

Advance Care Planning and POLST Minnesota

This document provides general information about the POLST program in Minnesota, known as POLST Minnesota. For simplicity, the term POLST is used throughout the document. The recognized POLST form in Minnesota includes the state name.

Key Points:

- POLST forms and health care directives serve different purposes but are complementary tools to support comprehensive advance care planning.
- POLST forms are medical orders that are followed by emergency medical services (EMS) or other health care professionals during an emergency. Health care directives cannot be followed by EMS.
- A health care provider (MD/DO, APRN, PA) signs a POLST form after reviewing a health care directive, if one exists, and after a patient (or surrogate) has had a conversation with a health care professional about diagnosis, prognosis, treatment options, and goals of care.

What is advance care planning?

Advance care planning is the process by which capable adults reflect, discuss with loved ones, and document their personal preferences about the care they want to receive in the event they become unable to speak for themselves. Successful advance care planning depends on communication. For health care preferences to be followed, individuals must communicate their personal values, preferences, and wishes to their loved ones.

A common outcome of effective advance care planning is the development of a health care directive. For certain patients – those with advanced illness or frailty – advance care planning, when done in consultation with a health care professional, may also produce a POLST (Provider Orders for Life-Sustaining Treatment) form.

What is a health care directive?

Effective advance care planning commonly results in the development of a health care directive (sometimes called an advance directive). This is a legal, written document that allows an individual to appoint a health care agent and/or to describe an individual's general health care preferences or instructions.

A health care agent (a type of surrogate decision maker) has the legal authority to make health care decisions on behalf of an individual when the individual is unable to make and communicate decisions.

A health care agent is often referred to as a health care power of attorney. A health care agent or health care power of attorney is not the same as a power of attorney that deals with financial matters.

For more information about health care directives and advance care planning in Minnesota, see Honoring Choices Minnesota (<http://www.honoringchoices.org/>)

What is a POLST form?

A Provider Orders for Life-Sustaining Treatment (POLST) form is a portable medical order that reflects a patient's treatment wishes so that EMS or other health care professionals know what treatments the patient wants in the event of a likely medical emergency, taking the patient's current medical condition into consideration. A POLST form is intended for individuals with serious illness or frailty whose health care provider wouldn't be surprised if they died within a year or two.

How is POLST used in advance care planning?

POLST forms help to translate general advance care planning goals into specific medical orders primarily for patients with serious illness or frailty whose health care provider would not be surprised if they died within a year or two.

POLST forms should be completed after the patient (or the patient's surrogate) has talked with the provider or other health care professional about:

- the patient's diagnosis and prognosis
- the patient's goals of care
- treatment options including the benefits and burdens of each.

A patient's POLST form should be reviewed and replaced, as appropriate, when:

- the patient is transferred from one care setting or level of care to another; or
- there is a substantial change in the patient's health status; or
- the patient's treatment preferences or goals of care change; or
- the patient's primary health care provider changes.

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Patients should be given a copy of the completed POLST form to be readily available and visible in their residence or place of care, and a copy should also be included in the patient's medical record. Photocopied, faxed, or electronic versions of the POLST form are all valid and recognized.

Why is a POLST not the same as a health care directive?

The 5 key differences between a POLST and a health care directive are:

- POLST is appropriate for a limited patient population – patients with serious advanced illness or frailty whose health care provider would not be surprised if they died within a year or two. Health care directives are for all capable adults.
- POLST provides specific medical orders based on a patient's goals of care and current state of health. POLST provides information about treatment the patient would or would not want today based on diagnosis, prognosis, goals of care, and current treatment options. Health care directives reflect a patient's general wishes about future care and generally require interpretation of those wishes in order to apply them to the immediate medical circumstances of the patient.
- POLST forms are followed in an emergency, because a POLST form is a set of medical orders. EMS or other health care professionals cannot follow the general wishes reflected in a health care directive during an emergency.
- A valid POLST form in Minnesota requires the signature of a physician (MD/DO), advanced practice registered nurse (APRN), or physician assistant (PA). A health care directive does not require a health care provider's signature and some providers may be unaware a patient has one.
- A health care directive is often used to legally designate a health care agent. A health care agent cannot be named via a POLST.

Why is a health care directive not enough?

A health care directive is a statement of a patient's health care preferences and should be completed by all capable adults. A health care directive is not a set of signed medical orders. A POLST form provides signed medical orders for the care a patient does and does not want in the event of an emergency. As serious illness and frailty progress, the risk of medical emergencies increases. Only signed medical orders may be followed by EMS and other health care professionals in a medical emergency.

Adapted with permission from Oregon POLST, Healthcare Professionals Understanding POLST & Advance Directives

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