

ALERT

Rule Clarification

Date: March 8, 2018

Topic: POST (Physician Orders for Scope of Treatment)

Provider: Licensed Facilities in Tennessee

Dear Tennessee Health Care Provider,

The purpose of this Alert is to ensure Physician Orders for Scope of Treatment (POST) are being properly used to honor individual treatment wishes and to provide information about POST, Advance Directives, and compliance requirements. Included with this Alert is the link <http://publications.tnsosfiles.com/rules/1200/1200-08/1200-08-06.20170509.pdf> to your facility type's set of regulations. For the purposes of this Alert, refer to pages 50 - 52 in the Policies and Procedures for Health Care Decision-Making section and Appendix I (1) Physician Orders for Scope of Treatment (POST) Form in the regulations. This Alert Rule Clarification does not stand in lieu of the regulations.

POST Reminders:

Licensed Health Care Providers may not require patients to have a POST.

POST is always voluntary.

- A POST should never be mandatory or a pre-condition to admission by any licensed facility type or long-term care facility.
- Patients should never be given a blank POST form to complete.

Not everyone needs a POST. POST is intended for, and should be offered to, individuals who have a serious advanced illness or frailty for whom their health care professional would not be surprised if the patient died within the year.

- Licensed facilities should not have policies mandating that patients have a POST but have a policy that mandates the patient be offered the opportunity to have a POST.
- The POST is for patients who want their DNR order or other treatment limitation to follow them on discharge from the facility.

POST is the result of a conversation. A POST should never be completed without the patient and/or surrogate first having a conversation with his/her health care professional.

- Completion of a POST has a section that must be marked by the health care professional for the basis of the orders.
- A POST form should not be included in admission packets- but brochures about the POST may be included.

Only physicians can sign a POST. Nurse Practitioner (NP), Physician Assistant (PA), or Clinical Nurse Specialist (CNS) can sign a POST on transfer or discharge from a hospital or long-term care facility.

POST forms should be completed after having a conversation with the patient (or his/her representative) about the patient’s diagnosis, prognosis, and treatment options and listening to the patient’s goals of care and wishes about treatment.

POST is portable medical orders. POST provides patients a portable medical order that will allow Emergency Medical Services (EMS) to honor their treatment wishes. The POST remains in effect after discharge unless voided. It is recommended facilities develop a discharge process that includes:

- Reviewing the POST to determine if it still accurately reflects the patient’s goals of care given his/her current medical condition.
- Facility confirms patient understands that the POST is in effect for lifetime until changed or voided (it is not just a facility order set).
- The POST should go with the patient at time of discharge or transfer. A copy should be sent to patient’s PCP. **You do not have to complete a new POST on admission if the POST is still accurate.**

POST vs Advance Directive:

A POST does not replace an Advance Directive.

- They are similar—both are voluntary; document medical treatment information; can be changed and updated; and should be periodically reviewed.
- Key differences:

POST	Advance Directive
Is a Medical Order	Is a Legal Document
Immediately takes effect. EMS can follow orders.	Needs interpretation and discussion with patient’s health care professional to be effective. EMS cannot follow (because not medical orders).
Communicates medical treatments specific to patient’s current state of health. Patient has specific diagnosis & prognosis when discussing goals of care and treatment decisions	Communicates general wishes about medical treatments in future states of health.
Does not appoint a health care representative.	Appoints a health care representative.
Easy to locate (as medical order, a copy is kept in the patient’s medical record).	May not be available when needed (individuals must ensure a current copy is in their medical record and/or given to family to provide at the time it is needed).
Only to be used for those with serious advanced illness or frailty – at any age.	All competent adults over 18 should have.
Signed by physician and (normally) by the patient or surrogate.	Document is signed by the patient and signed by 2 witnesses or notarized.