DISCLAIMER

• Note that this presentation provides clinical guidance for the POLST Model and should NOT be construed as medical or legal advice.

• For answers to legal questions, check with your organization’s legal counsel.

Permission to Use

• This slide presentation may be used without permission.

• To promote consistency across the state, the slides may not be altered.

• You may freely take language (but not screenshots) from this presentation to use in your own presentations.

• If you would like a slide presentation modified for your institution, please email polstIllinois@gmail.com with contact information.
Objectives
By the end of this session, participants will:

- Understand the **POLST Model** and how a person’s wishes are determined and documented in a standard form;
- Understand why IDPH revised the Illinois POLST form in 2022
- Understand how the sections of the 2022 form have changed from the 2017 version
- Advocate for patients by accurately interpreting IDPH POLST form instructions and taking appropriate action

**POLST Model Overview**

**What is POLST?**

- In Illinois - POLST stands for **Practitioner Orders for Life Sustaining Treatment**
- Must be executed by a qualified health care practitioner (QHCP):
  - Physician
  - Advanced Practice Registered Nurse
  - Physician Assistant
  - Resident in 2nd year or higher of residency program
  All must be licensed in Illinois OR if needed, the state where the Illinois resident is being treated.
- NOT just a form, but a process
  - Approach to end-of-life planning based on thoughtful conversations with the patient/patient legal representative and healthcare professionals
  - Incorporates values, beliefs and priorities as these relate to prognosis & treatment choices

Full text of the Illinois Health Care Surrogate Act:
Why does the POLST Form exist?

First responders need clear guidance for how to respond to a medical emergency in the field.

- Recognized IDPH standardized form for the entire State of Illinois
- **Medical orders** - EMS providers and first responders must follow, so that treatment is in keeping with the patient’s wishes.
  - If patient wishes are uncertain, contact medical control.
  - If orders are beyond scope of practice, contact medical control and/or consider transport.
- Original IDPH DNR form did not address pre-cardiac arrest emergencies (prior versions of forms are valid)

Intended Use of POLST Form

The POLST decision-making process and resulting medical orders are intended for people of any age who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

- **COMPLETING FORM IS VOLUNTARY**: The form cannot be required of any patient as a precondition of admission to a healthcare facility or the provision of care. A patient can void their form at will.
- The POLST form speaks for patients **ONLY** when they can't speak for themselves.
- Pediatric patients with a valid POLST form should be treated the same as an adult.

Rely on POLST ONLY if Patient CANNOT Make Decisions
2022 Form Changes: Background

Why were revisions made to the IDPH Uniform POLST form?
- Illinois Health Care Surrogate Act amended to remove witness signature requirement
- Make the form easier to understand, explain and implement

Has the purpose of the form changed in making the revisions?
- No substantive changes
- Revisions enhance existing features and address information gaps
- More medically accurate

Can the form be completed electronically?
- Form completed on a computer, tablet or other device are valid
- Both electronic and written signatures valid

Prior Versions of IDPH Form Are All Valid

Revisions to the Health Care Surrogate Act
Expands Valid Form Types

Valid Form Types:
- 2022 IDPH POLST form
- Previously completed Illinois POLST forms on prior form versions
- POLST, MOST, POST, MOLST endorsed by other states
- Out-of-Hospital DNAR Forms endorsed by other states
- National POLST form

Follow most recently dated, valid form
2022 IDPH Uniform POLST

2022 Form Overview (page 1)

Patient identifiers plus sections A, E, & F are required.

Sections B, C, & D may be left blank – all indicated treatments used when decision unspecified.

2022 Form Overview (page 2)

Forms with incomplete information on page 2 are valid.

Forms missing page 2 altogether are valid.
Primary Medical Order Sections

A. If NO pulse: CPR wishes
   - Attempt resuscitation
   - Do Not Attempt resuscitation (DNAR)

B. If pulse present: Care wishes
   - Full Treatment
   - Selective Treatment
   - Comfort-Focused Treatment

C. Additional Orders & Instructions

D. Medically Administered Nutrition
   - Acceptable
   - Trial Period
   - None

Do NOT assume that the presence of a POLST form means DNAR

POLST ‘22 Section A Revisions

✓ Section A is required for form to be valid; ONLY one box can be marked
   - If no box or both boxes are marked, form is invalid, and CPR should be initiated.

✓ The revision reinforces that this is a medical order that should be followed when the patient is in cardiac arrest.

✓ “CPR” used both with YES and NO – signals a binary choice

✓ Term “attempt” included in both options – manages expectations because CPR is often ineffective in saving the patient’s life

Attempt CPR is the Default so…
Why use the form to request CPR?

• Elderly and those with disabilities may fear they will not receive same emergency care as others

• May have created a POLST form marking Do Not Attempt Resuscitation (DNAR) box during a serious illness. May create a new form if health improves or they desire to reach a milestone moment; now selecting attempt CPR
Acceptable Options for a Valid Form

Section A – Cardiac Arrest
- Yes! Do CPR
- No! Do Not Attempt Resuscitation (DNAR)

Section B – No Cardiac Arrest
- Full Treatment
- Selective Treatment
- Comfort-Focused Treatment

POLST ’22 Section B Revisions

- Section B may be left blank; if completed ONLY one box should be marked.
- If no box marked = Full Treatment as default
- Orders when patient in crisis/quickly declining but has a pulse
  - Instructs maximizing comfort is a goal regardless of which choice selected
  - Differentiates each option by stating primary goal first

Section B Summary

Just because there is a POLST form present and valid, it DOES NOT MEAN “Don’t Treat”

- All patients receive comfort-focused treatment regardless of selection in Section B.
- If any doubt about form validity or if questions, EMS can call medical control and ask for clarification from a physician.
- Transporting patients:
  - Consult hospice nurse if applicable and feasible.
  - First responders are sometimes unable to make patients comfortable at home, so transfer to hospital is needed.
  - Make sure a copy of the POLST form goes with the patient when transported whether from a facility, a hospital or home.
**POLST '22 Section C Revisions**

Section C has changed from prior forms.
- Section C may be left blank
- Orders inserted by patient’s Qualified Health Care Practitioner (QHCP) indicate orders/instructions in addition to Section B orders
  - Treatments needed in a medical emergency outside of the hospital setting or before a provider can consult with a substitute decision-maker
  - Examples:
    - Use of pain medications and antiemetics but no cardiac medications
    - No defibrillation, no oral airways or nasal airways
    - IV fluid for hydration only
- EMS protocol may dictate EMS ability to follow Section C orders

**POLST '22 Section E Revisions**

Section E is now for “Signature of Patient or Legal Representative” (formerly Section D)
- Signer attests to statement, prints and signs their name – Required.
- Electronically signed document by patient or legal representative acceptable
- “Signature of Witness to Consent” field removed per 2022 amendment to Illinois Health Care Surrogate Act.

**FULL TEXT of the Illinois Health Care Surrogate Act:**

**POLST '22 Section F - NEW**

- “Qualified Health Care Practitioner” (QHCP)
- Printed Name of QHCP, Signature of QHCP, Date QHCP signed – Required.
- Electronically signed document by QHCP acceptable.
Applying POLST Forms in the Field

Requirements for a Valid POLST Form

THE SIGNATURE OF A “WITNESS TO CONSENT” IS NO LONGER PART OF THE IDPH POLST FORM.

FULL TEXT of the Illinois Health Care Surrogate Act:

Requirements for a Valid POLST Form

<table>
<thead>
<tr>
<th>REQUIRED</th>
<th>NOT REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Identifying Information</td>
<td>All other information fields</td>
</tr>
<tr>
<td>Section A</td>
<td>All indicated treatment used where a decision is unspecified</td>
</tr>
<tr>
<td>2 Signatures: 1) Patient or legal substitute decision-maker</td>
<td>Pink paper recommended to enhance visibility, but color does not affect validity of form</td>
</tr>
<tr>
<td></td>
<td>Date of Practitioner Signature</td>
</tr>
</tbody>
</table>
Valid POLST Forms

✓ Properly executed prior versions of the IDPH Uniform DNR or the DNR/POLST Advance Directive are still valid. **Most recently dated is followed.**

✓ Photocopies or FAX of forms are valid.

✓ Picture of POLST form on electronic device is valid.

✓ Verbal/Phone:
  - Patient or legal representative verbal/phone consent acceptable
  - Verbal/phone orders by QHCP acceptable with a follow-up signature in accordance with facility/institutional policy

Each health care facility may have different policies on whether copies of DNR or POLST orders completed on a form other than an IDPH Uniform POLST Form are accepted as valid. It is advisable to check with a health care facility regarding its DNR or POLST policy.

Who can revoke POLST orders?

• **Patient**, if able to make their own medical decisions, can revoke a POLST at any time
  - A POAHC/surrogate should generally not overturn decisions made, documented, and signed by a patient

• POAHC/Surrogate revocation may take time for EMS/first-responders to resolve
  - If any doubt or dispute, call OLMC right away
  - Start treatment while trying to sort this out or talking with Medical Control.
  - Don’t withhold non-invasive treatment to determine the proper course of action. (BVM, oxygen, CPR, etc.)

• EMS responders are legally protected if they follow orders on a valid form in good faith

What if a POAHC or Surrogate disputes a valid POLST order to which they previously consented?

Determine if person disputing order is the original consenting POAHC or surrogate

- If yes: The POAHC/surrogate may change the order and/or care wishes
- If no: Follow orders on the POLST form; contact On-Line Medical Control for further direction
Legal Risk for EMS Following POLST Form

“A health care professional who in good faith complies with a do-not-resuscitate order made in accordance with this Act is not, as a result of that compliance, subject to any criminal or civil liability, except for willful and wanton misconduct, and may not be found to have committed an act of unprofessional conduct.”

Illinois Health Care Surrogate Act

FULL TEXT of the Illinois Health Care Surrogate Act:

Document, Document, Document

• Where POLST form was found
• A call Medical Control
  – Time of call
  – Who first-responder talked with
  – What orders were given
• People present at the scene (family, bystanders, etc.)
• Discussion with family/others

QUESTION & ANSWER
POLST Resources

For POLST Illinois information:
polstIllinois@gmail.com
1-855-765-7845
www.polstil.org

National POLST Program
www.polst.org

This presentation created by the POLST Illinois Education Committee
has been made possible by in-kind and other resources provided by:

POLST ILLINOIS
Practitioner Orders for Life-Sustaining Treatment

Illinois Hospice & Palliative Care Organization
Il-Hpco.org