Civil Money Penalty
Reinvestment Network

Elevate Care

Thanks for joining us!

Please sign-in using the chat box:

Example:
Luvetta Abdullah, OK

Today's Agenda

- Meeting Purpose Statement
- Georgia's POLST Collaborative
- Questions
- COVID-19
- Future Topics
- Save the Dates
- Wrap-up

Materials are online at

CMP.health.ok.gov

Navigate on the left panel to "National CMP Reinvestment Network"

Also available on tn.gov/health

Search for "Civil Monetary Penalty" and select Nursing Home Civil Monetary Penalty (CMP) Quality Improvement Program. Select "National CMP Reinvestment Network"

Our Purpose

A national network to share experiences, challenges, and successes with the reinvestment of CMP funds to improve care in nursing homes.

POLST GEORGIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Lindsay P. Prizer, PhD, MSW, LCSW
Executive Director

The Georgia POLST Collaborative

Financial Disclosure

This presenter has no financial interests or relationships to disclose.

Objectives

At the end of the course, participants should have an understanding of:

1) The background of the Georgia POLST Collaborative
2) How our program delivery through our funded projects
3) The difference between traditional advance directives and the POLST document

History of the Georgia POLST Collaborative

- 2010: Collaborative was established
- 2013: Partnered with Alliant QIO on a Special Innovation Project
- 2017: Became a 501(c)(3)
- 2018: Hired our first part time Executive Director
- 2019: Awarded a HRSA Sub-contract with Emory's GWEP program
- 2019: Awarded a pilot research grant from Retirement Research Foundation

Georgia POLST Collaborative

- 40+ statewide organizations
- Part of a national movement to promote POLST
- Georgia POLST is endorsed by the National POLST Paradigm Taskforce
- Vision: All Georgians will have their health care preferences known and honored

Georgia POLST Collaborative (cont'd)

- Mission: To improve health care at the end-of-life through
  - **Promoting the utilization of the Physician Orders for Life Sustaining Treatment form by health care professionals and institutions across the state**

HRSA Project

- Educate professionals throughout Georgia in monthly presentations (2019-2024)
  - **Educating Georgians about advance care planning and the role of POLST in having their wishes honored**

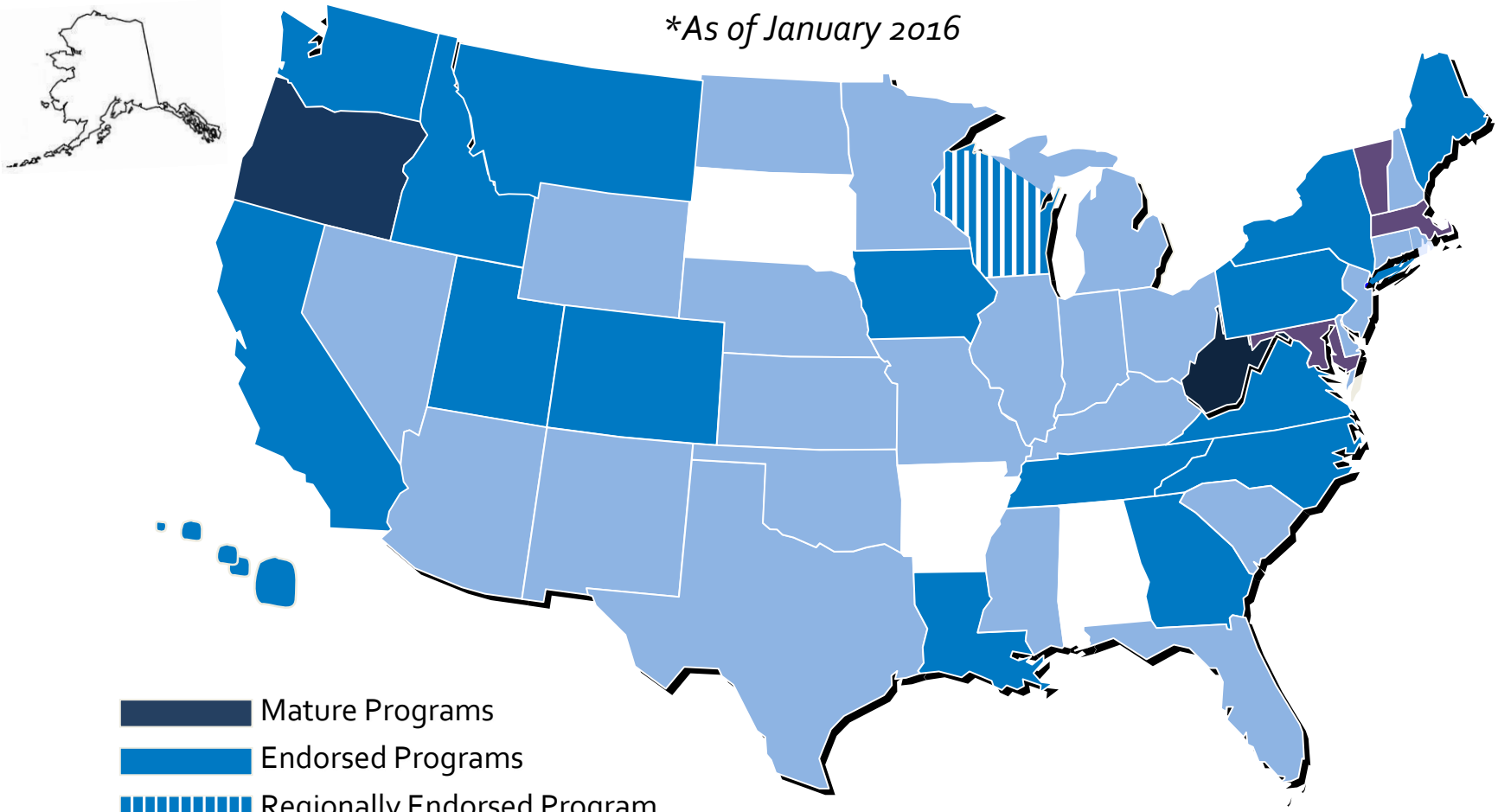
RRF Project

- Assess the effectiveness of a group advance care planning guide compared to traditional support group exposure (2020)

National POLST Paradigm Programs

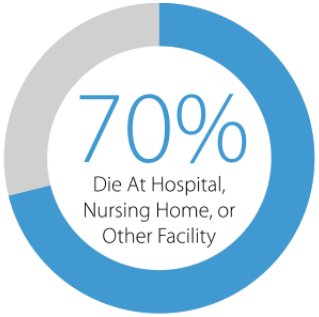
www.polst.org

**As of January 2016*

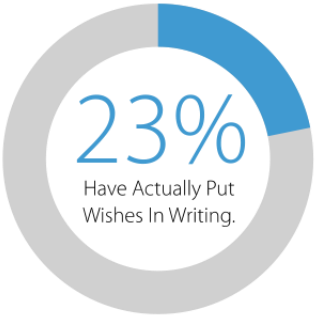


- Mature Programs
- Endorsed Programs
- Regionally Endorsed Program
- Developing Programs
- No Program (Contacts)
- Programs That Do Not Conform to POLST Requirements

One Conversation Can Make All The Difference.



- 70% of people say they prefer to die at home yet
- 70% die in a hospital, nursing home, or long-term-care facility. *(Centers for Disease Control, 2005)*



- 82% of people say it's important to put their wishes in writing ; 23% have actually done it. *(Survey of Californians by the California HealthCare Foundation, 2012)*

- 80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care; 7% report having had an end-of-life conversation with their doctor. *(Survey of Californians by the California HealthCare Foundation, 2012)*

Georgia Advance Directive for Health Care

In 2007, Georgia Law combined all three advance care planning tools into one document:

- Power of Attorney: health care agent
- Living Will: Stating treatment preferences

Also includes:

- Authorizing organ donation, autopsy, burial

Legal with:

- Patient signature & 2 witnesses

https://aging.georgia.gov/sites/aging.georgia.gov/files/related_files/service/GEORGIA_ADVANCE_DIRECTIVE_FOR_HEALTH_CARE-10.pdf

POLST: Physician Orders for Life Sustaining Treatment

- Medical order completed by a health care provider
  - Requires signatures by the patient or patient's authorized representative AND a physician
- Activates a patient's Advance directive
- Mechanism to communicate a patient's wishes for their care at the end of their life
- Designed to travel from one care setting to another
- Must be honored by all health care professionals

Difference Between Advance Directives and POLST

Advance Directive	POLST
For anyone over 18	For seriously ill/frail at any age
Completed by an individual	Completed by a physician and patient or authorized patient representative
General instructions for future treatment	Specific orders for current treatment
Signed by individual and two witnesses (neither an attorney nor notary is needed in GA)	Signed by physician and patient or authorized patient representative

Georgia POLST Form

DPH Georgia Department of Public Health

POLST GEORGIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

PHYSICIAN ORDERS FOR LIFE- SUSTAINING TREATMENT (POLST)

Patient's Name _____ _____ _____
(First) (Middle) (Last)

Date of Birth _____ **Gender:** Male ☐ Female ☐

A **CODE STATUS** Check One	**CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.** ☐ **Attempt Resuscitation (CPR).** ☐ **Allow Natural Death (AND) - Do Not Attempt Resuscitation.** *** Signature of a concurring physician is needed for this section to be valid **if** this form is signed by an Authorized Person who is not the Health Care Agent. See additional guidance under III on back of form.* **When not in cardiopulmonary arrest, follow orders in B, C and D.**
B Check One	**MEDICAL INTERVENTIONS: Patient has pulse and /or is breathing.** ☐ **Comfort Measures**: 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. *Do not transfer to hospital for life-sustaining treatment.* ☐ **Limited Additional Interventions**: In addition to treatment and care described above, provide medical treatment, as indicated. DO NOT USE intubation or mechanical ventilation. *Transfer to hospital if indicated. Generally avoid intensive care unit.* ☐ **Full Treatment**: In addition to treatment and care described above, use intubation, mechanical ventilation, and cardioversion as indicated. *Transfer to hospital and/or intensive care unit if indicated.* Additional Orders (e.g. dialysis):
C Check One	**ANTIBIOTICS** ☐ No antibiotics: Use other measures to relieve symptoms. ☐ Determine use or limitation of antibiotics when infection occurs. ☐ Use antibiotics if life can be prolonged. Additional Orders:
D Check One In Each Column	**ARTIFICIALLY ADMINISTERED NUTRITION/FLUIDS** **Where indicated, always offer food or fluids by mouth if feasible** ☐ No artificial nutrition by tube. ☐ Trial period of artificial nutrition by tube. ☐ Long-term artificial nutrition by tube. Additional Orders: ☐ No IV fluids. ☐ Trial period of IV fluids. ☐ Long-term IV fluids. Additional Orders:

DISCUSSION AND SIGNATURES

The basis for these orders should be documented in the medical record. To the best of my knowledge these orders are consistent with the patient's current medical condition and preferences and comply with the requirements of applicable Georgia law.

Physician Name: License No.: State:	Physician Signature:	Date: Phone:
Concurring Physician Name (*if needed; see III.i. on back of form*): License No.: State:	Concurring Physician Signature (if needed):	Date: Phone:
Patient or Authorized Person Name: ****authorized person may NOT sign if patient has decision making capacity*	Patient or Authorized Person Signature:	Date: Phone:

Relationship to Patient (check all that apply):
☐ Self ☐ Health Care Agent ☐ Spouse ☐ Court-Appointed Guardian ☐ Son or Daughter ☐ Parent ☐ Brother or Sister

Five Sections

- Cardiopulmonary Resuscitation (CPR)
- Medical Interventions
- Antibiotics
- Artificially Administered Nutrition & Fluids
- Signatures

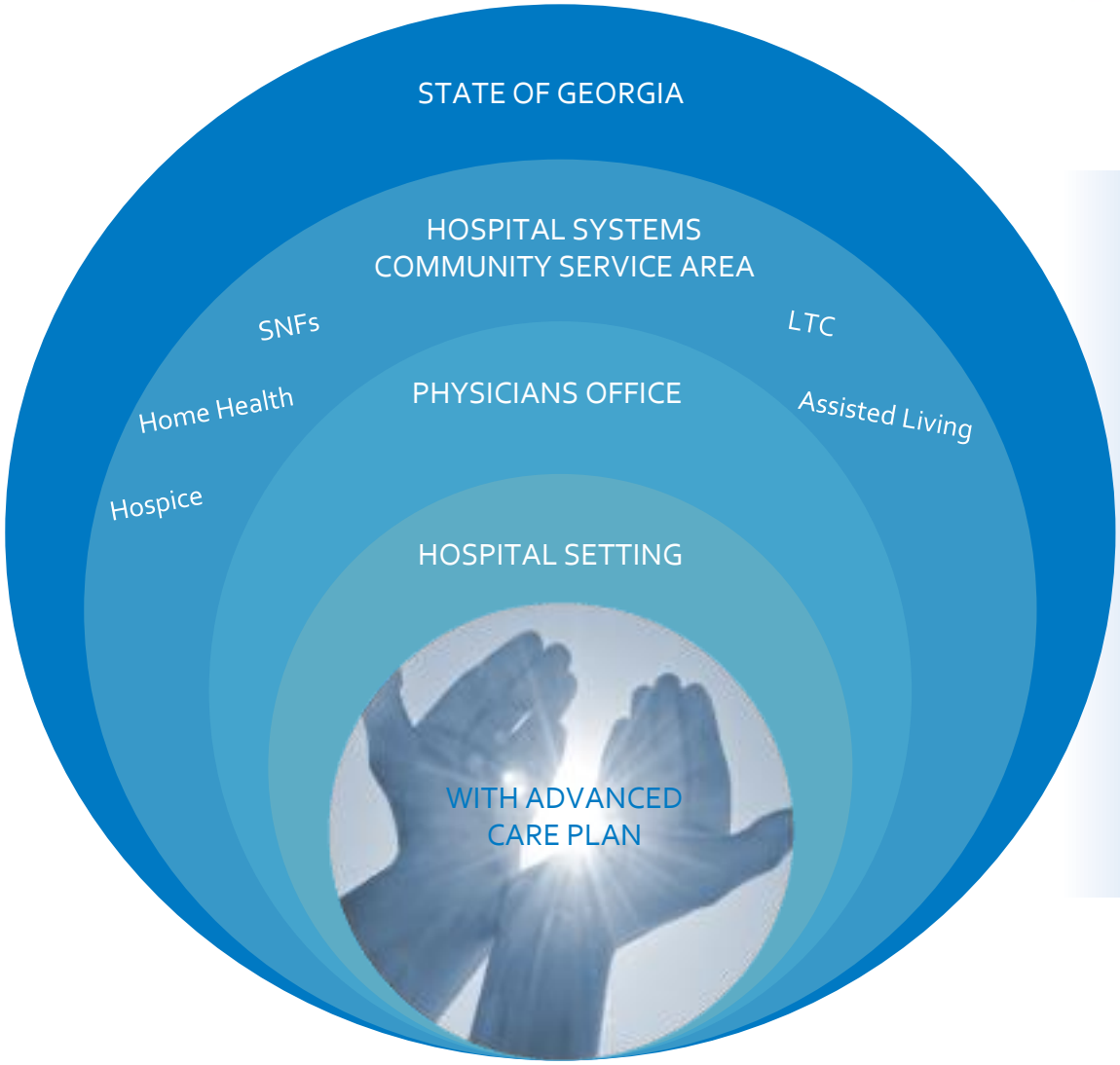
Why is this so important?

- When a patient and/or family has made a difficult decision and created a medical order to protect that wish, we must honor it!

- Wrongful life cases related to POLST are now appearing

-Paula Span. *The Patients Were Saved. That's Why the Families Are Suing.* New York Times. APRIL 10, 2017. Accessed January 19, 2018: https://www.nytimes.com/2017/04/10/health/wrongful-life-lawsuit-dnr.html

Our Vision


STATE OF GEORGIA
HOSPITAL SYSTEMS
COMMUNITY SERVICE AREA
SNFs
LTC
Home Health
PHYSICIANS OFFICE
Assisted Living
Hospice
HOSPITAL SETTING
WITH ADVANCED
CARE PLAN

Additional Resources

Partner Organizations

- National POLST Organization
- Healthcare Ethics Consortium (Emory University)
- "Conversation Project"
- "Death Over Dinner"
- CAPC (Center to Advance Palliative Care)

POLST Websites

- http://www.gapolst.org
- www.dph.ga.gov/POLST
- http://polst.org
- http://www.critical-conditions.org/
- https://www.agingwithdignity.org/
- http://capolst.org/
- www.theconversationproject.org
- www.deathoverdinner.org

References

CDC (2005). NCHS, National Vital Statistics System, Mortality. Accessed on Jan. 19, 2018 at: https://www.cdc.gov/nchs/data/dvs/Mortfinal2005_worktable_309.pdf

Survey of Californians by the California HealthCare Foundation. (2012). Final Chapter: Californians' Attitudes and Experiences with Death and Dying Accessed on Jan. 19, 2018 at: http://www.chcf.org/publications/2012/02/final-chapter-death-dying

Institute of Medicine. (2015). *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. Washington, DC: The National Academies Press. Accessed Jan. 19, 2018: https://www.nap.edu/catalog/18748/dying-in-america-improving-quality-and-honoring-individualpreferences-near

Lisa Wade. (2013). How Do Physicians and Non-Physicians Want to Die? Accessed Jan. 19, 2018: http://thesocietypages.org/socimages/2013/12/31/how-do-physicians-and-non-physicians-want-to-die

Eric Fromme et al. Association Between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and In-Hospital Death in Oregon. J Am Geriatr Soc 62:1246–1251, 2014

Louisiana Physician Orders for Scope of Treatment. n.d. Guide to Advance Care Planning. Accessed Jan. 19, 2018: http://www.polst.org/wp-content/uploads/2012/12/LaPOST-Guide-to-Advance-Care-Planning.pdf

GA Department of Human Resources. (2007). Georgia Advance Directive for Health Care. Accessed Jan. 19, 2018: https://aging.georgia.gov/sites/aging.georgia.gov/files/related_files/service/GEORGIA_ADVANCE_DIRECTIVE_FOR_HEALTH_CARE-10.pdf

West Virginia Center for End-of-Life Care. (2012). Using the POST Form: Guidance for Healthcare Professionals. Accessed Jan 19, 2018: http://www.polst.org/wp-content/uploads/2013/01/POST-Manual-2012-complete.pdf

Heerema, E. (2013). Antibiotic Use in Advanced Dementia. About.com Alzheimer's/Dementia. Accessed Jan. 19, 2018: https://www.verywell.com/antibiotic-use-in-advanced-dementia-98209

Paula Span. *The Patients Were Saved. That's Why the Families Are Suing.* New York Times. APRIL 10, 2017. Accessed January 19, 2018: https://www.nytimes.com/2017/04/10/health/wrongful-life-lawsuit-dnr.html

Coalition for Compassionate Care of California. (2011). Introducing the POLST. Access Jan. 19, 2018: https://www.youtube.com/watch?feature=player_embedded&v=FjUrI1NsM-M

American Geriatric Society Geriatric Review Syllabus Teaching Slide-set. Accessed Jan. 19, 2018: https://geriatricscareonline.org/ProductAbstract/grs-teaching-slides/S001/

Georgia Legal Foundations

- GA Advance Directive
  - Ga. AD Law - 2007 HB 24
  - Ga. Dept. Of Human Resources (2007 HB 24 Rules And Regulations)
  - Ga. Code 31-39 DNR/AND & Cardiopulmonary Resuscitation Laws
- GA Physician Order For Life Sustaining Treatment (POLST)
  - Ga. DPH, POLST Form, 2012
- ***SB 109 2015***

SB109 (2015)

- Portable across care settings
- Review of form recommended at care transitions
- Immunity for all when followed in good faith
  - -Except if violates Code Section 16-5-5 (Assisted Suicide)
- Protections for treating pain
- Equates terms such as DNR=AND
- All conflicting laws are repealed
- Most recent document is valid one

POLST Implementation/Use in Hospital Setting

Medicare Conditions of Participation: Hospital orders may only be written by MD with staff privileges (this does not mean a POLST signed by a non-privileged physician should be ignored)

POLST Process when Patient Arrives at Hospital with POLST signed by non-privileged physician:

- Physician should review the document(s) and either
  - Sign POLST form as the "Concurring Physician"
  - Rewrite orders into hospital system
- Hospital policies should be written to govern this process

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Captain US Public Health Service, Retired / Technical Director Hospital Survey and Certification
CMS/CCSQ/Survey & Certification Group/Division of Acute Care Services

Thank You

To learn more about how to become involved in POLST advocacy, please go to www.GAPOLST.org

Questions ?

The phones are unmuted for questions.

COVID-19

- How are CMP programs addressing COVID-19?
- Are any programs utilizing their emergency funds in response?
  - If so, in what capacity and what CMS process had to be followed?
  - Have states received guidance on utilizing emergency fund from their regional CMS administrator?

Future Calls

- What topic areas would you like to see discussed on future calls?

Save the Date

Future webinars:

Wednesday, June 17, 2020 – TBD
Wednesday, September 16, 2020 - TBD
Wednesday, December 16, 2020 - TBD

Time: 2:00 PM Central Standard Time (CST)

Wrap-Up

Materials will be available online within 48 hours at the website shown below.

CMP.health.ok.gov

Direct questions to:

CMP.health@tn.gov

CMP@health.ok.gov

Thanks for joining us and we appreciated your participation and feedback!