

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 the hospital and outpatient settings to follow when a Qualified Patient 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 Patient and the steps necessary when reviewing or revoking a POST form.

II. SCOPE

This policy applies to all {{ENTER HOSPITAL NAME HERE}} Qualified Patients (Inpatients and Ambulatory patients) who are at least 18 years of age or an emancipated minor; and are considered competent to participate in decisions about their medical care. **Minors** and patients 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 Patients.

{{NOTE TO HOSPITALS: 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; see 'Representative' section below. Hospitals will need to determine if the POST form will be used for minors who are qualified patients.}}

III. EXCEPTIONS

An executed POST form has no effect during the Qualified Patient's pregnancy if the Qualified Patient is known to be pregnant.

POST forms may not be completed by patients who do not meet the definition of Qualified Patient 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. It is recommended that the POST form be printed on fuchsia cardstock so that the form is easily identifiable and durable.

The POST form is the Qualified Patient's personal property and the original form should always be returned to the Qualified Patient or Representative.

The POST form has an optional section for appointment of a health care representative. If a Qualified Patient 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 Patient: 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 patient unless they are specifically appointed as a Representative.

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

Treating Physician: Physician responsible for the Qualified Patient's care in the treatment setting where action is being taken regarding the POST form (e.g. Emergency Department, Inpatient, or Ambulatory settings).

V. POLICY STATEMENTS

{{ENTER HOSPITAL NAME HERE}} 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 Patient refuses to complete a POST form, the Qualified Patient's refusal should be documented in the medical record and the Qualified Patient should not be asked again to complete a POST form unless there is a significant change in the Qualified Patient's health status or medical condition.

No individual will be required to execute a POST in order to receive health care services at {{ENTER HOSPITAL NAME HERE}}, 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 Patient or their Representative;
- c. Believes in good faith that the Qualified Patient or their Representative has made a request for alternative treatment;

- d. Believes it would be medically inappropriate to provide the intervention on the Qualified Patient'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.**

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

A. Encounters with Qualified Patients with a Completed POST Form

Upon presentation in an outpatient clinic, emergency department, or admission to an inpatient unit, POST orders shall be followed by 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 Patient, as appropriate.

POST orders must be complied with in all settings. In the event of an emergency during an outpatient visit, a Qualified Patient with a validly executed POST form shall be transferred to an appropriate setting for evaluation and treatment in compliance with the preferences documented in the POST form.

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.

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 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 Patient or Representative that the POST form accurately represents the Qualified Patient's treatment preferences.

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

A Qualified Patient or Representative may, at any time, request alternative treatment other than the treatment specified on the POST form. If the Qualified Patient or Representative requests

alternative treatment or the treating physician, upon review of the POST and evaluation of the Qualified Patient, determines that a new order is indicated, the treating physician shall review the proposed changes with the Qualified Patient or Representative, and issue a new order, if needed.

For Qualified Patients being admitted to the hospital, the treating physician should use the POST orders to guide goals of care discussions with the Qualified patient or Representative and enter appropriate medical orders into the patient's record.

Copy the current POST form for the medical record and return the original POST to the Qualified Patient or Representative.

If the Qualified Patient is transferred to another facility make sure a copy of the POST form is sent to the facility. Document that the POST form was sent with the Qualified Patient or Representative at the time of discharge.

B. Completing a POST Form with the Qualified Patient

The POST form allows a Qualified Patient 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

If a Qualified Patient or Representative wishes to complete a POST form, the treating physician should be contacted. A health care provider, such as a nurse or social worker may explain the POST form to the Qualified Patient and/or Representative; however, the treating physician is responsible for discussing the efficacy or appropriateness of the treatment options with the Qualified Patient or Representative. Once the POST form is completed, it must be signed by the Qualified Patient or Representative AND the treating physician.

{{NOTE TO HOSPITALS: Teaching Hospitals and Physician Designees: Teaching hospitals will have to include language regarding attending physician designee signatures (e.g. residents and fellows). For example: "If a POST order is signed by an Attending Physician Designee or House Staff Officer, then the note should include the name of the attending physician with whom the discussion occurred and should be co-signed by the attending physician as soon as possible.}}

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

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

And discuss the:

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

The above-described discussions should be documented in the medical record, and dated and timed. Copy the current POST form for the medical record and return the original POST to the Qualified Patient or Representative.

If the Qualified Patient is transferred to another facility make sure a copy of the POST form is sent to the facility. Document that the POST form was sent with the Qualified Patient at the time of discharge.

C. Reviewing/Revoking a POST Form

At any time the treating physician and Qualified Patient or Representative, together, may review the POST to determine if it is consistent with the Qualified Patient'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.

During an acute care admission, care conferences and/or discharge planning, it is recommended that the treating physician review the POST when there is substantial change in the Qualified Patient's health status, medical condition, or when the Qualified Patient's treatment preferences change.

If the current POST is no longer valid due to a Qualified Patient changing his/her treatment preferences, or if a change in the Qualified Patient'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 Patient or Representative, or another individual at the direction of the patient 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 Patient 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 patient or Representative orally communicates revocation to a health care provider, the health care provider shall conspicuously mark the patient'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. patient’s primary care physician) responsible for the care of the Qualified Patient;
- Whenever possible, notify the physician who signed the original POST form that was voided.

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 and the time, date, and place of the POST revocation shall be noted in the medical record.

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

D. Conflict Resolution

In the event of conflicts or ethical concerns regarding POST orders, the Ethics Committee, {{ENTER HOSPITAL NAME HERE}} 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 regarding how to proceed with arrangements for transfer or otherwise provide the patient’s care.

During conflict resolution, consideration should always be given to: a) the treating physician’s assessment of the Qualified Patient’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 Patient’s most recently expressed preferences for treatment and treatment goals.

VII. REFERENCES

Indiana Code §16-36-6

VIII. CROSS REFERENCES

IX. FORMS

X. RESPONSIBILITY

XI. APPROVAL BODY

XII. APPROVAL SIGNATURES

XIII. DATES