

Program Description for: **CALIFORNIA**

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Date Completed: 1/09/2009 **Date Updated:**

Program Name: POLST

State or Region: California
Area of Use: Statewide

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

Name of program / form:

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: 2007

Settings of skills: The form is being used in all settings – skilled nursing facilities, homes, hospitals, long-term care facilities, emergency departments.

Range of use: Data not available at this time. Within individual facilities, use ranges from 0-100%.

Use by those under 18yrs: Yes

Distributed per month: Not known at this time. **Distributed per year:** Not known at this time.

HISTORY:

In 2007, three communities in California – Riverside, Humboldt, and Ventura –formed coalitions with leadership from the physician community to make implementation of POLST a priority. In addition to these three communities, leaders in other parts of California – including Sacramento, Los Angeles, and San Diego – expressed interest in bringing POLST to their communities.

The California HealthCare Foundation (CHCF) funded a proposal from the California Coalition for Compassionate Care to provide statewide leadership in establishing POLST in California and to work with local communities interested in implementing POLST locally. Seven communities were funded in 2007 and began piloting POLST. In 2008, CHCF funded an additional 10 communities.

In February 2008, legislation (AB 30000) was introduced to establish POLST as a legally-recognized mechanism by which patients can provide specific instructions for their end-of-life care. AB 3000 was signed in August 2008; the law went into effect on January 1, 2009.

During 2008, the California Coalition for Compassionate Care established a POLST Task Force, comprised of more than 20 key stakeholder groups, to provide guidance on aspects of POLST with statewide implications, including public policy, changes to the form and dissemination of information.

BARRIERS OVERCOME:

Legislation: Several physician and hospital representatives expressed concern about the use of POLST without explicit recognition of POLST under state law. These issues stem from concerns about physicians following orders written by another physician who is unknown to the first physician and/or who may not have privileges at the hospital. These representatives stated a clear preference that these concerns be addressed in law, rather than through the community standard of practice. To resolve these concerns, CCCC sponsored legislation, AB 3000 (see below).

California's size & diversity: Many of the barriers to implementation of POLST in California are directly due to the size of the state and the diversity of the population. Overcoming these barriers is an ongoing process and include assisting more communities in developing local coalitions, developing and disseminating a POLST training curriculum, developing and implementing a communication plan targeting healthcare providers, conducting focus groups, and more.

Sacramento Healthcare Decisions will release a white paper on the first year of POLST implementation in March 2009. This paper will include an in-depth examination of these issues.

STATE LAW AND REGULATIONS:

AB 3000 (Chapter 266, Statutes 2009) establishes POLST in California law. Key provisions are as follows:

- Establishes POLST as a legally recognized "request regarding resuscitation."
 - Requires that the form be signed by a physician and the individual or the individual's representative.
 - Requires that health care providers honor POLST orders.
 - Provides immunity for honoring a POLST form that appears valid.
 - Requires that the POLST form be approved by the California Emergency Medical Services Authority.
- , The California HealthCare Foundation is in the process of hiring an outside evaluator to examine penetration of POLST in the state.

POLST IN THE HEALTH CARE SETTING:

Policies (hospitals, nursing homes, EMS, etc.):

Model policies for skilled nursing facilities, acute care hospitals, and hospices are currently being developed. The California Emergency Medical Services Authority is currently

developing guidelines for EMS agencies throughout the state.

Registry for POLST Paradigm Forms: No

Management: California Coalition for Compassionate Care

Training for health care professionals:

The California Coalition for Compassionate Care, the 17 local communities, and others are conducting training to raise awareness and understanding of POLST among healthcare professionals. A web-based course will also be available later in the year.

A communication consultant was hired to develop a plan to reach providers throughout the state. They will assist with messaging, developing materials and outreach.

Training for the public and patients:

A training curriculum on how to facilitate POLST conversations is currently being developed. Trainings will begin sometime after March and will contain a “train the trainer” component.

CQI projects and research:

The California Coalition for Compassionate Care web site (www.finalchoices.org) offers information on POLST for consumers, including a brochure and frequently asked questions. A new brochure and video are in the process of being developed. In the future, a more extensive web site will also be available.