National POLST Quality Indicators Toolkit\(^1\): QI 1

Please see Overview & Terminology for more information.

**QI 1: Evaluating POLST Form Orders with Treatment Provided**  
(Process Indicator\(^2\))

<table>
<thead>
<tr>
<th>Measure</th>
<th>If the POLST form is properly completed and valid, it will include the minimum required elements and no conflicting orders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>POLST forms must be valid and completed in order to ensure the orders are followed in a crisis. The orders must not be contradictory to avoid confusion and ensure patient treatment preferences documented on POLST can be followed.</td>
</tr>
<tr>
<td>Approach</td>
<td>Select an approach to evaluate compliance with this quality indicator. The level of your approach is dependent on your resources and access.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Easy</th>
<th>Intermediate</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the medical records of 20 patients likely to have a POLST form. This could be 20 nursing home residents, or the 20 most recent patients treated by the palliative care service. Review each POLST form to determine whether the form is properly completed and valid using the paper and pencil data collection tool. Identify any issues and troubleshoot with appropriate staff.</td>
<td>Perform review of records using the approach above for a larger population of patients, such as all the residents in the nursing home or every patient discharged from a service over the past week, month, quarter, etc. Consider capturing data electronically through an Excel spreadsheet or Survey Monkey tool in order to allow for easier analysis of data.</td>
<td>Coordinate your review of records with 2-5 other similar sites (e.g., hospitals) in your state reflecting natural geographic regions. Enter data electronically or using online tool to facilitate merging this information with the other sites.</td>
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\(^1\) Created 2018, National POLST Technology & Quality Assurance Committee. Susan Hickman (Chair), Erik Fromme, Woody Moss, Neil Wenger, Jennifer Igo, Jennifer Hopping-Winn, Hillary Lum, Bud Hammes, James Tulsky, and Dana Zive.

\(^2\) Process indicator measures reflect what is being done to maintain or improve health care. Examples relevant to POLST 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 1: Data Collection Tool

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

1. **Does the POLST Form contain code status orders?**
   - [ ] Yes
   - [ ] No

2. **Are the orders consistent?**
   - [ ] Yes
   - [ ] No
   *(e.g., form doesn’t order both CPR/attempt resuscitation & comfort measures)*

3. **On the POLST form, is only one option/box marked for:**
   - a. **Section A**
     - [ ] Yes
     - [ ] No
   - b. **Section B**
     - [ ] Yes
     - [ ] No
   - c. **Section C**
     - [ ] Yes
     - [ ] No

4. **Are all required signatures present:**
   - a. **Patient or surrogate signature**
     - [ ] Not required
     - [ ] Yes
     - [ ] No
   - b. **Health care professional signature**
     - [ ] Yes
     - [ ] No

5. **Is there a date by the signatures?**
   - a. **Patient or surrogate signature**
     - [ ] Not required
     - [ ] Yes
     - [ ] No
   - b. **Health care professional signature**
     - [ ] Yes
     - [ ] No

6. **Are there any modifications on the form?**
   - [ ] Yes
   - [ ] No
   *(forms should not have orders crossed off and initialed)*

7. **Is the POLST form valid (see definition below)?**
   - a. **Is patient’s full name provided?**
     - [ ] Yes
     - [ ] No

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3. Patient or surrogate signature required in most states: [http://polst.org/state-signature-requirements-pdf](http://polst.org/state-signature-requirements-pdf) (confirm with your state)

4. Health care professional authorized to sign POLST forms varies by state: [http://polst.org/state-signature-requirements-pdf](http://polst.org/state-signature-requirements-pdf) (confirm with your state)

5. Middle initial or name required in most states