Physician Orders for Life-Sustaining Treatment (POLST)

Survey Monkey Summary

Process
A survey on the use of POLST was conducted in July 2012. Because there is no known nursing home listing that includes email addresses or contact names, facilities were provided a link to the survey through the following long-term care associations’ newsletters/bulletins:

- Pennsylvania Health Care Association (PHCA)
- LeadingAge PA (formerly known as PANPHA)
- Pennsylvania Association of County Affiliated Homes (PACAH)
- The Hospital & Healthsystem Association of Pennsylvania – for Hospital Affiliated Long-Term Care

Responses were requested from all nursing homes, whether using POLST or not using POLST. A total of 115 responded, 46 (40%) from POLST users and 69 (60%) from non-users.

Findings
More than 1 ½ years after approval of the Pennsylvania POLST form, many communities and nursing homes have no POLST experience. Some are waiting for other facilities or a community initiative to implement. Some could benefit from assistance with an implementation plan. Based on response and previous information received on Pennsylvania facilities, it is estimated that overall facility usage of POLST is 10-20%.

Reasons given for why nursing homes are not using POLST include:

- Area hospitals not using;
- Has not been a community initiative or not being used in the area;
- Awaiting corporate or administrative approval;
- Have no implementation plan or awaiting further information to implement.

Frequency of use of form among POLST users

- 78.6% offer the POLST form more than 90% of the time. POLST forms are completed for residents 50% of the time.
- Only 6 facilities reported admissions of residents with a completed POLST form more than 50% of the time.
- For patients who have POLST forms, facilities are sending forms with transferring residents 83.3% of the time.

Percentage of staff reported engaging residents in the POLST conversation

- Social Worker – 85.7%
- Nurse – 81%
- Physician – 71.4%
- CRNP – 33.3%
- Non-Clinical Admissions Staff – 16.7%
- Physician Assistant – 14.3%
- Administrators, Nursing Director, Nursing Managers/Supervisors – 7%

Policies

- 90.7% of facilities using POLST have formal policies;
- 94% specify when a POLST form should be offered to residents;
- Less than ¼ of facilities’ POLST policies specify how it will be assessed if forms are being filled out correctly;
- 69% of policies specify when/if facility accepts forms completed by practitioners not on staff;

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43.6% of facilities report having a policy that specifies the differences in authority between a competent patient, a health care representative, and a health care agent;

50% report having a policy that specifies when health care necessary to preserve life may be withheld or withdrawn.

**Percentage of facilities reporting difficulties in use of POLST**

- Retrieving original forms from other facilities – 51.9%
- Getting MD signature on forms filled out by PA, nurse, social worker etc. – 40.7%
- Lack of EMS awareness/understanding of POLST – 33.3%
- MD resistance to participation in POLST – 29.6%
- Interpreting a completed form for an individual resident 29.6%

**When Treatment preferences are not recorded on POLST**

- Both users (69.4%) and non-users (65.5%) indicate preferences are placed by individual entry in the medical record. Also used is a patient's advance directive or living will.

**Conclusion**

More than 1 ½ years after approval of the Pennsylvania POLST form, many communities and nursing homes have no POLST experience. Some are waiting for other facilities or a community initiative to implement. Some could benefit from assistance with an implementation plan. Based on response and previous information received on Pennsylvania facilities, it is estimated that overall usage of POLST is 10-20%.

Among nursing homes using POLST, needs exist for education on the POLST process, including emphasis on the following:

- Implementation of effective quality improvement programs;
- Improvement in POLST policies;
- Understanding of who can/should complete POLST forms (who should be engaging the patient in discussion of treatment preferences);
- Awareness of the authority differences of a competent patient, a health care agent, a health care representative. (This lack of awareness presents an issue for proper legal implementation of the POLST.)