



LaPOST

A HEALTH CARE QUALITY FORUM INITIATIVE

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT

Implementation Guide

September 2016

Foreword

In June 2010, Louisiana joined the growing number of states to adopt a Physician Orders for Life-Sustaining Treatment (POLST) program. Approved by the state legislature in May 2010, the LaPOST document took effect one year later, providing patients with serious, advanced illnesses with a mechanism to state their end-of-life care goals with a medical order that travels with them across care settings.

The LaPOST document was modeled after the recommendations of the National POLST Paradigm Task Force and endorsed by the group. It was also recommended by the Louisiana Health Care Redesign Collaborative's End-of-Life workgroup and Louisiana State Medical Society in 2006.

The LaPOST document was presented to the Louisiana Legislature for minor changes during the 2016 Regular Session. The changes were approved and signed into law by Gov. John Bel Edwards as Act No. 486, effective June 13, 2016. Minor changes were made to update the language and to clarify processes consistent with current medical standards, making it easier to complete the document.

Studies show that for patients who use POLST documents, treatment preferences are respected 98 percent of the time, and no one received unwanted CPR, intubation, intensive care or feeding tubes. As a result, POLST has helped bridge the gap between the treatments patients want and those they receive.

Here in Louisiana, since its creation, the LaPOST document has helped many families avoid the difficult position of having to decide what their loved ones may have wanted at the end of life. Because of this, the LaPOST Coalition has developed this implementation guide to assist our state's health care facilities and organizations in developing LaPOST policies and procedures for their staffs.

Our goal is to ensure that health care facilities and organizations know what LaPOST is, how it works and how to discuss this important document with patients and their family members. Thus, we are grateful to you and your organization for your interest in LaPOST and hope that you find this guide helpful as you plan a LaPOST implementation strategy for your facility.

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Introduction

The sample policy described herein has been developed to provide guidelines for hospitals, skilled nursing facilities, adult residential care facilities, hospice and home health agencies to follow when a patient or resident presents with a Louisiana Physician Orders for Scope of Treatment (LaPOST) document. In addition to issues for consideration related to the LaPOST document, this sample policy also includes procedures regarding the completion, revision or review of a LaPOST document by a patient or resident as well as procedures for conflict resolution.

The policies and procedures outlined herein provide guidance on the necessary steps for LaPOST implementation. This document does not address all aspects of all issues related to LaPOST. Therefore, facilities and agencies should refer to their specific policies related to such issues, which may include determination of decision-making capacity and personal health care representatives.

Individual facilities and agencies are advised to adapt these policies and procedure within their own structures. Appropriate legal counsel may be necessary in some situations. Appropriate administrative and medical staff committees should also be involved in the development of individual LaPOST policies. Medical staff bylaws, rules and regulations may need to be revised to include LaPOST. In addition, facilities considering or planning to implement a LaPOST program are encouraged to include initial and continued LaPOST education and training as a priority for their staffs. Visit la-post.org for additional information.

This work is the product of the LaPOST Coalition, an initiative of the Louisiana Health Care Quality Forum. The LaPOST Coalition seeks to establish LaPOST as a widely used and recognized program in Louisiana to ensure that patients' end-of-life treatment preferences and goals of care are honored.

For questions about LaPOST implementation, or if you would like to provide feedback on issues that arise as you begin to implement LaPOST policies at your facility or agency, please contact the LaPOST Coalition at LaPOST@lhcf.org.

Chapter I: Overview of LaPOST

Louisiana Physician Orders for Scope of Treatment (LaPOST) is an easily identifiable gold document that translates a patient's goals of care and treatment preferences into a physician order that transfers across health care settings. The LaPOST document represents a "plan of care" for a patient with a serious, advanced illness from which the patient is not expected to recover.

The document should be completed only after a thorough discussion with the patient or his/her personal health care representative regarding the patient's understanding of the illness, treatment preferences, values and goals of care. Completion of a LaPOST document encourages communication between doctors and patients, enables patients to make informed decisions and clearly documents these decisions to other physicians and health care professionals. As a result, LaPOST can help ensure that a patient's wishes are honored, prevent unwanted or non-beneficial treatments and reduce patient and family stress regarding decision-making.

LaPOST does not replace an advance directive, or living will, but it can be used to operationalize the directives of the living will. It is recommended that patients with a serious, advanced illness have three (3) documents: a LaPOST, a Health Care Power of Attorney and an advance directive.

A. THE LAW AND LaPOST

In some cases, physicians have been hesitant to follow LaPOST orders without first reassessing the person's wishes in the current clinical situation. However, Louisiana law passed during the 2010 Legislative Session (ACT 954) and revised June 13, 2016 requires that LaPOST be followed until a review is completed by the accepting health care professional. The LaPOST document must be followed even if the physician who has signed the document is not on the medical staff of the treating facility.

The law also states that health care providers who honor LaPOST documents are not subject to criminal prosecution, civil liability or any other sanction as a result of following the orders.

B. ADVANCE DIRECTIVES AND LaPOST

LaPOST can be used as a "stand alone" document. It also complements, but does not replace, an advance directive. An advance directive allows individuals to document the type of medical care that is acceptable in case of a life-limiting illness and is usually completed in advance of any illness. The advance directive can only be used when the patient is unable to speak for him/herself and if two physicians certify that a patient has a terminal illness. It provides a broad outline of a patient's wishes relating to end-of-life care and may be completed by any adult, regardless of one's health status. An advance directive is not a physician's order, requires interpretation and is often unavailable when needed.

In contrast, LaPOST is designed specifically for those with life-limiting illnesses and identifies the specific wishes of a patient regarding medical treatments. With the appropriate signatures, the LaPOST document may be used for any person who has a life-limiting illness regardless of age.

LaPOST is the first statewide, uniform physician order that is recognized across care settings. The LaPOST form travels with patients when they move from one residential or medical setting to another, providing clear direction about a patient's health care treatment wishes for physicians, nurses, emergency responders, and other health care providers wherever they are being treated.

C. COMPLETING THE LaPOST DOCUMENT

The LaPOST document is a two-sided gold form. One side of the document contains the "Physician Orders for Scope of Treatment" (Sections A-D) and the required signature of the physician and the patient or his/her personal health care representative.

The other side of the document lists additional instructions as well as how to review or void the document. Completion of a LaPOST document is voluntary, and the purpose of the document is to ensure that the patient receives the level of medical care he/she desires regardless of care setting. In institutional settings, the LaPOST should be the first document in the clinical record.

The introductory section on the front of the document includes comments about the LaPOST order and the requirements for health care personnel action. Identifying information must be in the top right corner. Reference is made to the LaPOST website for further information about cultural/religious beliefs about end-of-life care.

The initial section also requires description of the patient's life-limiting disease and irreversible condition (e.g., cancer, dementia, heart failure or ALS) and goals of care.

The LaPOST document is divided into four sections:

- A. Cardiopulmonary Resuscitation*
- B. Medical Interventions*
- C. Artificially Administered Fluids and Nutrition*
- D. Summary*

If a patient requires treatment, the first responder should initiate any treatment orders recorded on the LaPOST and then contact medical control or the patient's physician, as indicated. If Section A, B or C is not completed, full treatment should be provided for that section until clarification is obtained.

A thorough discussion of each section and how to complete it is provided in the LaPOST Handbook for Health Care Professionals, available on the LaPOST website.

Chapter II: Items to Consider

As facilities and agencies develop and implement their individual LaPOST policies, it is important that they consider the following:

1. The original LaPOST document belongs to the patient or resident and must be returned when discharged or transferred. Staff must be educated on this requirement.
2. The original LaPOST document is the personal property of the patient. Copies of the document are placed on the medical record.
3. If the LaPOST document 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 is honored.
4. The LaPOST program provides statutory immunity from civil liability, criminal prosecution or discipline for unprofessional conduct when honoring a duly executed LaPOST document.
5. Health care providers should be educated in the purpose of advance care planning for patients with serious, advanced illnesses and trained in the completion and implementation of the LaPOST document and model of care.

Chapter III: LaPOST Procedures

In this section, you will find information designed to provide guidance for treating patients who present with a LaPOST document and for assisting patients in completing LaPOST documents.

A. PROCEDURE FOR PATIENTS WITH COMPLETED LaPOST DOCUMENTS

1. Document existence of the LaPOST document during the initial patient assessment.
2. Confirm with the patient or the patient's personal health care representative that the LaPOST document available is the most current copy.
3. Health care providers will follow the patient's LaPOST orders until the attending physician or medical director reviews the patient's LaPOST document and incorporates the content of the LaPOST document into the patient's care and treatment plan, as appropriate. The physician or medical director will document his/her review of the patient's LaPOST document in the patient's medical record.
4. The attending physician or medical director may issue new orders consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. The reasons for any deviation from the LaPOST will be documented in the medical record.
5. Discussions with the patient and/or the patient's legally recognized personal health care representative regarding the LaPOST document and related treatment decisions will be documented in the medical record.

6. Copy the patient's LaPOST document for the medical record and/or scan it into the electronic health record (EHR). Document the date and time the order is placed in the medical record. The copy should be made on approved gold paper for easy identification.
7. If the patient is discharged, return the current **original** LaPOST document to the patient and record the action in the patient's medical record.
8. If the patient is admitted to an inpatient unit, send the current **original** LaPOST with the patient to the inpatient unit.

B. COMPLETING A LaPOST DOCUMENT WITH A PATIENT

1. If the patient or the patient's legally recognized personal health care representative wishes to complete a LaPOST document, 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 treatment preferences. The physician should discuss the benefits, burdens, efficacy and appropriateness of treatment and medical interventions with the patient and/or the patient's legally recognized personal health care representative.
 - a) The above-described discussions will be documented, dated and timed in the patient's medical record.
2. Another member of the health care team such as a nurse or social worker can explain the LaPOST document to the patient and/or the patient's legally recognized personal health care representative. However, the physician is responsible for discussing treatment options with the patient or the patient's legally recognized personal health care representative.
 - a) The above-described discussions will be documented, dated and timed in the patient's medical record.
3. The LaPOST document must be completed based on the patient's expressed treatment preferences and medical condition. If the patient lacks decision-making capacity and the LaPOST document is completed with the patient's legally recognized personal health care representative, it must be consistent with the known desires of, and in the best interest of, the patient.
4. The LaPOST document must be signed by a physician and by the patient, or if the patient lacks decision-making capacity, the legally recognized personal health care representative.
5. A copy should be made of the patient's LaPOST document for the medical record and/or scanned into the EHR. Document the date and time the order is placed in the medical record. The copy should be made on approved gold paper for easy identification.
6. Because the current original LaPOST document is the patient's personal property, **ensure its return to the patient** or the patient's legally recognized personal health care representative upon discharge or transfer.

7. If the patient will not be transferred or discharged for a period of time, place the completed, current, original LaPOST document in the appropriate and prominent section of the chart. Indicate that the patient has a LaPOST document on the Discharge Summary Form/Discharge Checklist. **The current original LaPOST will be sent with patient at time of discharge.**
8. The official LaPOST document is gold in color. Gold is the recommended color so the document can be easily recognized, photocopied and/or faxed. However, the LaPOST document is also valid in black and white as long as the content of the form is not altered.
 - a) Astrobright Galaxy Gold 65# is recommended for use on a paper chart where durability is needed.
 - b) Xerox Goldenrod 20# and Exact Bright Gold 20# are also recommended, but are not as durable.

C. REVIEWING/REVISING A PATIENT'S LaPOST DOCUMENT

1. Discussions about revising and/or revoking the patient's LaPOST document should be documented, dated and timed in the patient's medical record. This documentation must include a description of the conversation and the parties involved in the discussion.
 - a) The attending physician and the patient, or the patient's personal health care representative, may review or revise the LaPOST document consistent with the patient's most recently expressed wishes.
 - b) In the case of a patient who lacks decision-making capacity, the attending physician and the patient's legally recognized personal health care representative may revise the LaPOST, as long as it is consistent with the known desires of, and in the best interest of, the patient.
 - c) If the current LaPOST is no longer valid due to a change in the patient's treatment preferences, health status or medical condition, the LaPOST document can be voided. To void a LaPOST document, draw a line through Sections A through D and write, "VOID," in large letters. Sign and date this line.
 - d) If a new LaPOST document is completed, a signed and dated copy of the original LaPOST marked "VOID" should be kept in the medical record directly behind the current LaPOST. **The new LaPOST document goes with the patient.**

D. CONFLICT RESOLUTION

1. If the patient's LaPOST document 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 orders within a patient's LaPOST document, appropriate hospital resources – such as ethics committees, care conference, legal advisors, risk management and/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 the patient's LaPOST document 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.

Chapter IV: LaPOST Implementation Steps

A. INITIAL STEPS

1. Establish a multidisciplinary team within the facility/organization.
2. Designate physician champions.
3. Designate system champions.
4. Develop a plan to implement LaPOST including how and where it will be placed in the chart and in the electronic health record (EHR).

B. INSTITUTIONAL APPROVALS

1. Legal
2. Chiefs of services and respective committees
3. Ethics Committee
4. Board of Directors
5. Forms Committee or EHR Implementation Committee
6. Policy Committee (for oversight of policies and procedures)
7. Information Systems

C. EDUCATION

A key component in LaPOST implementation is staff education. Below are several suggestions that may be incorporated to ensure that your facility's staff is aware of all LaPOST policies, procedures and guidelines.

1. Medical and dental staff
 - a) Grand rounds/business meetings
 - i) Consider including LaPOST as a requirement for reappointment
 - b) Written education materials
 - c) CME presentations
 - d) Provide formal training through advance care planning educational programs or other programs
2. Nursing staff
 - a) Written education materials
 - b) Continuing Education (CE) presentations
 - c) Computer-based learning
 - d) Role playing
 - e) Unit meetings to include unit secretaries and administrative staff
 - f) Develop packets of information for patient/families/staff
 - i) Consider use of Intranet or facility TV network for LaPOST education and awareness.

3. Social workers and case managers
 - a) Written education materials
 - b) CE presentations
 - c) Computer-based learning
 - d) Role playing exercises
 - e) Develop information packets for patients/families/staff
 - i) Consider use of Intranet or facility TV network for LaPOST education and awareness
 - ii) Consider distribution of LaPOST education materials at unit meetings
4. Develop resource staff members – Advance Directive Liaisons
 - a) One or more per nursing unit/shift
 - b) Provide formal LaPOST training
 - c) Monthly meetings
5. All staff
 - a) Ethics grand rounds
 - b) Computer-based learning on type of employee/video/written material

D. IMPLEMENTATION

1. Soft and hard start dates should be established. Facility/organizational leadership and staff should be aware of both dates.
2. Have LaPOST documents available in each unit with the preferred gold-colored paper available for printing.
3. Begin with qualified patients (life-limiting and irreversible conditions) who have had a goals of care discussion and/or who are being discharged to hospice, long-term care facility or home (with or without home health).
4. Send the original copy with patient and scan a copy to the patient's EHR. Make sure the policy includes procedures for returning the original document to the patient if it is accidentally left in the patient's medical record.
5. Adjust discharge documents to clearly indicate that the patient is being discharged with a LaPOST document.
6. Make sure Emergency Medical Services (EMS) and local hospital emergency departments are aware of all of the above.