

December 2018

Advance Care Planning (ACP) in Long-Term Care Facilities: Best Practice

Leon Kraybill, MD, CMD, is the geriatric division chief at Lancaster General Hospital/Penn Medicine and medical director at Luther Acres, Masonic Village. Dr. Kraybill has created new teaching tools to promote the understanding, acceptance and appropriate use of advance care planning and the Physician Orders for Life-Sustaining Treatment (POLST) in long-term-care (LTC).

Dr. Kraybill advocates that when possible, all LTC residents have the opportunity to make decisions during times of health stability when the individual is able to participate and express care wishes. Decisions made during health crisis often cannot include the individual, or may be based more on emotions than rational recognition of health limitations, and can place great stress on decision-makers.

The main document, “**Advance Care Planning (ACP) in Long-Term Care Facilities: Best Practice**” serves as a teaching tool and guide for an understanding of the many aspects of the advance care planning process, with emphasis on POLST. The tools, which have been reviewed by a number of POLST champions, are detailed and recommended for acceptance and use universally in LTC in Pennsylvania. A major goal is to provide information so those who facilitate, complete or follow POLST orders always use POLST appropriately.

In addition to the “Best Practice” tool, this complete group of new tools includes the following:

1. Main Document as described above.
2. POLST Do’s and Don’ts: Intended to help reinforce important facts, make users aware of common misconceptions and avoid errors associated with the POLST process.
3. Patient and Resident Family Form: A handout for LTC facilities to include in their admission packet about upcoming ACP and POLST discussions. It can be personalized with the facility name.
4. POLST Preparation Questionnaire: A questionnaire for the resident (with decisional capacity) or HCPOA/representative to start them thinking about the upcoming ACP discussion and possible choices. The goal is to start a thought process, and give a takeoff point for the medical staff member who initiates the discussion.

You are encouraged to supplement your policies with these new resources, incorporate them into facility training, and share with colleagues. They will soon be available on the POLST website at <https://www.upmc.com/services/aginginstitute/partnerships-and-collaborations/polst>.

Special thanks to Dr. Kraybill for his long support of POLST and his significant contribution to the continuing goal to improve the POLST process in our state.



Update on POLST Legislation

A POLST bill, SB623, was approved by the Senate, but did not advance in the House of Representatives. Therefore, on November 30, the house bill will effectively die. I have attached a copy FYI. The bill was approved by the Senate but did not advance in the House. So, effective November 30 at the end of the legislative session, the bill officially died. Plans are underway to have the bill introduced early in the next session, which begins January 2019.

Thank you for your continuing support of POLST and we hope all of you have a safe and enjoyable holiday season.

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