



Instrument A POLST Quality Improvement Chart Review Form

Suitable for quality improvement? Yes, as is.

Suitable for research? Yes. Many of the questions have been used in previous research studies.

Description of Instrument: This basic form is designed to get POLST information that is readily available by reviewing medical or nursing facility records. It was specifically designed as a starting place for facilities that wanted to look at how well they are doing using POLST.

How to use:

Step 1: Modify the form to suit your purposes. You may want to modify the form so that it includes a patient ID section if you are working with paper. Other questions may not fit your state as this was designed to match Oregon or California's POLST forms. You should decide whether you really need each item; do you need to record the name of the signing physician (Item 7d). Unless you are planning some education or feedback to signing physicians, perhaps you do not need to record their names. Only keep items that you have a planned use for or believe may be important to have even though you are not sure what to do with them. Similarly, you may add items that are missing or that address questions that you are trying to answer. You may find in other instruments elsewhere in the toolkit and want to include them, and that is fine.

Step 2: Select which charts you will review. You may wish to review all the charts in your facility; however, if you have a lot of charts, you may not need to examine all your charts. See the FAQ section on "Sampling". In general, if you choose charts in a random fashion (for example, by choosing numbers out of a hat) reviewing enough charts so that you get to review 30 POLST forms may be enough for most QA purposes.

Step 3: Review the charts and record the data. You will need to tabulate your results in a paper or software spreadsheet or a statistical software program.

Step 4: Analyze the results. Some of the results that you will get from this survey include:

- What % of your patients/residents have a POLST form in their chart?
- How much time has elapsed since the POLST was completed?
- How often is each order section completed and with what orders?
- Who (RN, SW, MD) is discussing POLST with whom (patient, surrogate, etc.)?
- How often was the form not properly signed and dated by an appropriate health professional?
- How often is there evidence that the POLST form was reviewed or more than one form present?

This information can be very helpful in ensuring that POLST is being used consistently and appropriately in your institution and can identify who may need more education. It does not measure the quality of the conversations that ensure that POLST orders properly represent patient preferences – that is very difficult to measure.

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Attention: If you use this form, please acknowledge Susan Hickman, PhD – hickman@iupui.edu

POLST QUALITY IMPROVEMENT: CHART REVIEW

Presence of POLST form:

1. Is a POLST form present? ___ No ___ Yes (go to question 2)

If no, why not? ___ New admission? ___ Resident refused? ___ Unknown ___ Other

_____ IF NO POLST, PROCEED TO NEXT CHART

2. POLST form description:

a. Number: Is there more than one POLST form present? ___ No ___ Yes If yes, why? _____

_____ BASE REST OF RESPONSES ON MOST RECENT FORM IN CHART

If No, why not? ___ New Admission? ___ Resident Refused? ___ Unknown ___ Other

_____ IF NO POLST, PROCEED TO NEXT CHART

b. Format: ___ Original Pink Form ___ Photocopy ___ Fax ___ Other _____

c. Version: ___ California ___ Oregon ___ Other _____

d. Location: ___ Front of Chart ___ Protective Sleeve ___ MD Orders ___ Special AD Section
___ Other _____

e. Length of time to POLST completion: Date of Admission: _____

Date POLST form signed by patient/surrogate: _____

Date POLST form signed by MD: _____

3. Section A- Resuscitation orders:

a. Is a resuscitation order marked? ___ No ___ Yes

If yes, what is marked? ___ Resuscitate ___ Do Not Resuscitate

b. Are there any modifications to this section? ___ No ___ Yes. If yes, describe.

4. Section B – Medical Interventions:

a. Is a Medical Order marked? No Yes If yes, what is marked? Comfort Measures Only
 Limited Additional Interventions Full Treatment

b. Are other instructions provided about Medical Interventions? No Yes

If yes, describe: _____

c. Are there any modifications to the Medical Interventions orders? No Yes

If yes, describe: _____

5. Section C – Antibiotics:

a. Is an Antibiotics order marked? No Yes If yes, what is marked? No Antibiotics
 Determine use or limitation when infection occurs Use antibiotics

b. Are other instructions provided about Antibiotics? No Yes

If yes, describe: _____

c. Are there any modifications to the Antibiotics orders? No Yes

If yes, describe: _____

6. Section D – Artificially Administered Nutrition:

a. Is an Artificial Nutrition order marked? No Yes

If yes, what is marked? No artificial nutrition by tube Defined trial period of artificial nutrition
 Long-term artificial nutrition

b. Are other instructions provided about Artificially Administered Nutrition? No Yes

If yes, describe: _____

c. Are there any modifications to the Artificially Administered Nutrition orders? No Yes

If yes, describe: _____

7. Summary of Medical Condition and Signature:

a. Discussed with: Patient/resident Health care representative Court-Appointed guardian
 Spouse Parent of minor Other Blank

b. Summary of Medical Condition: Patient wishes Specific medical diagnosis Physician orders
 Vague medical information Blank Other _____

c. Physician/Nurse Practitioner signature: Blank Signed

d. Name of Physician/Nurse Practitioner: _____ Facility medical director Community PCP Hospital MD/NP Unknown Other _____

e. Phone number: Blank Present

f. Patient/Surrogate signature: Blank Signed

8. Modifications to POLST form: None Yes If yes, how? Bar code Organizational logo Words crossed out Patient identifier Other _____

9. POLST form review: No Yes If yes, what was the outcome of the most recent review? No change Voided/new form completed Voided/no new form

10. Other issues noted:
