

IPOST



Iowa Physician Orders for Scope of Treatment

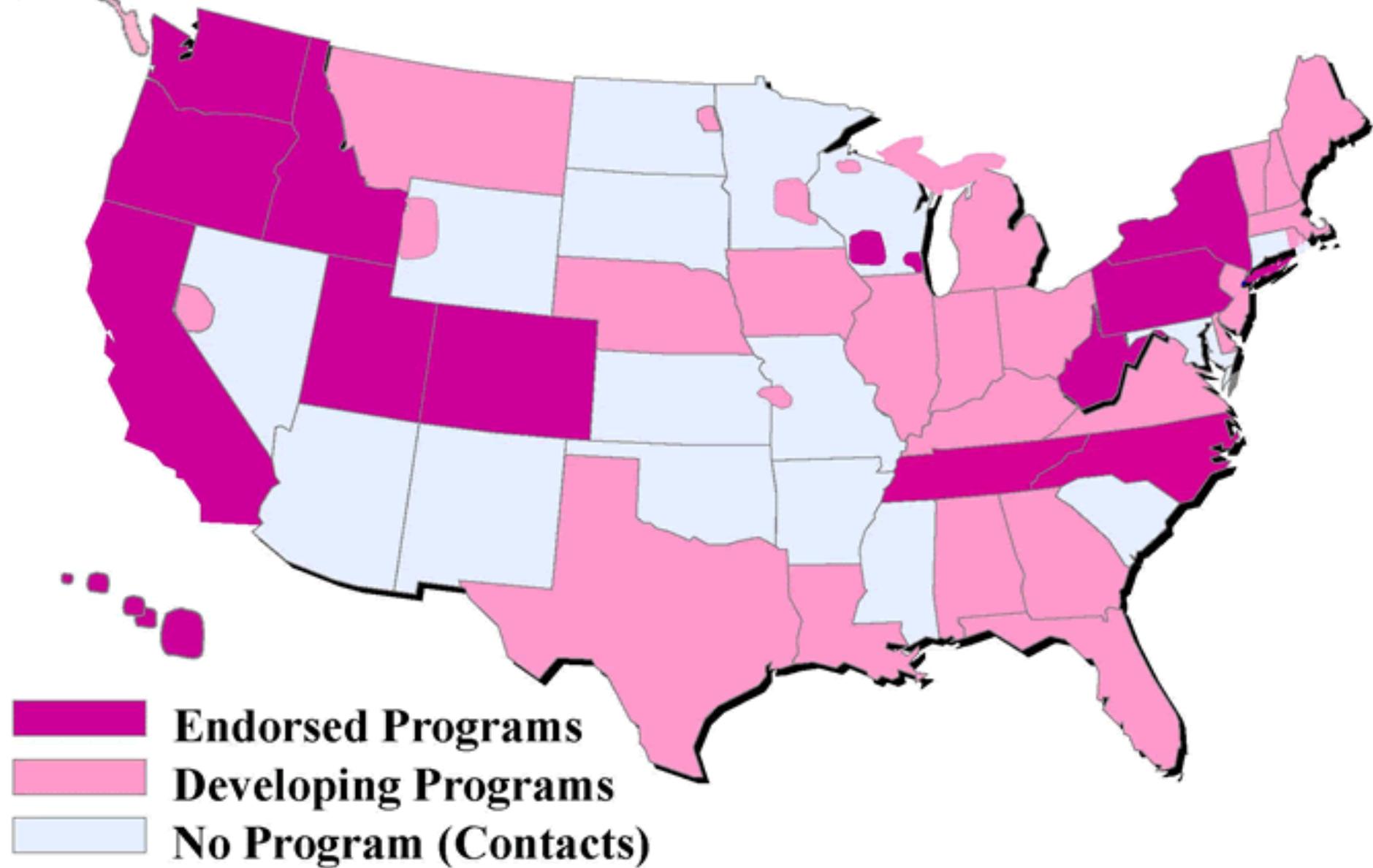
IPOST Mission

The mission of the IPOST Pilot is to create a system to honor the healthcare treatment choices of individuals through improved communication across the healthcare continuum and to promote community engagement in advanced care planning.

Talking Points

- Movement
- Focuses services
- Documentation
- Core – Interview
- Education/training
- Legislatively authorized
- Grassroots, community
- Patient choices, wishes
- Patient owned form
- Trained interviewer (respecting choices)
- Providers, interviewers, community, facilities
- HF 2539, SF 2526, IA Code Chapter 1188

National POLST Paradigm Programs





POLST Paradigm Initiative

- **Physician's Orders for Life-Sustaining Treatment (POLST)**
- **POLST was model for IPOST**
- **National movement**
 - **New technologies**
 - **New legislation**
 - **Electronic registries**
- **Honoring treatment choices**
- **Standardized, clearly identifiable form**
- **Designed for individuals with serious or life-threatening illnesses**
- **Portable across treatment settings**

IPOST History

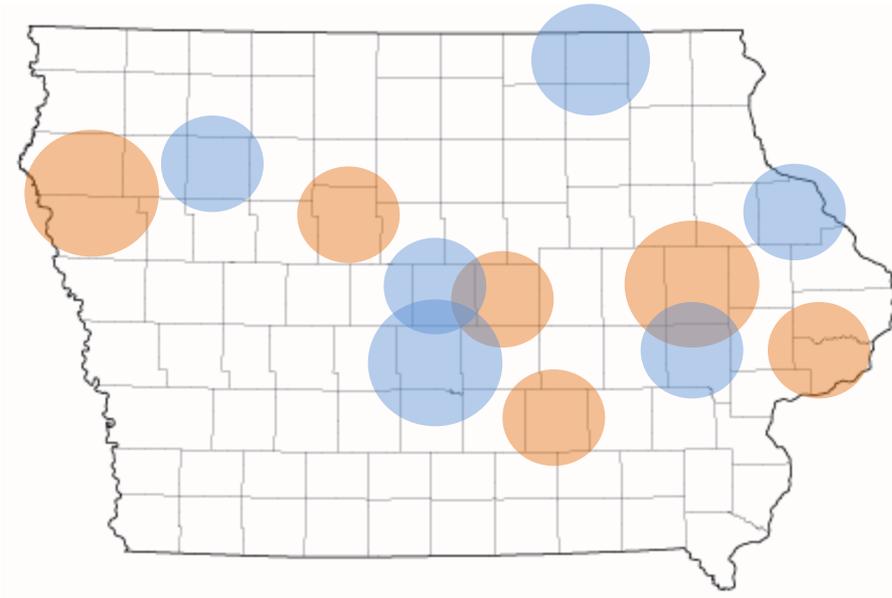
- In 2006, a focus group of health care providers was formed
- Findings of Focus Group Create a Physician's Order Form
 - OOH-DNR
 - Must be terminal
 - Not used in facilities
 - Emergency Medical Services
 - Advance Directive not a specific order
 - Decision-making inconsistent
 - Fragmented communication between providers

Phases of IPOST Model

- **Pre-Planning Stage (2006-2007)**
 - Focus group: met monthly for one hour
 - Administration: 2 Champions at 2-4 hours/week each
- **Planning Stage (2008)**
 - Advisory Council: met 9 times for one hour
 - Administration: 2 Champions at 4 - 8 hours/week each
 - Technical support: began in late 2008
- **Implementation Stage (2009)**
 - Respecting Choices Training in January
 - IPOST Coalition meets monthly
 - Administration: 2 Champions at 8-12 hours/week each
 - Technical support: 8-16 hours a week
- **Maintenance Stage (2010- today)**
 - IPOST Coalition meets quarterly for one hour
 - Administration: 2 Champions 4-8 hours/week,
 - Technical support: 8 hours a week

Desire for IPOST

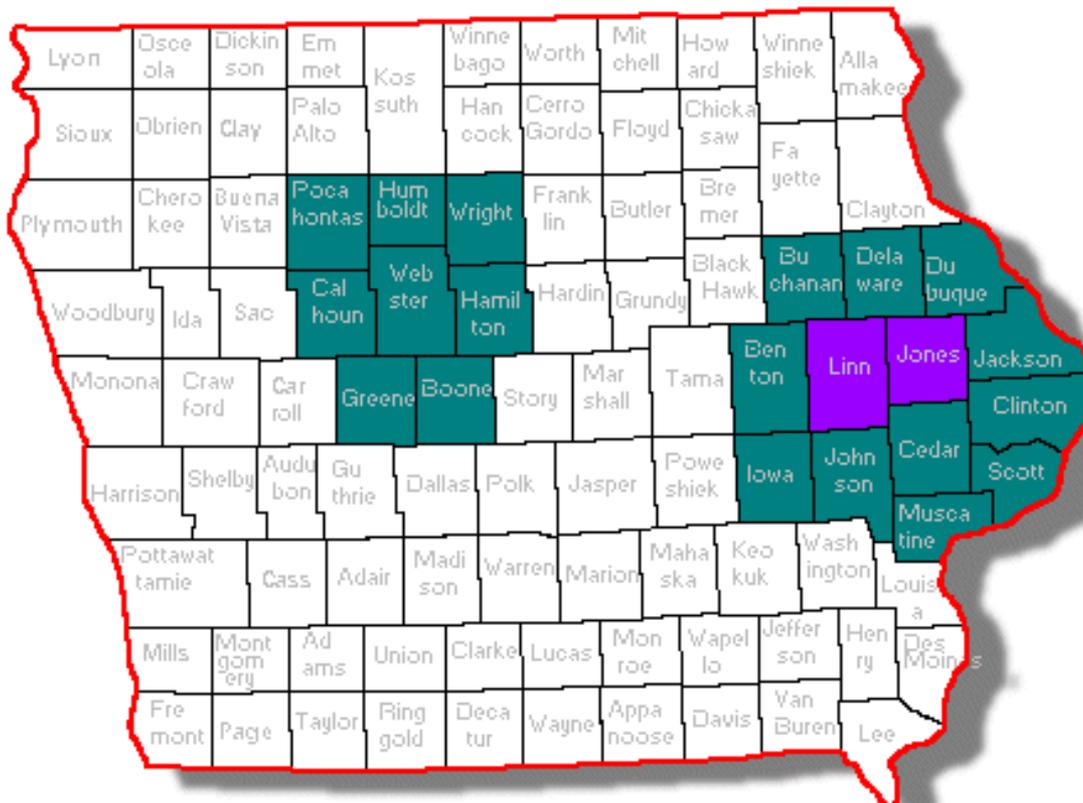
- Linn and Jones County pilots have generated interest about IPOST in the following areas:



- “When can WE do this too?”

Map of Future Expansion

The green areas on this map represent areas that have expressed interest and are prepared to develop IPOST (champions, coalitions, etc.)



Healthcare Provider Survey

Additional Comment:

“Some have conflicting information on them i.e.: if no resuscitation, but then medications/intubation is circled.”

This comment highlights two important points:

1) A misconception exists: healthcare providers often assume resuscitation status dictates the level of aggressive treatments for other medical care (i.e. medication and intubation)

- As discussed previously, this is not always the case, many patients endorse different combinations of life-sustaining treatment, not just the minimum or maximum

2) IPOST addresses this misconception: Because it documents the different levels of aggressiveness that patients prefer regarding resuscitation, type of medical interventions and length of artificially administered nutrition... a patient's treatment preference is known

- Healthcare providers do not have to make assumptions based on the patient's resuscitation status and then have to make a treatment decision to provide the maximum or minimum level of treatment possible.

IPOST Challenges (identified by evaluation)

- **Amount of time and resources to implement and sustain IPOST**
- **Need additional IPOST process education for facilitators, staff and healthcare providers to:**
 - **To send original form**
 - **Document being forgotten and not being sent**
 - **How to handle situations where conflicting orders exist**
- **Additional and continual facilitator training to improve the quality of the IPOST process**
 - **Ensure that the patient is making an informed decision regarding his/her end-of-life treatment preferences**

IPOST Strengths (identified by evaluation)

- **Converts patient preferences into immediately actionable medical orders readily accessible to medical personnel, including EMTs**
- **IPOST alters treatment: The presence of the IPOST changed the treatment that the healthcare provider would have given if patient did not have IPOST**
 - Treatment changes included: comfort measures only, type of resuscitation, no intubation and no intravenous line started
- **IPOST addresses a misconception: Healthcare providers are often under the assumption that patients either want the maximum or minimum level of care across all end-of-life treatment options**
 - Our medical chart review and several studies have shown that the majority of patients want different levels of end-of-life treatment
 - IPOST addresses this misconception by documenting the type of treatments the patient wants regarding resuscitation, medical intervention and nutrition
- **Positive staff, facilitator and patient/family experiences**

Successes

Effecting cultural change through the increase in honoring healthcare treatment choices

- **Engagement**
 - Focus group, advisory council, coalition, EMS, statewide interest
- **Support**
 - Financial support through philanthropy and grants
 - i.e. St. Luke's and Mercy Foundations
 - In kind donations of time and resources
- **Champions**
 - Physicians, administrators and frontline staff
 - Project coordinators