Iowa Physician Orders for Scope of Treatment

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What is IPOST?

- 1-page, 2-sided form based on the national POLST movement
- Consolidates and summarizes patient preferences for key life-sustaining treatments including CPR, general scope of treatment in the event of abrupt decline, artificial nutrition
- IPOST complements Advance Directives by translating patient treatment choices into actionable medical orders which can be relied upon across all care settings.
- It is primarily intended to be used by:
  - the chronically, seriously ill individual in frequent contact with health care providers
  - an individual with a life-limiting illness
  - the frail and elderly
  - Medically appropriate persons under age 18

Common Breakdowns in Care.....

- Communication of treatment choices difficult
- Ineffective use of advance planning documents in emergencies
- Medical care contrary to the choices of patient and family
Gap Analysis

- OOH-DNR
  - Must be terminal
  - Adults only
  - Not used in facilities
- Emergency Medical Services
  - Advance Directive not a specific order
  - Decision-making inconsistent
  - Fragmented communication between providers

Who implements IPOST?

- Ideally a trained facilitator leads goals of care conversation (usually 1 hour)
- Physician, PA or APRN may hold the conversation or validate and sign the form
- The critical factor in the above is to maintain the integrity of the process, ensuring the conversation is as thorough as necessary
National POLST Movement

Iowa Legislative Movement

- Iowa had a legislatively authorized pilot project from 2008-2011 in Linn and Jones counties.
- The Iowa Department of Public Health provided oversight.
- A state advisory group recommended that the legislature authorize adoption of IPOST statewide.
IPOST Becomes Law

On March 7, 2012, Governor Terry Branstad signed IPOST (House File 2165) into Iowa State Law.

IPOST Facts

- Focus group established 2006
- Collaboration St. Luke's Hospital to Mercy Medical Center in Cedar Rapids
- IPOST officially began in 2008 when included in HF 2539 of Iowa's Health Care Reform Act
- Piloted in Linn County
- 1st POLST pilot in US directed by state legislature
- Implemented IPOST tool in nursing homes, assisted living, acute care facilities and hospices
- Highlights of Legislation
  - Collaboration with Iowa Department of Public Health and Linn County Public Health
  - Physician immunity
  - Physician's order may cross healthcare settings, now including home
  - Does not require terminal status or have age restrictions
- In 2010, project extended to Jones County
  - Need for outreach and portability to rural Iowa

Developing the System

The goal is a standardized, systematic model that can be implemented in many ways yet maintain integrity of process.

- Identify Champion
- Establish Community Coalition
- Train those having conversations
- Establish operational processes
- Educate healthcare providers
- Evaluate
Champion and Coalition

- Identify Champion (one or two people)

- Establish Community Coalition
  - Identify key stakeholders for inclusive community membership
  - Suggestions: Physicians/ARNP/PA’s, hospitals (admin, ED, palliative care, social work), EMS, home care, faith community, hospice, long term care, residential and assisted living, ethicist, legal, public health, community member
  - Coalition drives the operations, education and provides oversight

Training and Education

- Facilitator Training
  - Respecting Choices from LaCrosse, WI - The Gold Standard
  - An informed decision by patient involving family
  - Two Day PolST Facilitator And Instructor Certification Course
  - Faculty Mentoring Program

- Education to Healthcare Providers
  - Education to Community

Operations and Evaluation

- IPOST at front of patient’s medical chart if in a facility
- IPOST transfers with patient from one healthcare setting to another including to and from home
- Update or void IPOST when the patient’s treatment choices change or substantial change in person’s health status
- Regular review of IPOST at quarterly care conferences in facilities or physician appointments
- Data collection to determine implementation rate and effectiveness

  IPOST belongs to the patient
**IT’S WORKING!**

Effecting culture change through the increase in honoring a person’s healthcare treatment choices

**Pilot Project Medical Chart Review**

- Number of IPOSTs completed at time of review: 1,306 total
  - Randomized chart review completed summer 2011
  - Medical charts reviewed in nursing facilities and hospitals

- Medical record reviews
  - 62 Linn County
  - 67 Jones County

- Living Wills
  - 45% of patients completing IPOST had Living Will in medical chart
  - 100% consistency between Living Will and IPOST wishes

- Treatment provided consistent with IPOST (N=31)
  - 100% consistency between IPOST choices and treatment provided when transferred to acute care
Results

- DNR patients (N=107): 58% of patients reflected preferences for life-prolonging treatment in at least one other category
- Resuscitate patients (N=18): 88% of patients reflected preferences for life-limiting treatment in at least one other category
- We found that healthcare providers make treatment decisions based on the patient’s resuscitation status
- Based on treatment preferences indicated in the IPOST medical chart review, this would result in 62% of the patients receiving treatments that they would not have preferred

Healthcare Provider Survey

Was treatment altered to respect patient choices based on having an IPOST available?

- 28% (n=16) surveyed indicated IPOST form altered treatment
- Most frequent treatment altered was Comfort Measures Only
- 33% indicated treatment would have been more aggressive without IPOST
- Second most frequent treatment altered was Type of Resuscitation
- 22% indicated CPR/Attempted Resuscitation was reevaluated due to presence of IPOST
- No Intubation (19%), No Intravenous Line started (15%), and Increased Level of Treatment (13%) were also indicated by those surveyed that these treatments were altered based on the IPOST

Healthcare Provider Survey

What do healthcare providers think about IPOST?

- 90% wished more patients in the area had IPOST forms, the other 10% were neutral
- 92% agreed that the IPOST form provides clear instructions about patient’s preferences
- 87% feel more comfortable knowing what to do when an IPOST form is available
- 80% agreed that the IPOST form has made more difficult decisions easier
IPOST Challenges
(identified by evaluation)

• Time and resources to implement and sustain IPOST
• On-going IPOST Education to trained facilitators
  • Portability of original IPOST form
  • How to handle situations where conflicting orders exist
• Additional and continual facilitator training to improve and sustain the quality of the IPOST conversations
  • Turnover of staff
  • Ensure that the patient is making an informed decision regarding his/her end-of-life treatment preferences

IPOST Strengths
(identified by evaluation)

• Converts patient treatment choices into immediately actionable medical orders readily accessible to medical personnel, including EMTs
• IPOST alters treatment: The presence of the IPOST changed the treatment that the healthcare provider would have given if patient did not have IPOST
  • Treatment changes included: comfort measures only, type of resuscitation, no intubation and no intravenous line started

Next Steps

• Multiple state organizations have come together to provide education, administrative structure and to develop strategy for statewide implementation. The Iowa Healthcare Collaborative (IHC), led by Dr. Tom Evans, will coordinate the strategy.
• The Iowa Department of Public Health (IDPH), under the new legislative language, will prescribe the uniform IPOST form and direct availability of the form.
• Also joining this collaborative effort is the Iowa Hospital Association, Iowa Health System, Iowa Healthcare Association, Iowa EMS Associations, and Hospice and Palliative Care Association of Iowa.
• IDPH will have information posted on their website soon (www.idph.state.ia.us). IHC has developed a toolkit which will be available on their website (www.IHConline.org).
Next Steps (cont.)

- If your community is interested in implementing IPOST, your first step is to identify IPOST Champions and to create a Community Coalition involving key stakeholders. These may include physicians/ARNP/PA's, hospital personnel (administration, ED, social work), palliative care programs, EMS, home care, faith communities, hospice, long-term care, residential and assisted living, an ethicist, legal, public health and a community member.

- Additional information will be forthcoming to assist you in development of the community strategy. In the meantime, contact the Iowa Healthcare Collaborative at meyerr@ihconline.org for more information.

Upcoming Education

The Iowa Healthcare Collaborative will convene train the trainer regional learning sessions starting in late 2012. Stephanie Anderson and Christine Harlander, will be trained by “Respecting Choices” and will be facility for the regional learning sessions.

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In Summary

- IPOST may be used in the state of Iowa beginning July 1, 2012
- Best Practice is to pursue a facilitated train the trainer model for facilitator education
- Utilization of toolkit that provides education and resources for implementation
References

- [http://www.ohsu.edu/polst/](http://www.ohsu.edu/polst/)