



Transportable Physician Orders for Patient Preferences

A Participating Program of National POLST

TPOPP/POLST Hospital Policy Implementation Elements

Note: This document is to be used as a guideline to insure inclusion of specific elements when drafting and finalizing their hospital policies that will integrate Transportable Physician Orders for Patient Preferences (TPOPP/POLST) into the workflow of their institutions.

While all of these elements should be considered, this is not a comprehensive list. It is the responsibility of each implementing institution to seek and receive all internally required approvals and to conform to the existing requirements set forth by that institution.

In addition to the creation of policies and procedures, hospitals may want to consider the creation of an algorithm for the management of the TPOPP/POLST form.

Transportable Physician Orders for Patient Preferences (TPOPP/POLST) **should** be referred to as medical order and not “advance directive” in the body of any respective policy section.

APPROPRIATE HEADING/HEADER

TITLE

SCOPE

PURPOSE

State objective: language should clearly identify the policy includes TPOPP/POLST for inpatients.

DEFINITIONS (Suggested definitions which, if used, are cross-walked against existing definitions in other sections.)

- **Capacitant Adult Patient**
- **Incapacitated Adult Patient**
- **Incompetent Adult Patient**
- **Pediatric Patient**
- **Cardiopulmonary Resuscitation (CPR)**
- **Cardiopulmonary arrest**
- **Respiratory arrest**
- **Full attempt at resuscitation (Full)**
- **Do Not Attempt resuscitation (DNAR)**
- **Level of Intervention (LOI)**
- **Comfort Measures only (CMO)**
- **Limited additional intervention (LI)**
- **Full Intervention (FI)**
- **OHDNR (outside or pre-hospital DNR)**
- **TPOPP/POLST**

POLICY

Management of TPOPP/POLST Form from any point of entry into the hospital

1. For patients who present a TPOPP/POLST from to providers on arrival
2. For patients who do not present a TPOPP form on arrival

This section should align with the policies regarding the existence and availability of an advance directive document including providing additional information about TPOPP/POLST

Kansas-Missouri TPOPP

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Management of, Access to TPOPP/POLST during admission

Section addresses how new and updated TPOPP/POLST forms created during the hospital stay and forms brought in after admission will be handled by the appropriate care provider. This section should also include how the TPOPP/POLST form will be transferred to the EMR and how the EMR will display the existence of the TPOPP/POLST order.

Management of TPOPP/POLST Form on Discharge

Section should set out the requirements for the staff responsible for discharge planning for patients that were admitted with a TPOPP/POLST form or when one was created during the hospital stay. This section should reflect the policy for patients who are being discharged to home without services as well as patients who are being discharged to home with services and facility discharges.

Management of TPOPP/POLST form by Health Information Management

Section address the requirements by staff member, e.g., Nurse, SW, etc. responsible to facilitate the transfer to the TPOPP/POLST form as well as the mechanism, i.e., fax, e-mail, EMR. Section should include a maximum time to process the TPOPP/POLST form and have it available for viewing.

Voiding TPOPP/POLST Forms and Changing Code Status

The three areas reflected on the TPOPP/POLST form should be reviewed each time there is a substantive change in the patient's condition during the hospital day (as well as at discharge). The patient may rescind a TPOPP/POLST form and the patient and surrogate/representative can request a change in code status. This section should reflect the process of voiding and changing the TPOPP/POLST form including involvement of Health Information Management.

Ambulatory Care Area Procedure

Section sets out workflow in clinic settings as applicable.

REFERENCES

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