

The Oregon POLST Program: What Physician Assistants Need to Know and Do

The Physician Orders for Life-Sustaining Treatment (POLST) Program began in Oregon in 1990 to ensure that the preferences of patients with advanced progressive illness and/or frailty to have or to limit life-sustaining treatments are more consistently honored.

At the center of the program is the POLST form, a standardized set of medical orders based on patient wishes, signed by a physician, nurse practitioner or physician assistant (<http://www.ohsu.edu/polst/programs/oregon-details.htm>). In determining if a patient should have the opportunity to have a POLST form completed, the physician assistant can ask “would I be surprised if this patient died or lost the ability to make his/her own health care decisions in the next year.” If the answer is “no, I would not be surprised,” then the physician assistant should consider completing a POLST form with the patient. Once completed, the form remains with the patient to ensure immediate availability to emergency medical personnel at a time of need. The form complements an advance directive with some differences (<http://www.ohsu.edu/polst/programs/POLSTvAD.htm>). A guidebook is available to serve as a useful reference about the Oregon POLST Program and use of the form (<http://www.ohsu.edu/polst/programs/documents/Guidebook2009.pdf>).

If the paper POLST form is not immediately found, first responders can call the 24/7 Oregon POLST Registry. The Registry became effective in December 2009 and is supported by state law (<http://www.ohsu.edu/polst/programs/OregonPOLSTRegistry.htm>). This law does not require a patient to have a POLST form and provides a secure and accurate data base as a backup to the paper form. **However, when a patient elects to complete or revise a form, the signing health care professional must submit the form to the Registry** (unless the patient opts out of the Registry).

To submit a POLST form to the Registry, the signer uses the latest version of the form (prior versions of completed forms are accepted), completes all patient demographic information (address, DOB, last 4 SSN, gender) and orders for Section A (at a minimum), prints name legibly, signs and dates the form, and obtains patient or surrogate signature on back of form. PAs should also provide the name and phone number for their supervising physician on the back of the form where indicated. Unless the patient wishes to opt out of Registry submission, the signer is responsible to ensure that the health care setting fax a copy to 503-418-2161 or mail to Oregon POLST Registry, Mail Code: CDW-EM, 3181 SW Sam Jackson Park Rd, Portland, OR 97239. See <http://www.ohsu.edu/polst/programs/OregonRegistryInfo.htm> for more information on the submission process. Also, the physician assistant is encouraged to review the procedure for office/facility staff to submit newly completed POLST forms to the Registry. For sample policies see <http://www.ohsu.edu/polst/programs/OregonHealthCareProfessionals.htm#Policies>.

The Oregon POLST Program has demonstrated effectiveness through experience and research to ensure that patient’s preferences for treatment are honored (<http://www.ohsu.edu/polst/resources/research+references.htm>). Built on this foundation, similar programs are being implemented in most other states (www.polst.org).

Oregon POLST Program, Center for Ethics in Health Care, Oregon Health & Science University, June 7, 2010