

Sample Home Health Agency Policy Regarding OkPOLST

I. Purpose. To provide procedures for patients who enroll in home health care with an Oklahoma Physician Order for Life-Sustaining Treatment (“OkPOLST”) form and for assisting patients in completing OkPOLST forms.

II. Policy

A. The Oklahoma Physician Order for Life-Sustaining Treatment (OkPOLST) is a **physician order** form that translates a patient’s end-of-life wishes and goals of care into **physician orders** that transfer with the patient across health care settings.

B. It is a standardized form that is printed on pink paper and clearly identifiable. To view or print an OkPOLST form on the appropriate pink colored paper, visit www.okpolst.org

C. The OkPOLST form must be signed by a physician and by the patient, or if the patient lacks decision-making capacity, his/her legal health care representative.

D. The OkPOLST form can be completed on a patient regardless of age. Use of the POLST form is appropriate for patients whose life expectancy most likely is no more than 6 to 12 months. It is used as a part of the health care planning process and is complementary with advance directives. The OkPOLST document however, may be used in the absence of other documents.

E. The original OkPOLST form is the personal property of the patient; copies of the document are placed on the medical record.

F. If the OkPOLST form conflicts with the patient’s previously-expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the patient’s wishes are honored.

III. Definitions.

A. **OkPOLST.** An easily identifiable and standardized form that translates a patient’s end-of-life wishes and goals of care into a **physician order** that accompanies a patient and transfers across health care settings.

B. **Legal health care representative.** Under Oklahoma law, the following individuals have authority to make medical decisions on behalf of an incapacitated person: a health care proxy named in an advance directive, an attorney-in-fact named in a durable power of attorney for health care and a court-appointed guardian.

IV. Procedure.

A. FOR PATIENTS ENROLLED INTO HOME HEALTH CARE WITH A COMPLETED OkPOLST FORM.

1. Document existence of OkPOLST form during initial patient assessment.
2. Confirm with the patient or his/her legal health care representative that the OkPOLST form is the most current copy.
3. It is recommended that the OkPOLST form be honored as an expression of a patient's end-of-life medical treatment preferences until such a time that a physician reviews the OkPOLST form and incorporates the content of the OkPOLST form into the care and treatment plan of the patient, as appropriate. The physician will document his/her review of the OkPOLST form in the medical record.
4. Discussions with the patient and/or the patient's legal health care representative regarding the OkPOLST form and related treatment decisions will be documented in the medical record.
5. Copy the OkPOLST form for the medical record and/or scan into the electronic medical record. Document the date and time the order is placed in the medical record. (The copy should be made on approved pink paper for easy identification.)
6. Place the original OkPOLST form in a prominent place in the patient's residence where it be immediately accessed by other health care providers as necessary for the care of the patient. Places in the patient's home might include: attached to the head of the patient's bed, on the refrigerator door or in a vial in the freezer.
7. If patient is admitted to an emergency department or inpatient unit, send current **original** OkPOLST form with patient to emergency department or inpatient unit.

B. COMPLETING AN OkPOLST FORM WITH A PATIENT.

1. If the patient or the patient's legal health care representative wishes to complete an OkPOLST form, the patient's physician should be contacted. The physician should discuss treatment options including information about the patient's advance directive (if any) or other statements the patient has made regarding his/her wishes for end-of-life care and treatments. The benefits, burdens, efficacy and appropriateness of treatment and medical interventions should be discussed by the physician with the patient and/or the patient's legal health care representative.
2. Another member of the health care team such as a nurse or social worker may explain the OkPOLST form to the patient and/or the patient's legal health care representative, however, the physician is responsible for discussing treatment options with the patient and/or the patient's legal health care representative.

3. The above-described discussions should be documented in the medical record, and dated and timed.
4. The OkPOLST form is to be completed based on the patient's expressed treatment preferences and medical condition. If the patient lacks decision-making capacity and the OkPOLST form is completed with the patient's legal health care representative, it must be consistent with the known desires of and in the best interest of the patient.
5. The OkPOLST form must be signed by a physician, and by the patient, or if the patient lacks decision-making capacity the patient's legal health care representative.
6. Copy the OkPOLST form for the medical record and/or scan into the electronic medical record. Document the date and time the order is placed in the medical record. (The copy should be made on approved pink paper for easy identification).
7. Because the current original OkPOLST is the patient's personal property, **ensure its return to the patient**, or legal health care representative, upon discharge or transfer.
8. Place the original OkPOLST form in a prominent place in the patient's home or residence where it be immediately accessed by other health care providers as necessary for the care of the patient. Places in the patient's home might include: attached to the head of the patient's bed, on the refrigerator door or in a vial in the freezer.

C. REVIEWING/REVISING AN OkPOLST FORM.

1. Discussions about revising or revoking an OkPOLST form should be documented in the medical record, and dated and timed. This documentation should include the essence of the conversation and the parties involved in the discussion.
2. The attending physician and patient or the legal health care representative, together, may review or rewrite the OkPOLST form consistent with the patient's most recently expressed wishes. In the case of a patient who lacks decision-making capacity, the attending physician and the patient's legal health care representative may rewrite the OkPOLST form, as long as it is consistent with the known desires of and in the best interest of the patient.
3. If the current OkPOLST form is no longer valid due to a patient changing treatment preferences or if a change in the patient's health status or medical condition warrants a change in the OkPOLST form, the OkPOLST can be voided. To void an OkPOLST form, draw a line through Sections A through D and write "VOID" in large letters. Sign and date this line.
4. If a new OkPOLST form is completed, a copy of the original OkPOLST form marked "VOID" (that is signed and dated) should be kept in the medical record directly behind the current OkPOLST form. **The new OkPOLST form goes with the patient.**

D. CONFLICT RESOLUTION.

1. If the OkPOLST form conflicts with the patient's previously-expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the patient's wishes are honored.
2. If there are any conflicts or ethical concerns about the OkPOLST orders, appropriate resources – e.g., ethics committees, care conference, legal, risk management or other administrative and medical staff resources – may be utilized to resolve the conflict.
3. During conflict resolution, consideration should always be given to:
 - a) the attending physician's assessment of the patient's current health status and the medical indications for care or treatment;
 - b) the determination by the physician as to whether the care or treatment specified by OkPOLST is medically ineffective, non-beneficial, or contrary to generally accepted health care standards; and
 - c) the patient's most recently expressed preferences for treatment and the patient's treatment goals.

V. OkPOLST Form. To view or print an OkPOLST form on the appropriate pink colored paper, visit www.okpolst.org