Before Discharge, Take Your Patient’s POLST:
An Effort to Increase Durable Documentation of Code Status at the VA
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The Problem
Though 70% of Californians say they would prefer to die at home, 42% of deaths occur in a hospital and 18% in a nursing home. 82% of Californians believe it is important to document end of life wishes in writing, yet only 23% have done so, and 56% of Californians have never communicated their wishes to the person they would want to make decisions on their behalf. Physicians routinely discuss decisions about code status and end of life care with patients, but have very little training in how to conduct these conversations and no standardized system to make patient wishes known across healthcare settings and hospital visits.

Project Goal(s)
• To increase the percent of patients discharged with a Physicians’ Order for Life Sustaining Treatment (POLST) form to >75% among those who have a DNR/DNI code status during an inpatient medicine hospitalization.
• To improve UCSF Internal Medicine Residents’ understanding of the POLST form and increase their confidence in its use with patients.

Project Plan
We created a process for UCSF Internal Medicine Residents to document POLST forms with medicine inpatients, and encouraged them to use this process with all inpatients with code status DNR/DNI during the hospitalization. We educated the residents on the POLST form through noon conference teaching sessions and at the VA rotation orientation. We studied the residents’ perception and understanding of the POLST form before and after the intervention with a survey that was sent to all internal medicine residents.

Results / Progress to Date

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The discharge process is itself the subject of quality improvement efforts because many people need to work together efficiently to create a safe discharge for every patient. Tying this project to the discharge process added to an already busy workflow, so integrating it into earlier in the hospitalization might have been more practical. I learned that extracting the data from the VA system in a timely fashion to feed back to teams is difficult, especially working in a very small team. I would expand the team and share responsibilities because team feedback is an important motivator that might have increased our numbers.

Next Steps
We plan to expand our efforts to document POLST forms to other hospitals (SFGH and UCSF-Parnassus) as well as outpatient clinics. This would entail developing systems for documentation in the medical records at those hospitals and clinics and getting buy-in from the administrators, residents and clinic staff. We recognize that the most important factor impeding the use of the POLST is demands on residents’ time, and in future iterations will strive to create a multidisciplinary approach to POLST discussions.

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References

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