January
2012

Iowa Physician Orders for Scope of Treatment

Iowa Physician Orders for Scope of Treatment (IPOST) pilot project began in Cedar Rapids in late 2008 as a result of legislative language included in HF 2539. In 2010 the project was extended with a rural pilot authorized in Jones County. This is the report of the Cedar Rapids project and Jones County pilot and of the deliberations of the State Advisory Council. This report supplements the 2010 Legislative Report, provides a project update and documents the IPOST State Advisory Council's recommendations for the 2012 Legislative Assembly.

The report of the Iowa Patient Autonomy in Health Care Decisions Project

Abstract

Health Decision Making Model

Health decisions are a fact of life. You make wellness decisions daily as you decide what to eat and how active to be. These decisions become more focused as you work with your primary care provider to make treatment decisions. By the time you turn fifty you may have completed forms called collectively, "advance directive". In the last stages of illness, you make decisions about the breadth and depth of treatment. This declaration of your healthcare treatment choices is documented in a formalized community process that not only turns the document into a set of physician orders, but also assures that local health providers implement these orders at the prescribed time.

Iowa Physician Orders for Scope of Treatment (IPOST)

This model of individual determination of treatment is a legislatively authorized Iowa pilot (2008 Iowa Legislature HF 2539 ***Patient Autonomy in Health Care Decisions***) that began in Linn County in 2008, expanded to Jones County in 2010. The model creates an Iowa version of the national POLST (Physician Orders for Life Sustaining Treatment) movement. The local IPOST projects are legislatively required to report to a statewide advisory council which is charged with making recommendations to the State Legislature – This is the State IPOST Advisory Council 2012 report.

IPOST State Advisory Council

The Iowa Patient Autonomy State Advisory Council which is made up of the legislatively identified stakeholder groups and organizations as well as representatives of the local pilot projects, met on October 28, 2011 to hear reports of the Linn and Jones County successful IPOST pilot projects and to deliberate recommendations for the 2012 Legislative Assembly. On the 28th the Council deliberated producing the following set of recommendations for submission to the 2012 Iowa Legislature. The Council recommendations are:

- Authorize statewide IPOST in all 99 counties in both facility and home settings,
- Authorize and fund a statewide coordinator to assist communities with implementation,
- Collaborate with efforts to enhance portability through electronic systems,
    - Integrate with the e-Health Advisory Council,
    - Investigate registry options,
- Maintain project/program integrity through use of a certified training model,
- The state advisory council should continue to provide program oversight in order to,
    - Evaluate and measure outcomes,
    - Meet the national standards according to the POLST Paradigm,
- Build statewide awareness and local community education,
    - Achieving common and uniform outcomes,
    - Adapting to individual community needs,
    - Drawing upon variable funding sources.

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Iowa Physician Orders for Scope of Treatment

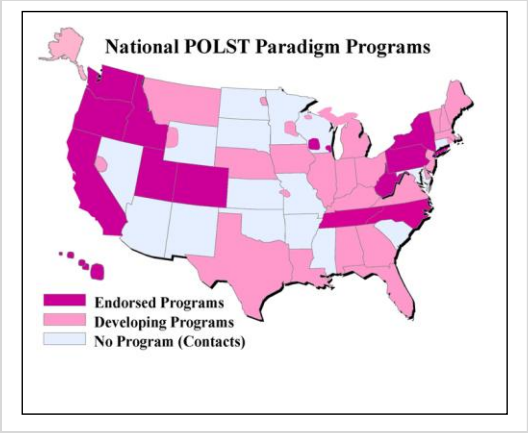
Background

The Iowa IPOST is based on the national POLST (Physician Order for Life-Sustaining Treatment) paradigm program. The program foundation is a facilitated process using a tool that documents treatment choices and is honored across all health care settings. Creation of the document is a prescribed process with careful conversations that help individuals identify and document their healthcare treatment choices. These conversations are often difficult and sometimes painful for families but are critical to providing the directions important for the doctors, nurses and emergency personnel who direct care in crisis situations.

The POLST Movement began in Oregon in 1991 as a mechanism to assure that patient end-of-life health care choices were being honored from one health care setting to another. The program is now widely used in several states, and the name varies by state, but all programs share the following key POLST concepts:

- The community based system of care ensures that treatment choices are honored in the event that a patient/resident is unable to speak for him or herself.
- A facilitated conversation process converts treatment choices into medical orders with a standardized, clearly identifiable form.
- The program is designed for individuals with serious or life threatening illness, including the frail and elderly.
- The facilitated interview produces a document that is portable across treatment settings.

The POLST movement in 2009 identified 28 projects across the United States, with 21 statewide models (www.POLST.org). By 2011 several statewide initiatives had been endorsed by the national association and new developing programs had formed.



State POLST Programs 2011

By 2011 a dozen states have endorsed programs and twenty-five developing programs are underway.

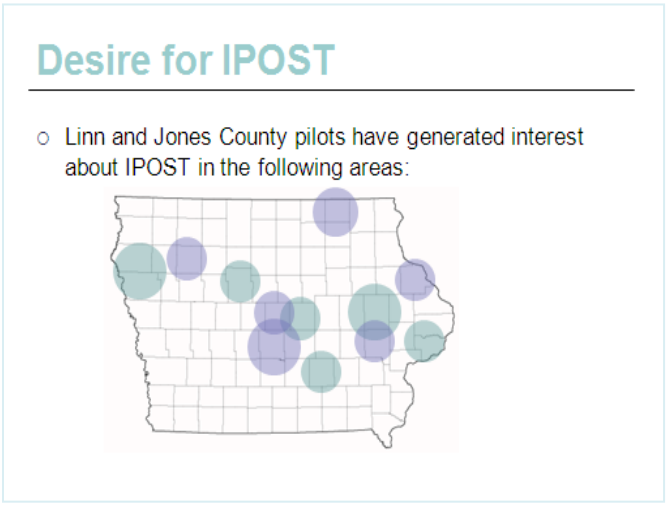
IPOST in Iowa

The Iowa Pilot was envisioned by a core group of Cedar Rapids professionals who developed a local coalition to implement their Iowa Physician Orders for Scope of Treatment (IPOST) project. They developed, piloted, and standardized the use of their IPOST form based on national POLST forms used (with some modifications) across the country. In 2008 the Iowa Legislature passed House File 2539 creating the Cedar Rapids Pilot and in 2010 they expanded the pilot to include rural Jones County. This legislation mandated that the Iowa Department of Public Health (IDPH) convene a statewide body to hear the results of the pilot and make recommendations to the Legislature. The Statewide IPOST Advisory Council met and developed a set of legislative recommendations documented in their January 2010 report. This is the second report of the Advisory Council and contains recommendations from their second meeting on October 28, 2011.

One of the hallmarks of IPOST is the community coalition that is formed to address a statewide need for a communication system that is both portable across health care settings and accurately reflects patients' health care treatment choices. The coalition draws its membership from a broad array of disciplines and organizations including; physicians, and other health care professionals, attorneys, ethicists, evaluation experts, institutional administrators, public health and community members. This diverse membership sets the stage for comprehensive conversations about not just the processes to be employed in implementation, but also about the impact on people and families and the community as a result of the work. Implementation of IPOST is complex. The multifaceted challenges require a strong committed local collaboration to promote the creation of effective processes and procedures. The Iowa pilots have created a replicable model to guide future communities in their implementation of IPOST.

Iowa Interested Communities

Multiple Iowa communities have followed the followed the progress of Linn and Jones IPOST projects and are eager to implement their own. These communities are identified by the colored circles on the map to the right and each has local champions and the beginnings of their own coalitions.



IPOST Outcomes

The IPOST Standard and Model

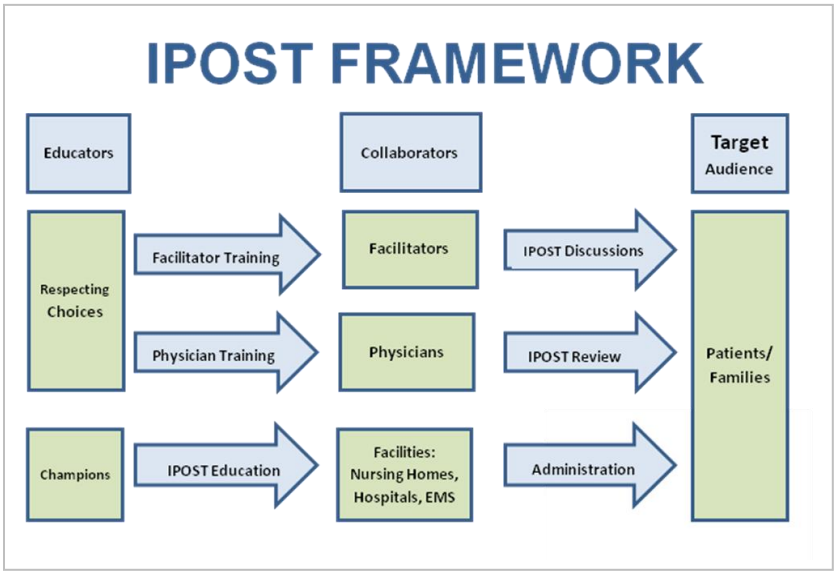
The Linn County IPOST initiative, originally our Iowa pilot, has evolved into the Iowa Model integrating a set of standards of practice that assure program integrity, community processes and individual autonomy. Program integrity is achieved through the deliberate guidance of the local coalition and stringent adherence to a standardized training for those people who will be interviewing families and individuals to fill out their IPOST form. This is not a program in which you are given a form to fill out, this is a program where a qualified, and trained interviewer works with you to move through the form deliberating options and documenting wishes and choices. After this facilitated conversation the patient's treatment choices are reviewed and signed by the primary care provider.

Stephanie Anderson and Traci Schwieger

Program quality is addressed through audits, surveys and interviews and corrective actions and directions are chosen to address any issues that arise. Program sustainability is achieved by institutionalizing the processes, building community engagement and commitment and financing the work through a myriad of local grants and benefactors. The overarching model is a community-based, integrated and institutionalized system of communication and care that creates an environment that honors the individual's wishes for treatment. The heart of the community IPOST is the community coalition which commits to the fundamental principle of honoring individual healthcare treatment choices and works to build a health care system that achieves that goal. No individual and no one community organization can create a program that could honor everyone's wishes – the work has to be done by engaging all providers and informing all citizens. The coalition is the accountable-entity for this work and without their broad community engagement this could not be done.

Community IPOST Framework

The schematic to the right depicts the frame-work for the standard model and the community process. Education prepares professionals who work collaboratively with institutions and caregivers to develop a community wide system that identifies, documents and honors patient and family wishes at critical decision points of care.



Maintaining Program Integrity

The integrity of the program is maintained through rigorous training of interviewers who help individuals and families fill out the forms. "These discussions are hard for families and health providers to have; particularly families don't know how to talk the words of dying," says Mary Ann Hindman a Social Worker and interviewer from Jones County. "I have found families very receptive to help with this discussion." The training model adopted for this work is called "Respecting Choices" and is an evidence- based training model developed by POLST leaders in Wisconsin and adopted by many state initiatives. IPOST teaches providers to guide and support the family and patient through difficult times; "This is what I've been waiting for!" says Dr. Charles Vernon.

Community IPOST coalitions are a key element supporting program integrity. Their oversight through program evaluation, involvement through community organizations and monitoring of implementation provide the consistent direction and process review that assures compliance with quality standards and performance.

IPOST Process and Outcome Evaluation

Evaluation of the community processes and of the treatment outcomes is another strategy to maintain the integrity of the initiative. Additionally, process evaluation allows the leaders to assess work effectiveness and efficiency and make adjustments to improve both. Iowa and indeed national studies demonstrate compliance with patient wishes through use of the form. Evaluation of IPOST is a specific and ongoing process directed by Traci Schwieger a PhD candidate from the University of Iowa. Her complete evaluation report is attached in the appendix. The evaluation has four components:

1. Focus groups with key personnel,
2. Medical chart reviews to assess consistency with patient treatment choices,
3. Health care provider surveys and,
4. Facilitator survey for the interviewers.

IPOST Reviews

Some specific questions drove the evaluation:

- *Of those individuals who filled out IPOST forms and subsequently died – what percentage had their treatment wishes honored? (Did the program create a process that honors Patient wishes?)*
- *How many individuals with IPOST forms also had other end of life documents and were those documents compatible with the wishes documented in the IPOST? (Was the IPOST creating a conflict with other directives?)*

Over 1,200 IPOST forms have been completed in Linn and Jones Counties to date and medical chart review (of 10 percent or 129 medical records) has demonstrated 100 percent consistency with patient wishes when the patient had passed away. Forty-five percent of individuals completing IPOSTS also had Living Will documents and there was 100 percent consistency between those Living Wills and the IPOST document.

People selected different combinations of life sustaining treatments when filling out their forms.

- Of the 107 patients who chose DNR (Do Not Resuscitate) over half chose an option for life prolonging treatment such as other medical interventions or artificially administered nutrition.
- Of the patients that want resuscitation (# 16) 88 percent of them chose preferences for less than the highest level of treatment in at least one other category.

Provider Satisfaction

Questions driving the provider satisfaction evaluations:

- *What percentage of doctors, nurses and paramedics connected to end of life care are aware of the IPOST community initiative?*
- *What percentage of providers had treated a patient with an IPOST document?*
- *What value to them was the IPOST document in making treatment decisions?*

Dr. James Bell describing the Value of the IPOST for making Medical decisions with patients

Provider and interview/facilitator surveys documented the challenges of time and resources-- to do the trainings so necessary to build the community resources. Fifty-nine doctors, nurses and paramedics were surveyed about their experience with IPOST. Ninety-four percent were familiar with IPOST and 83 percent had treated a patient with an IPOST form.

Of those who had treated a patient with IPOST:

- 28 percent indicated IPOST altered the treatment provided,
- The most frequent treatment altered was Comfort Measures Only when treatment would have been more aggressive without IPOST (33 percent),
- The second most frequent treatment altered was Type of Resuscitation – 22 percent indicated CPR was reevaluated based on IPOST

Providers said:

- Ninety percent of the health care providers surveyed wished more patients in the area had IPOST forms.
- Ninety-two percent agreed that the IPOST provided clear instructions about patient's preferences.
- Eighty-seven percent identified that they feel more comfortable knowing what to do when an IPOST form is available.
- Eighty percent agreed that the IPOST form has made difficult decisions easier.

IPOST Community System of Care

Evaluation of community systems answers these questions:

- *Is the program effective – do the IPOST forms follow the patient across care settings?*
- *Do the IPOST forms clearly guide caregivers in their decision making?*
- *What system issues need to be addressed for process improvement?*

While nothing is perfect these questions and their answers have clearly provided direction for the

community coalition in their process improvement strategies. IPOST clearly is providing guidance for physician's orders in honoring patient treatment choices. However, in some instances IPOST documents carried with the patient into the hospital were not sent back with the patient and tracking systems have to be in place to connect the form and the patient when this happens. There have been instances where the patient wishes documented on the form were not honored – a transport when the form clearly identified the wish not to be transported to the hospital – and this need for continuing provider education has become an ongoing element of the community process.

Provider Misconception

The evaluation identified a misconception that exists among healthcare providers who often assume that resuscitation status dictates the level of aggressive treatments for other medical care such as medication or intubation. This is not always the case; many patients endorse different combinations of life-sustaining treatment, not just the minimum or maximum. So an individual who does not want CPR (Cardio-Pulmonary Resuscitation) may endorse placement of an endotracheal tube for ventilation or use of medications at end of life. The advantage of course is that the IPOST form provides the specific patient wishes and acts as a guide for the health care provider in treatment decisions. Copies of the current IPOST Form and the full Evaluation Report are included in the appendix.

Tim Reid and Phil Somsen are listening to the evaluation reports.

Family Experience with IPOST

The following survey and interview quotes provide some insight addressing this question: *What kind of experience is this for families and for the staff who care for them?*

> "I've just learned to read patients and their families a lot better and I've gotten to a point where talking about death, talking about treatment, talking about our wishes has become a more positive thing with the families. I've learned that there is a way to talk to them that opens them up rather than shuts them down. …. I don't know if it is the technique that has changed or what but I have been able to make it a more positive instead of a negative, which is part of my passion for the IPOST, because I see it really has done a tremendous job for these people."
>
> "I think it laid out a plan as opposed to having just general discussions and instead of making families fearful of the discussions the formality of the IPOST leads to the discussion of this is what we need."
>
> "I've had some people say that this is exactly what they want and for some people it is a process, they don't want to think about it. It kind of forces them to start thinking about it."
>
> "I have had no issues with staff and I would say even with families I haven't seen

any resistance at all. “

“Before IPOST, it was ‘do you want CPR or not’ and we did that initially upon admission to the facility.”

Rural Pilot -- Jones County

Jones County became the first IPOST rural pilot and provided the IPOST leadership with a multitude of lessons. While the Linn County IPOST Coalition committed to support through training, sharing of documents, processes and forms; the work of implementing the local pilot fell on the new Jones County IPOST Coalition. They quickly realized that community acceptance and engagement was going to be based upon a broad awareness of the program and that a first charge was going to be informing the community of the initiative. Dozens of meetings started the local initiative – meetings for doctors with the Cedar Rapids medical champions, meetings with the Chamber and the Rotary, and meetings with any group that wanted to hear about what was happening. These meetings began to build demand and that demand had to wait for trainings to occur.

Tom Devaney and Mary Ann Hindman do The Jones County Pilot Presentation

Jones County taught the IPOST group that in small settings finding the right facilitator for the conversations might be harder because of fewer resources – that once an individual displays a talent for these tough interviews, that individual might be used across all care settings. The smaller number of individuals seeking to complete an IPOST makes this arrangement possible.

Key champions remain as important in small communities or rural settings as they do in large ones – but the type of champion may change. In large or urban areas the champions are likely to be individuals or agencies or organizations while in small and rural areas it is more likely to be the local hospital or a large nursing care facility. The facility involvement is critical in every community but that leadership function of champion is more likely to come from a facility in rural areas.

Funding the work has been a challenge in both urban and rural settings and while our Jones Pilot has identified potential funding sources, it is anticipated that fewer resources, lower incomes and fewer benefactors might make funding and IPOST initiative more difficult in rural areas.

Jones County Delegation Discuss Their Pilot

Overall Pilot Goal Achievement

Over the last four years the IPOST initiative has successfully developed a community model and

built a standard of practice in Linn County and begun a rural pilot in Jones. Committed community partners are engaged and sustaining the work within the health care institutions and among health care providers.

Five recommendations were carried forward to the Legislature in 2010 and with that body's endorsement were implemented over the last two years. Each of these has been achieved:

- Continue the current pilot for another two years – GOAL ACHIEVED: the pilot continued and has become model standard available for other Iowa communities to replicate
- Expand the pilot project into a rural county – GOAL ACHIEVED: the original pilot has expanded into Jones and the trainings have been done and community awareness has been achieved.
- Continue data analysis including pilot medical chart reviews. Expand analysis to include health care provider surveys and facilitator interviews. -- GOAL ACHIEVED: expanded analysis and evaluation has been done – note the evaluation report in the appendix,
- Engage the Iowa Department of Public Health in the community pilot through education and outreach – GOAL ACHIEVED: IDPH provides a community consultant for technical assistance, convenes the State Advisory Council for deliberations, and posts information about IPOST, including the newsletters, on its Health Reform Website and engages with community projects supporting the planning and project implementation.
- Affiliate with organizations to establish partnerships and enhance funding opportunities for replication of the IPOST pilot – GOAL ACHIEVED: this organizational goal has produced strong local institutional support and some funding that has achieved the work to date. A smaller success has been achieved through multiple grant applications. Funding for training and ongoing education continues to be the challenge the coalitions face.

IPOST Statewide Advisory Council

On October 28, 2011 the original IPOST Statewide Advisory Council reconvened to hear the reports of the Linn and Jones initiatives and to deliberate the projects and create recommendations for the 2012 Iowa Legislative Assembly. Attached in the appendix you will find documents listing the Council members, notes from the October 28th meeting, and the Linn and Jones County presentations.

Phil Somen and Patrice Freeland discussing pilot report information

After the County IPOST project reports and a break for lunch, the Council used a facilitated process to create the following recommendations:

1. Extend and expand IPOST statewide
2. Fund a state coordinator providing leadership for program expansion
3. Perpetuate project integrity through model adoption and certification of facilitators
4. Permanently authorize the IPOST Advisory Council to:
   a. Provide oversight for Iowa community initiatives

b. Measure and monitor the impact of IPOST community projects
c. Coordinate with E-Health Record projects, and
d. Investigate registry options

5. Design and implement a public awareness program

Extend and expand IPOST statewide

The Advisory Council recommends that the Iowa Legislature authorize statewide IPOST in all 99 counties in both facility and home settings.

Deanna Clingan-Fischer and Shannon Strickler

IPOST fulfills a critical need for both patients and doctors and facilitates those difficult conversations that help caregivers know the type of treatment preferred by the patient. While IPOST does not supersede Advance Directives or other preplanning documents, it does use a community wide system to implement the program and assure its use. The value of the community wide approach is the assurance that all caregivers participate and honor the IPOST document of the patient's treatment choices.

Statewide authorization offers the opportunities for multiple other communities to begin their IPOST projects using current pilots as a source of expertise and guidance.

Fund a state coordinator providing leadership for program expansion

IPOST pilots used the resources of a state consultant and coach for many of the community planning and project implementation processes. The local teams felt that this not only provided guidance for their work but also added to their success.

Small groups deliberate recommendations

As clinicians the champions for these efforts are

not often as knowledgeable about coalition development, project planning, designing implementation strategies or evaluating process and outcomes. A community coach /consultant is a valuable resource for local teams.

A state coordinator would provide program leadership, coordination for the IPOST Advisory Council, and guidance for new community groups. A state coordinator could share information and successes and offer opportunities to leverage community initiatives.

Perpetuate project integrity through model adoption and certification of facilitators

Pilot leadership believes that IPOST value to the community is tied to the integrity of the design, implementation and education. Carefully and deliberately designing and implementing a training program for those individuals who will act as interviewers/conversation facilitators is critical to the quality of the conversation and the subsequent IPOST document.

The Advisory Council recommends that IPOST maintain project/program integrity through use of a certified training model (i.e. use of Respecting Choices- Train the Trainer model). Certification of those who have been trained using a standard curriculum is viewed as assuring that those who will be doing the interviews have the background to be effective thus validating and adding quality to the process.

Permanently authorize the IPOST Advisory Council

The state Advisory Council should continue to provide program oversight in order to: evaluate and measure outcomes/impacts and meet the national standards.

Additionally the Council would provide continuity in programs across the state, be a vehicle for communication among programs and provide organizational support for community and county IPOSTS. The Council would provide a forum for members across multiple professional fields to collaborate on IPOST issues and community needs. The Advisory Council should

coordinate work with the E-Health projects and work with them in investigation of registries and registry options.

Design and implement a public awareness program

Important to the success of this imitative is public awareness. Knowledge of the program and how to access it is important to all Iowans. The Council felt it important to build a statewide awareness drawing upon variable funding and community resources and adapting the messaging based on the community needs.

This awareness would help achieve common and uniform outcomes across communities and begin to achieve other communities' adoption of the IPOST.

Mandated report of the IPOST State IPOST Advisory Council authorized in 2008 HF 2539 as the Patient Autonomy Advisory Council: Respectfully submitted, Jane Schadle, Iowa Department of Public Health, jane.schadle@idph.iowa.gov , 515-281-0917.

Appendix

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Evaluation Report

A plan was created to evaluate the IPOST community process to assure that the procedures created produced the effective community program that was desired. The evaluation plan was to audit, to assure that the IPOST documentation was present, complete, and compatible with other advance directive, and followed. The evaluation leaders used process evaluation by the local committees, documentation audits by designated evaluators and satisfaction surveys to assess provider, interviewer and family acceptance of the initiative. This, then, is the report of the evaluation process and the outcomes of the Iowa IPOST community pilots.

Institutional Review Board

The local IPOST Coalition received Institutional Review Board (IRB) approval to conduct an evaluation study. Traci Schwieger, a doctoral candidate in the Community and Behavioral Health program, College of Public Health at The University of Iowa conducted the study. The goal of the evaluation study was to evaluate the following: the use of IPOST, the attitudes of healthcare providers towards IPOST, the effect of IPOST on the use of life-sustaining treatments, and the resources necessary to develop, implement and maintain IPOST in Linn and Jones Counties. The evaluation consisted of four parts: 1) medical chart reviews, 2) healthcare provider survey, 3) facilitator interviews, and 4) key personnel key personnel focus group discussion. The key personnel focus groups findings regarding resources were discussed in a previous section.

Medical Chart Reviews:

A total of 129 medical charts were randomly reviewed in Linn and Jones counties. IPOST forms were reviewed for completeness and life-sustaining treatment preferences. In addition, the reviewers documented the presence/absence of advance directive in the medical charts. The information was entered into a password protected database. Less than half of the subjects with IPOST forms also had advance directives in the medical charts. There was 100% consistency with the living wills found in patient's charts and IPOST wishes.

Matching patient goals to their treatments has been described as the criterion standard for palliative care (Emanuel, 2010). Research indicates that resuscitation status is sometimes over generalized and may falsely dichotomize and oversimplify other types of treatment choices at the end-of-life (Beach, 2004; Hickman, 2009; Zweig, 2004). In particular, several POLST studies indicate resuscitation status alone does not predict the preferences for the level of aggressiveness of other medical interventions (Hickman 2009; Hickman, 2011; Tolle, 1998). Therefore, resuscitation preferences should not be used to infer treatment preferences for anything other than resuscitation.

Similar findings were found in the IPOST medical chart review. More than half (58%) of the IPOST patients with DNR orders wanted more than the lowest level of care in at least one other category, medical intervention and/or artificially administered nutrition. Of the CPR patients (n=18) 88% indicated limited interventions in at least one other category. Therefore, the IPOST medical chart review indicates that 62% of the patients would have received either more aggressive or less aggressive medical interventions and/or nutritional administration than what they would have wanted if the healthcare provider based the treatment decision on their resuscitation status.

The IPOST medical chart review also found that 100% (n=31) of treatment wishes were honored. Similar to POLST research findings, no patient with an IPOST chart received unwanted CPR, ventilator support, or nutritional administration (Hickman, 2009; Schmidt, 2004). Compared to a recent study regarding advanced directives, POLST and IPOST have shown to be more effective in honoring patients' wishes than advance directive (Cohen-Mansfield, 2004).

Healthcare Provider Survey:

The survey was developed to assess the healthcare provider's experience with the IPOST and their attitudes toward IPOST. The survey consisted of four sections 1) demographic information, 2) experience with IPOST, 3) whether or not it changed treatment, and 4) attitudes toward IPOST. The survey was reviewed and approved by the IPOST coalition. Surveys were administered to Emergency Medical Staff (EMS), emergency room physician, and nurses, in Jones and Linn County. The surveys were anonymous and a cover letter was provided to describe the purpose of the study and that all responses were anonymous.

A total of 59 healthcare providers completed the study. The job description of the participants included 41% were LPN/RN, 25% were PA/MD, 25% were paramedics, and 7% were other. Of those surveyed, 94% were familiar with IPOST and 83% had treated or transferred a patient with an IPOST.

Participants were asked to think about their IPOST experience based on the most recent patient they treated with an IPOST. Of those surveyed 28% (n=16) indicated that the IPOST form altered the treatment. The most frequent treatment that was altered was providing Comfort Measures Only (33%) when the treatment would have been more aggressive without the IPOST. Type of Resuscitation was the second most cited altered treatment. 22% surveyed indicated that CPR/Attempted resuscitation was not started or stopped because of presence of IPOST. No intubation (19%), No intravenous line started (15%), and increased level of treatment (11%) were also indicated by those surveyed that these treatments were altered based on the IPOST.

Overall, healthcare provider opinion regarding IPOST was positive:

- 92% agreed that the IPOST form provides clear instructions about patient's preferences.
- 90% wished more patients in the area had IPOST forms; the other 10% were neutral.
- 87% feel more comfortable knowing what to do when an IPOST form is available.
- 80% agreed that the IPOST form has made more difficult decisions easier.

The healthcare providers were also encouraged to leave comments regarding their opinions and experiences regarding IPOST. The comments were reviewed for **common process barriers, which are listed below:**

- Copies of IPOST being sent with patients
- Facilities forgetting to send or return patients with IPOST
- Conflicting orders on IPOST or orders not being followed:
  "I've had IPOSTS that stated comfort measures only and then have listed no BIPAP or CPAP. In addition, I have transported pts [patients] to the hospital when the IPOST clearly states no transport."
- Not enough staff educated on IPOST or need more education: "Not all persons working in all affected facilities know how the form is to be used. More staff education is needed."

One healthcare provider commented "some have conflicting information on them i.e. if 'no resuscitation', but then 'meds/intubation' is circled." This comment echoes the findings mentioned in the Medical Review

section, that a misconception exists in the medical community regarding resuscitation status reflecting the level of aggressiveness of other medical interventions. Because it documents the different levels of aggressiveness that patients prefer regarding resuscitation, type of medical interventions and length of artificially administered nutrition… a patient's treatment preference is known. Therefore, healthcare providers do not have to make assumptions based on the patient's resuscitation status and then have to make and then have to make a treatment decision to provide the maximum or minimum level of treatment possible.

Facilitator Surveys:

Four individual interviews were conducted with facilitators, two facilitators in Linn County and two facilitators in Jones County. The interviews were recorded and transcribed. The purpose of the interviews were to assess strengths and weakness of the IPOST process, including procedural and process barriers and communication barriers with patients and families. The interviews were transcribed and common themes were assessed.

In general, the facilitator experience was positive. Facilitators commented that it is helping to change practice. For example, instead of the end-of-life discussion just being about resuscitation status, it is now a process that brings in family members and physicians.

Barriers that were mentioned included the amount of time and resources that are needed to implement and maintain IPOST, in particular in a rural community. Another common barrier mentioned was the lack of IPOST knowledge and awareness. The facilitators mentioned that some nurses in participating facilities were not aware of the IPOST or they were not following the appropriate IPOST process for documenting and sending the form [when patients are transferred from one healthcare setting to another].

Discussion:

In general the evaluation findings suggest that healthcare providers and facilitators believe that IPOST is a useful tool for documenting end-of-life treatment preferences. IPOST documents varying degrees of treatment aggressiveness for medical and nutritional interventions, which helps address the misconception that resuscitation preferences alone can be used to infer other treatment preferences.

The presence of the IPOST converts patient preferences into immediately actionable medical orders that are readily accessible to medical personnel, including EMTS. In addition, the presence of an IPOST is altering treatment including altering: the type of resuscitation given, by providing comfort measures only, and whether intubation or an intravenous line is started.

In general the evaluation found that available time and resources are a barrier for implementing and sustaining IPOST. Additional resources are needed to provide continual IPOST process education to facility staff, facilitators, and healthcare providers. In addition, continual facilitator training is necessary to improve the quality of the IPOST process and ensure that the integrity of the process, which is that the patient is making an informed decision regarding his/her end-of-life treatment.

Attachment # 3

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Iowa's IPOST Form Side 1

HIPAA PERMITS DISCLOSURE OF IPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Iowa Physician Orders for Scope of Treatment (IPOST)

First follow these orders, THEN contact physician or nurse practitioner. This is a Physician order sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name

First/Middle Name

Date of Birth

A Check one

CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse AND is not breathing.

☐ CPR/Attempt Resuscitation

☐ DNR/Do Not Attempt Resuscitation

B Check one

MEDICAL INTERVENTIONS: Person has a pulse AND/OR is breathing.

☐ **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer*** *to hospital for life-sustaining treatment.* ***Transfer*** *if comfort needs cannot be met in current location.*

☐ **LIMITED ADDITIONAL INTERVENTIONS** Includes care described above. Use medical treatment, cardiac monitor, oral/IV fluids and medications as indicated. Do not use intubation, or mechanical ventilation. May consider less invasive airway support (BiPAP, CPAP). May use vasopressors. ***Transfer*** *to hospital if indicated, may include critical care.*

☐ **FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. ***Transfer*** *to hospital if indicated. Includes critical care.*

Additional Orders: _____

C Check one

ARTIFICIALLY ADMINISTERED NUTRITION **Always offer food by mouth if feasible.**

☐ No artificial nutrition by tube.

☐ Defined trial period of artificial nutrition by tube.

☐ Long-term artificial nutrition by tube.

D

MEDICAL DECISION MAKING

Directed by: (listed in order of Iowa Code/Statute for Priority of Surrogates; check only one)

☐ Patient

☐ Durable Power of Attorney for Health Care

☐ Spouse

☐ Majority of Adult Children

☐ Parents

☐ Majority rule for nearest relative

☐ Other: _____

Rationale for these orders: (check all that apply)

☐ Advance Directives
Year AD completed: _____

☐ Patient's known preference

☐ Limited treatment options

☐ Poor prognosis

☐ Other: _____

Physician/ARNP/signature (mandatory)	Print Physician/ARNP/ Name	Date	Phone Number

Patient/Resident or Legal Surrogate for Health Care Signature (mandatory)	Date

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Iowa's IPOST Form Side 2

Use of original form is strongly encouraged. Photocopies and Faxes of signed IPOST forms are legal and valid

HIPAA PERMITS DISCLOSURE OF IPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Information for Person named on this Form. Person's Name (print) _____

This form records your preferences for life-sustaining treatment in your **current** state of health. It can be reviewed and updated by your health care professional at any time if your preferences change. If you are unable to make your own health care decisions, the orders should reflect your preferences as best understood by your surrogate.

Contact Information

Surrogate (optional)	Relationship	Phone Number	Address

Directions For Health Care Professionals

Completing IPOST

- Must be completed by a health care professional based on patient preferences and medical indications.
- IPOST must be signed by a physician or nurse practitioner to be valid. Verbal orders are acceptable with follow-up signature by physician or nurse practitioner in accordance with facility/community policy.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed IPOST forms are legal and valid.

Using IPOST

- Any section of IPOST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation."
- Deactivate internal defibrillators if comfort measures only are in effect.
- Medications by alternative routes of administration to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."

Reviewing IPOST

- This IPOST should be reviewed periodically and a new IPOST completed when the person's treatment preferences change. Review may also occur when the person is transferred from one care setting or care level to another.

Voiding IPOST

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through C and write "VOID" in large letters if IPOST is replaced or becomes invalid.

Prepared by:

Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

ORIGINAL TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED

Revised 01/21/09, 1/30/09, 07/6/09

Attachment # 6

IPOST Meeting Notes- October 28th, 2011

Attendees:

Abbe McGill, IDPH; Angie Doyle-Scar, IDPH; Christine Harlander, Mercy Hospice, CR; Dr. Ken Cearlock Med Dir. Mercy Hospice, CR; Shannon Strickler, IHA; Deanna Clingan- Fischer, IDA; Linda Simonton, IA Caregivers Assoc.; Traci Schwieger, U of IA, Evaluator; Stephanie Anderson, St Luke's Hospital, CR; Tammy Bozeman, Mercy Hospice, CR; Dr. Jim Bell Med Dir. St. Luke's Hospice, CR; Mary Ann Hindman, SW, Jones County; Tom Devaney, Pharmacist, Jones County; Jay Willems, Attorney, Jones County; Sheila Frink, EMS, Jones County; Patricia Freeland, President, INA; Tom Duff, IA Assoc. for Justice; Timm Reid, IA Assoc. for Justice; Phil Somsen, Chaplain, Ft. Dodge; Kate Walton, IMS; Dan Royer, IHA; Jane Schadle, IDPH, Facilitator.

Report will be drafted from recommendations developed today

Jones Pilot Presentation- Tom Devaney

- Pilot started August 2010
- Partnership with Linn County was crucial for this pilot to expand to the rural community.
- All physicians in Jones County were in support of the project. The need and enthusiasm was there.
- Community leaders and health care workers, a variety of others in the community formed a coalition. Strong enthusiasm.
- The community support behind the pilot was instrumental.
- Some of the challenges that came up are:
    - Adapting the urban model to their rural county
    - Training the IPOST facilitators – finding resources to train
    - Meeting and maintaining the community enthusiasm and demand for IPOST
    - Development of thorough data collection
- Numerous video presentations were shown giving community member and collation members perspectives
- Bringing the legal aspect on board was crucial. The Jones County Bar Association and Medical Staff helped in this area.
- Education sessions were vital to developing awareness and engagement of community members
- Future vision would be for seniors living in their homes also have the opportunity to develop an IPOST form. Anything could happen to them at any time, and the IPOST is a vital tool for an emergency.
- Long-term care residents had a 25-30% completion of an IPOST in the first year.
- Jones County Recommendations:
    - Continue the pilot project
    - Move the IPOST into the homes

    - Maintain integrity of the process
    - Develop rural community network and mentoring opportunity
- Strategies for moving the IPOST into the home include utilizing the IPOST before discharge with a trained facilitator. Keeping the form updated with the health care professionals and the patients' family is also another key aspect.
- The IPOST tool is also a model of cost-effective care. It promotes the wise use of resources and encourages health care that makes sense. The use of tests and measures on patients that do not wish to take those measures is costly.

Q/A

Q- 1st year had 25-30 percent completion of IPOST. They are in year two. The key challenge is keeping the facilitators trained. There is a high turn-over rate at nursing home facilities

What level should the trainees be; -Social workers? - Chaplains? -Volunteers? A facilitator does not need to be a nurse. A healthcare professional is needed though. Hospital employee retirees are a potential main source of facilitators in their communities.

At what time should you go into the home [to interview and do IPOSTs]? How do you know who should do IPOST? Answer; having a hospital patient and doing it at discharge is one way to begin home IPOST. Bringing the IPOST with you to doctor's appointments is a possible point for updates. Doing it when they are not in a health care crisis is the future goal. It fits more naturally with someone who has been in the hospital. There are many different models in other states besides a paper document – wristbands could be used, etc.

The discussions have been overwhelmingly accepted by everyone in Jones. They have done around 1200 IPOSTs in both Counties, and only 4 have chosen not to have the discussion and complete the form.

From the lawyer's perspective, what distinguishes the IPOST from advance directive laws? Answer; IPOST is a doctor's order and provides detailed direction for cares and treatment. It works with an advance directive. It also is a good for the EMS responders who treat the elderly living in homes in their community. It is very valuable in a small rural town.

You can do living wills from the internet- how does that fit with the IPOST? Answer; IPOST is a much more pragmatic- what do you want to have happen if you have a heart attack in 5 minutes? IPOST is not meant to replace an advance directive. IPOST is meant for a targeted group of people who will be facing a clinical question.

How would this fit with electronic medical records? The advance directive document is to be included or scanned into the EMR. Is IPOST playing into that? Answer; It could, and we should begin to plan for that.

2nd Presentation- Christine Harlander, Cedar Rapids, Stephanie Anderson, Cedar Rapids and Traci Schwieger, Iowa City

National POLST Paradigm Initiative: Nationally it is becoming more recognized and used. Some projects are exploring electronic forms and Iowa is exploring the use of EMRs for advanced communication. Nationally, a registry is becoming a new topic of discussion.

- Oregon has a successful registry. They have a legislative mandate to register the POLST form when completed
- A number of other states also have initiatives to push IPOST. Timing and volume are important when you move forward with a registry. An article posted on the POLST website details state summaries. The Link: http://www.ohsu.edu/polst/ or Google POLST.org
- Our evaluation process identified consistency between advance directives and IPOST forms and at the compliance between wishes and actual treatment. The evaluation questions were; Are IPOST orders consistent with advance directives? And, were patient wishes documented and IPOST forms followed?
- A medical record survey was used to demonstrate those questions and provide our evaluation data. IPOST forms were 100% compliant with Advance Directives and patient wishes were consistently followed in the patients who died with IPOST forms that were a part of the randomized medical record review.
- Background
  - IPOST started in 2006 with a focus group which identified the need and did a gap analysis.
  - The Out-of-Hospital Do Not Resuscitate required the patient to be terminal and was not used in facilities – so they often were not useful.
  - Decision making was inconsistent and there was a lot of fragmentation across the health care system.
- HF 2539 passed in 2008 started the State Advisory Council. It was the first pilot in the U.S. to be established in legislation. It allowed physicians to have immunity and there was a formal process for creation of IPOST forms.
- In 2010 Legislation allowed expansion to a rural site and evaluation gave our first results.
- The mission of the IPOST pilot is to create a system to honor the healthcare treatment choices of individuals through improved communication across the healthcare continuum and to promote community engagement in advanced care planning.
- The goal is a standardized, systematic, model that can be implemented in many ways, yet use the same process to document patient wishes – thereby maintaining program integrity.
- Four workgroups were created from the IPOST coalition
    - Policy and Procedures
    - Process and Education
    - Marketing and Funding
    - Data and Evaluation
- Respecting Choices out of Lacrosse Wisconsin (a nationally recognized process to train the trainers) is the education model for Iowa. Theirs is a two day certification course.
- Maintaining the integrity of the process and the program requires deliberate planning:
  - Placing the IPOST at the front of a patient's medical chart. (Chart review showed this happened 100 percent of the time.)

- IPOST transfers with the patient from one healthcare setting to another.
- Update or void IPOST when the patient's treatment choices change.
- Regular review of IPOST at quarterly care conferences or physician appointments.
- Data collection to determine implementation rate and effectiveness.

Traci Schwieger – Evaluation Presentation

Evaluation shows that the IPOST is working. There are four components to the evaluation plan:

1. Focus groups with key personnel
2. Medical chart review
    a. 100% consistency with the patient's wishes when passed away
3. Healthcare provider survey
4. Facilitator survey

Results were reviewed and are included in the PowerPoint slides. **Overall IPOST is successful and working**. Challenges include time and resources.

Project champions are critical to success. It's a community effort involving healthcare providers, healthcare facilities, patients and families.

Educating facilitators, physicians, healthcare providers and facility staff and administration is one of the key components in the IPOST framework.

New recommendations: from the local committees --

1. Maintain integrity of the process established by the IPOST pilot.
2. Establish a communication process that builds community awareness, educates providers and provides ongoing facilitator training.
3. Establish expansion strategies to include IPOST coordination (create an IPOST Coordinator position)
    a. This advisory council would become a statewide advisory council to provide oversight and support to community and regional networks.
4. Provide the resources needed to implement a statewide IPOST program.
5. IPOST to become a standard of care in Linn County with endorsement by the National POLST Taskforce.

Recommendation Notes: Regional expansion (#3) of the IPOST program into new areas of Iowa would take advantage of localized experts/champions helping their network connections implement regionally. This type of roll-out enhances network relationships already in place.

A statewide IPOST coalition (#3, a.) would be built by engaging statewide partners including emergency responders, professional associations of physicians and nurses, AARP, legislators and more

Q/A

Why don't hospitals fund this program? - It will save them money in the long run. Wellmark has done extensive studies, but they haven't had any discussions with them. Answer: It is too early to ask an insurance company to fund this type of program; reimbursement is not fee-for-service system. Discussion took place about funding streams. Start up costs would be greater in the beginning, but will go down after the program is in place and be much lower for maintenance.

- Ideas that resonate with participants- Integrity, consistency of care, respecting patient's wishes, patient autonomy, were listed as take away thoughts that are most important about POLST,
- What voices should be here but are not? Who are the stakeholders that we haven't begun to engage? Answer: Long Term Care representatives; Hospital administration; Ethics focused persons; the faith community.
- Is there any information that we need for deliberation this afternoon? Do you have any questions left unanswered from this morning?

Workshop Question: ***To comply with our legislative charge to deliberate with the IPOST pilots, what recommendations do we want to carry forward to the 2012 legislative session?***

ORIGINAL Idea Cards:

- Create and fund an IPOST coordinator
- Investigate electronic or other means of portability
- Continue/expand respecting choices
- Authorize IPOST in Iowa
- Require certified facilitators or MD/ARNP
- Language to allow expansion and permanency
- Maintain protection of advanced directives
- Continue and evolved outcome measure systems- include PI
- State Advisory Council to provide oversight of program integrity
- Fund a State Coordinator
- Identify and engage community organizations for project education
- Expand pilot into all counties in Iowa
- Allow IPOST in the home
- Promote IPOST nationally
- Continue to use respecting choices as a model
- Continue to explore IPOST registry options and EMR
- Prepare for transition to HER
- Secure program funding
- Public awareness and education
- IPOST home pilot
- Grant permanent authority in Linn and Jones
- Statewide expansion

CLUSTER GROUPINGS – Basis for Recommendations

1. State Coordinator- statewide coordinator/leader
2. EHR- EMR/Registry Options
3. Training- Project Integrity
4. Teaching awareness- Community Involvement
5. Authorize- Legislative recommendations
6. Oversight- Oversight and Outcome Measures

RECOMMENDATIONS

- **Authorize statewide IPOST** in all 99 counties in both facility and home settings. (IPOST does not supersede advance directives)
- For successful implementation, **authorize and fund a statewide resources/coordinator** to assist communities with implementation.
- **Collaborate with state and national efforts to enhance portability through electronic systems**
    - eHealth Advisory Council (include IPOST in eHealth legislation)
    - Investigate registry options
- **Maintain project/program integrity** through use of a certified training model (i.e. use of Respecting Choices- Train the Trainer model)
- **The state advisory council should continue to provide program oversight** in order to:
    - Evaluate and measure outcomes
    - Meet the national standards according to the POLST Paradigm
- **Build statewide awareness and community education**
    - To achieve common and uniform outcomes
    - Adapting to individual community needs
    - Drawing upon variable funding sources

Should IPOST be included in the new Healthy Iowans state health planning that is currently under development – the group felt that would be good and the suggestion led to a discussion of how IPOST fits with advanced care planning. Anyone over fifty should be developing their own advance directive for legal purposes and in older age with chronic illness should develop power of attorney documents. Johnson County is currently piloting an advanced care planning-training initiative to increase the number of community members who have personal advance care directive (living will or power of attorney for health). IPOST is focused for the medical decision making in that last year of life when medical conditions require some guidance to honor patient healthcare treatment choices. IPOST is part of a lifecycle of planning for medical cares for the seriously ill, chronically ill, frail or elderly.

Meeting adjourned at 3p.m. by Jane Schadle