF Sample for Survey

Coalition Counties		Non-Coalition Counties	
Alameda/Contra Costa	20 (10)	Fresno	20
Humboldt/Del Norte	6 (6)	LA - East	20
Kern	15 (3)	LA - North	20
LA – SFV	20 (3)	LA - Long Beach	20
LA – West	20 (2)	LA – Pasadena	20
Mendocino	4 (4)	Lake	3
Monterey	16 (15)	Marin	16
Napa	6 (6)	Placer	11
Orange	20 (10)	Orange - East	15
Riverside	20 (10)	San Francisco	14
Sacramento	20 (6)	San Joaquin	20
San Bernardino	20 (10)	San Mateo	19
San Diego	20 (10)	San Luis Obispo	9
Santa Clara	20 (10)	Santa Barbara	14
Santa Cruz	10 (5)	Shasta	8
Sonoma	20 (11)	Solano	10
Ventura	18 (8)	Stanislaus	18
Yolo	6 (5)	Tulare	14
TOTAL	281 (134)	TOTAL	273

Exploring Community Coalition Effect on POLST Dissemination

Please list the nursing homes with which your coalition has worked. For each nursing home, indicate how much interaction your coalition has had with the nursing home about POLST.

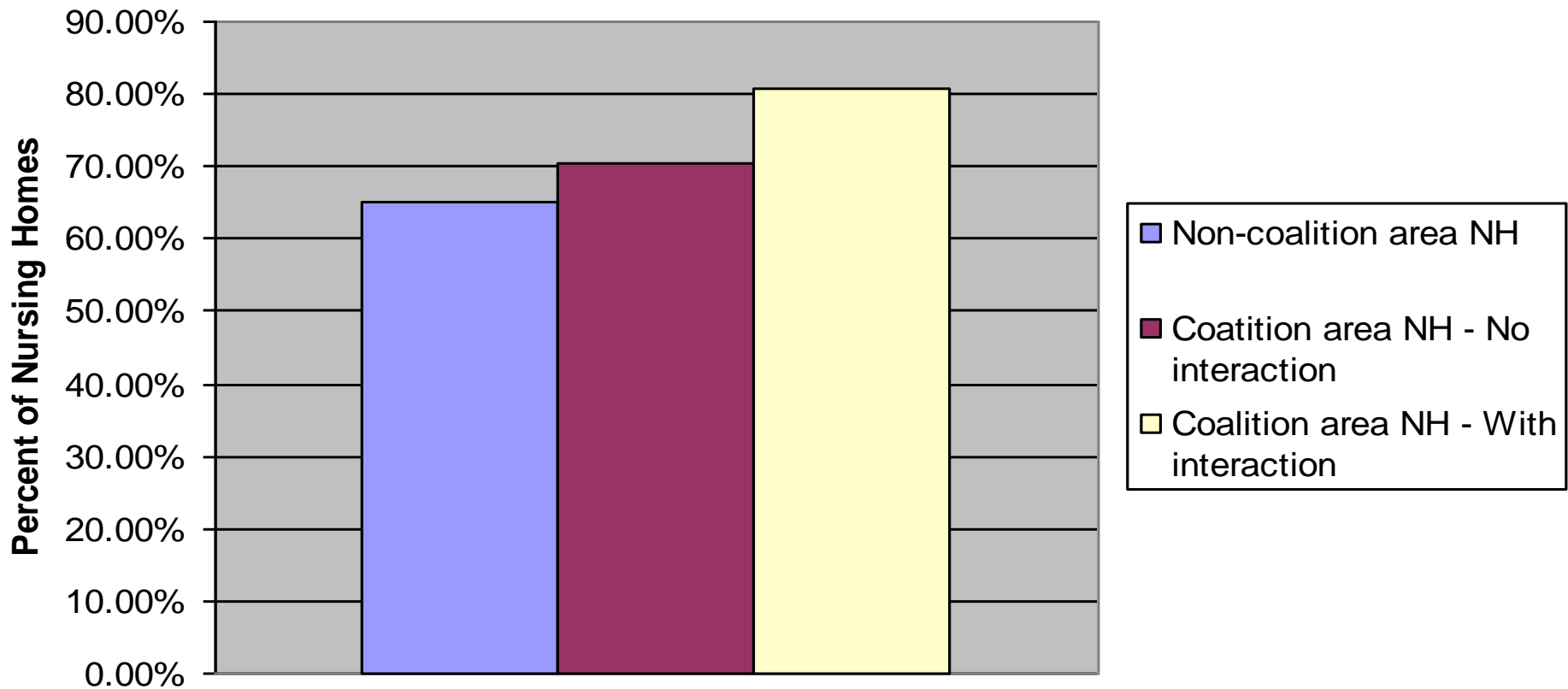
- Level 1 = low interaction/implementation
- Level 2 = moderate interaction/implementation
- Level 3 = high interaction/implementation

Exploring Community Coalition Effect on POLST Dissemination

	Number of Surveyed SNFs
Non-Coalition area	140
Coalition area – no interaction	68
Coalition area – with interaction	75

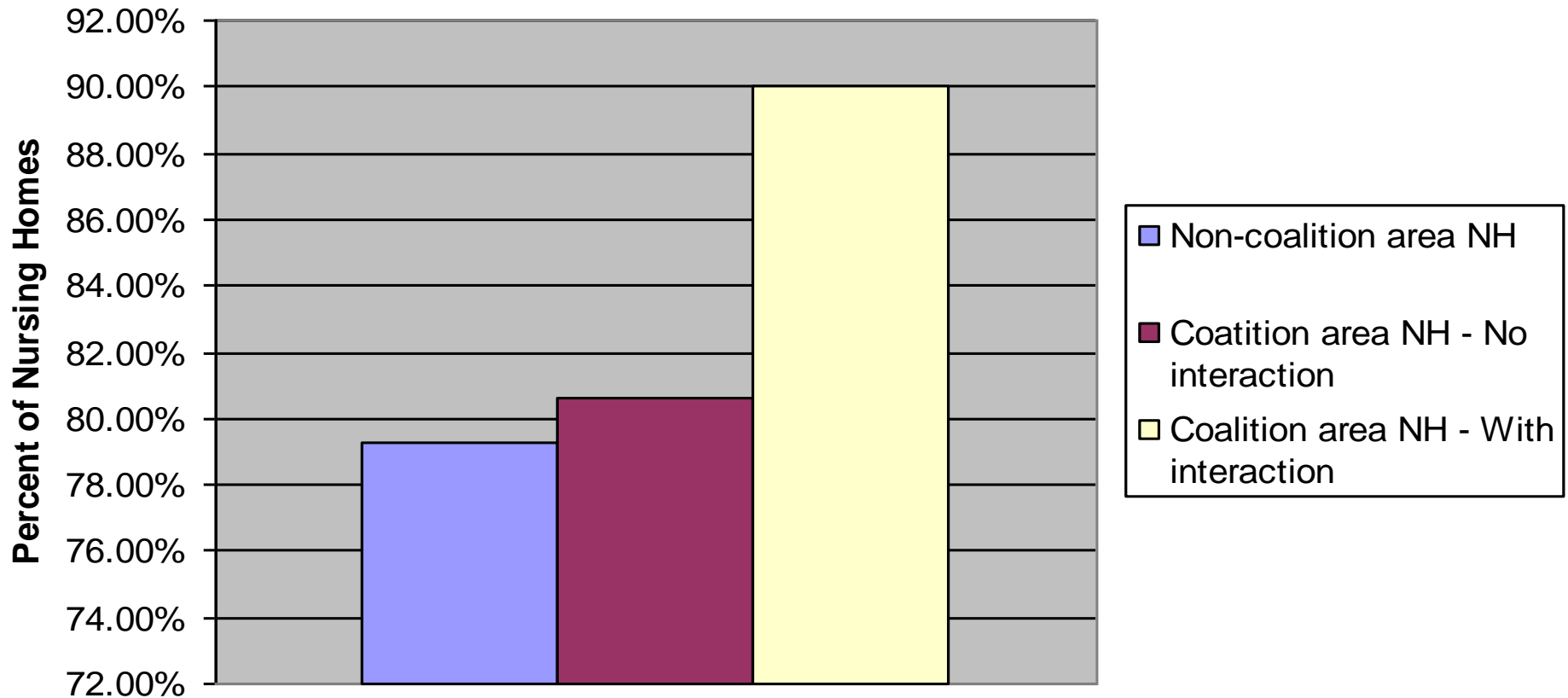
Effect of Coalitions: SNF POLST Champion

NH has a POLST champion



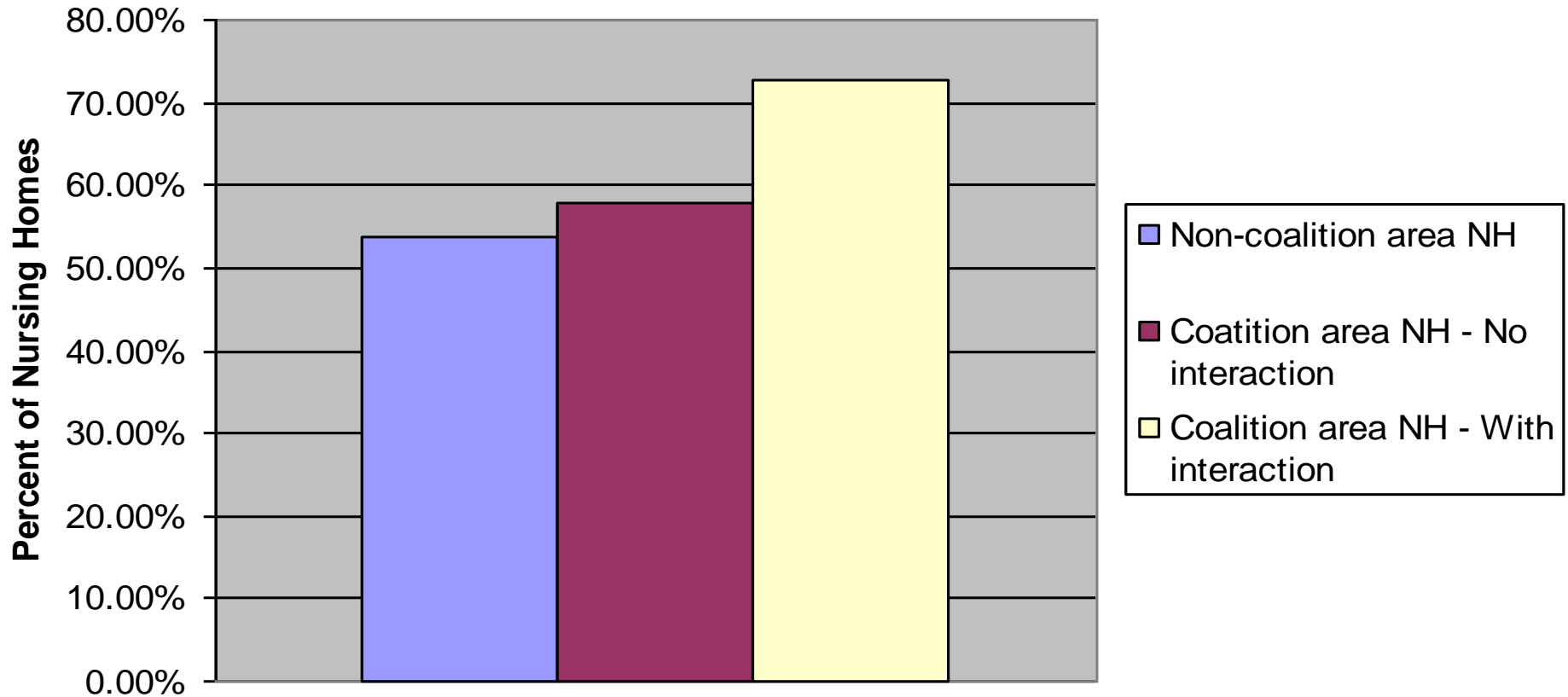
Effect of Coalitions: Staff Education about POLST

NH Staff Received POLST Education



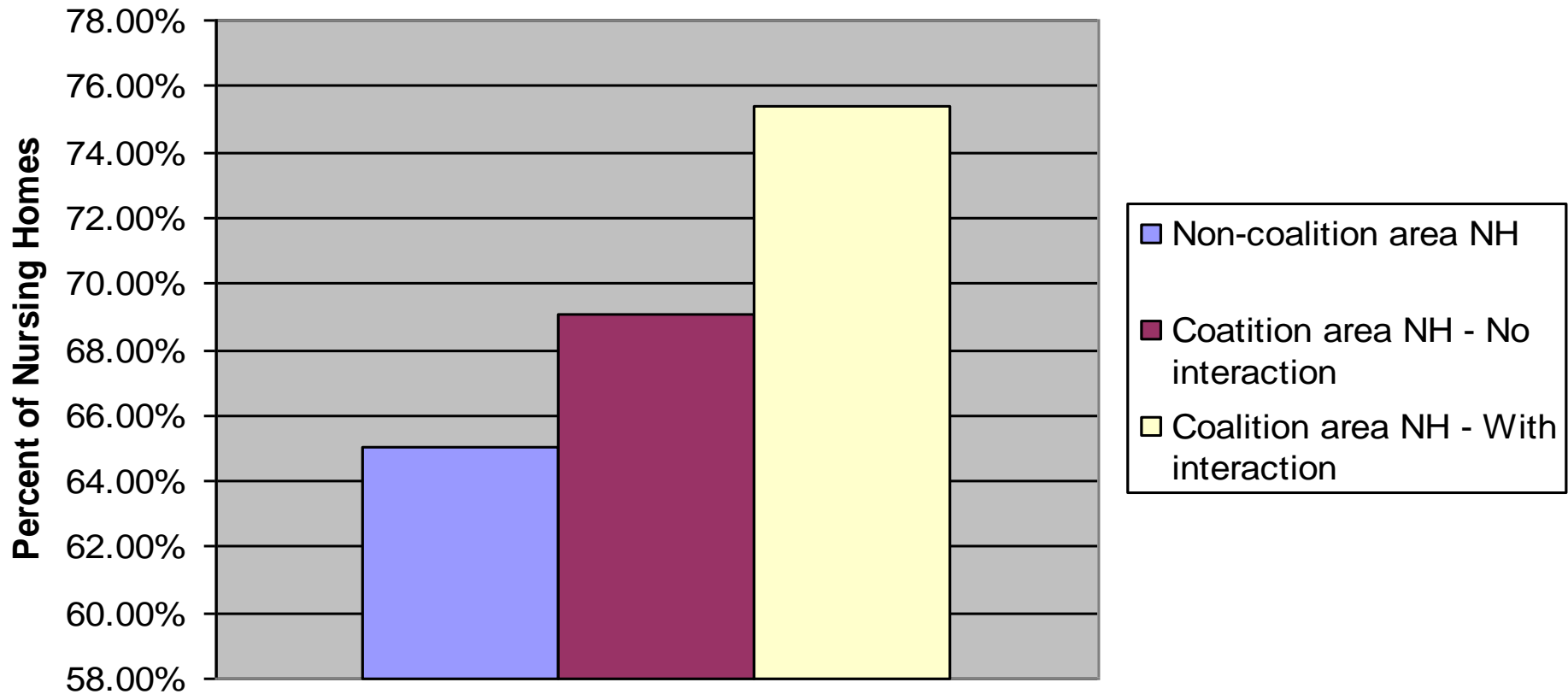
Effect of Coalitions: Formal policy on POLST

NH has a Formal Policy on POLST

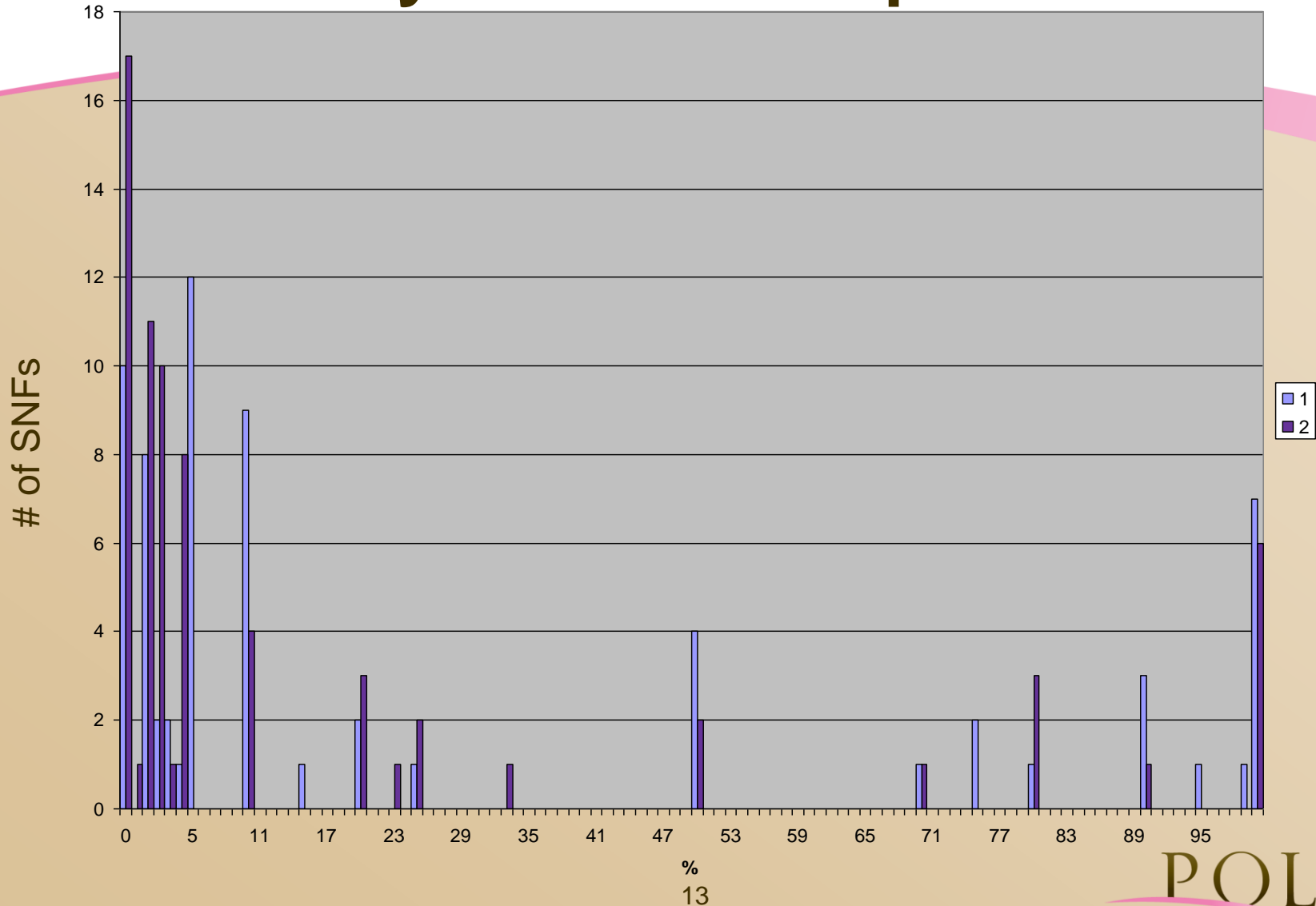


Effect of Coalitions: Admitted a Resident with a POLST

NH Admitted a Resident with a POLST

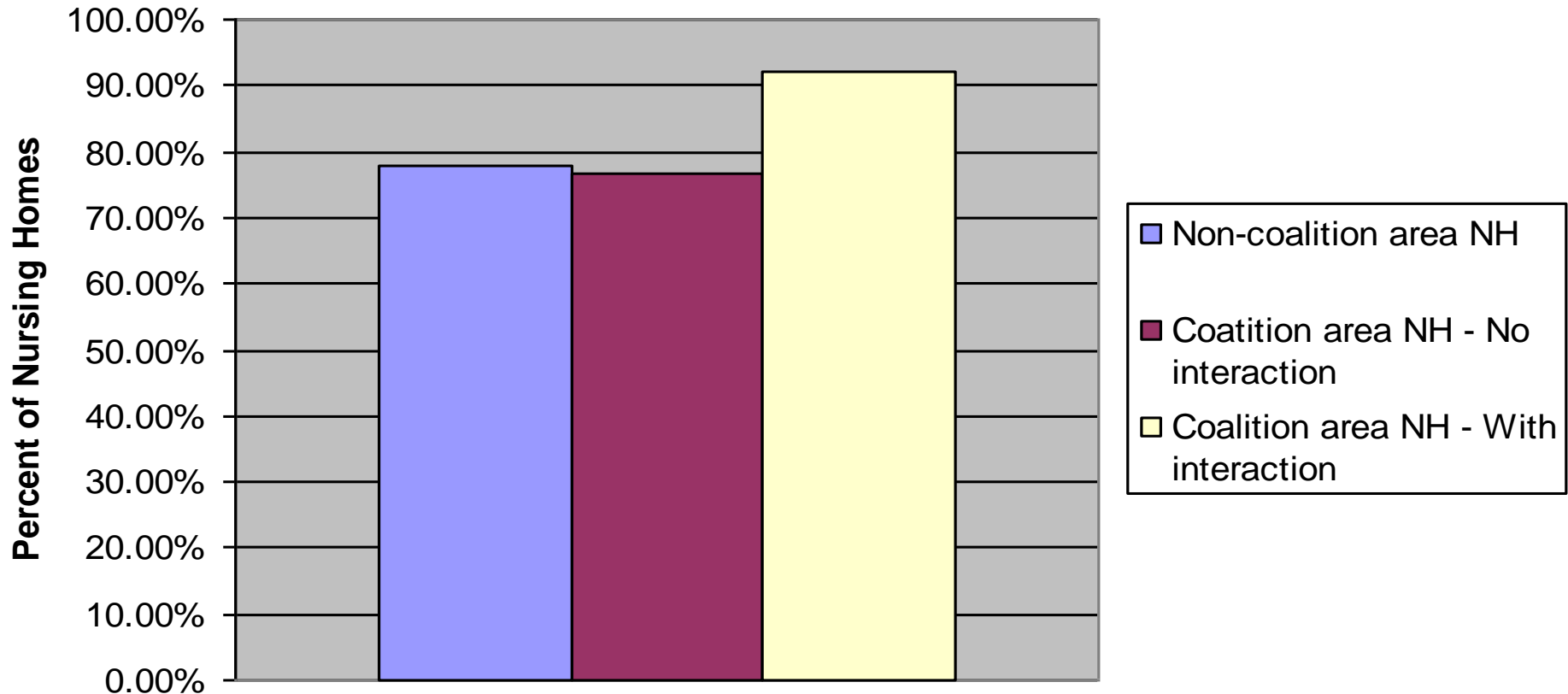


Percentage of Residents Admitted in Past 30 Days with a Completed POLST



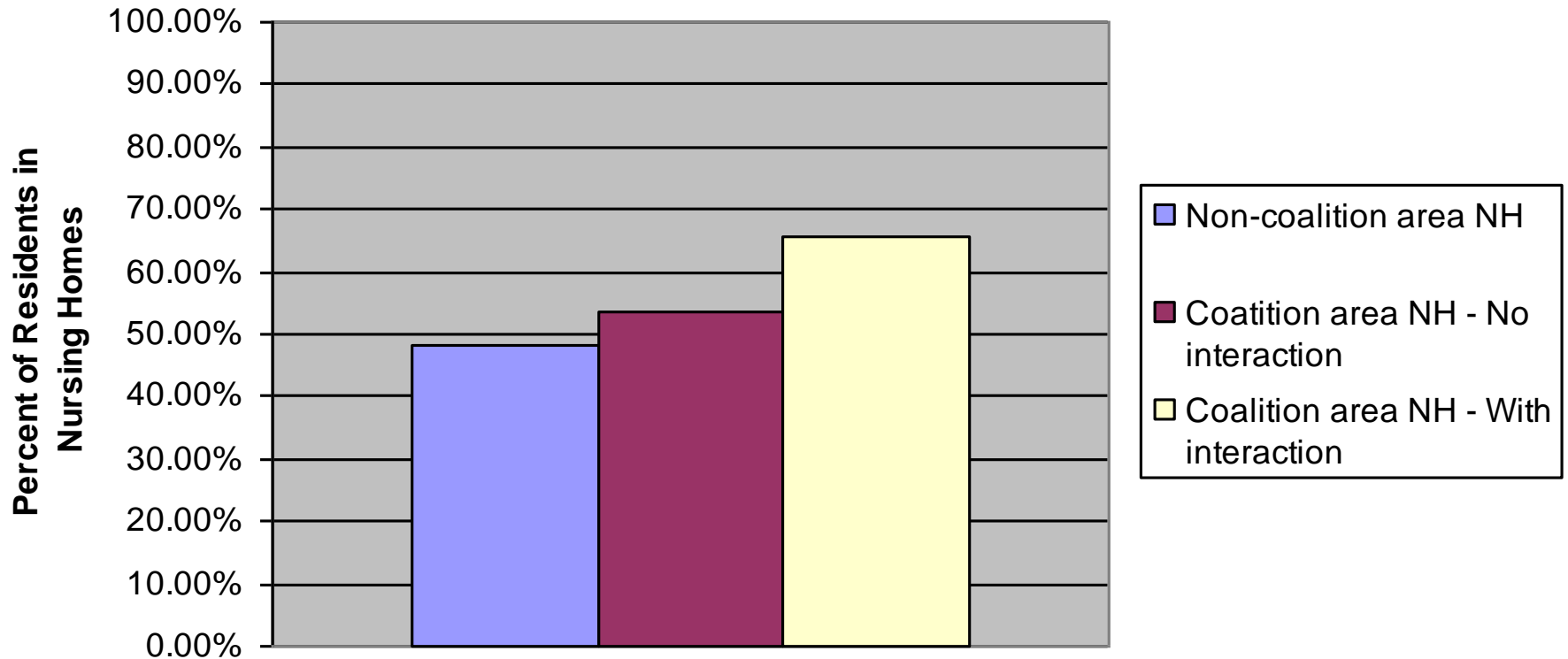
Effect of Coalitions: Completed POLST with a Resident

NH Completed a POLST with Resident after Admission

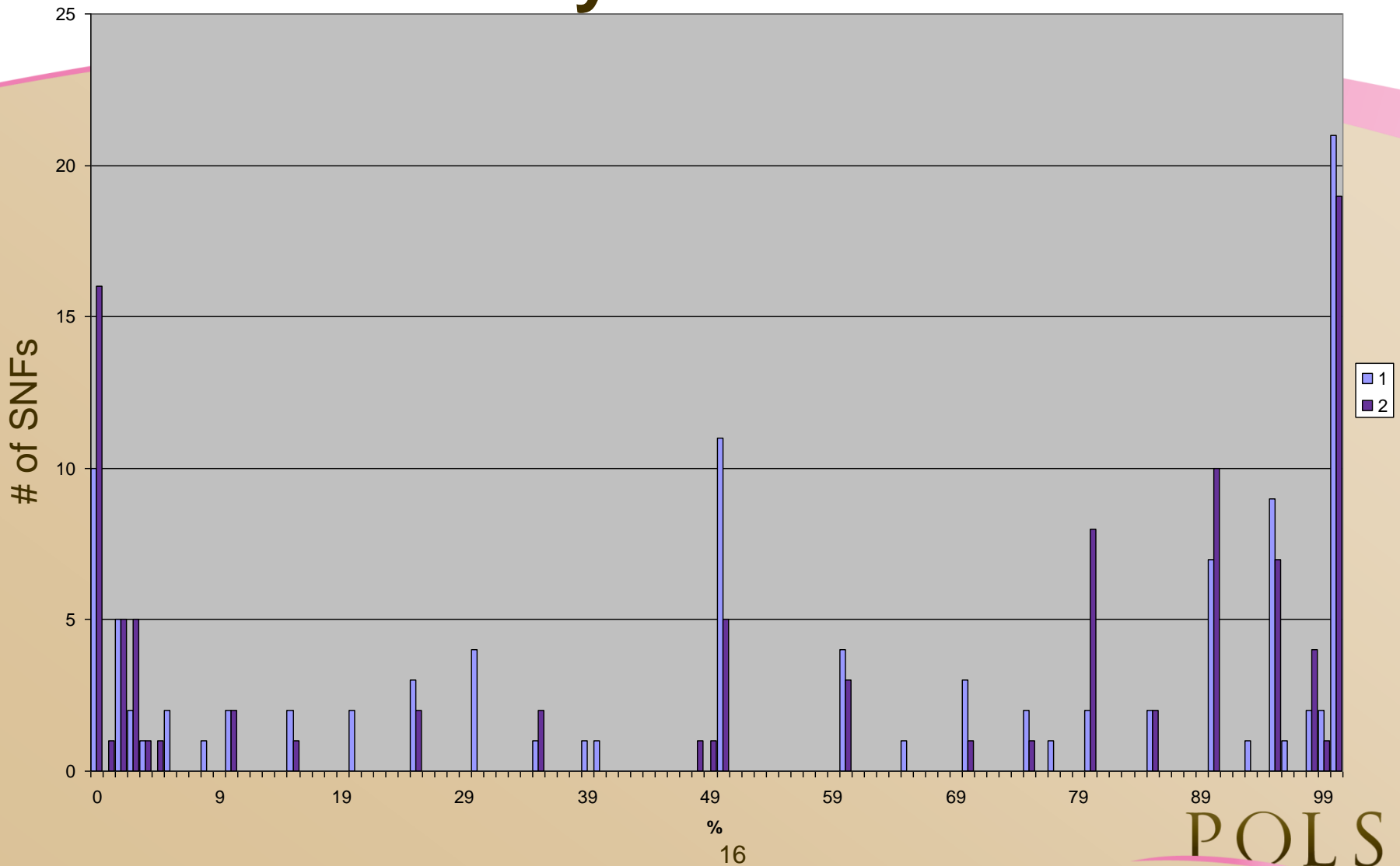


Effect of Coalitions: Percent of Residents with a POLST

Percentage of Residents in the NH with a POLST



Percentage of Residents Currently Have a POLST



Issues with POLST in the Nursing Home

Translating POLST into SNF orders	9%
Interpreting POLST to make rx decisions	21%
MD participation in POLST completion	37%
Getting MD to sign POLST	34%

Issues with POLST in the Nursing Home

Following orders in a POLST	7%
Getting EMS to follow POLST orders	6%
Retrieving original POLST from other facilities	62%
Family disagreement with POLST content	28%

Evaluation of POLST Dissemination in Hospitals

- Survey of all California hospitals
 - 82% response rate
- Mailed and electronic, telephone f/u
 - July 2011 to January 2012
- Topics
 - Preparation for POLST
 - POLST use
 - Handling of POLST

CA Hospitals, 2011: POLST Preparation and Use

(N=286)

Formal policy on POLST	66%
Blank POLSTs available	89%
Staff educated on POLST	84%
Admitted pt with a POLST	89%
Chance a new DNR order would be reflected in a POLST on d/c to SNF	45%

CA Hospitals, 2011: Handling the POLST

If a patient presents to ED with POLST containing a DNR order and has a cardiopulmonary arrest in the ED, how would the ED physicians respond?

Withhold CPR	46%
Combine POLST with other information about preferences in deciding about CPR	34%
According to individual physician practice	5%
Don't know	11%
No Emergency Department	5%

CA Hospitals, 2011: Handling the POLST

If a patient is admitted to the hospital with a POLST containing orders concerning resuscitation, how would attending physician regard the POLST?

Copy the POLST resuscitation order into the hospital admission orders	37%
Consider information in the POLST as patient preferences to combine with other information in deciding on orders to write	44%
According to individual physician practice	7%
Don't know	12%

Quality of POLST Documentation in Coalition Area Nursing Homes and Hospital

- What is the quality of POLST documentation in Nursing Homes with which Coalitions worked?
- Is there improvement in documentation with feedback of findings?
- What is the quality of POLST documentation in one well-prepared hospital?

Q/I Project Overview

- Voluntary SNF chart audits
- Staff interviews re: POLST implementation processes
- Feedback/educational intervention

Audit Overview

- 6 SNFs located in 5 POLST coalition areas (30 SNFs total)
 - Orange County, Sacramento, San Diego, San Fernando Valley, Santa Clara
- Phase I – July/August 2010
 - 538 charts with POLST forms
- Phase II – July/August 2011
 - 594 charts with POLST forms
 - Included LTC and rehab designation



Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2011)

First follow these orders. This is a Physician Order for Life-Sustaining Treatment. It is based on your current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

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

A **CARDIOPULMONARY RESUSCITATION (CPR):** *If person has no pulse and is not breathing. When 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 person has pulse and/or is breathing.*

Check One

Comfort Measures Only Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Transfer to hospital only** if comfort needs cannot be met in current location.

Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

Full Treatment In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. **Transfer to hospital** if indicated. Includes intensive care.

Additional Orders: _____

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

Check One

No artificial means of nutrition, including feeding tubes. Additional Orders: _____

Trial period of artificial nutrition, including feeding tubes. _____

Long-term artificial nutrition, including feeding tubes. _____

D **INFORMATION AND SIGNATURES:**

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

Advance Directive dated _____ available and reviewed → Health Care 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 person'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
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 individual who is the subject of the form.

Print Name:	Relationship: (write self if patient)	
Signature: (required)	Date:	
Address:	Daytime Phone Number:	Evening Phone Number:



Facility Name: _____

Quality Assurance/Improvement Audit

Chart	LTC/ Rehab Patient	Form Version	Paper Color Correct	Name/ DOB Correct	Date Form Prep'd Is Noted	Section A, B, & C Choices			Sections A/B Correlate	POLST Discussed with:	Advance Directive/ Health Care Agent	Phys Signed	Phys Dated	POLST Signed by:	Health Care Prepr's Contact Info Present
			Yes/No	Yes/No	Yes/No				Yes/No			Yes/No	Yes/No		Yes/No/NA
#1						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#2						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#3						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#4						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#5						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#6						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#7						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#8						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#9						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	
#10						<input type="checkbox"/> CPR <input type="checkbox"/> Comfort <input type="checkbox"/> No tube	<input type="checkbox"/> DNR <input type="checkbox"/> Limited <input type="checkbox"/> Trial	<input type="checkbox"/> Full <input type="checkbox"/> Long-term		<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	<input type="checkbox"/> Avail → <input type="checkbox"/> Agent listed <input type="checkbox"/> N/A <input type="checkbox"/> None			<input type="checkbox"/> Patient <input type="checkbox"/> Decisionmaker	

Audit Completed by: _____

Date: _____

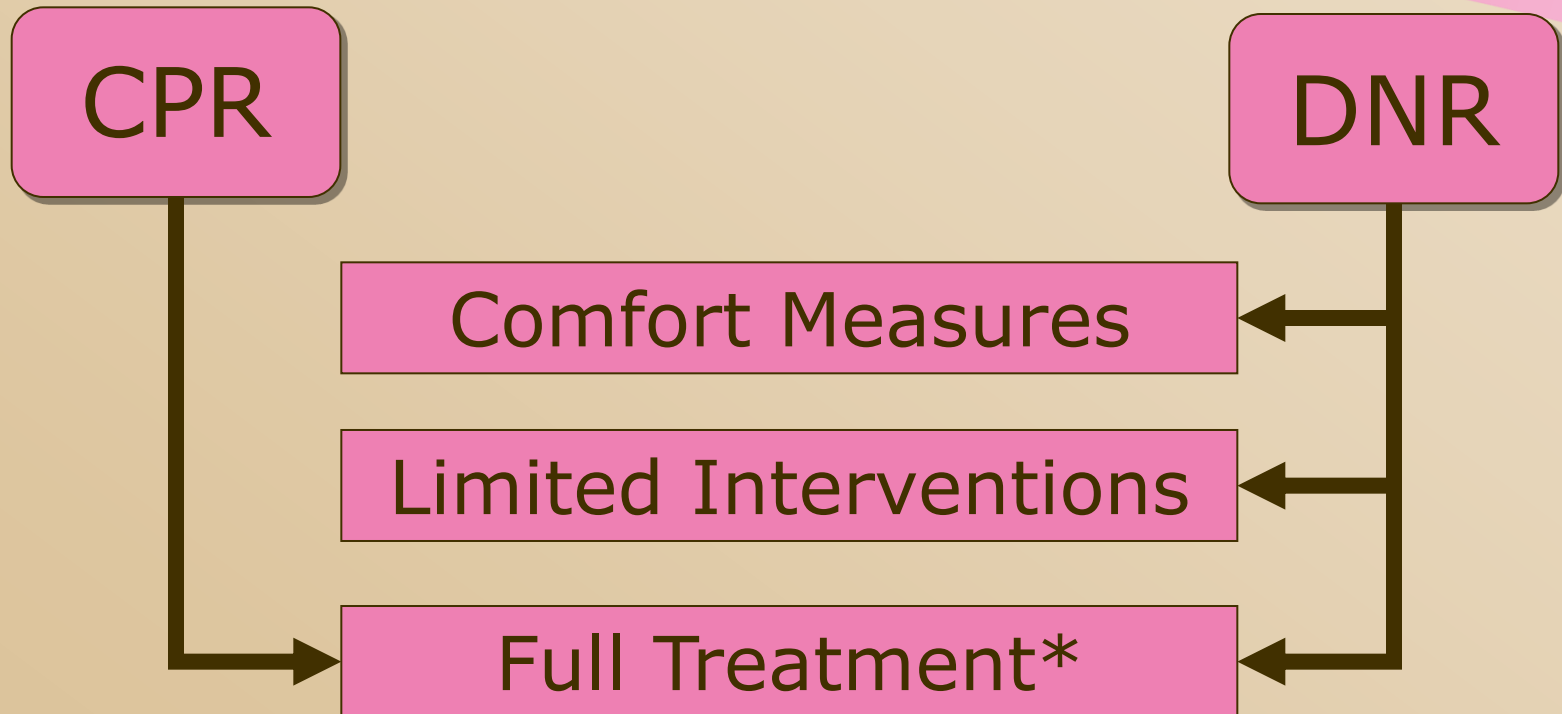
Audit Reviewed with SNF staff? Yes No

Date: _____

SNF Staff Name/Title: _____

SNF Staff Name/Title: _____

Diagram of POLST Medical Interventions



*Consider time/prognosis factors under "Full Treatment"
"Defined trial period. Do not keep on prolonged life support."

Key Findings

Common Missing Information:	2010	2011
Missing info for preparer	39.2%**	30.3%**
Not dated	25.7%**	11.4%**
No date for physician signature	21.4%**	14.0%**
Missing with whom POLST was discussed	18.8%	21.0%
No patient/decision maker signature*	9.9%	7.1%
No physician signature*	8.7%	7.1%
Section A & Section B inconsistent	7.1%	5.1%
Name or DOB missing	6.3%	6.9%

*Error makes the POLST form invalid **p<0.01 for comparison of 2010 to 2011

Staff Interviews

- How long has your facility been using POLST?
- Who would you say is the person with the most knowledge about POLST within your SNF (title)?
- Does your SNF have a formal policy related to POLST?
- Has there been any POLST education for staff at the SNF?

Staff Interviews

- Have you admitted residents who have already had completed POLST forms?
- When and how does a POLST form get introduced and completed, and who initiates the conversation, signs POLST?
- Determining capacity, and who signs if no capacity
- Where is POLST kept and how do you track it?

How a Skilled Nursing Facility Reduced its Hospital Readmission Rate



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Asbury Park Nursing & Rehabilitation Center, Sacramento CA



Introduction

Ongoing healthcare reform will soon affect Skilled Nursing Facilities (SNF). Avoidable re-hospitalizations have an impact on healthcare system costs, hospital reimbursements might be affected. SNFs with low re-hospitalization rates will be effective partners in the new healthcare reform. The nationwide average for hospital readmissions within 30 days of arriving at a SNF is 25%.

Asbury Park Nursing & Rehabilitation Center (APNR) is a 4-Star 139 licensed bed SNF in Sacramento with an emphasis on short-term rehabilitation.

Objectives

Starting in 2008, the 30-day re-hospitalization rate at APNR was 22.6%. Asbury Park recognizes avoidable re-hospitalizations as a quality of care issue and started an initiative to minimize their occurrences.

- Identify causes for hospital readmissions
- Monitor APNR's readmission rate closely
- Reduce avoidable hospital readmissions

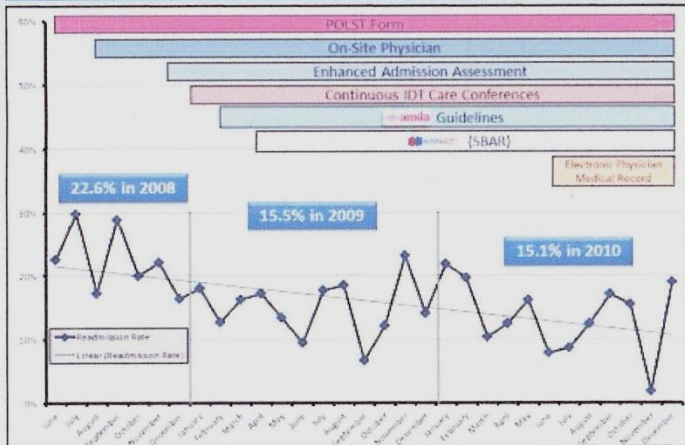
Conclusion

As a result of the interventions taken, the overall re-hospitalization rate at APNR decrease from 22.6% in 2008 to 16.23% in 2009 and 15.63% in 2010.

The main theme in all of the interventions used to reduce avoidable re-hospitalizations was communication. Open communication between the doctors, staff, and patients was the critical path in not only reducing re-hospitalizations, but improving the overall quality of care at APNR. The POLST form and INTERACT^{II} communication tools are attributed to improving the communication between all staff members. The AMDA Clinical Practice Guidelines educational series has trained staff to be more aware of their patients and their symptoms thus contributing to better care and less avoidable re-hospitalizations.

Better patient outcomes and a lower 30-day re-hospitalization rate has resulted in a stronger relationship with local hospitals and increased patient referrals.

30-Day Re-Hospitalization Rate from APNR 2008-2010



Methods

The interventions :

- POLST forms implementation (June 2008)
- Having an on-site physician (August 2008)
- Enhanced comprehensive assessment on admission (November 2008)
- Conducting continuous IDT care conferences with patients and families (December 2008)
- Mandatory AMDA Clinical Practice Guidelines educational series for all licensed staff (February 2009)
- Using INTERACT^{II} (SBAR) communication tools (April 2009)
- Implementing an electronic medical record for physician notes (July 2009)



POLST Key Findings in One Hospital, 2010 and 2011

Common Missing Information:	2010	2011
Missing info for preparer	17.2%	14.4%
Not dated	4.1%**	0.6%**
No date for physician signature	1.5%	1.1%
Missing with whom POLST was discussed	5.3%	11.7%
No patient/decision maker signature*	4.2%	3.9%
No physician signature*	1.5%	1.1%
Section A & Section B inconsistent	0.4%	0.6%
Name or DOB missing	0.4%	0%

*Error makes the POLST form invalid **p<0.01 for comparison of 2010 to 2011

Summary of Findings

- Rapid uptake of POLST by Nursing Homes and Hospitals
- Community Coalitions increased dissemination of POLST
- Documentation improves after feedback in Nursing Homes and can be excellent in a hospital that embraces the POLST paradigm