

Practitioner Orders for Life-Sustaining Treatment

IL Public Act 102-0140:
Health Care Surrogate Act | POLST Changes
FAQ for Health Care Professionals

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DISCLAIMER

- Note that this information provides clinical guidance for the POLST Model and should NOT be construed as medical or legal advice.
- For answers to legal questions, check with your organization's legal counsel.



What is POLST?

- In Illinois POLST stands for <u>Practitioner</u>* Orders for Life Sustaining Treatment
 - Other states use POST, MOLST, MOST or similar.
- It is NOT just a form, it is a process
 - Approach to end-of-life planning based on thoughtful conversations with the patient, family and healthcare professional/s
 - Incorporates values, beliefs and priorities as these relate to prognosis, likely disease course & treatment choices

^{*} Physician, Advanced Practice Registered Nurse, Physician Assistant, Licensed Resident in 2nd year or higher of accredited residency program

Revisions to Health Care Surrogate Act (HCSA): POLST IL Public Act 102-0140

Change #1: Removes the Requirement for a Witness Signature on the Form.

WHY WAS THIS CHANGED?

- The POLST form is like other medical orders (signed by the practitioner and patient/legal representative) which normally don't need a witness signature.
- The witness was never intended to attest to "informed consent" just that the patient/legal representative was the person who signed the POLST form.
- The witness signature requirement is inconsistent with best practices established by the National POLST organization.
- The witness signature requirement has been a barrier for some who wish to complete a POLST form.



Change #1: Removes the Requirement for a Witness Signature on the Form.

HOW TO IMPLEMENT:

- EMS/First responders and healthcare providers should recognize POLST forms without a witness signature as VALID.
- A NEW FORM -without a witness signature section- is pending IDPH approval & publication.
- CAUTION! Patient safety is the FIRST concern.
 Continue to include the signature of a witness when feasible until IDPH issues a new form that will not have a field for the witness to sign.

Change #2: Revises Process When Surrogate Wishes to Limit Life-Sustaining Treatment on Behalf of Patient

WHY WAS THIS CHANGED?

- There are healthcare settings where POLST forms are commonly completed, but two physicians are not generally available.
 - Home
 - Nursing Facilities
 - Rural Hospitals
- Therefore, when a default healthcare surrogate wishes to limit lifesustaining treatment, they may need to be able to rely on a practitioner other than a physician.



Change #2: Revises Process When Surrogate Wishes to Limit Life-Sustaining Treatment on Behalf of Patient

HOW TO IMPLEMENT?

When a default health care surrogate wishes to limit lifesustaining treatment:

- 1. 1 physician + 1 qualified healthcare practitioner must examine the patient and document that the patient is non-decisional;
- 2. 1 physician + 1 qualified healthcare practitioner must examine the patient and document that the patient has a qualifying condition;
- 3. Other provisions of the HCSA continue to apply as in the past.

"Qualified health care practitioner" means an individual who has personally examined the patient and who is <u>licensed in Illinois</u> or in the state where the patient is being treated and who is a physician, advanced practice registered nurse, physician assistant, or resident with at least one year of graduate or specialty training who holds a temporary license to practice medicine and is enrolled in a residency program accredited by the Liaison Committee on Graduate Medical Education or the Bureau of Professional Education of the American Osteopathic Association.

"Physician" means a physician <u>licensed to practice medicine in all its branches in this State <mark>or in the state where the patient is being treated</mark>.</u>



^{*}Highlighted text pertains to SB 2974 effective 5/9/22

Change #2: Revises Process When Surrogate Wishes to Limit Life-Sustaining Treatment on Behalf of Patient

HOW TO IMPLEMENT (cont.)?

A POLST withholds LST when:

- DNR in Section A
- Selective Treatment or Comfort Focused Treatment in Section B
- No Medically Administered Nutrition in Section C

In these cases:

Patient must have a qualifying condition & lack decisional capacity documented by attending physician + qualified healthcare practitioner before a surrogate appointed under the IL Health Care Surrogate Act can consent to POLST that w/holds "life-sustaining treatment" (LST). Other provisions of the HCSA also apply.

Change #3: Allows First Responders to Act on Out-of-State & National POLST forms

WHY WAS THIS CHANGED?

- Patients with serious, life-limiting illness travel in their last months of life.
- Portability and reciprocity of POLST medical order forms helps assure the honoring of a patient's wishes when visiting Illinois.
- Building in a presumption of validity for POLST forms signed by the patient or their legal representative regardless of the state or National form used, protects providers.



Change #3: Allows First Responders to Act on Out-of-State & National POLST forms

HOW TO IMPLEMENT?

EMS/First-responders and healthcare providers should honor a completed POLST form that is *formally authorized* by a state or territory within the United States, as well as the National POLST form.

- In some states, forms are called POST, MOLST, MOST or something else.
- Illinois has NOT adopted the National form, so completing a National POLST form for Illinois residents is not recommended.



Change # 4: Sets Guidelines for Surrogate Changing a POLST

WHY WAS THIS CHANGED?

The IL Health Care Surrogate Act has safeguards to make sure default surrogate decision makers are always:

- Acting to reasonably carry out a patient's expressed wishes
- Acting with patient's best interest in mind

Sometimes, a surrogate requests that the medical team void or change a lawfully executed POLST form that the patient consented to when competent to make their own decisions.

- Puts the patient at risk for receiving care they did not want
- Causes distress for providers



Change # 4: Sets Guidelines for Surrogate Changing a POLST

HOW TO IMPLEMENT?

When a default surrogate wishes to change an existing POLST, consented to by patient themselves:

- 1. Surrogate must consult with attending practitioner;
- 2. Review advanced directives/known wishes;
- 3. Use "substituted judgment standard" first, best interest of patient second;
- 4. Document new information and reason for change in EHR



Change #5: Reinforces Voluntary POLST Completion

WHY WAS THIS CHANGED?

- Some facilities complete a POLST form as part of the admissions process.
- The POLST form is always optional
- If a patient wants to receive all available life-sustaining treatment, they may choose not to have a POLST form.

HOW TO IMPLEMENT?

Never make completing a POLST form a requirement for admission to any facility or a precondition to the provision of services

Questions -

Please contact us!

POLST Illinois:

polstlllinois@gmail.com www.polstil.org

National POLST:

www.polst.org

Consult the IL Health
Care Surrogate Act
(755 ILCS 40/)

