**Hospital Implementation Overview**

- **Identify Champions: Physician and Administrative partners**
  - Role is to shepherd TPOPP/POLST through the policy approval process, help organize hospital for education/training and administrative implementation.
  - Hospital champion(s) submit initial Institutional Profile to alert TPOPP/POLST leadership of interest in exploring implementation.

- **Introduction and Approval**
  - Introduce TPOPP/POLST to hospital committees, e.g., ethics, code blue/rapid response, critical care, emergency services, transitions of care, end-of-life committee, performance improvement.
    - Chief of Staff may identify specific committees to receive initial introductory education.
  - Medical Executive Committee (MEC) approval imperative prior to policy integration or coordination of training schedule.

- **TPOPP/POLST Integration into Hospital Policy/Procedures**
  - Hospital policy must recognize TPOPP/POLST as an out of hospital order set for code status and level of intervention orders to be honored at the point of care.
    - Consider inclusion of common law and constitutional law principles that require health care providers to respect a patient’s known wishes.
    - Such as statement may be included in the hospital’s Resuscitation status policy.
  - Crosswalk TPOPP/POLST with policies on advance directives, end-of-life, resuscitation status, handling of OHDNR orders.
  - Crosswalk TPOPP/POLST with medical staff bylaws to include notation regarding TPOPP/POLST where necessary.

- **Implementation: Procedures**
  - Patient with TPOPP/POLST form at arrival
    - How will emergency department/floor team (if direct admit) handle the TPOPP/POLST form on patient arrival?
    - How will TPOPP/POLST orders be translated into inpatient hospital orders?
    - How will form will be scanned into record or verified as part of record?
  - Patient with TPOPP/POLST form admitted
    - How will form be copied and returned to patient or representative?
    - How will multiple forms be reconciled?
  - Patient with TPOPP/POLST form at discharge
    - How will “goals reconciliation” occur?
    - Did patient preferences change during admission; was a new TPOPP/POLST form executed?
      - How was new TPOPP/POLST order translated into inpatient hospital order?
      - How was new TPOPP/POLST order scanned into record or verified as part of record?
    - Does the patient have the most current TPOPP/POLST form at discharge?
**Implementation: The TPOPP/POLST Conversation**

- Identify patients who can benefit from a TPOPP/POLST discussion.
  - Anyone with a limitation in code status;
  - Review patient’s Three Key Variables profile for Diagnoses, Functional Status, and Resource Utilization (re: CAPC Serious Illness Strategies for Health Plans and Accountable Care Organizations [2017]) or similar assessment tool
- Providers who may be a part of the TPOPP/POLST conversation.
  - Primary care physicians
  - Nurses
  - Social workers
  - Chaplains
  - Residents/fellow
  - Attending physicians
  - Palliative care team members
- The TPOPP/POLST conversation is not a “one and done” event but may require several distinct conversations and include several care team members.
- Physician must be an integral part of the conversation team and verify with patient/representative (signature on TPOPP/POLST form) prior to signing TPOPP/POLST form thereby creating a medical order. If another health care team member introduces the concepts and discusses values related to decision-making, the physician should review this with patient and family, taking into account the medical information, prior to signing the form.
- How and where will healthcare team members access blank TPOPP/POLST forms to use during TPOPP/POLST conversations?

**Implementation: Community**

- Hospitals identify their skilled and residential facility community partners with whom they regularly work and provided information to TPOPP/POLST managing director.
- Hospitals identify EMS partners and provide information to TPOPP/POLST managing director.

**Implementation: Data Collection**

- Hospitals will need to be able to identify patients in their system who have TPOPP/POLST forms.
- Hospitals commit to respond to survey requests at set intervals to gather data to be aggregated for research and quality control purposes.

**Implementation: Education**

- Hospitals identify and engage the providers who need to be trained:
  - Those who will identify patients and have TPOPP/POLST conversations
  - Those who will receive the orders with patient on admit
  - Those who will do goals reconciliation on admit and in discharge planning workflows.
- Hospitals commit to semi-annual or annual education.