Most need a POLST: Increasing POLSTs among Palliative Care Consult Patients, HPM Fellows 2014-2015 Incentive Project
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The Problem

- Though 82% of Californians believe that it is important to document end of life wishes in writing, only 23% have done so. Fifty-six percent of Californians have never communicated their wishes to the person they would want to make decisions on their behalf. 1
- The Physicians’ Order for Life Sustaining Treatment (POLST) is a legal, portable physician order for resuscitation preference and scope of medical intervention, intended for seriously ill and frail patients.
- In Oregon, POLST forms changed treatment decisions by emergency medical personnel in 45% of out-of-hospital encounters.2

Project Goal

We aimed to increase completion of POLST forms for patients served by the Palliative Care Service at UCSF who had chosen Do Not Resuscitate (DNR) or Partial Code status and were discharged alive to at least 50%, during 3 of 4 quarters of the academic year. We set this goal in order to:

- Decrease unwanted cardiopulmonary resuscitation in the field and in the emergency room, and
- Help patients and families prepare for the end of life and decrease suffering from undesired medical interventions.

Project Plan

- Step 1: Educated palliative care fellows and team members about how to complete POLSTs with patients.
- Step 2: Began routine POLST completion with patients, tracked on Palliative Care Quality Network (PCQN) cards. Required increasing POLST form availability, revising PCQN cards, obtaining stakeholder buy-in (PCQN administrative staff).
- Step 3: Analyzed data quarterly, fed back to team, and examined the process of POLST completion to identify areas of improvement (see Figure 1 below). As a result, invited palliative care social workers to take part in the process and increased the number of scanners at clerk desks on high-use floors.

Results

- Percentage of pts who were not full code upon hospital d/c that left with a POLST completed

Lessons Learned/ Next Steps

The rates of POLST completion in this project improved over previous years (baseline at UCSF = 13% in 2013-2014), an improvement that would have likely been impossible without the coordination of a multidisciplinary team to identify patients, help with POLST completion, and facilitate getting POLST forms into the medical record.

Next steps:

- Explore the possibility of working with the Hospital Medicine service and social work and case management teams to expand this effort to all hospitalized medicine patients with DNR or partial code status at discharge (current project was limited to patients served by palliative care consult service).

References