State POLST Maturity and Advance Directive Completion

Aspire Healthcare, Nashville, TN

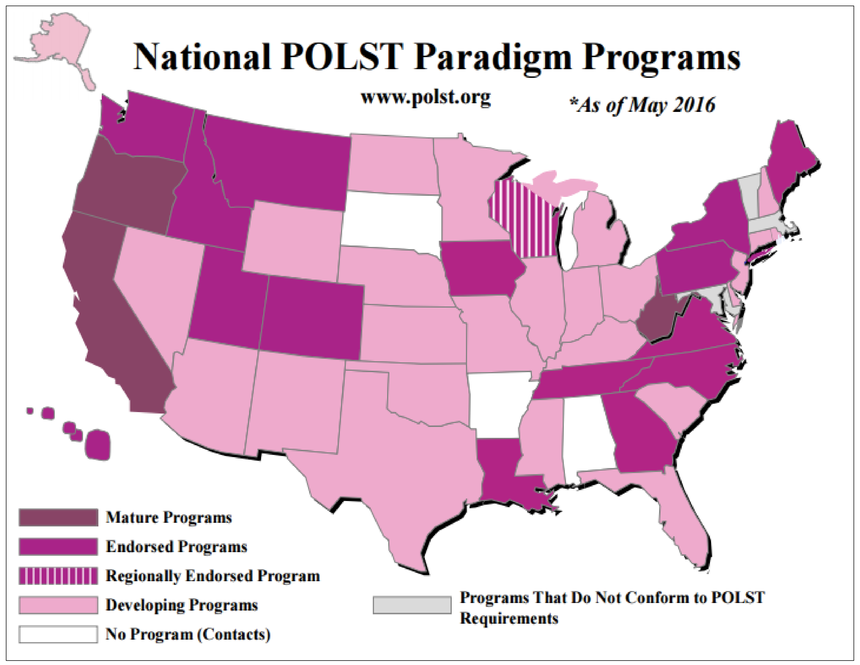
Tara C. Friedman, MD FAAHPM; Katy Lanz, DNP, MSN, AGPCNP-BC, ACHPN; and Betsy Thorne

Introduction

Beyond advance directives, the presence of a completed POLST form assures a greater likelihood that an individual's preferences for medical treatment will be honored at the end of life.[1,2] For more than 10 years, the National POLST Paradigm Task Force has assisted states in developing quality standards for POLST programs. To date, 19 states have endorsed POLST programs, 25 have developing programs and 3 states have programs that do not conform to requirements.[3]

Using a large multi-state community-based palliative care program, we analyzed records from 41,076 advance practice provider home visits with 7,649 patients for discussion of advance care planning and completion of an advance directive (i.e. any state approved living will and/or POLST form). All care was provided by advance practice providers working for the same palliative care company in 1 of 4 states (one with mature POLST status (WV), one with endorsed POLST status (PA), one with a developing POLST program (TX) and one whose program does not currently conform to POLST requirements (AL)].

All staff received standardized training in communication and documentation of goals of care and advance directive completion. All patients received program education packets that included a copy of a state approved advance directive. In POLST program states, staff was also provided with a copy of the state's POLST form.

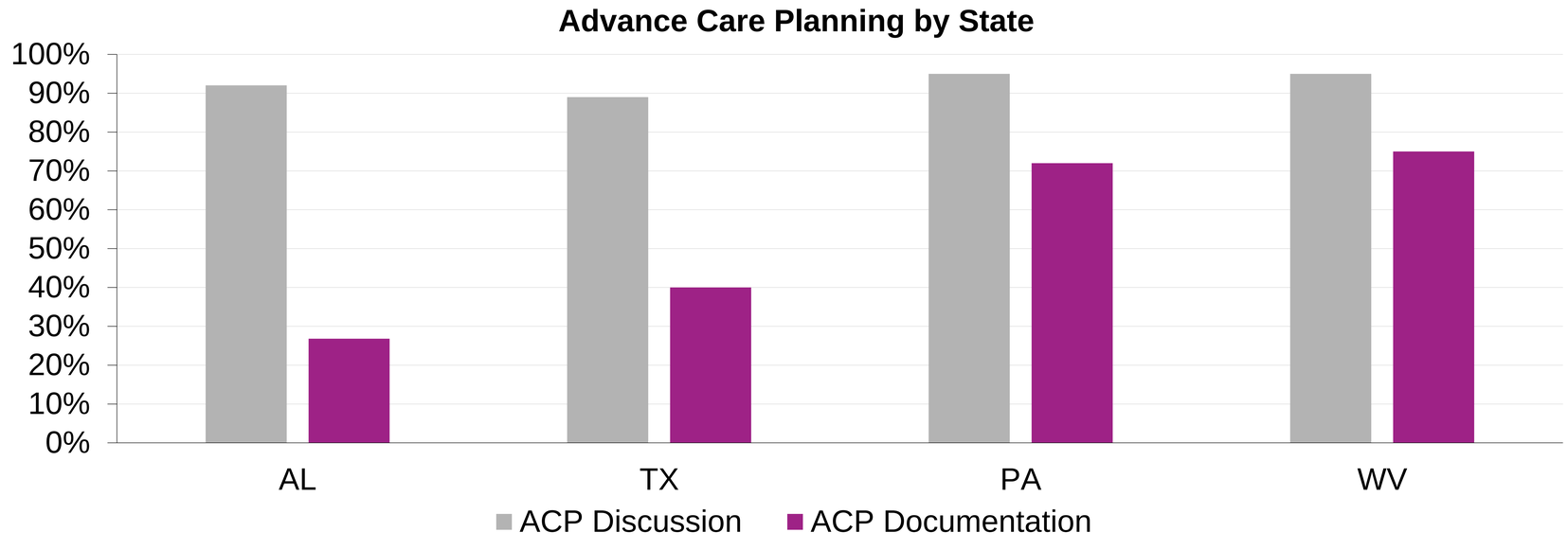


Methodology/Evaluation

Data was extracted from the electronic medical record of a large community-based palliative care company. Discussion of advance care planning was self-reported by the advance practice provider for each patient encounter and documentation of an advance directive was evaluated via document upload to the EMR system.

Results

Across all states, advance care planning was addressed at an average of 92.3% of advance practice provider home visits (range TX 89% to WV 95%). Yet, documentation of patient treatment preferences was completed preferentially in the mature (WV 75%) and endorsed states (PA 72%) over the developing (TX 39.9%) and non-conforming states (AL 26.8%).



Summary/Recommendations

This data demonstrates a correlation between the maturity of a state's POLST program and the completion of any advance directive document and support the efforts of the National POLST Paradigm Task Force. Further study to demonstrate a causal relationship is warranted.

References

1Bomba PA, Kemp M. Black J. POLST: An improvement over traditional advance directives. *Clev Clin J of Med* 2012; 79.7: 457-464.

2 Hickman SE, Nelson CA, Perrin NA, et al. A comparison of methods to communicate treatment preferences in nursing facilities: traditional practice vs the physician orders for life sustaining treatments program. *JAGS* 2010; 58: 1241-48.

3 http://polst.org/programs-in-your-state