

Program Description for: **PENNSYLVANIA**

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**Program Name:** POLST

**State or Region:** Pennsylvania

**Area of Use:** Allegheny, Beaver, Butler, Franklin, Lawrence, Lehigh, Lycoming, Luzerne, Mercer, Montgomery, Washington and Westmoreland Counties

- 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:** Skilled nursing facilities, hospitals, hospice, retirement communities

|                                  |  |                              |        |
|----------------------------------|--|------------------------------|--------|
| <b>Range of use:</b>             | Varies within communities, used most predominantly in western counties. Evidence shows awareness and use expanding in facilities throughout the state. |                              |        |
| <b>Use by those under 18yrs:</b> | No education/communication has occurred in this region up to the present relative to the use of the POLST for patients under 18.                       |                              |        |
| <b>Distributed per month:</b>    | 2000   | <b>Distributed per year:</b> | 24,000 |

### **HISTORY:**

In 2000, Highmark Inc. under the direction of Dr. Judith Black, established its Advance Care Planning/End-of-Life Initiative and began to work internally and collaboratively with community groups such as the Providers' Task Force to improve care at the end of life. One of the earliest initiatives endorsed was POLST and a large nursing facility began to use the POLST that year. In 2002, in conjunction with a nursing home quality improvement initiative funded by the Jewish Healthcare Foundation and called the Pittsburgh End of Life Collaborative (PELC), more nursing facilities began to use the form.

The Pennsylvania Geriatrics Society - Western Division, an affiliate of the American Geriatrics Society, endorsed the POLST concept and in April 2004 invited Dr. Susan Tolle to be a presenter at the annual Clinical Update in Geriatric Medicine. During that visit she met and presented POLST to a group of community leaders and then to physician, nursing and social worker attendees of the Clinical Update. Those presentations energized the community and led to a group of leaders coming together and forming the Coalition for Quality at the End-of-Life (CQEL). Its mission is to improve end-of-life care for people in "western Pennsylvania by identifying and collaborating with the key stakeholder groups."

A CQEL subgroup has been charged with the task to develop the plan to implement POLST throughout the region. The specific aspects of the plan include identifying the relevant stakeholders throughout the system who can help make POLST happen, having a "POLST Repository" for providers and consumers to use for information, developing a "train the trainer" model for education and enlisting the support of those who can facilitate the use of POLST in various settings (i.e. hospice, nursing homes, hospitals, emergency services). The University of Pittsburgh Institute on Aging is an example of an organization that is making POLST happen through its educational effort, development of communication and support to facilities. The University's Institute to Enhance Palliative Care lends professional support to the project.

### **BARRIES OVERCOME:**

There is no state recognition of the POLST form and the Pennsylvania OOH-DNR Order is the only document that may be followed by emergency medical services (EMS) in regard to withholding of CPR. However, because there is no barrier written in the law, the early and still most common use of the POLST has been primarily within facilities. The next step was the use of POLST among facilities that commonly shared patients who transition between care settings.

Another barrier over the years has been the lack of infrastructure to support efforts to increase awareness of POLST. This has been overcome by the support provided by health plans and the medical, nursing and social service staffs of institutions. An additional barrier has been the lack of EMS regulations to support POLST up to now. Currently, EMS

### **STATE LAW AND REGULATIONS:**

None at this time. However, Act 169 of 2006 provides an updated state law on living wills and health care powers of attorney. It also establishes a plan for a committee to advise on the mandatory use of a standardized POLST-like form containing the physician orders for scope of treatment that accompanies patients and is recognized across care settings. The committee is expected to provide a draft to the Secretary of the Department of Health by the end of 2008.

### **POLST IN THE HEALTH CARE SETTING:**

Interventions are being incorporated into the state's developing POLST program to facilitate the implementation of POLST within all healthcare settings.

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

Facilities are encouraged to develop policies and examples are available in the POLST training manual.

**Management:**

The Highmark health plan as a representative of the Coalition for Quality at the End-of-Life (CQEL)

**Training for health care professionals:**

Through a collaboration of three health plans a training manual has been developed and representatives have presented “train the trainer” sessions at large group meetings and individual facilities.

The University of Pittsburgh Institute on Aging website is a primary source of educational material at:

[www.aging.upmc.com/health-care-professionals/resources.htm](http://www.aging.upmc.com/health-care-professionals/resources.htm)

Email requests for training or materials can be sent to [marian.kemp@highmark.com](mailto:marian.kemp@highmark.com).

Professionals are also encouraged to go the Oregon POLST website at [www.ohsu.edu/ethics/polst/videos.shtml](http://www.ohsu.edu/ethics/polst/videos.shtml) for materials including the two POLST videos.

**Training for the public and patients:**

While public education has not yet begun, professional education includes a focus on communicating POLST to patients and family members and/or surrogates. Hard copies materials, such as the POLST brochure and POLST videos can be made available

**CQI projects and research:**

None at this time