

Portable Orders for Life-Sustaining Treatment (POLST) Policy

Salem Health recognizes the right of every adult patient or emancipated minor to participate in the development and implementation of their own plan of care, to request or refuse treatment including consenting to or refusing life-prolonging intervention, and to receive adequate information so they can make an informed decision about their care. This policy is based on ethical, legal, and moral principles recognizing the importance of patient autonomy.

A person who is incapacitated at the moment of decision has the right to have their wishes respected. The POLST form is one of the legally recognized vehicles in the state of Oregon for a person to convey their care wishes before a medical crisis occurs. Detailed below is Salem Health's policy on POLST forms:

- Salem Health will provide forms for hospitalized patients who wish to complete a POLST for the first time.
- Salem Health will honor an Oregon POLST in the outpatient setting, including the Emergency Department, if the patient/surrogate presents it to staff and/or exists in the electronic health record (EPIC), as this form contains a patient's wishes regarding resuscitation, and is also a valid physician's order.
- A POLST is not recognized as a Do Not Resuscitate (DNR) order for inpatients. An order must be entered for the DNR to be valid.
- In the inpatient setting, the admitting physician should discuss wishes with the patient/surrogate (when applicable), review the form, and then enter inpatient orders for appropriate resuscitation status.
- In accordance with Oregon law, a hospital may not:
 - (a) Condition the provision of treatment on a patient having a POLST, advance directive or any instruction relating to the administration, withholding or withdrawing of life sustaining procedures or artificially administered nutrition and hydration;
 - (b) Communicate to any individual or person acting on behalf of the individual, before or after admission to the hospital, that treatment is conditioned on the individual's having a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration;
 - (c) Suggest to any individual, or person acting on behalf of the individual, who contacts the hospital regarding treatment for the individual that admission or treatment is conditioned on the individual's having a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration; or
 - (d) Discriminate in any other way against an individual based on whether the individual has a POLST, an advance directive or any instruction relating to the administration, withholding or withdrawing of life-sustaining procedures or artificially administered nutrition and hydration.
 - (e) This does not prohibit a hospital from providing the written materials and information about advance directives as required by law, or prohibit a licensed health care professional from engaging in a discussion with a patient about the written materials and information.

- A hospital must ensure that a support person designated by a patient is present for any discussion in which the patient is asked to elect hospice care or to sign an advance directive or other instrument (including POLST) allowing the withholding or withdrawing of life-sustaining procedures or artificially administered nutrition or hydration, unless the patient requests to have the discussion outside of the presence of a support person.
- The physician will review the patient's wishes, as noted on the POLST form, with the patient or surrogate on each admission; prior to any surgical procedure; on admission into, or transfer from a critical care area, or to another level of care.
- Additional steps will be taken if the signing physician is not a member of the hospital medical staff, or if the POLST is completed in another state. These include having the admitting physician reviewing the POLST with the patient/surrogate to verify the code status and documenting in the record.