

## Leadership Connection 2018 (15-18 September)

### Integration of Infection Management in Physician Orders for Life-Sustaining Treatment (POLST)

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**Background:** Physician Orders for Life-Sustaining Treatment (POLST) is an Advance Care Planning (ACP) tool which aims to facilitate End-of-Life care decisions between a patient and a medical provider. Understanding and documenting a dying patient's care preferences for specific medical interventions to be implemented at EoL is a critical part in ACP. As infections are common occurrences at the End-of-Life (EoL), assessing patient's care preferences for infection-related medical interventions is an important component of EoL care planning. The aim of this study was to: examine variation in implementation of Physician's Orders for Life-Sustaining Treatment (POLST) programs across the nation; and, identify associations between POLST programs and three infection-management treatments.

**Method:** An web-based data collection tool was developed, and the national environmental scan was conducted to assess 1) the status of POLST implementation (i.e., non-conforming, developing, endorsed or mature) using the POLST website; and 2) assessment of infection-management treatments (i.e., antibiotic, IV fluid use, hospital transfer) preferences on each state POLST form. The national POLST websites ([www.polst.org](http://www.polst.org)) and the Department of Health websites of each states were used to abstract relevant information for this study.

**Result:** The majority (98%) of states were actively participating in POLST program. Of 44 POLST forms available to review, 25 POLST forms captured patient's preferences for antibiotic use. Hospital transfer was mentioned on all POLST forms, while IV fluid and antibiotic use were mentioned in 88.6% and 56.8% of times, respectively. There were no significant associations between POLST MATURITY status and the presence of infection-related variables ( $n=44$ ,  $\chi^2=4.2163$   $P=.37$ ).

**Conclusion:** Although POLST programs are gaining increased attention as a preferred ACP tool, the usage of the tool in practice to document patient preferences for antibiotic use at EoL varied greatly. Future research is needed to examine regional factors associated with antibiotic use assessment and the actual use of antibiotics at EoL.

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#### Title:

Integration of Infection Management in Physician Orders for Life-Sustaining Treatment (POLST)

#### Keywords:

End-of-Life, POLST and Palliative

#### References:

*"Institute of Medicine, "Dying in America" report - Key Findings (pg 5)". 17 September 2014*

Hickman, S.E.; Tolle SW; Brummel-Smith K; Carley MM (September 2004). "Use of the Physician Orders for Life-Sustaining Treatment Program in Oregon Nursing Facilities: Beyond Resuscitation Status.". *Journal of the American Geriatrics Society*. **52** (9): 1424–1429

## **Abstract Summary:**

Physician Orders for Life-Sustaining Treatment (POLST) is an advanced care planning tool which aims to facilitate End-of-Life communication between a dying patient and medical providers. Our research team examined the status of POLST program implementation across U.S. and identified state-level variations in how infection management is captured in POLST forms.

## **Content Outline:**

### **Introduction**

POLST programs aims to facilitate communication and documentation of End-of-Life care wishes among dying patients.

Infections are common occurrences at EoL and identifying individual's preference for infection management at EoL is critical

### **Main point**

Environmental scan was conducted to identify current implementation status of POLST program across the nation (50 U.S. states and Washington D.C)

A web-based data collection tool was developed to examine

1. presence of POLST program (e.g. state has POLST program vs. state does not have POLST)
2. maturity status of POLST program (e.g. non-conforming, developing, endorsed and mature)
3. availability of state-specific POLST forms

When POLST form was available to review, we abstracted data on

1. whether antibiotics treatment option was mentioned at all on a POLST form
2. if mentioned, how many times was it mentioned and the location it was mentioned under (e.g. under a comfort-care only section and/or under a separate section)

### **Conclusion**

Of total 50 U.S. states and District of Columbia that we scanned, only 47 U.S. states had POLST program in place. 44 POLST forms were available to review, and we found 25 POLST forms (57%) captured patient's preferences for antibiotic use. Of these, three U.S. states (Delaware, Minnesota, New Jersey) presented antibiotic use option twice.

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**Author Summary:** Aluem Tark is a pre-doctoral fellow at Columbia University School of Nursing. She is a board-certified Family Nurse Practitioner and a certified Hospice / Palliative Care Nurse. Aluem's research focuses on the comparative effectiveness of different models of End-of-Life care in nursing home residents.