2022 TPOPP/POLST
New Edition Training
Clinical Guide and Form

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Objectives for today

- Update on Changes to the TPOPP/POLST Initiative
  - Review Form
  - Review Clinical Guide
  - Get Feedback
  - Address Questions
Form Changes

Color and Distinction (per National POLST) guidelines
1. Changed from all Pink to pink rimmed with white background
2. Ease of copying. Forms still must be ordered in bulk for tracking.
3. National POLST Logo
4. Name will be standardized as TPOPP/POLST
Form Changes

Clarifying language
• “Treatment” is used throughout
• Goals section broader - covers both Section B and C,
• Nutrition section allows for no decision - as yet.
Form Changes

• Reverse side expands Info from side 1.
  o includes additional supportive information for ACP,
  o emergency contact information
  o hospice enrollment if applicable
  o uniform language for support persons.

• More consistency with National POLST form recommendations
Changes to TPOPP/POLST Clinical Guide

1. New Table of Contents with jump links (4 sections)
2. Resource available digitally (downloadable) and hard copy (individual) Quantity discounts – pending.
   1. Contents: Greater clarity and more consistent use of language (e.g., terms “interventions” “aggressive” stricken)
   2. ACP Resources for training and support (e.g., Ariadne Labs, Vital Talk, CAPC, Caring Conversations [CPB])
3. Evidence based references and updated research added.
1. Part of National POLST
2. Community-based approach
3. Sponsored by CPB with Bi-state collaborators

*Acute/Post- and Non-acute settings, Palliative Care, EMS, etc.
Program Development & Goals

• **Program Development**
  • TPOPP/POLST Initiative
    • Adapted from the National POLST Program.
    • Purpose to communicate individual patient’s preferences for treatments who are living with advanced illness or frailty by providing current medical orders sets that will be honored across healthcare settings.
    • Designed for use by all providers including first responders, acute, post- and non-acute and institutional long-term care settings and community-based providers.

• **Goals**
  • **Primary Objective** is to achieve goal concordant care by communicating selective treatments that reflect patient’s current condition and goals of care, thereby ensuring higher family/patient satisfaction and health outcomes.
Core Elements of TPOPP/POLST

• Core Elements
  • Is recommended for individuals with advanced, chronic, progressive disease, clinical frailty, and/or terminal conditions.
  • May be used to indicate a preference to receive all medically indicated treatments or to limit medical interventions including attempts at cardiopulmonary resuscitation (CPR).
  • Provides explicit direction about resuscitation status (“code status”) if the patient is without a pulse and/or is not breathing (apneic).
  • Includes directions about other treatments that the patient may or may not select.
  • Accompanies the patient to and from all settings
  • Is based on the individual’s current medical condition
  • Accompanies the patient to and from all settings and should be reviewed periodically
Note: Completed TPOPP form is one possible outcome of serious illness care planning.

- For clinical resources on how to conduct serious illness care planning conversations visit:
  - Ariadne Labs (Serious Illness)
  - VitalTalk
  - Caring Conversations® and CPB resources
  - PREPARE For Your Care
Who Should Complete a TPOPP/POLST form?

Health care professionals should discuss TPOPP/POLST with their patients if the patient/resident:

- Wants all medically indicated treatments.
- Wants to select specific re: avoiding ICU Tx.
- Wants to maximize comfort and AND.
- Has advanced chronic and/or progressive disease Dx or terminal condition
- Advanced age and medical frailty
- No requirements for where patient reside; many living in long-term care or receiving home-based clinical support may be appropriate.
How to Complete a TPOPP/POLST Form: A Section-by-section Breakdown

Overview of:

1. **Section A**: Cardiopulmonary Resuscitation (CPR)
2. **Section B**: Initial Treatment Orders
3. **Section C**: Medically Administered Nutrition
4. **Section D**: Additional Orders
5. **Section E**: Information & Signatures
Section A orders apply when the person is in cardiopulmonary arrest (i.e., has no pulse and is not breathing).

For other situations, refer to Sections B and C.
Section B orders apply to other emergency medical circumstances.

Accompanying each treatment option is a GOAL statement to share with the patient/representative.
Section C orders apply to long-term medically administered nutrition.

It is intended that all feeding options are fully explained to the patient/representative.

Boxes are checked after thoroughly discussing patient preferences and goals.
Section D: Additional Orders

Section D applies to additional medical orders or instructions that are otherwise not specified in this form.

The medical provider should work directly with the patient to ensure consistency across sections.
Section E: Information & Signatures

Completing the form: the medical provider checks the box(es) indicating with whom they discussed the orders.

Both the medical provider and the patient/representative include their contact information and signature.

NOTE: Authorized Provider signs.

Currently in KS that is physician and PA (APRNs not yet eligible)

In MO it is still physician only.
Note:

1. TPOPP/POLST Form is an element of ACP

2. Other ACP documents can be noted on the TPOPP/POLST form.

3. Provide the Patient’s Emergency Contact Information.

4. Check off the individuals assisting with the form.
Comparisons Between KS & MO Documents and TPOPP/POLST Form

Comparison Between TPOPP/POLST Form and Kansas DNR Directive

<table>
<thead>
<tr>
<th>Document Features</th>
<th>Kansas DNR Directive</th>
<th>TPOPP/POLST - Medical Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governed By</td>
<td>Statutes K.S.A. 65-4941 et.al.</td>
<td>Scope of Practice and Standard of Care and community consensus (DNR orders not required by KS law to be in a particular form)</td>
</tr>
<tr>
<td>Target groups</td>
<td>Capacitated adults called Declarants who wish to refuse CPR for personal, health or religious reasons. (No illness criteria or other health directives required)</td>
<td>Persons with or without capacity living with advanced illness or frailty who by expression of advance health care directives indicate treatment preferences for full, selected, or no CPR (or meet AHA criteria for no benefit/harm*) or have elected a comfort care plan or have a representative to act on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders.</td>
</tr>
<tr>
<td>Settings</td>
<td>Hospital to Nursing Home (and back)</td>
<td>All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.</td>
</tr>
<tr>
<td>Initiated by</td>
<td>Declarant (Patient with capacity) requests DNR order from Physician or PA.</td>
<td>Physician or authorized licensed professional on behalf of patients with advanced illness/frailty in compliance with scope of practice, law/regulations.</td>
</tr>
<tr>
<td>Health Status of Patient</td>
<td>Not required for declaration.</td>
<td>Serious illness and/or advanced frailty (see POLST Intended Population)</td>
</tr>
</tbody>
</table>
## Comparisons Between KS & MO Documents and TPOPP/POLST Form

### Comparison Between TPOPP/POLST Form and Kansas DNR Directive

<table>
<thead>
<tr>
<th>Adherence to Form</th>
<th>Directive must be substantially in the form prescribed by statute</th>
<th>Standardized TPOPP/POLST form adopted by consensus for transportability across settings. No required DNR form required by statute.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunity protections</td>
<td>Immunity from liability subject to K.S.A. 65-4944</td>
<td>Immunity from liability provided by KSA 65-4944 to authorized provider validly executing a DNR order (see KSA 65-4941 thru 65-4944).</td>
</tr>
<tr>
<td>Measures Addressed</td>
<td>Addresses only CPR</td>
<td>Addresses Full Treatment to DNAR range of treatments to guide responders (Full to Comfort) based on patient current condition, directives, and goals of care. Medically assisted nutrition and other treatments included.</td>
</tr>
<tr>
<td>Applicability to persons without capacity</td>
<td>Directive law is not applicable to those without capacity</td>
<td>Applies to all target group populations including those with Class III Heart Failure subject to &quot;No Benefit&quot; or &quot;Harm&quot; designation for CPR*</td>
</tr>
</tbody>
</table>

### How does the TPOPP/POLST Form compare to the Missouri OHDNR “Purple Form”?

See below for a comparison.

<table>
<thead>
<tr>
<th>Document Features</th>
<th>Missouri OHDNR Purple Form</th>
<th>TPOPP/POLST - Medical Order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governed By</strong></td>
<td>Statutory citation 190.600-190.621 RSMo (9/07)</td>
<td>Persons with or without capacity living with advanced illness or frailty who: 1) by advance health care directives indicate treatment preferences for all, certain types or no CPR interventions (or meet CPR medical criteria for no benefit/harm*), 2) have elected a comfort care plan, or 3) have a representative to speak on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders.</td>
</tr>
<tr>
<td><strong>Target groups</strong></td>
<td>Capacitated adults or those represented by an agent for whom the individual has granted authority to decline CPR in the event of cardiac or respiratory arrest.</td>
<td></td>
</tr>
<tr>
<td><strong>Settings</strong></td>
<td>All outside hospital settings.</td>
<td>All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.</td>
</tr>
<tr>
<td><strong>Initiated by</strong></td>
<td>Patient with capacity or agent with powers granted in notarized appointment.</td>
<td>Physician or authorized licensed professional on behalf of patients with advanced illness/frailty in compliance with scope of practice, law/regulations.</td>
</tr>
</tbody>
</table>
Comparisons Between KS & MO Documents and TPOPP/POLST Form

Comparison Between TPOPP/POLST Form and MO OHDNR “Purple Form.”

<table>
<thead>
<tr>
<th></th>
<th>Health Status of Patient</th>
<th>Requirements to execute/validate</th>
<th>Adherence to Form</th>
<th>Immunity protections</th>
<th>Range of Treatments Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not required for declaration.</td>
<td>Capacitated Patient must authorize, or grant agent power via advance directive. Physician signature required.</td>
<td>Must be in the form prescribed by statute for immunity protection.</td>
<td>Immunity from liability subject to 190.606 RSMO (9/07)</td>
<td>Addresses only Full or No CPR attempt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Serious illness and/or advanced frailty (see POLST Intended Population)</td>
<td>Signature of physician/authorized licensed professional required. Signature of patient or representative required for validity to acknowledge/concur with medical order.</td>
<td>Governed by Standard of Care and Scope of Practice. Proposed language for immunity under consideration.</td>
<td>Addresses complete range of treatments from Full Treatment to DNAR in guiding responders and providers. Based on patient current condition, directives, and goals of care. Medically assisted nutrition and other treatments included.</td>
</tr>
</tbody>
</table>

New Clinical Guide

- Questions
- Comments
- Concerns
- Feedback
- Recommendations

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Thank you!