

Program Description for: **WASHINGTON**

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Date Completed: 9.20.2005

Date Updated:

State or Region: Washington

Area of Use: State-wide

- Program Status:**
- No Program (possibly state contacts)
 - Developing Program
 - Endorsed by National POLST Paradigm Initiative Task Force

Name of program / form: Physician Orders for Life-Sustaining Treatment (POLST)

Yes	No	Optional	POSSIBLE POLST PARADIGM COMPONENTS
X			1. Form has a uniform, standardized color
X			2. Decisions reflected in the form are medical orders that must be followed by emergency personnel in the field and emergency rooms.
X			3. The form accompanies the patient across care settings
X			4. CPR / DNR section
X			5. Levels of interventions for #3
X			6. Levels of interventions for #4
X			7. Feeding Tube
X			8. Antibiotics
X			9. Basis for orders
X			10. Person completing form
X			11. Physician / NP / PA signature
X			12. Physician / NP / PA name & office number
X			13. Patient / Legal agent signature
		X	14. Designation of legal agent name and number
X			15. Space for review
X			16. Statement about leeway (<i>is the patient's surrogate provided authority to interpret the goals and preference at the time decisions are made?</i>)

EXTENT OF USE:

Start year: 2000

Settings of skills: The form is used in all settings; home, LTC, hospitals, hospice, EDs.

Range of use: Varies across the state.

Use by those under 18yrs: Can be used for all ages.

Distributed per month:

1000/mo from WSMA, many hospitals and facilities copy the form on proper color and stock of paper.

HISTORY:

The Regional Ethics Network of Eastern Washington (RENEW) held a community forum in 2000 to discuss advance directives. Dr. Dunn from OR was one of the panelists and he described Oregon's experience with POLST. From the feedback received from this forum, RENEW, in conjunction with EMS Services at the WA State Dept of Health, applied to WSMA for a grant to do a research project using the POLST in 2 eastern Washington counties. DSHS supported nursing homes receiving training in the use of POLST and RENEW drafted sample policies and procedures for EMS providers, nursing homes, and hospitals and provided education to these groups and to physicians. After 6 months, and review of the preliminary results of the research, WSMA and DOH decided that POLST was a significant improvement over the state's current DNR form, and adopted POLST state-wide. The WSHA also strongly supported POLST and provided web-based training for hospitals state-wide. EMS Trainers provided training to EMS providers county by county until all counties had participated. The WSMA provided several forums in their publications and at conferences to educate physicians on POLST use.

BARRIERS OVERCOME:

A few years before initiating the POLST in WA, DSHS had interpreted the Advance Directive statute in a way that prohibited surrogate decision-makers from making DNR choices for patients even if that was clearly the patient's stated preference, except under imminent death conditions. Several meetings with DSHS officials and reps from the state's attorney general's office resulted in their reinterpreting the statute to allow for the POLST. An important feature in this for DSHS was the presence of both the physician's and surrogate's signatures on the form, reassuring the state that the patient's best interest was being protected.

The eventual "home" for the POLST was unclear at the beginning. RENEW did not really fit as a group to manage the POLST, and the state DOH had difficulties with flexibility in changing the form. We were happy that the WSMA has agreed to be "home" for POLST in WA as it is a physician's order form. WSMA oversees and facilitates the POLST task force which reviews the research continuing on POLST use and receives feedback from individuals as well as institutions and agencies. Two members of this task force also sit on the national task force and bring info from that group back to this group.

STATE LAW AND REGULATIONS:

The 'Natural Death Act,' 'Informed Consent,' and the 'Durable Power of Attorney' statutes are primary laws that allow patients, surrogates, and health care providers to use the POLST. The DOH was charged in the regs with developing and implementing a form to allow patient self-determination around artificial life-prolonging treatments. The DOH was thus able to choose the POLST over their original form w/o going back to the legislature.

POLST IN THE HEALTH CARE SETTING:**Policies (hospitals, nursing homes, EMS, etc.):**

Sample policies were developed as described above and placed on the DOH, WSMA and WSHA web sites.

Management:

The WSMA, using the POLST Advisory task force facilitated by WSMA staff and also overviewed by the Washington EOL Consensus Coalition, another group facilitated by the WSMA.

Training for health care professionals:

A training video tape is available through the WSMA web site and has been provided to all nursing homes and hospitals and EMS trainers in the state. WSMA also has a list of people approved to present POLST training upon request.

Training for the public and patients:

Video tape and patient brochures are available. Several newspaper articles have appeared on using POLST.

CQI projects and research:

Three have been done thus far and they have shown that the POLST has been used effectively in honoring patient wishes. They have also pointed out ongoing challenges in obtaining signatures on the forms, especially physicians, and have led to improvements in the form and in policies and procedures in using the form, such as allowing copies and faxed forms to be honored.