California POLST eRegistry Status Report

2016 Health Information Exchange in EMS Summit
April 20, 2016
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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)

If patient has no pulse and is not breathing, if patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

- Cardiopulmonary Resuscitation (CPR):
  - Attempt Resuscitation/CPR
  - Do Not Attempt Resuscitation/DNR (allow natural death)

- Medical Interventions:
  - 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.
  - 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.
  - Comfort-Focused Treatment: primary goal of maximizing comfort. Provide pain and suffering with medication as any route is feasible; 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.

- Artificially Administered Nutrition:
  - Long-term artificial nutrition, including feeding tubes.
  - Short-term artificial nutrition, including feeding tubes.
  - No artificial means of nutrition, including feeding tubes.

- Information and Signatures:
  - Discussed with:
    - Patient (Patient Has Capacity)
    - Legally Recognized Decisionmaker
  - Advance Directive not available: Name:
  - No Advance Directive: Phone:

- Signature of Physician
  - My signature below indicates the best of my knowledge that these orders are consistent with the patient’s medical condition and preferences.
  - Print Name: [Patient’s Name]
  - Physician Phone Number: [Physician’s Phone Number]
  - Physician License Number: [Physician’s License Number]
  - Signature (required): [Physician’s Signature]

- Signature of Patient or Legally Recognized Decisionmaker
  - If the patient has capacity, 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.

- 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, or 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 signed 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 thatPOLST be reviewed periodically. Review is recommended when:
    - The patient is transferred from one care setting or care level to another.
    - 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 writing 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 state-wide 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

What do Nursing Home Residents Want?

- 28% Do Not Attempt Resuscitation & Comfort Care
- 29% Do Not Attempt Resuscitation & Limited treatment
- 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

POLST wishes followed in OR, impacting care

OPERATIONAL

<table>
<thead>
<tr>
<th>Deaths with POLST forms</th>
<th>During 2010 and 2011, nearly 18,000 people who died in Oregon had POLST forms in the Registry: 31% of deaths.</th>
</tr>
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<tbody>
<tr>
<td>Wishes honored</td>
<td>Using the data described above, researchers found a strong association between scope of treatment orders on Oregon POLST forms and patient location of death.</td>
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<table>
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<tr>
<th>Percentage Dying In Hospital</th>
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<tr>
<td>Full Treatment (n=1,153)</td>
</tr>
<tr>
<td>No POLST in Registry (n=40,093)</td>
</tr>
<tr>
<td>Limited Treatment (n=4,787)</td>
</tr>
<tr>
<td>Comfort Measures Only (n=11,836)</td>
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</tbody>
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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:

**October 2015**
SB 19, bill authorizing a POLST eRegistry pilot project under the aegis of the EMSA, signed.

**January – April 2016**
CHCF planning process to conduct POLST eRegistry pilot project
Release RFPs:
- technology vendor(s)
- pilot site(s)
- external evaluator

**July 2016**
Pending CHCF Board approval, anticipated award date for pilot project grantees.
Pilot Project Timeline – three phases

Phase 1: Initial Implementation
- Establish input and retrieval connectivity to POLST eRegistry
- Provider POLST eRegistry education

Phase 2: Implementation and Monitoring
- Integrate POLST eRegistry submission and access use into POLST user workflows

Phase 3: Maintenance
- Ongoing Maintenance of eRegistry
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 Platform RFP

RFP RESPONDENTS

- 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
- Qualitative

- Continuous Quality Improvement
- POLST eRegistry Functionality and Education
- Utilization, Quality, and Impact Measures
- Business Case
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-eregistry

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