

NATIONAL POLST PARADIGM QUALITY INDICATORS TOOLKIT¹

Please see [Overview & Terminology](#) for more information.

QI 2: Patient/Resident Appropriateness for POLST Form (Process Indicator²)

Approach 1:

| | | |
|--|--|---|
| Measure | If 100% of patients or residents have a POLST form, it is likely being used inappropriately. | |
| Rationale | <p>Facilities should not have processes or policies that mandate completion of a POLST form for a patient or resident, regardless of type of facility of category/type of patient or resident.</p> <p>Facilities should adopt policies and processes that: (a) identify which of their patients or residents are appropriate for a POLST form and (b) encourage their health care professionals to discuss completing a POLST form with those patients or residents.</p> <ul style="list-style-type: none"> • Participation in the POLST Paradigm should always be voluntary, respecting the patient’s or resident’s autonomy. • The POLST Paradigm is not appropriate for healthy individuals or for everyone reaching a certain age. | |
| Supporting National POLST Paradigm Policy | Intended Population Guidance Appropriate POLST Form Use Policy (specifically sections 1, 2 and 4) | |
| Approach | Select an approach to evaluate compliance with this quality indicator. The level of your approach is dependent on your resources and access. | |
| | Easy | Intermediate |
| | Review facility policies and interview staff to see if POLST forms are required or believed required for all patients or residents within the facility. Includes mandatory completion of POLST upon discharge. | Conduct a chart review to identify percent of population in the facility with POLST forms and confirm only POLST appropriate patients or residents in the facility have a POLST form in their medical record. |
| | | Advanced |
| | | Coordinate your review of records with other similar sites (e.g., hospitals, nursing homes, long term care, SNFs, ALFs, primary care facilities) in your state reflecting natural geographic regions. Enter data electronically or using online tool to facilitate merging this information with the other sites. |

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² Process indicator 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.

QI 2 (Approach 1): Data Collection Tools

Easy

1. Does the organization or facility have a policy or procedure that requires or mandates POLST form completion for patients or residents (at any time)? Yes No
2. Does staff have a perception that POLST forms are required to be completed for patients or residents (at any time)? Yes No
3. Does the organization have a policy or procedure encouraging health care professionals to approach patients or residents about completing a POLST form? Yes No
 - a. Determine the population that would be appropriate for a POLST form within the facility/organization (consider national guidance provided above and state law). Does the facility or organization's policy match this definition?
 Yes No

Intermediate

1. Complete "easy" questions above.
2. Determine the population that would be appropriate for a POLST form within the facility/organization (consider national guidance provided above and state law). Conduct a chart review of all current/previous patients or residents:
 - a. What percentage of patients or residents have a POLST form within the facility or organization? %
 - i. Is this appropriate/expected given the quality indicator information provided?
 Yes No
 - b. For each, was/is the patient or resident within the population appropriate to be approached about POLST?
 Yes No

QI 2: Patient/Resident Appropriateness for POLST Form (Process Indicator³)

Approach 2:

| | | |
|--|---|---|
| Measure | If a patient or resident is appropriate for a POLST form, they have been approached by appropriate facility staff for an advance care planning conversation that may include a discussion about the POLST Paradigm. | |
| Rationale | Patients and residents should be informed of the options available for advance care planning, including POLST forms where appropriate. While not all conversations should result in a POLST form, advance care planning conversations and documentation of those conversations should be had and documented in the patient's or resident's medical record. | |
| Supporting National POLST Paradigm Policy | Intended Population Guidance Appropriate POLST Form Use Policy (specifically sections 1, 2 and 4) Advance Care Planning Advance Directives & POLST Forms | |
| Approach | Select an approach to evaluate compliance with this quality indicator. The level of your approach is dependent on your resources and access. | |
| | Easy | Intermediate |
| | <p>If already have tracking tools, conduct chart reviews (look at about 20):</p> <ol style="list-style-type: none"> Identifying population that meets standard for POLST appropriate patients and see if they have been invited to a POLST conversation if they have a POLST form. Identify who has POLST forms and determine if they fall within the appropriate/inappropriate population. | <p>Paper-based prospective tracking over 1-month period (track/monitor who was offered POLST conversation over 1-month period)</p> |
| | | Advanced |
| | | <p>Add something to EHR to do tracking Coordinate your review of records with other similar sites (e.g., hospitals, nursing homes, long term care, SNFs, ALFs, primary care facilities) in your state reflecting natural geographic regions. Enter data electronically or using online tool to facilitate merging this information with the other sites.</p> |

³ Process indicator 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.



QI 2 (Approach 2): Data Collection Tool

Easy

1. Determine the population that would be appropriate for a POLST form within the facility/organization (consider national guidance provided above and state law).
Conducting a chart review:

- a. Was/is the patient or resident within the appropriate population?
 Yes No
- b. If appropriate, was the patient or resident offered an opportunity to discuss the POLST form?
 Yes No

Intermediate

Start Date:

End Date:

For each new resident/patient within this time frame:

1. How many were within the population appropriate to be approached about POLST?
 - a. For those within the appropriate population but not approached, determine why they were not approached.
2. How many were approached about completing a POLST form?
3. How many were interested in having a POLST conversation?
4. How many had a POLST conversation?
5. How many had a POLST form completed?
6. How many had a POLST form completed without a conversation?
 - a. POLST forms require patient participation to complete- for these, determine why conversations were not had with patients/residents or their surrogate.