



Goals of Care Coalition
of New Jersey

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Goals of Care Coalition
of New Jersey

POLST 2.0

*Using POLST to Honor Resident Wishes: Principles of Shared
Decision-Making & Ensuring Informed Consent*

David Barile, MD



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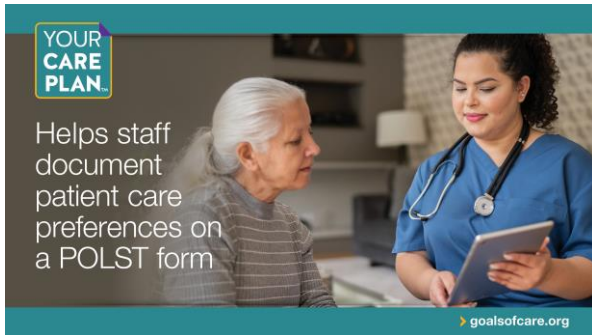
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Objectives:

- Identify Barriers to good End of Life care in New Jersey
- Understand 4 important steps in medical decision-making
- Utilize tools to assist in POLST form completion
- Identify ethical and cultural challenges

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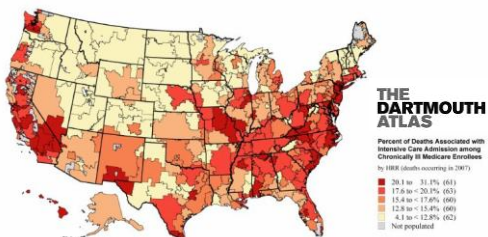
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Three parts to our talk

1. Challenges to good EOL care
2. The **Four Steps** to improve decision making
3. Resources to improve shared decision-making and POLST completion

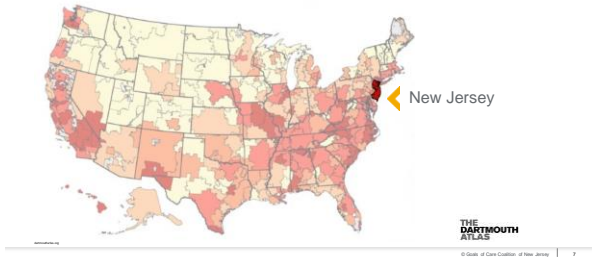
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Intro:



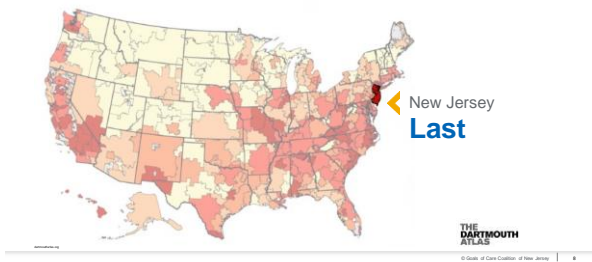
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Intro:



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Intro:



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Goals of Care Coalition of New Jersey

Members

ACP New Jersey Chapter, CPSP, HCANJ, hqsi, Home Care & Hospice, Jewish Senior Living, LeadingAge, MSNJ, NASW, njaaw, American College of Emergency Physicians, AHP, NAMHAA, QUALITY INSTITUTE, NJHA, New Jersey Long-Term Care Leaders Coalition, LICO, Society of Professional Assistants, Samaritan, vna HealthGroup

Strategic Alliances

C-TAC, NJHealth

Academic Collaborative

Cooper Medical School of Rowan University, Rowan University, RUTGERS, RUTGERS, RUTGERS

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Challenges

Where do they exist?

Patients	Practitioners	System
Cultural Diversity	Cultural Diversity	EMR
Poverty	Specialists	Hospitalist Movement
Insurance	Avoiding Prognostication	Fragmentation
Dr. Google	Defensive Medicine	Wrong Incentives
Family Dynamics	Time	Geography
Prior Trauma	Money	Medical Directives
		others

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Challenges

11

Challenges

Cultural Diversity

3

third most culturally diverse state


1

the most culturally diverse amongst physicians


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Challenges

Cultural Diversity



third most culturally diverse state



the most culturally diverse amongst physicians


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Challenges

Cultural Diversity

LOCATION





Foreign-trained physicians

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Challenges

Cultural Diversity

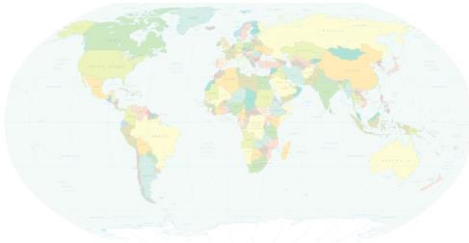
Foreign doctors caring for low income communities

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Challenges

Cultural Diversity

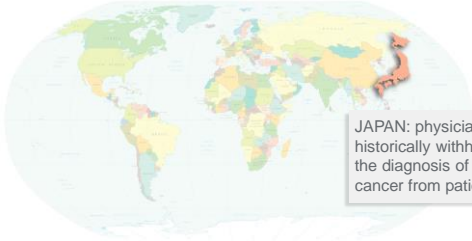


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Challenges

Cultural Diversity



JAPAN: physicians historically withheld the diagnosis of cancer from patients

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Challenges

Cultural Diversity



KOREA: family members are expected to make decisions

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Challenges

Cultural Diversity

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Challenges

Cultural Diversity

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Challenges

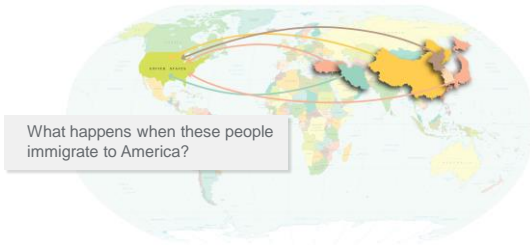
Cultural Diversity

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Challenges

Cultural Diversity

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Office of the State Physician

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Challenges

Specialists

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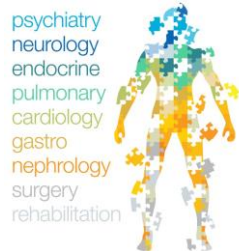
Where are the primary care doctors?

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Challenges

Specialists

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Challenges

Specialists

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Hospitalists



Primary Care



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Challenges

Wrong Financial Incentives

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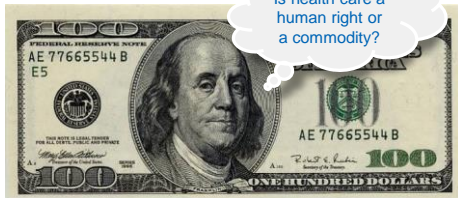
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Challenges

Wrong Financial Incentives

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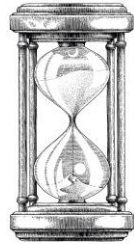
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Challenges

Prognosis

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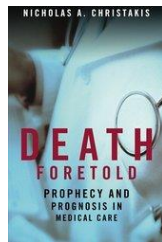
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Challenges

Prognosis

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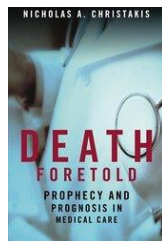
Challenges

Prognosis

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Main message:

The doctrine of **informed consent** obligates clinicians to provide patients with information about **prognosis**.



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Challenges

Prognosis



The doctrine of **informed consent** obligates clinicians to provide patients with information about **prognosis**.

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Challenges

Prognosis



birth 2 months 4 months 6 months

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Challenges

Prognosis



6 months 4 months 2 months death

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Challenges

Prognosis

6 months

4 months

2 months

death

Hospice?

PEG tube?

Hospitalized?

Statins?

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Challenges

Prognosis

6 months

4 months

2 months

death

medical planning

35

Challenges

Prognosis

6 months

4 months

2 months

death

medical planning

financial planning

spiritual planning

social planning

travel planning

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Challenges

ePrognosis



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Challenges

Prognosis



the new frontier
in modern medicine

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Challenges

Prognosis



“doctor, would you be surprised if
this patient died in the next one year?”

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Challenges

Communication



good communication improves outcomes,
not paper forms with check boxes

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Challenges

Advance Directives in the US



Luis Kutner

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Challenges

New Jersey Directive



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Challenges

5 wishes



The Five Wishes is a document that you can use to express your wishes about your care. It is a form that you can fill out and give to your family and friends. It is a form that you can fill out and give to your family and friends. It is a form that you can fill out and give to your family and friends.

THE FIVE WISHES

1. I want to be able to talk to the people I love and let them know how I feel about them.

2. I want to be able to talk to the people I love and let them know how I feel about them.

3. I want to be able to talk to the people I love and let them know how I feel about them.

4. I want to be able to talk to the people I love and let them know how I feel about them.

5. I want to be able to talk to the people I love and let them know how I feel about them.

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Challenges

5 wishes



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5. I want to be able to talk to the people I love and let them know how I feel about them.

do
they
work?

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Challenges

5 wishes



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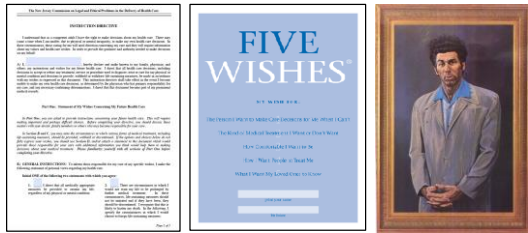
do
they
work?

<https://www.youtube.com/watch?v=igZvuCj4VQ>

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Challenges



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Three parts to our talk

1. Challenges to good EOL care
2. The **Four Steps** to improve decision making
3. Resources to improve shared decision-making and POLST completion

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The Steps



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The Steps

Pit falls in end of life care

1. Diagnosis

2. Treatment

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The Steps

Pit falls in end of life care

1. Diagnosis

2. Treatment

1. Pneumonia

2. Antibiotics

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The Steps

Pit falls in end of life care

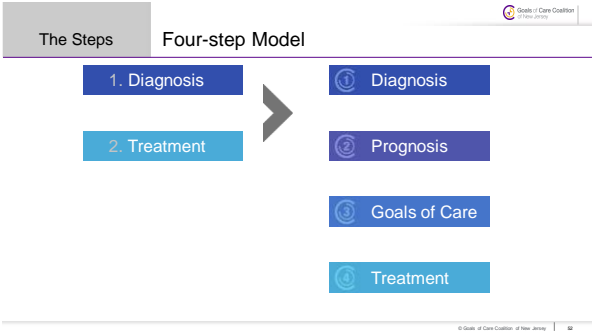
1. Diagnosis

2. Treatment

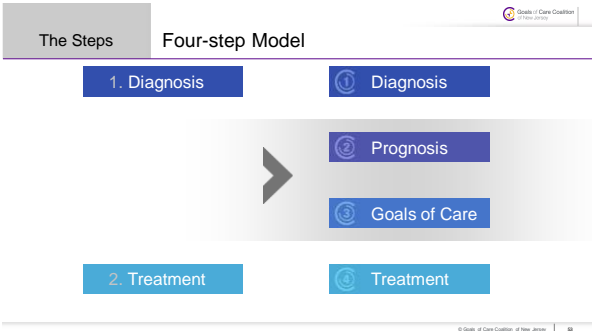
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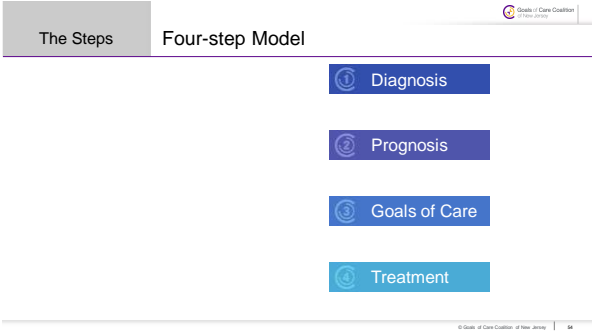
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The Steps

Four-step Model



1 Diagnosis

2 Prognosis

3 Goals of Care

4 Treatment

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The Steps

Four-step Model

Who is responsible for each step?

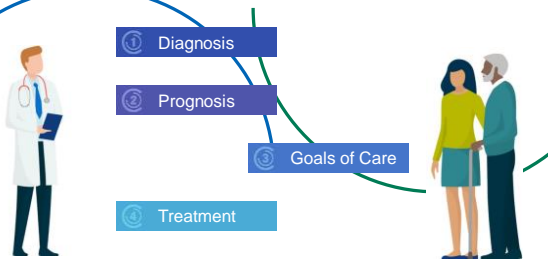


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The Steps

Four-step Model



1 Diagnosis

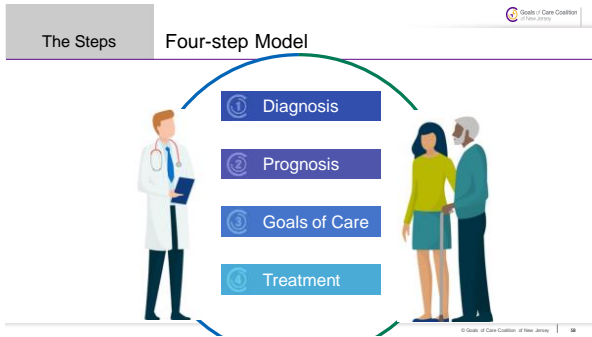
2 Prognosis

3 Goals of Care

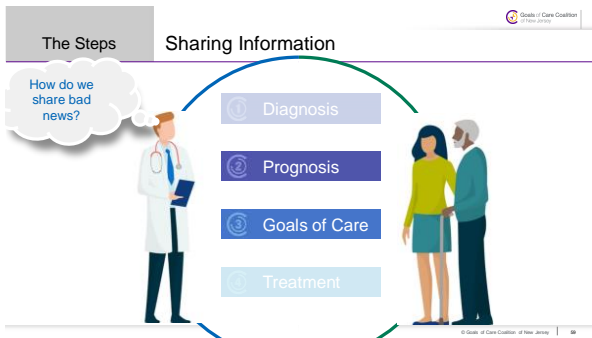
4 Treatment

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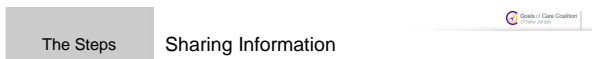
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Inquiring about health literacy is the first step to every health care conversation

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The Steps

Sharing Information



Inquiring about health literacy is the first step to every health care conversation

"What's your understanding of your medical problem?"

"What have doctors told you in the past?"

"What's your understanding of your future?"

"Has anyone ever discussed with you how long you can live with this problem?"

2019

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The Steps

Sharing Information



Share info with a warning shot

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The Steps

Sharing Information



Share info with a warning shot

Clear and concise language, no medical jargon

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The Steps **Sharing Information**

Share info with a warning shot

Clear and concise language, no medical jargon

Time frames: “days to weeks” or “weeks to months”

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The Steps **Sharing Information**

Share info with a warning shot

Clear and concise language, no medical jargon

Time frames: “days to weeks” or “weeks to months”

Stop talking

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The Steps **Sharing Information**

① Diagnosis

Establishing goals ← ② Prognosis

③ Goals of Care

④ Treatment

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The Steps

Sharing Information

1

Diagnosis

2

Prognosis

3

Goals of Care

4

Treatment

“now that you understand the prognosis...”

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The Steps

Sharing Information

1

Diagnosis

2

Prognosis

3

Goals of Care

4

Treatment

“what is important to you during this time?”

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The Steps

Sharing Information

1

Diagnosis

2

Prognosis

3

Goals of Care

4

Treatment

“let’s complete a POLST form”

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The Steps

Four-step Model

1 Diagnosis

2 Prognosis

3 Goals of Care

4 Treatment

POLST form

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The Steps


Four-step Model

1 Diagnosis

2 Prognosis

3 Goals of Care

4 Treatment

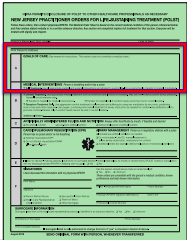


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The Steps

Four-step Model

3 Goals of Care



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The Steps

Four-step Model

Treatment

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Three parts to our talk

1. Challenges to good EOL care
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POLST

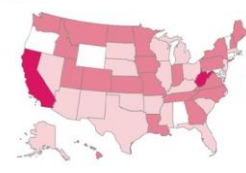
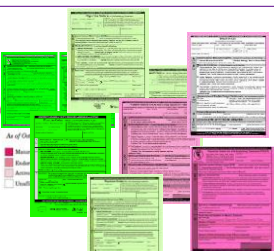
www.polst.org

National POLST Paradigm
www.polst.orgNational POLST Program Designations
As of October 2019

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POLST www.polst.org


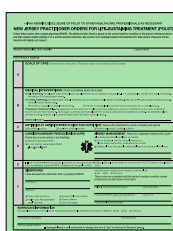
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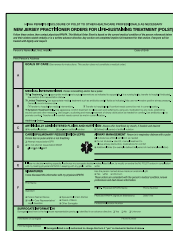



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POLST What is it?

actionable medical orders



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POLST

What is it?

actionable medical orders
represent *end of life* choices

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POLST

What is it?

actionable medical orders
represent *end of life* choices
complement to advance directives

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POLST

What is it?

actionable medical orders
represent *end of life* choices
complement to advance directives
brightly colored format

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POLST

What is it?

actionable medical orders
 represent *end of life* choices
 complement to advance directives
 brightly colored format
 portable across settings

A sample POLST form with a green header and a grid of medical orders. The header includes the title 'POLST' and a subtitle 'Physician Orders for Life-Sustaining Treatment'. The grid contains various medical orders, including 'Do Not Resuscitate', 'Do Not Intubate', 'Do Not Use Life Support', and 'Do Not Use Artificial Nutrition and Hydration'. The form is designed to be portable across settings.

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POLST

POLST is portable

hospital

A sample POLST form with a green header and a grid of medical orders. The header includes the title 'POLST' and a subtitle 'Physician Orders for Life-Sustaining Treatment'. The grid contains various medical orders, including 'Do Not Resuscitate', 'Do Not Intubate', 'Do Not Use Life Support', and 'Do Not Use Artificial Nutrition and Hydration'. The form is designed to be portable across settings.

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POLST

POLST is portable

hospital

A sample POLST form with a green header and a grid of medical orders. The header includes the title 'POLST' and a subtitle 'Physician Orders for Life-Sustaining Treatment'. The grid contains various medical orders, including 'Do Not Resuscitate', 'Do Not Intubate', 'Do Not Use Life Support', and 'Do Not Use Artificial Nutrition and Hydration'. The form is designed to be portable across settings.



nursing home

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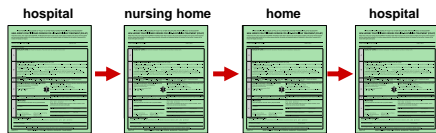
84

POLST POLST is portable



85

POLST POLST is portable



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POLST Who is POLST for?

A sample POLST form is shown. It is a green form with various sections for medical history, current conditions, and treatment preferences. The form includes checkboxes for 'Do Not Resuscitate' and 'Do Not Intubate', and a section for 'Other Treatments'. The form is titled 'POLST: Physician Orders for Life-Sustaining Treatment'.

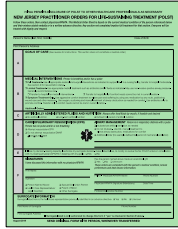
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POLST

Who is POLST for?


 State of New Jersey
Office of the Attorney General

People entering the final
years of life



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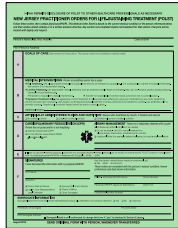
POLST

Who is POLST for?


 State of New Jersey
Office of the Attorney General

People entering the final
years of life

Elders in Nursing Facilities or
Assisted Living Facilities



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POLST

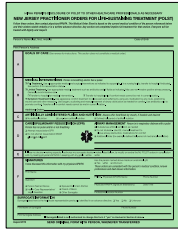
Who is POLST for?


 State of New Jersey
Office of the Attorney General

People entering the final
years of life

Elders in Nursing Facilities or
Assisted Living Facilities

Not For: Healthy Adults



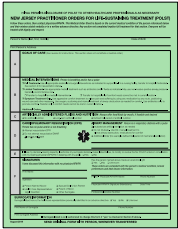
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POLST

Who completes it?

Physician, Nurse Practitioner or
Physician's Assistant



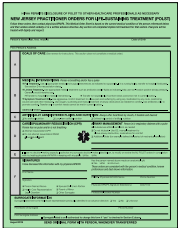
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POLST

Consent

Consent for the POLST:
patient



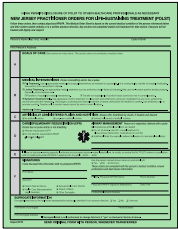
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POLST

Consent

Consent for the POLST:
patient
(or)
surrogate decision maker



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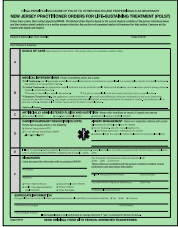
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POLST

Consent

Consent for the POLST:
 patient
 (or)
 surrogate decision maker

*verbal consent by phone
 is allowed*

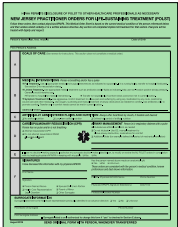


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POLST

Completing polst

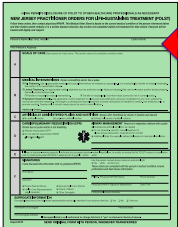


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POLST

Completing polst



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POLST

Completing polst



GOALS OF CARE (See reverse for instructions. This section does not constitute a medical order.)

A **To have a peaceful death**

Medical Interventions Person is breathing and/or has a pulse

Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life, if in a nursing facility, transfer to hospital if indicated. See section C for resuscitation status.

Limited Treatment. Use appropriate medical treatment such as antibiotics and/or fluids as indicated. May use non-invasive positive airway pressure. See section C for resuscitation status.

Transfer to hospital for medical interventions. **Transfer to hospital only if comfort needs cannot be met in current location.**

Symptom Treatment Only. Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, sound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders:

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POLST

Completing polst



Medical Interventions Person is breathing and/or has a pulse

Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life, if in a nursing facility, transfer to hospital if indicated. See section C for resuscitation status.

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Additional Orders:

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POLST

Completing polst



Medical Interventions Person is breathing and/or has a pulse

Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life, if in a nursing facility, transfer to hospital if indicated. See section C for resuscitation status.

Limited Treatment. Use appropriate medical treatment such as antibiotics and/or fluids as indicated. May use non-invasive positive airway pressure. See section C for resuscitation status.

Transfer to hospital for medical interventions. **Transfer to hospital only if comfort needs cannot be met in current location.**

Symptom Treatment Only. Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, sound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

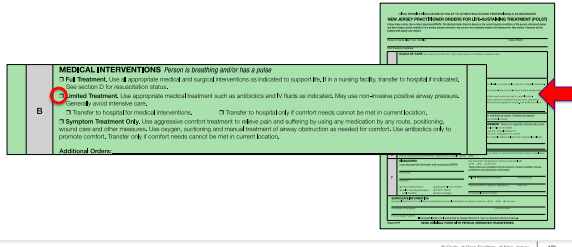
Additional Orders:

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POLST

Completing polst

 State of New Jersey



MEDICAL INTERVENTIONS Person is breathing and/or has a pulse

Treat Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated.

Do not treat Limited Treatment. Use appropriate medical treatment such as antibiotics and/or fluids as indicated. May use non-invasive positive airway pressure, CPAP and/or intubation.

Transfer to hospital Transfer to hospital for medical interventions. If transfer to hospital only if comfort needs cannot be met in current location.

Symptom Treatment Only Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, sound cues and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders

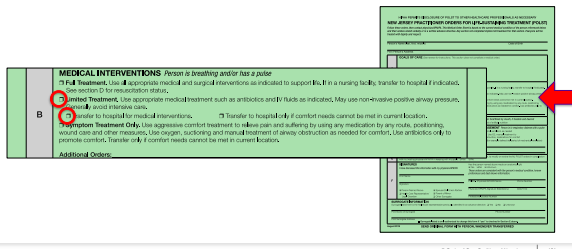
 State of New Jersey

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POLST

Completing polst

 State of New Jersey



MEDICAL INTERVENTIONS Person is breathing and/or has a pulse

Treat Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated.

Do not treat Limited Treatment. Use appropriate medical treatment such as antibiotics and/or fluids as indicated. May use non-invasive positive airway pressure, CPAP and/or intubation.

Transfer to hospital Transfer to hospital for medical interventions. If transfer to hospital only if comfort needs cannot be met in current location.

Symptom Treatment Only Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, sound cues and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders

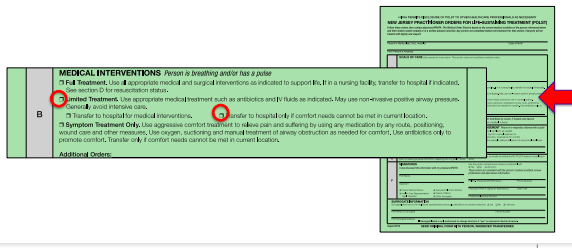
 State of New Jersey

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POLST

Completing polst

 State of New Jersey



MEDICAL INTERVENTIONS Person is breathing and/or has a pulse

Treat Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated.

Do not treat Limited Treatment. Use appropriate medical treatment such as antibiotics and/or fluids as indicated. May use non-invasive positive airway pressure, CPAP and/or intubation.

Transfer to hospital Transfer to hospital for medical interventions. If transfer to hospital only if comfort needs cannot be met in current location.

Symptom Treatment Only Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, sound cues and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders

 State of New Jersey

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POLST

Completing polst

 State of New Jersey

MEDICAL INTERVENTIONS Person is breathing and/or has a pulse

☐ Full Treatment: Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated, per section D for resuscitation status.

☐ Limited Treatment: Use appropriate medical treatment such as antibiotics and/or fluids as indicated. May use non-invasive positive airway pressure. Do not intubate. Do not use mechanical ventilation.

☐ Do not attempt resuscitation (DNR): Do not attempt resuscitation. Do not use mechanical ventilation. Do not use artificial ventilation.

☐ Comfort Treatment Only: Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders:

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POLST

Completing polst

 State of New Jersey

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION Always offer food/fluids by mouth, if feasible and desired

☐ No artificial nutrition ☐ Long-term artificial nutrition ☐ Defined trial period of artificial nutrition

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POLST

Completing polst

 State of New Jersey

CARDIOPULMONARY RESUSCITATION (CPR) Person has no pulse and/or is not breathing

☐ Attempt resuscitation (CPR) ☐ Do not attempt resuscitation (DNR) ☐ No artificial nutrition

AIRWAY MANAGEMENT Person is in respiratory distress with a pulse

☐ Intubate: Use artificial ventilation as needed. Do not intubate - Use CPAP, manual treatment to relieve airway obstruction, medications for comfort.

☐ Additional Order (for example: defined trial period of mechanical ventilation)

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POLST

Completing polst



E Fill out my decision-making capacity. I authorize my surrogate decision-maker listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/PA/NP/RA in keeping with my goals. ☐ Yes ☐ No

PHYSICIAN/PA/NP/RA

Has the person named above made an anatomical gift? ☐ Yes ☐ No ☐ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

PHYSICIAN/PA/NP/RA Name: _____ Phone Number: _____

Signature: _____ Physician/PA/NP/RA Signature (Mandatory): _____ Date/Time: _____

☐ Person Named Above ☐ Spouse/Civil Union Partner ☐ Professional License Number: _____

☐ Adult Child Representative ☐ Parent of Minor ☐ Other Surrogate

PHYSICIAN/PA/NP/RA

Has the person named above made an anatomical gift? ☐ Yes ☐ No ☐ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

PHYSICIAN/PA/NP/RA Name: _____ Phone Number: _____

Signature: _____ Physician/PA/NP/RA Signature (Mandatory): _____ Date/Time: _____

☐ Person Named Above ☐ Spouse/Civil Union Partner ☐ Professional License Number: _____

☐ Adult Child Representative ☐ Parent of Minor ☐ Other Surrogate

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POLST

Completing polst



F Fill out my decision-making capacity. I authorize my surrogate decision-maker listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/PA/NP/RA in keeping with my goals. ☐ Yes ☐ No

PHYSICIAN/PA/NP/RA

Has the person named above made an anatomical gift? ☐ Yes ☐ No ☐ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

PHYSICIAN/PA/NP/RA Name: _____ Phone Number: _____

Signature: _____ Physician/PA/NP/RA Signature (Mandatory): _____ Date/Time: _____

☐ Person Named Above ☐ Spouse/Civil Union Partner ☐ Professional License Number: _____

☐ Adult Child Representative ☐ Parent of Minor ☐ Other Surrogate

PHYSICIAN/PA/NP/RA

Has the person named above made an anatomical gift? ☐ Yes ☐ No ☐ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

PHYSICIAN/PA/NP/RA Name: _____ Phone Number: _____

Signature: _____ Physician/PA/NP/RA Signature (Mandatory): _____ Date/Time: _____

☐ Person Named Above ☐ Spouse/Civil Union Partner ☐ Professional License Number: _____

☐ Adult Child Representative ☐ Parent of Minor ☐ Other Surrogate

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POLST

Completing polst



G Fill out my decision-making capacity. I authorize my surrogate decision-maker listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/PA/NP/RA in keeping with my goals. ☐ Yes ☐ No

PHYSICIAN/PA/NP/RA

Has the person named above made an anatomical gift? ☐ Yes ☐ No ☐ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

PHYSICIAN/PA/NP/RA Name: _____ Phone Number: _____

Signature: _____ Physician/PA/NP/RA Signature (Mandatory): _____ Date/Time: _____

☐ Person Named Above ☐ Spouse/Civil Union Partner ☐ Professional License Number: _____

☐ Adult Child Representative ☐ Parent of Minor ☐ Other Surrogate

PHYSICIAN/PA/NP/RA

Has the person named above made an anatomical gift? ☐ Yes ☐ No ☐ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

PHYSICIAN/PA/NP/RA Name: _____ Phone Number: _____

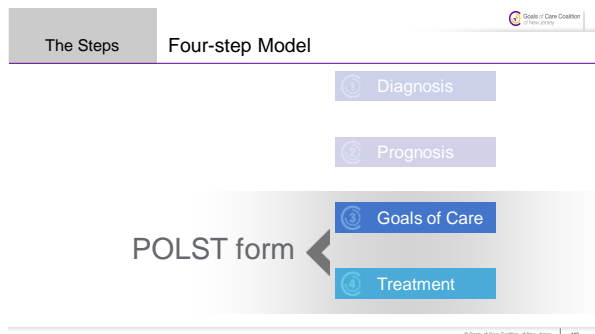
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☐ Person Named Above ☐ Spouse/Civil Union Partner ☐ Professional License Number: _____

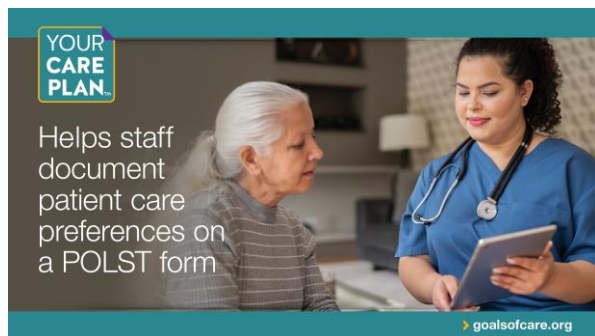
☐ Adult Child Representative ☐ Parent of Minor ☐ Other Surrogate

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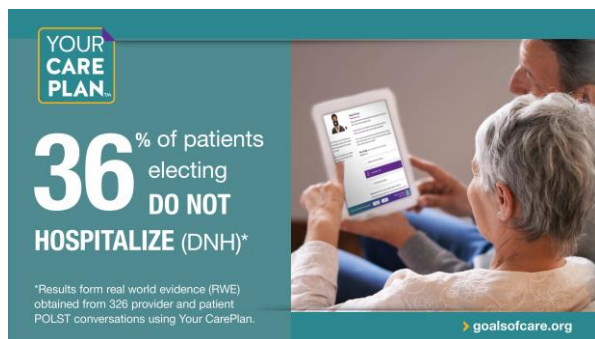
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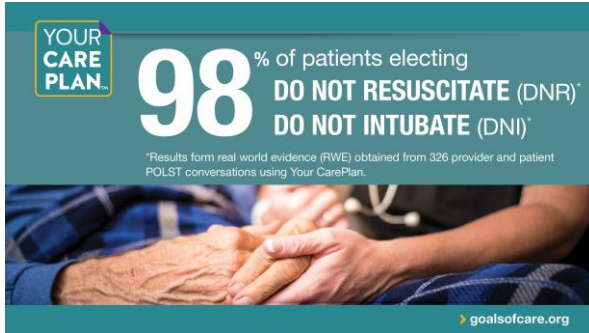
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YOUR CARE PLAN

98 % of patients electing
DO NOT RESUSCITATE (DNR)*
DO NOT INTUBATE (DNI)*

*Results from real world evidence (RWE) obtained from 326 provider and patient POLST conversations using Your CarePlan.

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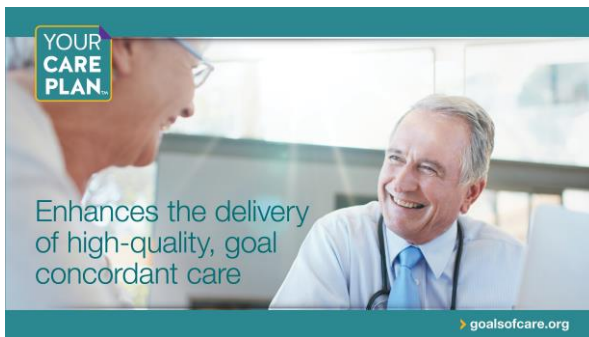
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Show YCP tool here

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YOUR CARE PLAN

Enhances the delivery
of high-quality, goal
concordant care

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Advance Care Planning (ACP) Certificate

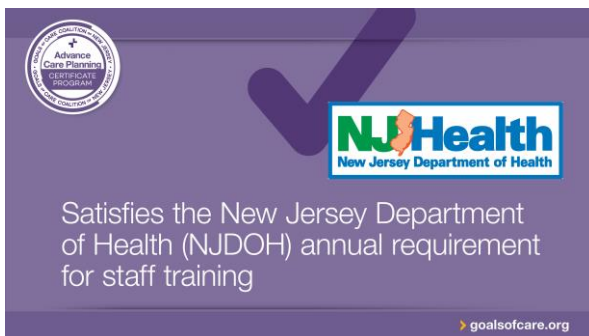
Professional Development
to Enhance Quality
Improvement

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97 % of users rate the ACP Certification program as **EXCELLENT** or **VERY GOOD**




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124



97 % of users **WOULD RECOMMEND** the ACP Certification program



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4Step iCarePlan
Goals of Care Coalition of NJ



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4Step ① ② ③ ④
iCarePlan
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Helps patients
make difficult
medical decisions

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4Step ① ② ③ ④
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English
中文
Español



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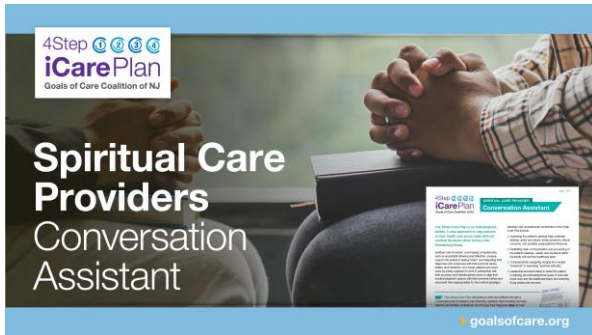
4Step ① ② ③ ④
iCarePlan
Goals of Care Coalition of NJ

HCP
Conversation
Assistant

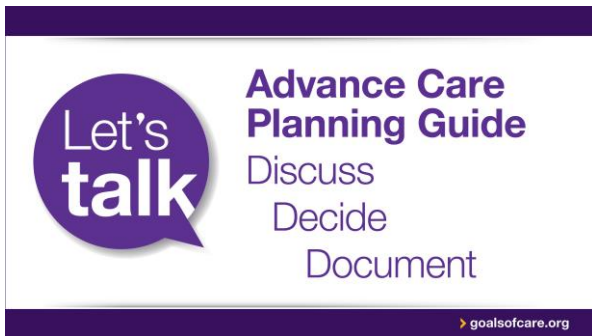


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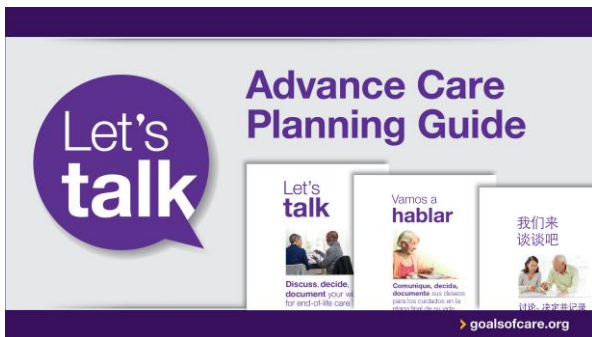
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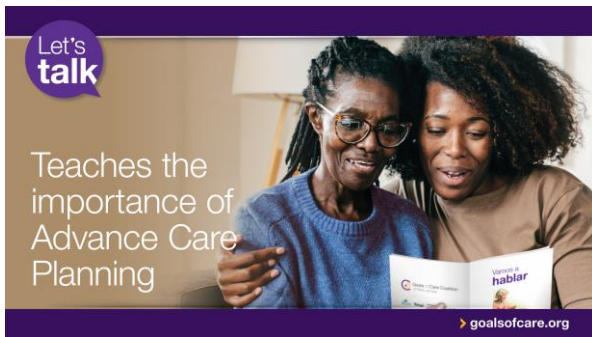
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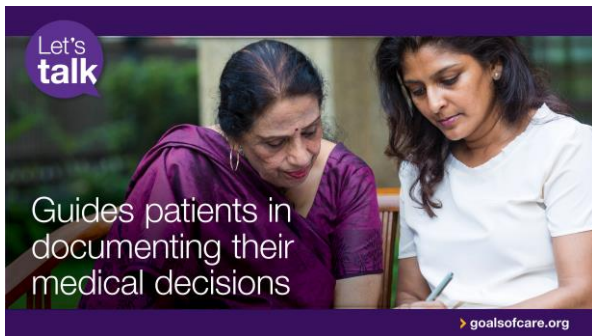
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