

The Impact of a Standardized Approach on POLST Comprehension and Satisfaction

Logan Peter, B.S.; Lauren Harvey, B.M.; Nicholas Ebert, B.S.; Niels Ryden, B.A.; Andrew Tacheny, B.S.; Brady Carlberg, B.S.

University of Minnesota Medical School

INTRODUCTION

End-of-life (EOL) decision making is often complex. Traditionally, care preferences focus on life sustaining treatment, advanced life directives, and CPR status. Yet this is often ineffective at altering care (1). The Physician Orders for Life-Sustaining Treatment (POLST) form is a portable medical order set for patients suffering from advanced illness. It was developed to improve care, give patients more control, and prevent unwanted interventions (2).

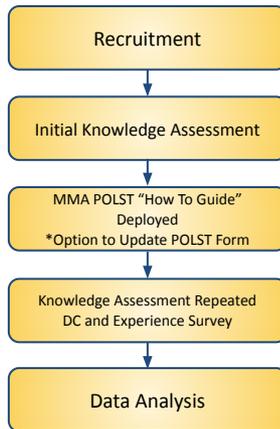
Despite increased POLST utilization, many barriers still exist (3, 4). Lack of standardization of the POLST process is particularly concerning. This leads to inconsistencies, misunderstanding, and incomplete/inaccurate forms (5). Previous studies have identified key information for POLST comprehension, yet few projects address the methods of disseminating this knowledge.

Over the past year, the Minnesota Medical Association (MMA) created a POLST "How To Guide". This aims to facilitate and standardize education and discussion regarding the POLST process in Minnesota. Our study was designed to assess the impact of this standardized intervention on POLST comprehension, completion, and satisfaction.

METHODS

- Participants: Surrogate decision makers with previously completed POLST forms, recruited from a Fairview Ebenezer Nursing Facility (Martin Luther).
- Participants will complete a POLST knowledge assessment based off a tool created by Dr. Susan Hickman (6).
 - This measures comprehension of key POLST information.
- Participants are then guided through the MMA POLST "How To Guide" intervention including a 12 minute instructional video followed by a scripted conversation.
 - Option to update POLST offered at this time.
- The knowledge assessment is repeated, followed by an experience survey. This includes decisional conflict questions based on the Ottawa Decision Support Framework and several questions rating experience satisfaction.
- Demographics are analyzed via descriptive statistics. Analysis of scores for the experiential survey and the POLST Knowledge Assessment are conducted with SPSS. T-tests are used to compare test scores.

Study Design



Knowledge Assessment Breakdown

General POLST Knowledge : 5 Questions

CPR : 6 Questions

Medical Interventions : 4 Questions

Artificial Nutrition : 4 Questions

FINDINGS/REFLECTIONS

Upon data collection, we expect to see:

- Increased knowledge assessment scores following the intervention, demonstrating improved comprehension concerning EOL decision making and care.
- Low decisional conflict ratings to reflect increased understanding of risk and decreased uncertainty or regret.
- High experience satisfaction

These findings would suggest improved confidence in decision making during a time that is often stressful and emotional. Additionally, we hope to identify any gaps of knowledge that could be better addressed by improving this intervention.

DISCUSSION

There are several areas for improvement in this study, including the participant body, the assessment repetition, and consideration of knowledge decay. The participant body included only surrogate decision makers to control for cognitive decline. A more comprehensive study would also include patients who are independent decision makers. Additionally, changes to the pre and post knowledge assessment questions would improve data by accounting for prompting. Controlling for time since last POLST intervention would address knowledge decay. Of note, the choice for medical students to facilitate discussion differs from standard of practice and should be considered in analysis and future project adjustments. Lastly, the project was limited due to the COVID-19 pandemic. Several protocol changes were made, particularly the choice to complete the study virtually. This does not reflect the standard of practice for EOL care discussions and thus could be a complicating factor. Further studies could look into the effectiveness of remote completion as this could eventually increase the reach of POLST. Additionally, future projects could compare how educational interventions effect POLST form selections by comparing pre- and post- intervention forms or evaluate POLST utilization by comparing POLST forms to real-time care choices and interventions

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REFERENCES

- Hickman SE, Nelson CA, Perrin NA, Moss AH, Hammes BJ, Tolle SW. A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices Versus the Physician Orders for Life-Sustaining Treatment Program. *Journal of the American Geriatrics Society*. 2010;58(7):1241-1248.
- Kass-Bartelmeis BL, Hughes R. Advance care planning: preferences for care at the end of life. *J Pain Palliat Care Pharmacother*. 2004;18(1):87-109.
- Jimenez G, Tan WS, Virk AK, Low CK, Car J, Ho AHY. Overview of Systematic Reviews of Advance Care Planning: Summary of Evidence and Global Lessons. *Journal of Pain and Symptom Management*. 2018;56(3).
- Layson RT, Adelman HM, Wallach PM, Pfeifer MP, Johnston S, McNutt RA. Discussions about the use of life-sustaining treatments: a literature review of physicians' and patients' attitudes and practices. *End of Life Study Group*. *J Clin Ethics*. 1994;5(3):195-203.
- Clemency B, Cordes CC, Lindstrom HA, Basior JM, Waldrop DP. Decisions by Default: Incomplete and Contradictory MOLST in Emergency Care. *Journal of the American Medical Directors Association*. 2017;18(1):35-39.
- Hickman SE, Torke AM, Sachs GA, et al. A Tool to Assess Patient and Surrogate Knowledge About the POLST (Physician Orders for Life-Sustaining Treatment) Program. *Journal of Pain and Symptom Management*. 2019;57(6).