Program Description for: *COLORADO*

Name: David Koets, MD
Title:
Phone: 720-299-1999
Fax: 303-972-7400
E-mail: dkoets@aol.com

Mail Address: PO Box 270202
Littleton, CO 80127

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Program Name: MOST (Medical Orders for Scope of Treatment)

State or Region: Colorado
Area of Use: Colorado

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 (*is the patient's surrogate provided authority to interpret the goals and preference at the time decisions are made?*)

EXTENT OF USE:

Start year: The program was introduced in 2005 as a pilot in long-term care facilities in El Paso County and rural Southern Colorado

Settings of skills: In addition to the ongoing pilot in El Paso County and rural counties in southern Colorado, pilot programs are beginning in the Centura Senior Clinics and hospital system, in long-term care facilities with a pilot program in conjunction with Evercare. Interest has been expressed by Total Long-term Care, Kaiser Permanente and the HealthOne hospitals and various hospices. This will eventually be expanded to include Assisted Living Residences, out-patient clinics and home health.

Range of use: To be determined

Use by those under 18yrs: To be determined

Distributed per month: To be determined **Distributed per year:** To be determined

HISTORY:

The POLST document was first used in rural communities in southern Colorado and expanded to utilization in El Paso County. The paradigm then came to the attention of the newly formed Colorado Advance Directives Consortium in 2006 as one of four issues needing a collaborative effort for revision and updating, including: the Living Will Statute, the Colorado CPR Directive regulations, Surrogate/Proxy decision makers, and Portability of Advance Directives.

The Consortium includes broad representation from the medical, legal, ethics and legislative communities. In addition to physicians, attorneys, and a former State Senator, it includes members from the Colorado Department of Public Health and Environment, both facilities and EMS divisions, the Colorado Health Care Association, the Ombudsman Program, the Colorado Hospice Organization and Colorado Palliative Care Partnership. It will provide the catalyst for further development, providing oversight for emerging pilot programs to insure uniformity and coordination of ongoing development and implementation of the paradigm. A POLST subcommittee of the Consortium has been formed to finalize the program name, determine the standard format for the form, strategic planning for implementation and education on a statewide basis involving all applicable care settings. The subcommittee will also begin to develop specific measures for the CQI process.

The POLST paradigm is emerging as a recognized and accepted tool to consolidate the key components of the advance care planning documents in a readily identifiable form, recognized and supported by regulatory processes with statutory backing, to better respect and implement the wishes of the individual. It also provides a valuable tool to facilitate ongoing discussions, in multiple settings, to insure patient wishes are communicated and honored in the progression of chronic terminal illnesses, removing some of the ambiguity of the current documents if used alone.

The experience and success of the current, and soon to be implemented, pilot programs will be used to expand the awareness and applicability of the paradigm facilitating the expansion of the program across multiple settings.

BARRIERS OVERCOME:

Some of the initial barriers thus far faced have been definitions and procedures in the current Colorado CPR Directive regulations which limit the recognition of other advance care planning documents and directives in the field. This is being addressed through a task force within the EMS Division of the Colorado Department of Public Health and Environment, which will be beginning a regulatory revision of the CPR Directive guidelines this month. Provisions to recognize and accept a POLST document are included in the recommendations from the Consortium to this task force. Use of faxed copies, photocopies and electronic signatures is being addressed.

The physician signature requirement on the current CPR Directive form has been the source of much discussion as a barrier to honoring and implementing an individual's advance directive, and wishes, if not signed. There are a number of dynamics, including differentiation between directives and orders, various scopes of practice, regulation interpretation, etc., which contribute to these controversies and dilemmas, some of which are addressed with the implementation of the POLST Paradigm. Expanding the latitude within the regulations, and possibly some statutory language clarification, to accept the signature of an NP or PA is being addressed. This will include input and collaboration with both the Colorado Board of Medical Examiners and Board of Nursing.

Legislative changes may be needed pending the final revisions in the regulatory document from CDPHE and hopefully will be limited to language clarification within the current statutes avoiding the need for the introduction of new legislation at this point in the process.

STATE LAW AND REGULATIONS:

The applicable state laws include the Living Will statute, the CPR Directive statute, informed consent, and statutory components involving surrogate/proxy decision makers including a MDPOA and guardians are being examined. Regulations including those applicable to the CPR directive are being addressed. , Specific projects and measures are yet to be determined.

POLST IN THE HEALTH CARE SETTING:

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

The initial implementation has been piloted in long-term care facilities with site specific policy and procedures developed. Recognition by the EMS providers is essential to the broader implementation. Specific policy and procedures will be established and an educational process ready to start once the final form and content is determined. The next steps will be to develop policy and procedures within the long-term care setting utilizing the resources of the Colorado Health Care Association, addressing ER practices in collaboration with the Colorado Chapter of the American College of Emergency Physicians, and finally collaborating with specific hospital systems in conjunction with the Colorado Hospital Association. Individual policy and procedures within other care settings will be encouraged using the guidelines available through the National POLST Paradigm Initiative Task Force.

Management:

The program administration will be in the Colorado Center for Hospice and Palliative Care (newly established merger of the Colorado Hospice Organization and the Colorado Palliative Care Partnership) with active and ongoing participation and collaboration of the Colorado Advance Directives Consortium.

Training for health care professionals:

Initial education will be with the EMS providers through the Colorado Department of Public Health and Environment EMS Division, Emergency Department physicians through the local association of ACEP. Initial presentations have been made to the Colorado Medical Directors Association and the concept introduced to the Colorado Health Care Association members as a part of a seminar on palliative care best practices in the long-term care setting. The educational programs of these and other professional organizations will continue to be utilized in expanding the educational processes. Plans for a web page on the Colorado Center for Hospice and Palliative Care web site is in process. (www.cochpc.org)

What training is provided to assure that health care professionals who discuss the choices offered on the POLST Paradigm form are competent to conduct and facilitate these discussions and decisions with patients or their surrogates?

Initial training will utilize the resources available on the POLST web site including video presentations and handouts from the preconference seminar in New Orleans. Further educations will be outlined utilizing the models and materials developed in current programs and available on their web sites. This will be a major collaborative effort utilizing the infrastructure of multiple state healthcare organizations. Other programs, yet to be explored, are the resources available through the Respecting Choices program in LaCrosse, WI, and training videos already developed by the various programs across the country.

Training for the public and patients:

The Colorado Palliative Care Partnership Education and Advance Care Planning Workgroups began a statewide initiative for advance care planning education and awareness in 2007. Training of these presenters has been proposed to utilize their expertise and contacts in multiple parts of the state to extend the education and utilization of the POLST Paradigm to their communities.

CQI projects and research:

To be determined