INTRODUCING THE 2022 ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) UNIFORM POLST FORM

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.

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Objectives

By the end of this session, participants will:

• Understand why IDPH revised the Illinois POLST form
• Understand how the sections of the 2022 form have changed from the 2017 version
• Describe how to properly complete a valid 2022 form
• Recognize the importance of following the IL Health Care Surrogate Act regarding the POLST Model

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 accredited 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

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** - healthcare providers and first responders must follow, so that treatment is in keeping with the patient’s wishes
- Original IDPH DNR form did not address pre-cardiac arrest emergencies (prior versions of forms are valid)

What are the benefits of the POLST Model?

- Helps ensure appropriate care and treatment if a person experiences an acute deterioration of their health
- Shares goals-of-care preferences and instructions amongst family caregivers or when transferring sites of care (e.g., nursing home, paramedics, hospital, home)
- Allows loved ones to contact 911 in a critical medical emergency without fear of patient receiving unwanted treatment if death is imminent

Who should consider/discuss a 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.

This includes but is not limited to people with:
- Severe Heart Disease
- Metastatic Cancer or Malignant Brain Tumor
- Advanced Lung, Renal or Liver Disease
- Advanced Frailty
- Advanced Neurodegenerative Disease (e.g., Dementia, Parkinson’s Disease, ALS)
What else to know about a POLST?

• Most people over age 65 are too healthy to have POLST orders.
• POLST is not intended for people with chronic, stable disability, who must not be mistaken for being at the end of life.
• The POLST form speaks for patients ONLY when they can’t speak for themselves.
• The patient can void or change their POLST form at anytime as their disease and health changes.
• A patient without POLST orders receives FULL TREATMENT as the default, and this may be a reason not to complete the form.
• The form goes with the patient from care setting to care setting.

How is a POLST Form different from a Power of Attorney for Health Care?

<table>
<thead>
<tr>
<th></th>
<th>POWER OF ATTORNEY for HEALTH CARE</th>
<th>POLST Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who needs</td>
<td>All Decisional Adults</td>
<td>Serious Life-limiting Medical Condition</td>
</tr>
<tr>
<td>Who completes</td>
<td>Individual</td>
<td>Health Care Practitioner (patient or patient’s legal representative signature also required)</td>
</tr>
<tr>
<td>Appoints a substitute decision maker</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Real-time instructions for first responders</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2022 IDPH Uniform POLST:
Evolution of the IDPH Uniform POLST Form

2022 Revised IDPH Uniform POLST

Common Questions

Why were revisions made from the 2017 to the 2022 IDPH Uniform POLST form?
- Illinois Health Care Surrogate Act (HCSA) 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?
- Okay to complete on a computer, tablet or other device
- Both electronic and written signatures valid in accordance with Illinois law
- Always save in patient’s EHR with copies printed for the patient and their legal representative

FULL TEXT of the Illinois Health Care Surrogate Act:

Changes to HCSA Expanded Valid Form Types

Valid Form Types:
- 2022 IDPH POLST form
- Previously completed Illinois POLST forms on any prior form versions
- POLST, MOST, POST, MOLST endorsed by other states
- Out-of-hospital DNAR order endorsed by other states
- National POLST form*
- Follow most recently dated, valid form.

*Illinois now recognizes the National form as valid but has not adopted it for Illinois residents, so completing a National POLST form for Illinois residents is not recommended.
HCSA Changes Reinforce Voluntary Participation

POLST form *can't* be a requirement for admission to any facility or a precondition to the provision of services

- Nursing facilities should *never* insist that individuals or their legal representative complete a POLST form as part of the admissions process.
- Not all residents of nursing facilities are appropriate candidates for a POLST form.
- The POLST form is optional; If a patient wants to receive all available life-sustaining treatment, they may choose not to have a POLST form.

Patients with capacity may void their form at will.

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2022 Form Overview

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

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

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2022 Form Overview page 2

Forms with incomplete information on page 2 are valid.

Forms missing page 2 altogether are valid.
2022 Form Instructions

Language educates users about 3 things:
1. The form should be completed by a healthcare provider and the patient/legal representative together not one or the other alone.
2. Completing a POLST form requires a conversation between the qualified health care practitioner and patient/legal representative before signing.
3. Completing a POLST form is voluntary, and a patient may benefit from having a trusted person present for conversations about their goals of care/POLST if they wish.

POLST ’22 Section A Revisions

Section A is required for the form to be valid; one of the two options should be selected.

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

POLST ’22 Section B Revisions

✓ Section may be left blank
✓ If this section is completed ONLY one choice should be selected

• Orders when patient in crisis/quickly declining but has a pulse
• Instructs maximizing comfort is a goal regardless of which option is selected
• Full Treatment is the default if left blank
• Differentiates each option by stating primary goal first
POLST ‘22 Section B Revisions

Full Treatment
Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated.

Selective Treatment
Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and amebriyhmics as indicated. Transfer to the hospital if indicated.

Comfort-Focused Treatment
Primary goal is maximizing comfort through symptom management. Allow natural death. Use analgesia 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. Transfer to hospital only if comfort cannot be achieved in current setting.

POLST ‘22 Section C Revisions

Section C has changed from prior forms. Section C can be used by the patient’s Qualified Health Care Practitioner (QHCP) to indicate orders/instructions that are in addition to the orders in Section B.
- Treatments needed in a medical emergency outside of the hospital setting or before a provider can consult with a substitute decision-maker
- EMS protocol may dictate whether EMS providers can follow the orders in Section C.
- Unless patient voices a preference to avoid a specific emergency treatment, this section is best left blank

POLST ‘22 Section D Revisions

Section D is now for “Orders for Medically Administered Nutrition” (formerly Section C)
- If section completed, ONLY one choice should be selected
- As before:
  - Food by mouth acceptable if tolerated
  - No choice selected, provide standard of care
- The two options to receive medically administered nutrition are now –
  - Surgical placed tube okay
  - Nonsurgical placed tube okay, no surgically placed
- No artificial nutrition or hydration is still an option.
POLST ’22 Section E Revisions

Section E is now for “Signature of Patient or Legal Representative” (formerly Section D)

• The signer attests, “I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient’s preferences.”
• “Signature of Witness to Consent” field removed from form in compliance with recently amended Illinois Health Care Surrogate Act.
• Electronically signed document by patient or legal rep acceptable.

FULL TEXT of the Illinois Health Care Surrogate Act:

POLST ’22 Section F - NEW

• Summarize treatment decisions and ensure patient/legal representative agreement before signing
• “Qualified Health Care Practitioner”
  QHCP is an individual who: Personally examined patient and is licensed in IL or in the state where the patient is being treated as a Physician, APRN, PA, or Physician Resident in 2nd year or higher of accredited residency program.
• Printed Name of QHCP, Signature of QHCP, Date QHCP signed
• Electronically signed document by QHCP acceptable.

Electronic Signatures on POLST Forms

(20 ILCS 2310/2310-600/1.b-5)An electronic version of the Uniform POLST form under this Act may be created, signed, or revoked electronically using a generic, technology-neutral system in which each user is assigned a unique identifier that is securely maintained and in a manner that meets the regulatory requirements for a digital or electronic signature. Compliance with the standards defined in the Uniform Electronic Transactions Act or the implementing rules of the Hospital Licensing Act for medical record entry authentication for author validation of the documentation, content accuracy, and completeness meets this standard.

Illinois General Assembly - Illinois Compiled Statutes (ilga.gov)
Requirements for a Valid POLST Form

REQUIRED

Patient Identifying Information

Section A

2 Signatures:
1) Patient or legal substitute decision-maker
2) Qualified Health Care Practitioner

Date of Practitioner Signature

NOT REQUIRED

All other information fields

All indicated treatment used where a decision is unspecified

Pink paper recommended to enhance visibility, but color does not affect validity of form

Completing the POLST form

Verbal/phone consent by the patient or legal representative are now noted as acceptable.

Digital copies are added to the identified ways a copy of the form can be legal and valid.

Forms with eSignatures are now noted as legal and valid.

In accordance with revisions to the Illinois Health Care Surrogate Act, a qualified health care practitioner may be licensed in Illinois or the state where the Illinois resident is being treated.


Review and Revision of POLST

The POLST conversation should be held before documenting new treatment decisions or confirming current treatment decisions.
**Voiding or Changing a POLST**

- Engage in consultation with a qualified health care practitioner;
- Consult the patient's advance directive, if available; and
- Make a good faith effort to act consistently, at all times, with the patient's known wishes, using substituted judgment as the standard. If the patient's wishes are unknown and remain unknown after reasonable efforts to discern them, the decision shall be made on the basis of the patient's best interests as determined by the surrogate decision maker.
- A qualified health care practitioner shall document the reasons for this action in the patient's medical record. This process does not apply to an individual wanting to revoke his or her own POLST form.

**Health Care Surrogate Decision Maker**

- Reflects the priority order outlined in the Illinois Health Care Surrogate Act.

**The HCSA Sets Guidelines for Surrogate to Change a POLST**

Before voiding or revoking a Department of Public Health Uniform POLST form, National POLST form, or another state’s POLST portable medical orders form executed by the individual, that individual’s legally authorized surrogate decision maker shall first:

- Engage in consultation with a qualified health care practitioner;
- Consult the patient’s advance directive, if available; and
- Make a good faith effort to act consistently, at all times, with the patient’s known wishes, using substituted judgment as the standard. If the patient’s wishes are unknown and remain unknown after reasonable efforts to discern them, the decision shall be made on the basis of the patient’s best interests as determined by the surrogate decision maker.
- A qualified health care practitioner shall document the reasons for this action in the patient’s medical record. This process does not apply to an individual wanting to revoke his or her own POLST form.
Guide for POLST Decision Makers

WHO IS THE DECISION MAKER

<table>
<thead>
<tr>
<th>Patient with Decisional Capacity or, if unable, a legal agent</th>
<th>Healthcare Power of Attorney (patient with decisional capacity)</th>
<th>Health Care Surrogate (patient without decisional capacity or PA/POA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Inpatient</td>
<td>* Established patient has decisional capacity</td>
<td>* Established patient has decisional capacity or a written directive</td>
</tr>
<tr>
<td>* Patient and family can manage or document as advanced directive decisions as based on substitute judgment</td>
<td>* Family can manage or document as advanced directive decisions as based on substitute judgment</td>
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Creating a POLST

VOV 1. A POLST form will be filled out in the patient's chart in the presence of the patient and their family, if any, and the healthcare provider.

VOV 2. The completed POLST form will be kept on file in the patient's chart and a copy will be given to the patient and their family, if any.

VOV 3. The completed POLST form will be signed by the patient and their family, if any, and the healthcare provider.

WHAT ACTIONS ARE BEING TAKEN

POLST Resources

For POLST Illinois information:
polstillinois@gmail.com
www.polstil.org

National POLST Program
www.polst.org

Questions?
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