The Georgia POLST Collaborative

Adrienne Mims, MD MPH
Chief Medical Officer

Adrienne.Mims@AlliantQuality.org
“The IOM committee believes a person-centered, family-oriented approach that honors individual preferences and promotes quality of life through the end of life should be a national priority.”

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Key Findings

- Delivery of Person-Centered, Family-Oriented Care
- Clinician-Patient Communication and Advance Care Planning
- Professional Education and Development
- Policies and Payment Systems
- Public Education and Engagement
Advance Care Planning

Discussion

Documentation

Decision
Mrs. Sadie Todd (alias)

- 84 year old with multiple conditions,
- 14 prescription medications, lives with only daughter age 66, widowed
- Needed assistance with all IADL, bathing and dressing, one story home
- Cared for in clinic, hospital, nursing home, home, hospice
- Died at home
Georgia POLST Collaborative

- 30+ Statewide Organizations
- Part of a national movement to promote POLST
- Endorsed by the National POLST Paradigm Taskforce
- Vision: All Georgians will have their health care preferences known and honored
Georgia POLST Collaborative (cont’d)

► Mission: To improve health care at the end-of-life through

– Promoting the utilization of the Physician Orders for Life Sustaining Treatment form by health care professionals and institutions across the state

– Educating Georgians about advance care planning and the role of POLST in having their wishes honored
Tools For Advance Care Planning

► Living Will
  – Specifies what kind of treatment should be given if you cannot speak for yourself
  – Only effective when you cannot make decisions

► Durable Power of Attorney for Health Care
  – Allows an agent to be appointed to carry out health care decisions when you cannot

► Guardianship
  – Allows you to nominate someone to be appointed as Guardian if a court rules that a guardian is necessary
Georgia Advance Directive for Health Care

Combines all three advance care planning tools into one document

► Naming a health care agent
► Stating treatment preferences
► Authorizing organ donation, autopsy, burial
► Patient signature & 2 witnesses

And the POLST Physician Orders for Life Sustaining Treatment

- Combines advance directives with a legal physician order
- Travels with the patient
- Must be discussed by patients and health care representatives
- Requires signatures by the patient or patient’s authorized representative AND a physician
- Must be honored by all health care professionals
National POLST Program
## Difference Between Advance Directives and POLST

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>For anyone over 18</td>
<td>For seriously ill/frail at any age</td>
</tr>
<tr>
<td>Completed by an individual</td>
<td>Completed by a health care professional and patient</td>
</tr>
<tr>
<td>General instructions for future treatment</td>
<td>Specific orders for current treatment</td>
</tr>
<tr>
<td>Signed by individual and two witnesses (neither an attorney nor notary is needed)</td>
<td>Signed by physician and patient or authorized patient representative</td>
</tr>
</tbody>
</table>
Georgia POLST Form

- **Five Sections**
  - Cardiopulmonary Resuscitation (CPR)
  - Medical Interventions
  - Antibiotics
  - Artificially Administered Nutrition
  - Signatures
Training on POLST Implementation
- Skilled nursing staff
- Hospital discharge staff
- Hospital clinicians
- Community physicians

Training on End of Life discussions
- Community based seniors
- Peer educators
Skilled Nursing Facility Evaluations

Skilled nursing facility staff ranked the presentations very highly with an overall average of 4.58 out of 5 [Figure 2]. The evaluation form used a 5-point likert scale with anchors of 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores indicate more positive ratings of the presentation.

Figure 2. Skilled Nursing Facility Evaluations
Physician Evaluations

Physicians also ranked the presentations very highly with an overall average of 4.78 out of 5 [Figure 3]. The evaluation form used a 5-point likert scale with anchors of 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores indicate more positive ratings of the presentation.

Figure 3. Physician Evaluations
Figure 4. Beneficiary Understanding of Material Post-Class

![Graph showing beneficiary understanding post-class with specific scores for different aspects of advance care planning.](image-url)
Barriers to Implementation and Solutions

- State hospital association felt there was insufficient immunity for hospitals
- Lack of clarity around signatures in LTC vs. other settings
- Collaborative held meetings with hospital attorneys, State HFRD other stakeholders
- CMS opinion sought
Orders only written by MD with staff privileges

POLST process
- Physician should review the documents
- If it makes clinical sense in their judgment then:
  - Either co-sign
  - Rewrite orders into hospital system
  - Hospital policies should be written to govern this process

David W. Eddinger, RN, MPH
Captain US Public Health Service, Retired
Technical Director Hospital Survey and Certification
CMS/CCSQ/Survey & Certification Group/Division of Acute Care Services
SB109

▸ Definitions
  – “Authorized Person” may consent, Code Section 31-39-2

▸ POLST Form
  – Reaffirms the creation by DPH

▸ Effective when
  – Patient has a serious illness or condition, (365 days)
  – At any time when a person has Dementia or a progressive, degenerative disease affect the brain and memory
SB109

- A Legally Sufficient Order In
- All Settings
- Valid Consent
- Unless Revoked
- From Another State
  - If substantially similar & with the same signatures
- A Copy is equivalent to the original
SB109

- Portable Across Care Settings
  - Review of form recommended as care transitions

- Immunity For All, including guardian actions
  - Protections for treating pain
  - Except if violates Code Section 16-5-5
  - Assisted Suicide
‘Getting it Right’

► Honor all patients wishes
► Encourage all patients to have an Advance Care Plan
► Utilize POLST when patient condition applies
► Apply reasonable medical judgment
References


Making Health Care Better