

# NATIONAL POLST PARADIGM QUALITY INDICATORS TOOLKIT<sup>1</sup>

## Introduction

POLST Paradigm Quality Indicators (QIs) can be categorized in 3 ways<sup>2</sup>:

**Structural**: Structural measures reflect the capacity, systems, and processes necessary to provide high quality care. Examples relevant to the POLST Paradigm include whether POLST forms are available in a clinic, processes for offering POLST forms to appropriate patients, or how POLST forms are captured in the electronic health record.

**Process**: Process measures reflect what is being done to maintain or improve health care. Examples relevant to the POLST Paradigm include how many hospitalized patients with a DNR order are discharged with a POLST form or whether appropriate nursing home residents have POLST forms.

**Outcomes**: Outcome measures assess the effect of interventions on outcomes and patient care. Examples of POLST outcomes measure include whether the treatments provide to patients is consistent with POLST form orders or how well POLST form orders reflect current patient treatment preferences.

**Caveat**: Quality assurance activities typically focus on structure and process measures. Outcome measures are more complicated to assess and are typically impacted by multiple factors that are outside the immediate control of a provider or system. As a result, assessing outcomes requires financial resources as well as methodological and statistical expertise. Most POLST outcome measures are more appropriately evaluated in a peer reviewed research protocol, though they are feasible. Evaluation of structural and process measures can help assess your organization or state's ability to achieve outcomes identified in research.

## Terminology

- **Valid POLST Form**: A POLST form with these minimum elements completed:
  - Patient full name (middle initial or name required in most states)
  - Cardiopulmonary Resuscitation (Section A in most states)
  - Licensed Healthcare Professional Signature<sup>3</sup>
  - Patient or Surrogate Signature (required in most states)
  - Date of required signatures
  - Does not order both CPR/Attempt Resuscitation and Comfort Measures

Check with your state program to confirm which elements are required for a valid form in your state.

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<sup>1</sup> Created 2018, National POLST Paradigm Technology & Quality Assurance Committee. Susan Hickman (Chair), Erik Fromme, Woody Moss, Neil Wenger, Jennifer Igo, Jennifer Hopping-Winn, Hillary Lum, Bud Hammes, James Tulsy, and Dana Zive.

<sup>2</sup> <https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html>

<sup>3</sup> Varies by state: <http://polst.org/state-signature-requirements-pdf> (confirm with your state)



- Internally Consistent POLST orders: Orders in Section A (Cardiopulmonary Resuscitation) and Section B (Medical Interventions) that are clinically feasible in combination. Orders that are contradictory or incompatible include:
  - Forms with orders for CPR/Attempt Resuscitation and Comfort Measures
  - Forms with orders for CPR/Attempt Resuscitation and Limited or Selective Intervention

POLST Appropriate Patients: The National POLST Paradigm educates that the POLST decision-making process and resulting medical orders are intended for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. Some states have specific laws governing who can be approached about POLST. (Note: patients who are not appropriate for POLST should be encouraged to complete an advance directive)