



Transportable Physician Orders for Patient Preferences

A Participating Program of National POLST

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?



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- **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.