

LaPOST

Louisiana Physician Orders for Scope of Treatment

Implementation Guide For Long-Term Care Facilities



A Participating Program
of National POLST

April 2021

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Foreword

In June 2010, Louisiana joined the growing number of states to adopt a Physician Orders for Life-Sustaining Treatment (POLST) program. Known as the Louisiana Physician Orders for Scope of Treatment, or LaPOST, our state's program is an evidence-based model designed to improve end-of-life care for those with serious, advanced illnesses.

Studies show that for patients who use POLST documents, treatment preferences are respected 98 percent of the time, and the patients did not receive unwanted cardiopulmonary resuscitation (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 at the end of their lives.

Since its creation, the LaPOST document has helped many families in Louisiana avoid the difficult situation of having to decide what their loved ones may have wanted at the end of life. This Implementation Guide has been developed to assist our state's long-term care facilities in developing LaPOST policies and procedures for their staff.

Our goal is to ensure that long-term care facilities know what LaPOST is, how it works and how to discuss this important document with residents and their family members. 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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Funding for this project was provided by a grant from the Louisiana Department of Health using civil money penalties paid into the Nursing Home Residents' Trust Fund.

Introduction

The sample policy described in this booklet has been developed to provide guidelines for long-term care facilities to follow when a resident completes a Louisiana Physician Orders for Scope of Treatment (LaPOST) document. In addition to issues for consideration related to the LaPOST document, this sample policy includes procedures regarding the completion, revision or review of a LaPOST document by a resident as well as procedures for conflict resolution.

The policies and procedures outlined here provide guidance on the necessary steps for LaPOST implementation. This document does not address all aspects of all issues related to LaPOST. Therefore, facilities 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 are advised to adapt these policies and procedures within their own structures. Appropriate legal counsel may be necessary in some situations. Appropriate administrative, medical staff and ethics committees should also be involved in the development of individual LaPOST policies. 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 staff. 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 residents' end-of-life treatment preferences and goals of care are honored.

If you have questions about LaPOST implementation or would like to provide feedback on issues that arise as you begin to implement LaPOST policies at your facility, please share them at lapost@lhcf.org.

Chapter I: Overview of LaPOST

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

The document should be completed only after a thorough discussion with the resident or his/her personal health care representative regarding the resident's understanding of the illness, treatment preferences, values and goals of care. Completion of a LaPOST document encourages communication between the doctor and the resident, enables the resident 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 resident's wishes are honored, prevent unwanted or non-beneficial treatments and reduce resident 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 residents with a serious, advanced illness have at least two (2) documents: a LaPOST document and a Health Care Power of Attorney.

THE LAW AND LaPOST

In some cases, physicians have been hesitant to follow LaPOST orders without first reassessing the resident'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 but is licensed to practice medicine in Louisiana.

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.

THE ADVANCE DIRECTIVE AND LaPOST

LaPOST can be used as a "stand alone" document. It 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 resident is temporarily or permanently unable to make decisions and if two physicians certify that the resident has a life-limiting illness and irreversible condition. It provides a broad outline of a resident'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.

LaPOST is designed specifically for those with life-limiting and irreversible illnesses and identifies the specific wishes of a resident regarding medical treatments. It is important to note that treatment options are limited for residents with life-limiting and irreversible illnesses. With the appropriate signatures, the LaPOST document may be used for any person with a life-limiting and irreversible illness, regardless of age.

COMPLETING THE LaPOST DOCUMENT

The LaPOST document is a two-sided gold form. It is recommended that the document is printed on gold paper, but photocopies and faxes are acceptable.

One side of the document contains the "Physician Orders for Scope of Treatment" (Sections A-D) and the required signature of the physician and resident or the resident's 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 resident receives the level of medical care he/she desires, regardless of care setting. In institutional settings, the LaPOST document 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 – la-post.org – for further information regarding cultural/religious beliefs about end-of-life care. The initial section also requires description of the resident’s life-limiting disease and irreversible condition (e.g. cancer, dementia, heart failure, ALS, etc.) and goals of care.

The LaPOST document is divided into four sections:

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

If a resident requires treatment, the first responder should initiate any treatment orders recorded on the LaPOST document and then contact medical control or the resident’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 Long-Term Care Professionals**, available on the LaPOST website – la-post.org.

Chapter II: Items to Consider

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

- The original LaPOST document belongs to the resident and must be returned when discharged or transferred. Copies of the document are placed in the resident’s medical record. Staff at all types of facilities must be educated on this requirement.
- If the LaPOST document conflicts with the resident’s previously expressed health care instructions or advance directive, then to the extent of the conflict, the most recent expression of the resident’s wishes should be honored.
- The LaPOST program provides statutory immunity from civil liability, criminal prosecution or discipline for unprofessional conduct when honoring a duly executed LaPOST document.
- Health care professionals should be educated in the purpose of advance care planning for residents 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 residents who present with a LaPOST document and for assisting residents in completing LaPOST documents.

PROCEDURE FOR A RESIDENT WITH COMPLETED LaPOST DOCUMENT

1. Document existence of the LaPOST document during the initial resident assessment.
2. Confirm with the resident or the resident's personal health care representative that the LaPOST document available is the most current copy.
3. Follow the LaPOST orders until the attending physician or medical director reviews the LaPOST document and incorporates the content of the LaPOST document into the resident's care and treatment plan, as appropriate. The physician or medical director will document his/her review of the LaPOST document in the resident's medical record.
4. The physician or medical director may issue new orders consistent with the most current information available about the resident'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. Document discussions with the resident and/or the resident's legally recognized personal health care representative in the medical record regarding the LaPOST document and related treatment decisions.
6. Copy the resident'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 resident is sent to another facility (hospital/ED/SNF/hospice), send the current **original** LaPOST with the resident.

COMPLETING A LaPOST DOCUMENT WITH A RESIDENT

- If the resident or the resident's legally recognized personal health care representative wishes to complete a LaPOST document, the resident's physician should be contacted. The physician should discuss treatment options including information about the resident's advance directive (if any) or other statements the resident 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 resident and/or the resident's personal health care representative. The LaPOST document can only be used if the resident has a serious, advanced illness. The discussions will be documented, dated and timed in the resident's medical record.
- Another member of the health care team, such as a nurse or social worker, can explain the LaPOST document to the resident and/or the resident's personal health care representative. However, the physician is responsible for reviewing and

discussing treatment options with the resident or the resident's personal health care representative.

- The LaPOST document must be completed based on the resident's expressed treatment preferences and medical condition. If the resident lacks decision-making capacity and the LaPOST document is completed with his/her personal health care representative, it must be consistent with the known desires of and in the best interest of the resident.
- The LaPOST document must be signed by a physician and by the resident, or if the resident lacks decision-making capacity, the legally recognized personal health care representative.
- A copy should be made of the resident'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, if possible.
- Because the current original LaPOST document is the resident's personal property, ensure that the document is returned to the resident or the resident's personal health care representative.
- If the resident 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 resident has a LaPOST document on the Discharge Summary Form/Discharge Checklist. The current original LaPOST will be sent with the resident at time of discharge.
- The official LaPOST document is gold in color, and 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 if the content of the form is not altered.
 - Astrobright Galaxy Gold 65# is recommended for use on a paper chart where durability is needed.
 - Xerox Goldenrod 20# and Exact Bright Gold 20# are also recommended but are not as durable.
 - Pads of the LaPOST document (100 documents per pad) are available through the LaPOST website - la-post.org - under the "Products" section.

REVIEWING/REVISING A RESIDENT'S LaPOST DOCUMENT

- Discussions about revising and/or revoking the resident's LaPOST document should be documented, dated and timed in the resident's medical record. This documentation must include a description of the conversation and the parties involved in the discussion.
- The attending physician and the resident, or the resident's personal health care representative, may review or revise the LaPOST document consistent with the resident's most recently expressed wishes.

- In the case of a resident who lacks decision-making capacity, the attending physician and the resident’s personal health care representative may revise the LaPOST document, as long as it is consistent with the known desires of, and in the best interest of, the resident.
- If the current LaPOST document is no longer valid due to a change in the 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 C and write “VOID” in large letters. Sign and date this line.
- 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 new LaPOST document. The new LaPOST document goes with the resident.

CONFLICT RESOLUTION

If the resident’s LaPOST document conflicts with his/her previously expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the resident’s wishes is honored.

If there are any conflicts or ethical concerns about the orders within a resident’s LaPOST document, appropriate resources – such as ethics committees, care conferences, legal advisors, risk management and/or other administrative and medical staff resources – may be utilized to resolve the conflict.

During conflict resolution, consideration should always be given to:

- The attending physician’s assessment of the resident’s current health status and the medical indications for care or treatment;
- The determination by the physician as to whether the care or treatment specified by the resident’s LaPOST document is medically ineffective, non-beneficial or contrary to generally accepted health care standards; and
- The resident’s most recently expressed preferences for treatment and the treatment goals.

Chapter IV: LaPOST Implementation Steps

INITIAL STEPS

- Establish a multidisciplinary team within the facility
- Designate physician and facility champions
- Develop a plan to implement LaPOST including how and where it will be placed in the chart and in the EHR

INSTITUTIONAL APPROVALS

- Legal
- Ethics Committee
- Board of Directors
- Forms Committee or EHR Implementation Committee
- Policy Committee (for oversight of policies and procedures)
- Information Systems

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.

Nursing staff

- Written educational materials
- Continuing Education (CE) presentations
- Computer-based learning
- Role-playing exercises
- Unit meetings to include unit secretaries and administrative staff
- Information packets for residents/families/staff
- Intranet or facility TV network for LaPOST education and awareness
- LaPOST website – la-post.org – for resources and materials

Social workers and case managers

- Written education materials
- Continuing Education (CE) presentations
- Computer-based learning
- Role-playing exercises
- Information packets for residents/families/staff
- Intranet or facility TV network for LaPOST education and awareness
- LaPOST website – la-post.org – for resources and materials
- Distribution of LaPOST educational materials at unit meetings

All staff

- Computer-based learning
- LaPOST website – la-post.org – for resources and materials

IMPLEMENTATION

- Soft and hard start dates should be established. Facility leadership and staff should be aware of both dates.
- LaPOST document should be available on each unit with the preferred gold-colored paper available for printing. Pads of LaPOST documents (100 documents per pad) are available through the LaPOST website – la-post.org – in the “Products” section.
- It is recommended that implementation begin with qualified residents (life-limiting and irreversible conditions) who have had a goals of care discussion and/or who are being admitted to hospice or discharged home with a serious advanced illness.
- The original copy of the LaPOST document should be sent with the resident and a scanned copy should be included in the resident’s EHR. The policy should include procedures for returning the original document to the resident if it is accidentally left in the resident’s medical record.
- Emergency Medical Services (EMS) and local hospital emergency departments must be aware of implementation.

Additional Resources

American Academy of Hospice and Palliative Medicine: aahpm.org

American Board of Internal Medicine Foundation: choosingwisely.org

American Geriatrics Society: americangeriatrics.org

Community-Wide End-of-Life/Palliative Care Initiative: compassionandsupport.org

Jewish Healthcare Foundation: closure.org

National Hospice and Palliative Care Organization: caringinfo.org

National POLST Paradigm: polst.org

Society for Post-Acute and Long-Term Care Medicine: paltc.org

Note: This document provides links to third-party websites that are not sponsored, endorsed and/or affiliated in any way with LaPOST and/or the Louisiana Health Care Quality Forum. In providing these links, no specific view or belief is endorsed or intended to be endorsed. The links are provided as a courtesy and are intended for educational and informational purposes only. The information provided through these third-party websites does not represent the views or opinions of LaPOST and/or the Louisiana Health Care Quality Forum. LaPOST and the Louisiana Health Care Quality Forum do not endorse, sponsor or adopt the views, beliefs and/or content expressed through these third-party websites.



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