

Program Description for: **WISCONSIN**

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Program Name: POLST (Physician Orders for Life-Sustaining Treatment)

State or Region: Western Wisconsin
City of Kenosha

Area of Use: The form is used by the nursing homes in Kenosha, Wisconsin and in five counties in western Wisconsin. These include La Crosse, Monroe, Vernon, Richland, and parts of Trempealeau.

- 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: 1997

Settings of skills: In Kenosha the form is only used in nursing homes. In western Wisconsin the form is used in nursing homes, home health, and hospice, and can be used by individuals in their home.

Range of use: More than 80% of long-term care residents and hospice patients have POLST forms where it is used.

Use by those under 18yrs: Yes

Distributed per month: 4,300 forms were distributed in 2003 and 3,800 were distributed in 2004

HISTORY:

The POLST program was started in western Wisconsin in response to a Wisconsin state statute that established a DNR bracelet. Providers in that region felt the state DNR bracelet was too limited in the type of physician orders it allowed and worried it unnecessarily violated patients' privacy by requiring them to wear a physical symbol of their medical decision. Leaders of local health systems decided to develop an alternative, companion system to document and transfer physician's orders among health care settings. The POLST form was chosen because of its simplicity and demonstrated utility in clinical practice.

BARRIES OVERCOME:

The POLST project in western Wisconsin faced two significant barriers. The first was that there was no state recognition of a POLST Paradigm form for emergency services. The only state-recognized method to record and control emergency services was the DNR bracelet. We overcame this barrier by first determining that there was nothing on Wisconsin state statute that limited practice regarding out-of-hospital DNR orders and then by deciding that it was best for patient care for our region to support a standard of care utilizing the POLST form. The POLST form and practice were written into EMS, emergency room, hospital, and nursing home policies. In 7 years of implementation, there have been no legal issues or concerns that have arisen because of the POLST program. Our second barrier was getting area nursing homes to accept the POLST form. Many of the nursing homes had internal DNR order sheets. These facilities thought the POLST was a duplication of work. EMS basically forced a decision by saying that they would only recognize the Wisconsin DNR bracelet or the POLST. Nursing homes did not want to use the DNR bracelet for residents, so decided to use the POLST as a better option. They also decided to use the POLST as an internal document for their own staff.

STATE LAW AND REGULATIONS:

Wisconsin has a statute regarding out-of-hospital DNR orders, WI Chap 154.17-154.29. This statute creates a DNR bracelet for qualified adults in Wisconsin. Physicians who determine that an adult patient is qualified may provide the bracelet, and EMS and first responders are required to honor the order in the event of a cardiac or respiratory arrest. The bracelet can either be a clear plastic, hospital-style bracelet with a state printed insert that has patient information on it or a Medic Alert medal bracelet.

POLST IN THE HEALTH CARE SETTING:

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

It was necessary to revise policies for all health organizations to recognize the use of the POLST form. ERs, EMS, and first responders needed policies that allow them to follow a correctly completed POLST document. Other hospital staff needed to know how to handle the POLST document when a patient was admitted. It is expected at admission to the hospital that the admitting physician will review the POLST form, review the orders with the patient or surrogate, and then write appropriate orders. It is also important to clarify that the POLST form travels with the patient, and staff must make sure that the POLST form goes with the patient when moved from one facility to the next.

Management:

The POLST program is managed by two individuals each representing the two large health systems in La Crosse, WI. These two individuals review problems and consider changes in consultation with system ethics committees, ER medical directors, EMS medical directors, and nursing home representatives.

Training for health care professionals:

All nurses are oriented to the program, EMS staff are trained by EMS educators, all ACLS courses include discussion of the POLST form, all new house staff are provided an orientation to use of the POLST form, and all local advance care planning facilitators are trained to assist patients to consider and complete the POLST form. There is also a guidebook for health professionals about how to create out-of-hospital DNR orders.

Training for the public and patients:

No direct education currently exists about the POLST form. A systematic effort to engage patients in advance care planning does occur and has had great success. In this education patients are told that if they do not want CPR attempted out in the community, they should talk to their physician about a DNR order.

CQI projects and research:

There have not been any formal CQI projects to measure the success of the POLST form. Concerns have been expressed about the failure of the local hospitals to send the POLST back with a patient to the nursing home. Efforts at educating discharge staff have been undertaken to improve that part of the system.