

Department of Human Services

Safety, Oversight, and Quality
PO Box 14530, Salem, OR 97309
3406 Cherry Ave NE, Salem, OR 97303
Phone: (503) 373-2227
Fax (503) 378-8966



02/21/19

CBC Provider Alert

TO: Community Based Care:
Assisted Living, Residential Care,
Memory Care Facilities

FROM: Safety, Oversight, and Quality

RE: Oregon POLST forms and procedure

SUBJECT: New POLST form and resources

New Oregon POLST forms are now available!



For a full-size image,
click [here](#).

New 2019 POLST Form

The 2019 [Oregon POLST form](#) became effective on January 2, 2019. The Oregon POLST Coalition asks that all health systems, including assisted living, residential care, and memory care facilities, implement the use of the 2019 form by April 8, 2019.

The 2019 Oregon POLST form has a new look: white and grey informational fields with a pink border. Visit www.oregonpolst.org to view the [summary](#) of changes and the POLST [Guidebook for Health Care Professionals](#).

Educational material for understanding POLST and determining when its use is and is not appropriate is available online in the Oregon POLST [Professional Resource Library](#). Resources include lay brochures and presentations for specific audiences such as lay, hospice, and nursing facilities.

All completed earlier versions of Oregon POLST forms remain valid, and existing POLST orders remain in the Oregon POLST Registry until changed or voided. A resident does not need the new version of the form unless a change is wanted after discussion with a health care professional. If a change is wanted after such a discussion, use the 2019 version of the Oregon POLST form.

Residents are not required to have a completed POLST form.

In Oregon, POLST forms are **not** required for community-based care facility residents and should not be completed as a part of routine admission or discharge procedures. POLST is only appropriate for residents who are seriously ill or frail and is not a substitute for a DNR order. Neither federal nor state law requires that residents be offered, or must complete, a POLST. A POLST form does not replace an Advance Directive or the requirement that a resident's record must include, before move-in and when updated, if applicable, an Advance Directive.

See [OAR 411-054-0034\(1\)\(c\)\(D\)](#).

Oregon's community-based care licensing and survey unit does not consider the number of facility residents with (or without) a completed POLST form to be a quality metric and does not issue citations related to use or non-use of POLST by residents.

Reminders from the Oregon POLST Coalition:

- **POLST forms are always voluntary.**
 - POLST forms should **never** be mandatory or a pre-condition to admission for any community-based care facility, including memory care communities.
 - Residents should **never** be given blank POLST forms to complete.
 - Facilities may have policies that residents be **offered** the opportunity to have a POLST conversation.
- **Not everyone needs a POLST.** POLST forms are intended for, and should be offered to, residents who have a serious advanced illness or frailty where accurate predictions cannot be made but death is likely in the foreseeable future and the resident may not want all treatment.
 - POLST is not appropriate for healthy individuals who would want everything done in an emergency. Healthier patients should be encouraged to complete an Advance Directive. See [key differences between Advance Directives and POLST](#).
- **POLST should be the result of a conversation.** A POLST form should never be completed without a conversation with the resident and/or surrogate.

- Completion of a POLST form requires an attestation by the signer (M.D./D.O./N.P./P.A./N.D.) that a conversation occurred with the resident and/or surrogate.
- Only health care professionals complete and sign a POLST Form, and the form should be completed *after* having a conversation with the resident (or his/her representative) about the resident's diagnosis, prognosis, and treatment options and listening to the resident's goals of care and wishes about treatment.
- It is the legal responsibility of the signer, not the preparer, to confirm that POLST orders reflect the patient's wishes in their current state of health and to assure that a copy of the form is submitted to the [Oregon POLST Registry](#).

For general information about the DHS Office of Safety, Oversight and Quality, visit the DHS Web site at www.oregon.gov/DHS/. If you have questions about this alert, please contact the Community Based Care program at: CBC.TEAM@dhsosha.state.or.us or visit <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/HCBS/Pages/APD.aspx>.