



HEALTH INFORMATION MANAGEMENT
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PORTLAND, OREGON 97239

Inclusion of POLST Documentation to Patient Electronic Health Record

The POLST (Physician Order for Life-Sustaining Treatment) form is recognized throughout Oregon and Washington as a means to communicate health care provider orders for life-sustaining treatments. The goal of the form is to effectively communicate the wishes of seriously ill patients to have or to limit medical treatment as they move from one care setting to another. The order addresses decisions related to resuscitation, tube feedings, antibiotics, and the use of intensive care. OHSU honors a POLST form or a copy of the form unless/until orders to the contrary are received.

HOSPITAL PROCESS

When a patient is admitted for service, admitting staff determine whether the patient brought a completed POLST. If the patient did not bring one, the patient's electronic health record is reviewed to identify if a current POLST form has been scanned. At the time a POLST is identified, it is reviewed by the admitting physician with the patient (if available). At point of review, if the patient wishes to change their wishes they can have a new POLST created. The provider will then write admission orders in accordance with the patient's current wishes.

If the patient has revised their wishes, or if a new POLST document was brought on admission, the form will be copied. One copy will be sent to Medical Records for document scanning into the patient EHR. An additional copy will be placed into the red alert folder, located at the front of the patient travel chart, to follow the patient during the entire length of admission. The original POLST document will be returned to the patient. (If the POLST printed from the EHR is used, that copy will be placed in the red alert folder, and no other additional copies made.)

When the patient travel folder is delivered to Health Information Management (HIM) for scanning upon discharge, the POLST is separated and scanned as a priority scan. POLSTs are scanned within 24 hours of receipt.

MEDICAL RECORDS PROCESS

POLSTs are a chart level document in the OHSU EHR, meaning that they are a scanned document that is associated to the global patient record, and not isolated to a specific visit encounter. This allows document access on the patient Snapshot (the patient care overview), and patient identification bar.

OHSU Epic Electronic Health Record: Snapshot

The screenshot displays the Epic EHR interface for a patient named Ozone, Oetest. The patient's name and a red box labeled "Patient Identification Bar" are at the top. Below this, the "OHSU Snapshot" section includes a "Demographics" tab with a patient photo and details: "OETEST PATIENT OZONE 'Ozone Test'", 78 year old female, Pref Form of Address: "Opal E.", 1510 SW 5TH AVE, PORTLAND, OR 97201. A "Problem List" is visible on the left. On the right, a "Patient-Level Scan Window" is highlighted, showing "AdvDir/POLST/Power of Attorney" and "Patient-Level Scans" with a list of scan dates and times. Below this, an "Allergies" section lists various allergies like "PENICILLINS", "LACTOSE-FREE FOOD", and "SHELLFISH". At the bottom, a "Medications" section lists "aspirin 325 mg Oral Tablet". The interface includes a navigation menu on the left and a status bar at the bottom showing "Future/Standing Orders" and the time "9:43 AM".

It is vitally important that only a valid and most current POLST form end up in the travel folder. To reduce errors, when a copy of a new POLST form arrives at HIM, the patient record will be reviewed in its entirety for previous POLST forms. The POLST form with the most recent physician signature and date will be considered valid. All previous versions, and documents that do not have both physician signature and date are not considered valid.

Earlier scanned POLST versions will be printed, and their images deleted. A slash will be written across the page from one corner to the other (diagonally) and the word VOID written in large letters with the date the document is being voided. These voided POLSTs will be scanned into the EHR and replace previous versions.

Voided POLST Document:

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY					
Physician Orders for Life-Sustaining Treatment (POLST)					
<small>First follow these orders, then contact physician, NP, or PA. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.</small>					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Last Name DOE</td> <td style="width: 50%;">First Name/ Middle Initial JOHN RAMBO</td> </tr> <tr> <td>Date of Birth 09/18/45</td> <td></td> </tr> </table>		Last Name DOE	First Name/ Middle Initial JOHN RAMBO	Date of Birth 09/18/45	
Last Name DOE	First Name/ Middle Initial JOHN RAMBO				
Date of Birth 09/18/45					
A	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation/CPR <input checked="" type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death) <small>When not in cardiopulmonary arrest, follow orders in B, C and D.</small>				
B	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing. <input type="checkbox"/> Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i> <input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <i>Transfer to hospital if indicated. Avoid intensive care.</i> <input checked="" type="checkbox"/> Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i> Additional Orders: _____				
C	ANTIBIOTICS <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs. <input checked="" type="checkbox"/> Use antibiotics if life can be prolonged. Additional Orders: _____				
D	ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food by mouth if feasible. <input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input checked="" type="checkbox"/> Long-term artificial nutrition by tube. Additional Orders: _____				
REASON FOR ORDERS AND SIGNATURES					
E	<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"> Discussed with: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other _____ </td> <td style="width: 60%;"> My signature below indicates these orders are consistent with the person's preferences, if known. See medical record for further documentation. </td> </tr> </table>	Discussed with: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other _____	My signature below indicates these orders are consistent with the person's preferences, if known. See medical record for further documentation.		
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<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Print Physician/NP/PA Name and Phone Number BOB SAGATT M.D. (555) 494 0001 </td> <td style="width: 50%; text-align: center;">Office Use Only</td> </tr> <tr> <td> Physician/NP/PA Signature (mandatory) </td> <td style="text-align: center;"> Date 05/15/08 </td> </tr> </table>		Print Physician/NP/PA Name and Phone Number BOB SAGATT M.D. (555) 494 0001	Office Use Only	Physician/NP/PA Signature (mandatory) 	Date 05/15/08
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Physician/NP/PA Signature (mandatory) 	Date 05/15/08				
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED					

The current/valid POLST is scanned unmodified. On the Snapshot, the current POLST will show as the first accessible scanned document for ease of access.

All POLST forms are scanned front and back as single documents. In addition each POLST is electronically dated to the physician signature date, regardless of validity, for accurate historical reflection in the OHSU integrated health record.

OHSU Epic EHR: Snapshot Up-Close

The screenshot displays the Epic EHR interface for a patient named 'FYE BLUE CROSS OF OR*'. The 'POLST' status is 'Yes' and 'AdvDir' is 'No'. A 'Patient Identification Bar' is visible at the top. Below it, a section titled 'AdvDir/POLST/Power of Attorney' contains a blue hyperlink: 'Click here to view patient scans'. Underneath, a 'Patient-Level Scans' section lists four scans with their dates and times: 01/01/2009 12:00 AM, 12/25/2008 12:00 AM, 11/26/2008 12:00 AM, and 03/17/2008 12:00 AM. At the bottom, a table shows 'Adv Directives?' and 'Power of Attorney?' both set to 'No [2]'. Three callout boxes on the right provide additional context: the first points to the patient identification bar, the second points to the hyperlink, and the third points to the scan list.

Verification of, and hyperlink to POLST document scans are available throughout the entirety of the EHR via the Patient Identification Bar.

Direct access to the POLST document scans are available via hyperlink on patient care "Snapshot".

The dating of the POLST documents electronically allows users to review the frequency of new or modified documentation, with the most recent first in view.

If HIM gets an original pink POLST form, a copy is to be scanned and the original document mailed to the patient to support respect for treatment wishes.