

PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)

I. PURPOSE

The purpose of this policy is to provide guidelines and procedures for health care practitioners within long term care settings to follow when a Qualified Resident presents with a Physician Orders for Scope of Treatment (POST) form. This policy also outlines procedures regarding the completion of a POST form by a Qualified Resident and the steps necessary when reviewing or revoking a POST form.

II. SCOPE

This policy applies to all Qualified Residents of this facility who are at least 18 years of age or an emancipated minor; and are considered competent to participate in decisions about their medical care. Residents who are incapable of making decisions as determined by a treating physician, but who are represented by an appropriate Representative may also be considered Qualified Residents.

[NOTE Use in Minors: Although the Indiana Code provides for use of the POST form in minors, there is no statutory provision that actually allows a parent to sign the POST form.]*

III. EXCEPTIONS

POST forms may not be completed by residents who do not meet the definition of Qualified Resident in the 'Definitions' section of this policy.

IV. DEFINITIONS

POST Form: The Physician Orders for Scope of Treatment (POST) is a form created by the Indiana State Department of Health pursuant to Indiana Code 16-36-6 (State form: 55317). POST is a physician order form that is designed to be a portable, authoritative and immediately actionable physician order consistent with the individual's wishes and medical condition, which shall be honored across treatment settings. This facility shall treat a facsimile, paper, or electronic copy of a valid POST form as an original document. It is recommended that the POST form be printed and reproduced on fuchsia cardstock to ensure the form is easily identifiable and durable.

The POST form has an optional section for appointment of a health care representative. If a Qualified Resident appoints a health care representative using the POST form, this appointment supersedes the previous appointment of a health care representative. It does not supersede the previous appointment of a Durable Power of Attorney for Health Care.

Qualified Resident: An individual who has at least one of the following conditions:
(1) An advanced chronic progressive illness;

- (2) An advanced chronic progressive frailty;
- (3) A condition caused by injury, disease, or illness from which, to a reasonable degree of medical certainty: (a) there can be no recovery; and (b) death will occur from the condition within a short period without the provision of life prolonging procedures.
- (4) A medical condition that, if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period the person would experience repeated cardiac or pulmonary failure resulting in death.

Representative: Appointed Health Care Representative, Health Care Attorney-in-Fact appointed in a Durable Power of Attorney for Health Care, or Court-Appointed Guardian. Default surrogate decision-makers identified under Indiana Code 16-36-1-5 (spouse, parent, adult sibling, adult child) are not authorized to complete or revoke a POST form for an adult resident unless they are specifically appointed as a Representative.

A Representative may execute or revoke the POST form for a Qualified Resident only if the Qualified Resident lacks decision making capacity.

Treating Physician: Physician responsible for the Qualified Resident's care in the facility where action is being taken regarding the POST form.

V. POLICY STATEMENTS

This facility recognizes the right of all competent adults to participate in decisions about their medical care, including the right to accept or refuse treatment. Completion of a POST form is voluntary. If a Qualified Resident refuses to complete a POST form, the Qualified Resident's refusal should be documented in the medical record. The Qualified Resident should not be asked again to complete a POST form unless there is a significant change in the Qualified Resident's health status or medical condition.

No individual will be required to execute a POST in order to receive health care services at this facility, and no conditions are placed on care provided based on whether or not a POST has been executed.

A health care provider is not required to initiate a POST form, but is required to comply with a POST form that is apparent and immediately available to the provider. A health care provider is not required to comply with a POST form if the health care provider:

- a. Believes the POST form was not validly executed under Indiana Law;
- b. Believes in good faith that the POST form has been revoked by the Qualified Resident or their Representative;
- c. Believes in good faith that the Qualified Resident or their Representative has made a request for alternative treatment;
- d. Believes it would be medically inappropriate to provide the intervention on the Qualified Resident's POST form; or
- e. Has religious or moral beliefs that conflict with the POST form.

A health care provider who is unable to implement or carry out the orders of a POST form **should refer to ‘Conflict Resolution’ in the Procedures section below.**

According to the law, health care providers and health care facilities acting in good faith and in accordance with reasonable medical standards to carry out the orders on a POST form are not subject to criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction.

VI. PROCEDURES

The POST form is the Qualified Resident’s personal property and should be kept with the Resident. Should the Qualified Resident or Representative consent to the long term care facility maintaining the original form in his/her medical record, the facility shall do so. The facility must keep either a copy or the original, if permitted by the Qualified Resident, in the Qualified Resident’s medical record. Should the facility utilize electronic medical records and the Resident indicate a desire for the form to be maintained by the facility, the POST form shall be scanned to the medical record and the original form housed with other such documents maintained by the facility.

A. Encounters with Qualified Residents with a Completed POST Form

Upon presentation, POST orders shall be followed by facility health care providers as a valid physician order until the treating physician reviews the POST form and incorporates the content of the POST into the care and treatment plan of the Qualified Resident, as appropriate.

Sections of the POST form that are not completed do not invalidate the POST form. Sections that are not completed imply full treatment for those sections, unless otherwise indicated by the resident’s care plan and physician orders, or other advance directives.

Persons who are in need of emergency medical services because of a sudden accident or injury outside the scope of the person’s illness should receive treatment to manage their medical needs, as deemed necessary and appropriate by the treating physician.

During the initial assessment (either upon facility admission, or at which time the POST form is initially completed), a nurse or designated staff member will communicate the existence of the POST form to the treating physician and make a reasonable effort to confirm with the Qualified Resident or Representative the POST form accurately represents the Qualified Resident’s treatment preferences. The facility shall then obtain a physician’s order directing staff to “Follow POST instructions” in an effort to alert all caregivers to the presence of the POST form. The physician may choose to further address definitive directives of the POST form, such as “Do not attempt resuscitation” or “No artificial nutrition,” via written order(s) in an effort to clearly communicate the content of the POST form.

Whenever possible, the Qualified Resident's treating physician, or designee, before carrying out or implementing a medical order indicated on the POST form, shall discuss the order with the Qualified Resident or Representative to reaffirm or amend the order on the POST form.

A Qualified Resident or Representative may, at any time, request alternative treatment other than the treatment specified on the POST form. If the Qualified Resident or Representative requests alternative treatment or the treating physician, upon review of the POST and evaluation of the Qualified Resident, determines that a new order is indicated, the treating physician shall review the proposed changes with the Qualified Resident or Representative, and issue a new order, if needed.

If the Qualified Resident is transferred to another facility or discharged, make certain the original (if held by the facility) is sent to the facility with the resident or remains with the resident. If a Qualified Resident is on leave from the facility or outside of the facility (e.g. while at dialysis, at a physician's office) make certain a copy of the POST form is sent with the resident. Document that the POST form was sent with the Qualified Resident or Representative at the time of discharge.

B. Completing a POST Form with the Qualified Resident

The POST form allows a Qualified Resident to make decisions regarding four treatment areas:

Section A: Cardiopulmonary Resuscitation (CPR)

Section B: Medical Interventions (Comfort Measures; Limited Intervention; Full Intervention)

Section C: Antibiotics

Section D: Artificially Administered Nutrition

Before signing a POST form, the treating physician must determine that:

1. The resident is a Qualified Resident (as described in the 'Definitions' Section of this policy);
2. The medical orders contained in the resident's POST form are reasonable and medically appropriate for the Qualified Resident;
3. The Qualified Resident or Representative completed the POST form appropriately under the law: 1) the Qualified Resident is of appropriate age; and 2) of sound mind; or 3) the Representative is acting in the best interest of the Qualified Resident or in accordance with the Qualified Resident's express or implied treatment preferences;

And discuss the:

4. Qualified Resident's treatment goals and options, including benefits, burdens, efficacy, and appropriateness of treatment and medical interventions;
5. Qualified Resident's Advance Directives (if any).

A designee of the treating physician, such as a nurse or social worker, may explain the POST form to the Qualified Resident and/or Representative, discuss the Resident's treatment goals and options, including impact of any existing Advance Directives, and prepare the form for physician

signature; however, the treating physician is responsible for confirming the resident is a Qualified Resident and that the orders are reasonable and medically appropriate. Once the POST form is completed, it must be signed by the Qualified Resident or Representative AND the treating physician.

The above-described discussions should be documented in the medical record, and dated and timed.

C. Reviewing/Revoking a POST Form

At any time the treating physician and Qualified Resident or Representative, together, may review the POST to determine if it is consistent with the Qualified Resident's most recently expressed wishes.

Discussions about revoking the POST should be documented in the medical record, and dated and timed. This documentation should include the essence of the conversation and the parties involved in the discussion.

It is recommended that the treating physician or his/her designee review the POST when there is substantial change in the Qualified Resident's health status, medical condition, or when the Qualified Resident's treatment preferences change. It is also recommended that the POST form be reviewed during care conferences and/or during discharge planning.

If the current POST is no longer valid due to a Qualified Resident changing his/her treatment preferences, or if a change in the Qualified Resident's health status or medical condition warrant a change in the POST, the POST form is revoked by the creation of a new form. To revoke a POST form:

- The Qualified Resident or Representative, or another individual at the direction of the resident or Representative, may orally or in writing revoke a POST form. Such revocation is effective immediately upon communication to a health care provider;
- The Qualified Resident or Representative should draw a line through all sections of the POST form and write "VOID" in large letters. The revocation should be signed and dated;
- In the event a resident or Representative orally communicates revocation to a health care provider, the health care provider shall conspicuously mark the Resident's POST form void in the medical record.

After revocation of the POST form, the treating physician shall:

- Conspicuously note the revocation in the medical record, including the date, time, and place of the revocation;
- Whenever possible, notify other medical personnel (e.g., resident's primary care physician) responsible for the care of the Qualified Resident;
- Whenever possible, notify the physician who signed the original POST form that was voided.

The POST form shall be maintained at the front of the Resident’s medical record. If a new POST is completed, a copy of the original POST marked “VOID” (that is signed and dated) shall be kept in the medical record (for paper records) directly behind the current POST or moved to overflow records, and the time, date, and place of the POST revocation shall be noted in the medical record.

In the event a Qualified Resident presents with two valid POST forms, the form with the most recent date should be recognized, after discussion with the Qualified Resident or Representative if possible, to determine if it is consistent with the Qualified Resident’s most recently expressed wishes.

D. Conflict Resolution

In the event of conflicts or ethical concerns regarding POST orders, the Ethics Committee, legal services, or the Risk Management Department may serve as a resource for resolution of such issues. A health care provider who is unable to implement or carry out the orders of a POST should contact risk management and/or the corporate legal representative regarding how to proceed with arrangements for transfer or otherwise provide the resident’s care.

During conflict resolution, consideration should always be given to: a) the treating physician’s assessment of the Qualified Resident’s current health status and the medical indications for care or treatment; b) the determination by the treating physician as to whether the care or treatment specified by POST is medically ineffective, non-beneficial, or contrary to generally accepted health care standards; and c) the Qualified Resident’s most recently expressed preferences for treatment and treatment goals.

VII. REFERENCES

Indiana Code §16-36-6

VIII. APPROVAL SIGNATURES

Medical Director

Date

Health Facility Administrator

Date

Director of Nursing

Date