



# Oregon

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## Department of Human Services

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### Provider Alert

Nursing Facility Providers

IM-15-06-NF

Date: February 13, 2015  
From: Nursing Facility Licensing Unit  
Subject: CPR, POLST and Advance Directives

*Summary:* The purposes of this Alert include:

- Summary of recent CMS communication regarding provision of CPR in Nursing Facilities (NFs).
- Overview of Physician Orders for Life Sustaining Treatment (POLST), Advance Directives and related NF Compliance requirements.

**CMS S&C 14-01-NH**, originally released October 18, 2013 has been revised 01/23/2015:

- Facility staff must know the advance directive status for residents. In the event of a medical emergency:
  - For residents who have a Do Not Resuscitate (DNR) order or a POLST form with a DNR order, CPR is not initiated, in accordance with the DNR order.
  - For residents who do not have a DNR order or a POLST form with a DNR order, facility staff must provide basic life support, including the initiation of CPR, prior to the arrival of emergency medical services (EMS).
- CPR-certified staff must be available at all times.
- Staff CPR training must include hands-on practice and in-person skills assessment; online-only certification is not acceptable.
- NFs must not have “No CPR” policies.
- Guidance to surveyors for F155 has been revised to clarify a facility’s responsibility to provide CPR.
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-01.pdf>

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SDS 0746 (9/14)

**POLST v. Advance Directives:**

- A POLST Form 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:

POLST	Advance Directive
Is a Medical Order	Is a Legal Document
Immediately takes effect. EMS can follow orders.	Needs interpretation and discussion to be effective. EMS <b>cannot</b> 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 <u>not</u> 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 also be recorded in the POLST Registry.	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 health care professional (physician, NP or PA in Oregon).	Document is signed by the resident, his/her health care surrogate or representative and witnesses.

**Reminders from the Oregon POLST Steering Committee:**

- Facilities should **not require** patients/residents to have a POLST Form.
- POLST Forms are **always** voluntary.
  - POLST Forms should **never** be mandatory or a pre-condition to admission for any nursing or long term care facility.
  - Patients should **never** be given blank POLST Forms to complete.
- **Not everyone needs a POLST.** POLST Forms are intended for, and should be offered to, patients 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.
  - Facilities may have policies mandating that patients/residents be **offered** the opportunity to have a POLST Form.
- **POLST is the result of a conversation.** A POLST Form should never be completed without a conversation with the patient and/or surrogate.
  - Completion of a POLST Form requires an attestation by the signer that a conversation occurred with the patient or his/her surrogate.
  - POLST Forms should not be included in admission packets- but brochures about POLST may be included.

- **Only health care professionals complete and sign a POLST Form.** POLST 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.
- **POLST orders remain in the Oregon POLST Registry until changed or voided.**
  - The signer of a POLST Form is required to submit a copy of the form to the Registry unless the patient explicitly opts out of the Registry.
  - Original POLST Form remains with patient.
- **POLST Forms are portable medical orders.** POLST Forms provide patients a portable medical order that will allow EMS to honor their treatment wishes. POLST Forms remain in effect after discharge unless voided.
  - The Oregon POLST Task Force recommends facilities develop a discharge process that includes:
    - Reviewing the POLST Form 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 POLST is in effect for lifetime until changed or voided (it is not just a facility order set).
    - **Original** POLST Form should go with the patient at time of discharge or transfer. A copy should be sent to patient's PCP.

### **Resources for POLST:**

- POLST Oregon website, [www.or.polst.org](http://www.or.polst.org)
- *Facing Serious Illness* (13-page booklet, guidance for patient/families on POLST)  
<http://static.squarespace.com/static/52dc687be4b032209172e33e/t/54386533e4b09549709ddecf/1412982067527/2014.10.03+POLST+Serious+Illness+FINAL+for+website.pdf>
- *Guidebook for Health Care Professionals* (27-page booklet),  
<http://static.squarespace.com/static/52dc687be4b032209172e33e/t/542ee4c7e4b0ac9ef54e58d7/1412359367103/2014.10.03+OR+Guidebook+2014+FINAL+for+website.pdf>
- *POLST Use for Persons with Disabilities* (13-page booklet)  
[http://static.squarespace.com/static/52dc687be4b032209172e33e/t/5347ec3de4b0977680d1493b/1397222461927/POLSTPersonswithDisabilitiesLongDocument.Final\\_+2.pdf](http://static.squarespace.com/static/52dc687be4b032209172e33e/t/5347ec3de4b0977680d1493b/1397222461927/POLSTPersonswithDisabilitiesLongDocument.Final_+2.pdf)
  - *Introducing POLST* (video)  
<https://www.youtube.com/watch?v=FjUr1NsM-M>
  - *Understanding POLST* (video)  
<https://www.youtube.com/watch?v=ERIPXjeKaSc>
  - *Press Release* for revised POLST form (2014) (summarizes changes)  
<http://static.squarespace.com/static/52dc687be4b032209172e33e/t/5432c16be4b0e5f13827dbf9/1412612459304/2014+New+POLST+Form+Press+Release-+State+FINAL.pdfv>

## Resources for Advance Directives

- *Your Right to Make Health Care Decisions in Oregon* (form 0352, 3-page booklet), [https://aix-xweb1p.state.or.us/es\\_xweb/FORMS/](https://aix-xweb1p.state.or.us/es_xweb/FORMS/)
- *Advance Directive Form* (form 0352a) [https://aix-xweb1p.state.or.us/es\\_xweb/FORMS/](https://aix-xweb1p.state.or.us/es_xweb/FORMS/)
- *KEY Conversations, Talk About Your Final Health Care Decisions* (28-page booklet) [http://www.oregonhealthdecisions.org/Images/Dec09/KEYConversations\\_Sampler.pdf](http://www.oregonhealthdecisions.org/Images/Dec09/KEYConversations_Sampler.pdf)

## NF Regulatory Summary

### **CMS S&C 14-01-NH** *Cardiopulmonary Resuscitation (CPR) in Nursing Homes*

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-01.pdf>

### **Code of Federal Regulations Resident Rights §483.10(b)(4) and (8)**

§ 483.10(b)(4) – The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section; and

§483.10(b)(8) – The facility must comply with the requirements specified in subpart I of part 489 of this chapter relating to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.

[http://www.ecfr.gov/cgi-bin/text-idx?SID=80ee6a2a2792cfddf3760ca002413ecb&node=pt42.5.483&rgn=div5#se42.5.483\\_110](http://www.ecfr.gov/cgi-bin/text-idx?SID=80ee6a2a2792cfddf3760ca002413ecb&node=pt42.5.483&rgn=div5#se42.5.483_110)

### **F155 – State Operations Manual, Guidance to Surveyors**

[http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

### **Oregon Health Care Decisions Act – Oregon Revised Statutes 127.505 to 127.660**

- Advance Directives for Health Care
  - Individuals can complete a form to document their preferences for health care measures they would want - or wouldn't want – in the event of terminal or incapacitating injury or illness.
  - Two adults, at least one of them not related to the person by blood or marriage nor entitled to any portion of the person's estate, must **witness** or acknowledge the person signing the advance directive. The person's attending physician, attorney-in-fact, and health care or residential staff may not serve as witnesses.
  - **Health care instructions** may either be general or prescribe care for specific conditions.
  - May appoint a **health care representative** or give special instructions.
  - [https://www.oregonlegislature.gov/bills\\_laws/ors/ors127.html](https://www.oregonlegislature.gov/bills_laws/ors/ors127.html)

## Oregon Administrative Rule

- Within 5 days of admission<sup>1</sup>, NFs must provide to the resident or resident representative:
  - A copy of *Your Right to Make Health Care Decisions in Oregon*<sup>2</sup> (see “Resources for Advance Directives”, above, for link to this booklet)
  - Information about the facility’s policy about resident’s rights to make healthcare decisions<sup>3</sup>.
  - A copy of the Advance Directive form<sup>4</sup> (see “Resources for Advance Directives”, above, for link to this form)
- If residents have an Advance Directive, POLST, Power of Attorney for Health Care or any similar legal documents, the documents must be kept in a prominent and conspicuous manner in the resident’s clinical record<sup>5</sup>.
- Residents must be encouraged to exercise rights to make healthcare decisions and to fully participate in care and care planning, unless found legally incapable of doing so<sup>6</sup>.
- Facilities must have a policy for the *care of residents in an emergency*<sup>7</sup>.

For questions please contact:

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For general information contact the DHS Office of Licensing and Regulatory Oversight or visit the DHS website at [www.oregon.gov/DHS](http://www.oregon.gov/DHS)

**[NF.Licensing@state.or.us](mailto:NFLicensing@state.or.us)**

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<sup>1</sup> 411-086-0040(3) Admission of Residents

<sup>2</sup> 411-086-0040(3)(a) Admission of Residents

<sup>3</sup> 411-086-0040(3)(b) Admission of Residents

<sup>4</sup> 411-086-0040(3)(c) Admission of Residents

<sup>5</sup> 411-086-0300 (5)(k) Clinical Records

<sup>6</sup> 411-085-0310(4) Residents’ Rights

<sup>7</sup> 411-085-0210(1)(h) Facility Policies