

What is the POLST Registry Initiative?



Inland Empire Health Plan

The POLST Registry initiative is a campaign to connect providers from across the continuum in the Inland Empire with the goal of making POLST forms accessible when they are needed most.

This initiative is being spearheaded and sponsored by IEHP. Thanks to their leadership and partnership with Care Directives; we are making POLST forms accessible for **ALL** patients who reside and receive care in the Inland Empire.

IEHP has committed to providing funding for implementation and 2 years of support and maintenance of the California POLST Registry platform in the IE.

The Power of a Pink Form

The POLST form is a powerful tool patients use to specify the end-of-life treatments.

The limitation of the paper POLST form is its accessibility. During a medical emergency paper forms are lost or fail to travel with patients across care settings.

When the paper form is not immediately available, it often results in aggressive and unwanted care for the patient.

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

PHYSICIAN INFORMATION: Please use these orders, like medical physician orders, to guide care. Any order not indicated, makes all treatment for that patient. POLST supersedes an Advance Directive and is not intended to replace that document.

PATIENT INFORMATION: Patient Last Name, Date Form Prepared, Patient First Name, Patient Date of Birth, Patient Middle Name, Level of Care or Location

A. CARDIOPULMONARY RESUSCITATION (CPR): If patient has no pulse and is not breathing, **if patient is NOT in cardiopulmonary arrest, follow orders in Section B and C.**

All of the above and CPR (Prescribe CPR in Section A, requiring withholding Full Treatment in Section B)
 Do Not Attempt Resuscitation (DNR) (Prescribe DNR)

B. MEDICAL INTERVENTIONS: If patient is found with a pulse and is breathing:

Full Treatment - primary goal of prolonging life by all medically effective means. In addition to treatment described in Cardiac/Pulmonary Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardiopulmonary resuscitation.
 Total Palliative Care of Full Treatment
 Selective Treatment - goal of treating conditions while avoiding burdensome measures. In addition to treatment described in Cardiac/Pulmonary Treatment, use medical treatment, hydration, and nutrition as indicated. Do not intubate. May use noninvasive positive airway pressure. Generally avoid intensive care.
 Request transfer to hospital only if transfer would be best or cost-effective.
 Comfort/Palliative Treatment - primary goal of relieving suffering. Focus pain and suffering relief medication by any route available, use oxygen, hydration, and nutritional treatment of energy substitution. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if transfer would be best or cost-effective.
Additional Orders: _____

C. ARTIFICIALLY ADMINISTERED NUTRITION: Offer food by mouth if feasible and desired.

Long-term artificial nutrition, including feeding tubes. Additional Orders: _____
 Total period of artificial nutrition, including feeding tubes.
 No artificial nutrition, including feeding tubes.

D. INFORMATION AND SIGNATURES:

Witness available: Patient (Patient Not Capable) Legally Empowered Decisionmaker

Advance Care Directive available and attached → Healthcare agent cannot Advance Directive
 Advance Directive not available → None
 No Advance Directive → None

Signature of Physician: My signature certifies that I am a licensed physician and that these orders are consistent with the patient's best interests and preferences.

First Physician Name: _____ Date: _____
Physician Signature: _____ Date: _____

Signature of Patient or Legally Empowered Decisionmaker: I affirm that the above orders, by signing this form, are legally binding and that I am providing the information requested in this form to the best of my knowledge, and that I am not under any duress or coercion at the time of the form.

First Name: _____ Date: _____
Signature: _____ Date: _____
Address (to be mailed to): _____ Home Location: _____ Other Use Only: _____

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

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The Power of the Cloud



Care Directives

Create your POLST form

Choose Your Language

English

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

First follow these orders, then contact physician.

A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section.

POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name:

Smith

Date Form Prepared

Patient First Name

John

Patient Date of Birth

1967-03-23

Patient Middle Name

Marshall

Medical Record #

A

Check One

Cardiopulmonary Resuscitation (CPR)

If patient has no pulse and is not breathing

If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)

Do Not Attempt Resuscitation/DNR (Allow Natural Death)

- OCR technology converts paper forms to digital profile
- HIPAA Compliant & Secure
- Supports multiple language translations
- Follows patient across the care continuum
- Simple integration into day-to-day work flow
- Integrates with EHR
- Eliminates user error with built in checks and balances
- Digital signatures

Care Directives is Bridging the Gap

California POLST Registry (CPR) is a secure cloud-based application that captures and houses POLST forms.

Making POLST accessible to healthcare providers across the care continuum at all times 24 X 7 X 365.

The same form filled out in a skilled nursing facility is accessible to the ED/ICU team, or the home health agency providing care at home.

CPR makes end of life care wishes accessible across the care continuum connecting:

- Skilled Nursing Facilities
- Hospitals
- Physicians
- Home Health/Hospice Agencies
- EMS- Paramedics

Skilled Nursing Facilities (SNF) Play Key Role in POLST Registry Initiative

Skilled nursing facilities capture the majority of POLST forms and are tasked with ensuring the form travels with the patient to all appointments and hospital transfers.

Common SNF concerns:

- **Staff forget to include copies of POLST form in transfer packets**
- **Paper forms are often times lost or inaccessible**
- **If original POLST form is sent with the patient, hospital NEVER sends it back**
- **Hospitals request original forms ONLY**

Join Us...

SNF + POLST Registry = Access to End-of-Life Care Wishes

Benefits of joining:

- No cost to participate in this initiative
- Care Directives convert your existing paper forms to digital files
- User account allows you to access forms filled out at hospital or during a previous SNF stay



Join the Movement 

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