



POLICY

Policy Name: North Dakota POLST Program

Effective Date: July 1, 2017

Last Review Date: May 19, 2022

Last Revision Date: December 4, 2024

Purpose:

To help elicit, document, and honor the treatment wishes of patients with serious illness or frailty whose health care professional would not be surprised if they died within one year. This program includes: a) advance care planning utilizing thoughtful, facilitated conversations between patients, health care professionals and their family members and caregivers, b) shared decision-making between the patient and health care professionals about the treatment the patient would like to receive at the end of his/her life; and ensuring patient wishes are honored and c) an actionable, portable medical order regarding life sustaining treatment choices that addresses a patient's current wishes based on informed consent.

Goal: To improve patient care by creating a system that identifies patients' wishes regarding medical treatment and communicates and respects them by creating portable medical orders.

Policy Statement:

Advanced Care Planning of North Dakota (ACP ND) will oversee the statewide ND POLST program regarding implementation, endorsement and quality metrics of the ND POLST program and ND POLST form. HCND will provide education and resources for agencies and health systems to develop their own policies and procedures. The ACP ND's POLST workgroup will offer recommendations to the ACP ND board that follow the standards and guidelines of the National POLST Paradigm Taskforce towards endorsement for final approval and continued implementation.

1. The North Dakota POLST Program is a single statewide coalition with defined membership and a recognized leader(s). Under ACP ND, the POLST workgroup includes representatives from EMS, physicians, health care facilities and other stakeholders who will be using the form in patient care.
2. The ND POLST workgroup meets on a regular basis via teleconferencing and email discussion.
3. The ND POLST workgroup will incorporate the Seven Core Elements Guidance (leadership, organizational home, building a sustainable statewide program, follows regulatory guidance, mobilize educational resources, secure financial support and measure quality performance and communicating impact).



4. The ND POLST workgroup has created and is implementing the 2018 ND POLST Form that meets the requirements for National POLST Paradigm Task Force Endorsement.

5. The ND POLST workgroup reviewed existing state laws and regulations and has determined that use of a POLST Form and the ND POLST Program is:

- A recognized standard of care
- Compatible with current health care directive and surrogate decision maker statutes and POLST.
- Is in agreement with POLST Legislative Guide.
- Is voluntary.
- Is for patients who are seriously ill or frail for whom their health care professional would not be surprised if they died within the year.
- Is based on shared-decision making between the patient/surrogate decision maker and his/her health care professional
- Is viewed as patient/surrogate decision maker preferences documented as medical orders.

Definitions:

The **Physician Orders for Life Sustaining Treatment (POLST) Paradigm**: The goal is to effectively communicate the wishes of patients facing serious illness or end of life and/or their surrogate decision maker: to have OR to limit medical treatment as they move from one care setting to another. The ND POLST Program embodies and promotes the essential elements of a National POLST Paradigm Program, where individual states and regions implement POLST programs.

North Dakota's (ND) POLST Program: A statewide initiative, under ACP ND, to standardize patient's wishes for life sustaining treatments across settings, health systems and agencies as actionable medical orders. It is supported and endorsed by the ND Medical Association, ND Hospital Association, ND LTC Association, and ND Department of Health-Division of Emergency Medical Systems. The goal is to meet the National POLST Paradigm's standards for endorsement.

ND's POLST Form- This is a legal document for people with an advanced progressive or terminal illnesses which specifies the type of care a person would like in an emergency medical situation. It is an actionable, portable medical order regarding life sustaining treatment choices that addresses a patient's current preferences based on shared decision-making and informed consent. North Dakota's form has a green border on the left and bottom to designate the original document.

General Procedure:

1. Healthcare professionals review ACP ND's POLST website which includes national and statewide FAQs and other information.
2. Healthcare professionals complete the POLST CME online training. Agencies and providers develop their individual policy for use based on the National



POLST toolkit and suggested model policies. **(Refer to specific model policies).**

3. Healthcare professional and providers use an approved POLST form to document these decisions as orders. The 2018ND POLST form can be downloaded from <https://acpnd.org/polst/> It is recommended the form be printed in color as this makes the form easily identifiable as the original form.
4. Healthcare professionals that assist with advance care planning (ACP) conversations or are trained ACP facilitators (e.g., providers, nurses, social workers, chaplains) have a thoughtful, facilitated discussion with the patient with serious illness, frailty or in the last year of life and/or healthcare agent to address a patient's wishes.
5. When implementing a POLST form, a healthcare provider or other POLST facilitator should first review the patient's living will, advance directive, durable health care power of attorney, or out-of-hospital do-not-resuscitate order, if any, with the patient or the patient's legally recognized decision maker. The POLST form is completed (instructions on the back of the form) and signed by the patient and/or healthcare agent **and** the attending provider after review. The most recent expression of preferences governs actions.
6. The original POLST form stays with the patient.
7. Copies and faxes of the form are valid.