

# Sharing POLST Policies and Innovations related to COVID-19

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**Purpose:** The Oregon POLST Program developed this document to highlight some of the valuable innovations in POLST policy, procedure, and education taking place across the state during the COVID-19 pandemic. This document is intended to promote sharing across programs and health systems. It is not intended to be a comprehensive summary.

These policies and innovations assume that the core founding principles of the POLST Program continue to be honored. These principles include assuring that: POLST completion remains voluntary; skilled explanation of different POLST order options is provided; and the opportunity to complete POLST orders is offered to those with advanced illness or frailty, while healthier patients are encouraged to complete an Advance Directive. As policies are developed it is particularly important to give heightened attention to assuring appropriate use of [POLST in vulnerable populations](#).

## 1. Improve the Ability to Locate POLST Forms in a Crisis

- 1.1. [One-Click Access](#) from the patient header is extremely useful and the POLST Coalition recommended standard for accessing POLST within individual health systems. For those systems with bidirectional connection with the Oregon POLST Registry, one-click access also provides direct statewide access to POLST forms completed in other health systems.
- 1.2. **Screening for POLST in the ED Protocols** that are in use or in development, include:
  - 1.2.1. Several health systems are screening (or planning to screen) for POLST in all patients age 80 and older.
  - 1.2.2. Some health systems are also checking for POLST on those who arrive with a packet from a nursing home, those who are being transferred from another facility, or those who arrive in the ED in with vital signs suggesting impending cardiac arrest.
  - 1.2.3. Personnel charged with screening vary in different organizations and can include social workers, the charge nurse or ED registration staff.
  - 1.2.4. One health system had previously embedded a palliative care social worker in the ED during weekdays, and this social worker continues to assist with locating POLST forms and having early GOC conversations. This health system has a long history of care coordination and outreach to those with advanced illness and frailty and is continuing this outreach during the COVID-19 pandemic.
- 1.3. **Protocol for Nurse Triage in Primary Care** is being changed to include review of a patient's POLST before instructing the patient to go to the ED or respiratory clinic. Patients with POLST orders for treatment limitations are offered the opportunity to speak with either palliative care or the PCP. After confirming the patient's goals of care, the health care team can arrange for Home Health, Hospice or other resources if the patient prefers to avoid hospitalization and be cared for where they live.

## 2. The Advantages of the 2019 Version of the Oregon POLST Form in the COVID-19 Pandemic

- 2.1. **The Section on Artificially Administered Nutrition** has been removed. [Professional organizations have formally endorsed this change](#). See reasoning for this change in [JAGS publication](#).

- 2.2. **A Reduction in POLST Submissions** to the Registry for people for whom an Advance Directive appears to be a more appropriate document coincided with the release of the 2019 version of the Oregon POLST form ([see the 2019 OPR annual report figure 1c](#)). A corollary to this change was a reduction in the proportion of POLST forms with a choice of CPR/Full Treatment.
  - 2.3. **Not Requiring a Surrogate Signature** both reduces the emotional burden for some surrogates and has also proven useful in the context of Virtual health visits.
  - 2.4. **Readability of scanned documents** was enhanced with the removal of the pink color from the center of the POLST form.
3. Consult the [Oregon POLST Registry \(OPR\)](#) when POLST orders are not immediately available in a crisis.
    - 3.1. A majority of Oregonians have a POLST form at the time of death. People with combined serious illness, advanced age and frailty have the highest rate of POLST orders in the Registry.
    - 3.2. The OPR serves as a safety net back-up system when POLST orders cannot be located in a crisis with 24/7 availability through the Emergency Communications Center.
    - 3.3. The Registry plays a vital role in quality assurance and continuous quality improvement. Patients are sent a confirmation packet that documents that their POLST has been entered into the Registry, provides educational materials, and invites correction of any error in their demographics or POLST orders. Quality reports are available at the organization and health system level.
    - 3.4. OPR is fully operational with POLST form entry and the distribution of confirmation packets being processed in a timely way. OPR is experiencing a slight (about 15-20%) reduction in the volume of POLST forms submitted during the COVID-19 pandemic. There is significant variability in submission patterns. Some health systems are submitting substantially fewer POLST forms while others are submitting at approximately their prior rate.
4. Review POLST Form Orders Proactively
    - 4.1. **A Master List for POLSTs in EPIC** is being used by one health system to involve PCP, hospice, palliative care and transitions RNs with respect to choosing the most appropriate staff for follow-up. Care coordinators proactively reach out to patients to assess the validity of patient's current POLST order. Prior to these Virtual visits, there will be extensive staff training and scripting. Additionally, the Oregon POLST Coalition video, "[POLST and Coronavirus: If you get sick, do your orders match your wishes?](#)" (5:42), will go out to patients with their invitations, so they are prepared for the calls from the care coordinators. Palliative care teams will serve as a resource to the clinic care coordinators.
5. Identify the Correct Surrogate
    - 5.1. **Systematically Reviewing All Advance Directives and Adding the Surrogate Information** as the health care representative in the electronic medical record is being performed by one health system. Surrogate is identified from the Advance Directive and added as the Health Care Representative in the Epic Advance Care Planning Tab.
6. Address Logistics of POLST Form Completion and Submission to the Registry in Virtual Visits
    - 6.1. **Your Organization's Standard Verbal Order Process** may be used to complete an Oregon POLST form. POLST with Verbal Orders are valid and may be submitted to the Registry and will be honored by EMS.

7. Assure that Inpatients with New DNR Orders are Consistently Offered a POLST Form at Discharge
  - 7.1. **Patients with DNR Orders need increased attention to assure access to POLST as they the Leave Hospital.** Some health systems are working to develop processes to assure that patients being discharged with a new DNR order more consistently have POLST orders as they leave the hospital. Particular attention is being given to patients who are being discharged to their home. There is an automatic reminder about POLST on the facility discharge order set for patients who are being discharged to facilities, but not for those who will be going home.
  
8. Videos: Assisting with Goals of Care Conversations in the ED for Those With a Pre-existing POLST Order
  - 8.1. [Communicating in a Crisis: Skills to Honor the Previously Determined Preferences for Medical Care](#) (18:55), led by Katie Stowers, DO.
  - 8.2. [POLST Conversations for ED Physicians with a Capable Patient](#) (5:16), led by Katie Stowers, DO.
  - 8.3. [POLST Conversations for ED Physicians with a Surrogate](#) (5:35), led by Katie Stowers, DO.

Additional Recommendations:

  - Embed palliative care social workers in the ED to identify patients and assist in goals of care conversations and referral to palliative care.
  - Have palliative care or geriatrics available to consult by phone 24/7.
  
9. Promote Public Education
  - 9.1. [“POLST and Coronavirus: If you get sick, do your orders match your wishes?”](#) (5:42), Dr. Susan Tolle, MD
  - 9.2. [Oregon AARP April 3, 2020 POLST and Coronavirus](#)
  
10. Helping Others
  - 10.1. [“Caring for Yourself and Caring for Others During a Disaster/Epidemic”](#) (25:31), Susan Hedlund, MSW, LCSW, OSW-C
  - 10.2. The Oregon POLST Coalition freely shares video script of “POLST and Coronavirus” video with other states. See [PA POLST version of the video](#).
  - 10.3. Oregon has sent ventilators to New York.
  
11. National Resources to Support Goals of Care Conversations in the Face of COVID-19
  - 11.1. [Center to Advance Palliative Care New - Toolkit](#)
  - 11.2. [VitalTalk COVID Ready Communication Playbook](#)
  - 11.3. [Respecting Choices® Proactive Care Planning for Covid-19](#)
  - 11.4. [Ariadne Labs Covid-Conversations](#)