

Program Description for: **WEST VIRGINIA**

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Program Name: POST (Physician Orders for Scope of Treatment)

State or Region: West Virginia

Area of Use: All counties in West Virginia

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

Name of program / form: POST (Physician Orders for Scope of Treatment)

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: 2002

Settings of skills: Physician's offices, hospitals, nursing homes, hospices, ambulances, and home health.

Range of use: Most hospitals, hospices, and nursing homes are using the forms. Home health use is less uniform.

Use by those under 18yrs: Yes

Distributed per month: Over 2,500

Distributed per year: 25,000 on average

HISTORY:

After seeing the success of the POLST form used in Oregon, the West Virginia Center for End-of-Life Care first established a task force that came together to draft a form based on the POLST. This form was then finalized and given legitimacy by the W.V. state legislature through incorporation into the state's Health Care Decisions Act.

BARRIES OVERCOME:

Main barriers included lack of form recognition (many practitioners had never seen the form or knew they were being used) and forms being lost in transfers. Continuous education of all practitioners across the state through large conferences, videos, MDTV simulcasts, and presentations to small groups helped get the word out about the form. Individual institutions are putting systems in place to keep track of forms. Copies of forms are being accepted for transfer so that originals stay at the site initially completing them (usually it is the nursing home who completes the forms that are lost by the hospital!)

STATE LAW AND REGULATIONS:

West Virginia Health Care Decisions Act- §16-30-3(u); §16-30-5; §16-30-9; §16-30-25.

POLST IN THE HEALTH CARE SETTING:

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

All health care settings have been encouraged to adopt a policy regarding the usage of POST. A sample policy is on our website, www.wvendoflife.org under POST Information for the Health Care Professional.

Management:

The West Virginia Center for End-of-Life Care.

Training for health care professionals:

Videos, conferences, and other presentations as requested.

Training for the public and patients:

Advance care planning video and separate POST video, brochures for patients and families, presentations at the local level to consumer groups and other associations, presentations at Senior Centers, and articles in newsletters and newspapers. See the West Virginia Center for End-of-Life Care website, <http://www.hsc.wvu.edu/chel/wvi/post.html>, for a video, "The POST Form: A Better Way to Respect Patients' Wishes," user's manual, and other information about POST.

CQI projects and research:

After the first six months of the program, a student intern completed a chart review of the form's use at several nursing homes. Ethics committees have overseen the use of the form in hospitals and made changes in the system to facilitate appropriate use. The form has been reviewed every year. Since 2002, the form has been revised four times. The current forms have 2006 in the lower left-hand corner. As of 2008, 85% of hospitals and hospices and 81% of nursing homes use the form. West Virginia is participating in a NIH-funded research study of the use of POST forms in nursing homes. The results have been very positive. Use of the POST form is associated with no patients receiving unwanted CPR, mechanical ventilation, or ICU care.