Implementation of POLST in a rural Indian Health Services Clinic

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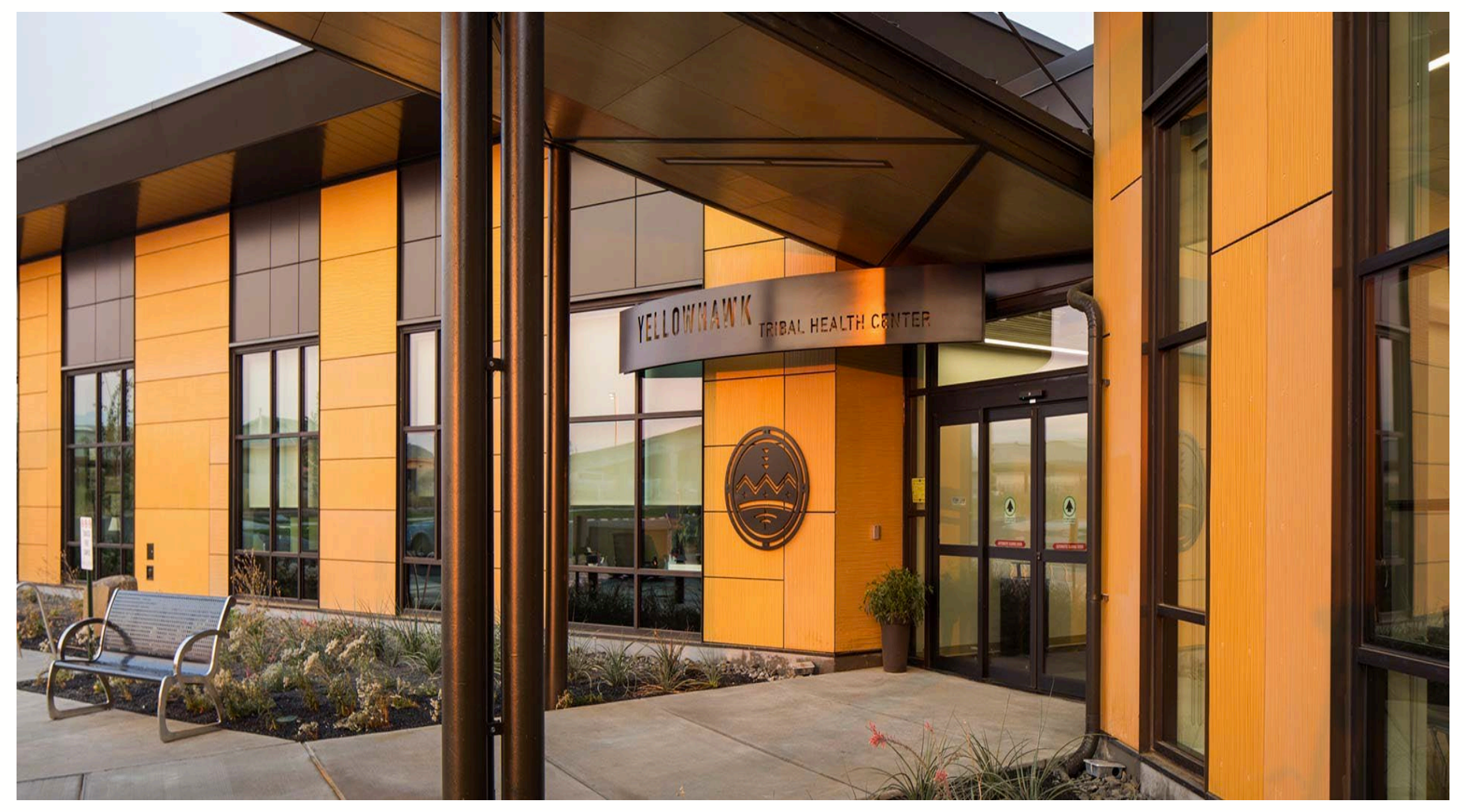
Introduction

In Early 2020, clinic staff expressed interest in developing a program to address a noted deficit in end of life care planning within their clinic. Despite a patient population with high prevalence of advanced illness, no formal POLST program existed.

Without a POLST process in place, patients with advanced illness are more likely to have unwanted and aggressive medical treatment at the end of life.

POLST programs are facilitated by:
- Staff training on POLST
- POLST form registry and easy access
- Inclusion of local EMS providers
- Medically appropriate forms



Purpose

- Engage staff to create a sustainable and clinically appropriate POLST program.
- Implement a formal staff training process in order to promote POLST as a tool in end-of-life care.
- Engaging staff and increasing awareness of POLST in order to promote patient self-efficacy and improve access to POLST for qualifying patients.

Methods

Pandemic Implications

Due to ongoing concerns regarding Covid-19, the research, project presentation, implementation, and clinic communication for this project were done remotely.

Ethical Considerations

- OHSU IRB process completed 12/3/2020
    - Not considered to be human subjects research
    - Expansion of the project may require additional review
- No patient data included
- Voluntary project participation for staff

Intervention

- Clinic staff was surveyed to determine knowledge base surrounding POLST
- POLST education presentation was created and presented to staff through zoom meeting
- Clinic staff identified patients who met criteria for POLST discussion
- Staff provided educational material and information to qualifying patients
- Patients were enrolled and registered with the Oregon POLST registry
- A post intervention survey was completed to determine changes in understanding of POLST and how to improve POLST implemenation

Data Analysis

- Likert scale surveys used
- Number of patients with POLST on provider panel were recorded before and after intervention
- Microsoft Excel used to creat graphic representation of survey results

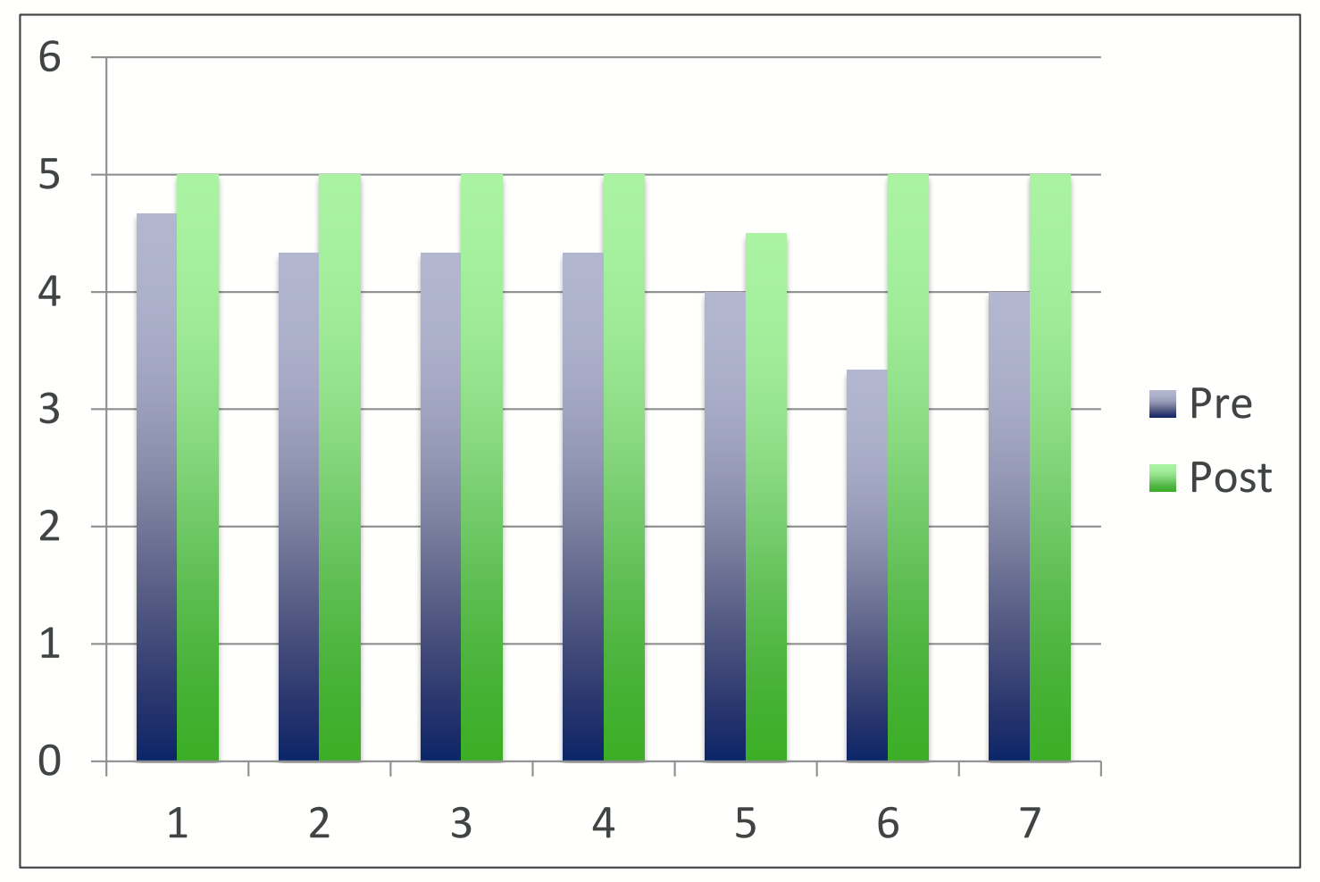
Findings

POLST Registry

- Prior to intervention, no patients on this provider panel had current POLST forms
- 2 Patients were registered during intervention; an additional 5 patients were provided information on POLST

Staff Survey's

- Pre and post implementation staff survey data collected
- Survey questions included:
    1. I know what POLST is.
    2. I am comfortable talking to patients about POLST
    3. I know how a POLST form is used
    4. I know where to file a POLST form
    5. I know how to access a patient's POLST form
    6. I know the general criteria for patient's to have a POLST form
    7. I know when to use a POLST form



Staff Project Perspectives

Barriers:
- Lack of visit time due to other health concerns
- Short project duration and few visits with qualifying patients
- Routine health visits were a priority during project implementation due to Covid-19 impact

Recommendations:
- On sight project advocate
- Continued use of POLST informational brochures

Discussion

While the project implementation showed favorable results in increased in staff knowledge surrounding POLST, the number of patients who completed POLST forms was minimal.

Barriers identified in this study were consistent with current literature on POLST programs, including;
- Time constraints
- Lack of on sight project champion
- Ambiguity of defining a POLST appropriate patient

This project supports previous research that shows further data is needed to determine the full benefits of POLST programs. However, the minimal cost associated with staff education and the free online resources for Oregon should encourage ongoing POLST research.

Recommendations

It is important that POLST forms continue to be considered as one tool to facilitate discussion and patient autonomy in end-of-life care. While this project showed only modest results, the focus on patient centered care and low cost intervention support it moving forward.

Next Steps:

- Expand POLST education to other provider teams at the clinic
- Engage local EMS providers in project implementation and POLST use
- Identify additional project champions to promote POLST
- Identify additional Oregon resources for POLST
- Continue to analyze data from staff to adjust and project goals and implementation as needed
- Use clinical patient data and context regarding terminal illness to further educate staff on patient considerations for POLST
- Engage patients in implementation strategies to improve cultural competency and individualize end-of-life care discussions