

Nursing Home Model Policy
for
West Virginia Physician Orders for Scope of Treatment (POST)

POLICY STATEMENT: It is the policy of [Name of Facility] to support the rights of residents to make decisions regarding their medical treatment. In accordance with federal and state law, [Name of Facility] will provide all residents with written information regarding their right to participate in treatment decisions concerning their medical care including the right to accept or refuse medical or surgical treatment, the right to complete an Advance Directive, and the right to complete a Physician Orders for Scope of Treatment (POST) form. It is the policy of [Name of Facility] to respect a resident's Advance Directives and medical orders including the resident's POST Form

PURPOSE: The purpose of this Policy is to provide a process for nursing homes with regard to the use of the POST form which includes procedures to be followed when a new resident is admitted with a completed POST form; for completion of a POST form for a current resident; for reviewing POST forms; and for resolving conflicts about POST forms.

DEFINITIONS: The terms in this policy are defined as follows:

1. "Guardian" means a person appointed by a court who is responsible for the personal affairs of a protected person and includes a limited guardian or a temporary guardian, whose order of appointment includes the authority to make health care decisions.
2. "Capacity" means the ability to make health care decisions.
3. "Health care decision" means a decision to give, withhold or withdraw informed consent to any type of health care, including, but not limited to, medical and surgical treatments, including life-prolonging interventions, psychiatric treatment, nursing care, hospitalization, treatment in a nursing home or other facility, home health care and organ or tissue donation.
4. "Incapacity" means the inability because of physical or mental impairment to appreciate the nature and implications of a health care decision, to make an informed choice regarding the alternatives presented and to communicate that choice in an unambiguous manner.
5. "Legal Representative" means a person who is legally authorized to make health care decisions for a resident when the resident has been determined to lack capacity to make health care decisions. Such persons include a court-appointed guardian, medical power of attorney representative or health care surrogate.
6. "Medical power of attorney representative" or "representative" means a person eighteen years of age or older appointed by another person to make health care decisions in accordance with the West Virginia Health Care Decisions Act or a similar law of another state that are recognized as valid in West Virginia.

7. “Physician Orders Scope for Treatment (POST)” form is a legal standardized bright pink form containing orders by a licensed physician who has personally examined the resident. The POST form addresses decisions related to cardiopulmonary resuscitation, level of medical intervention, hospital readmission, and tube feedings.
8. "Surrogate decision-maker" or "surrogate" means an individual eighteen years of age or older who is reasonably available, is willing to make health care decisions on behalf of an incapacitated person, possesses the capacity to make health care decisions and is selected by the attending physician or advanced nurse practitioner.

PROCEDURES:

Completion of a POST form for a current resident of the nursing home

1. POST form completion is appropriate for a resident if the treating clinician (physician or nurse practitioner) would not be surprised if the resident died in the next year. In general terms, POST forms are appropriate for residents who have advanced illness or who are terminally ill. *Completion of a POST form is voluntary.*
2. A POST form must be completed with the resident as opposed to a family member if the resident has capacity. It is good practice to include the resident’s legal representative and/or close family or friends in the discussion about the resident’s goals of care and preferences for orders on the POST form so that the representative is prepared to express the resident’s wishes if the resident loses capacity. If the resident has capacity and has not completed a medical power of attorney (MPOA), he/she should be encouraged to do so. When the POST form is completed, any advance directives should be reviewed to ensure that there are no contradictions between the advance directive and POST form orders. If there is a contradiction, then the resident should be encouraged to complete a new advance directive that agrees with the POST form.
3. If the resident is appropriate for completion of a POST form as in number 1 above, but lacks capacity then the attending physician, licensed nurse, social worker, or other trained staff may complete a POST form with the resident’s legal representative.
4. After the physician and resident (or legal representative) signs and dates the POST form, both sides of the form should be faxed to the West Virginia e-Directive Registry (304.293.7442) if the resident (or legal representative) has initialed the Registry Opt-in box on the POST form. Residents and legal representatives should be encouraged to opt-in to the Registry to enable treating healthcare providers to access the Registry to learn and respect the resident’s treatment preferences in a medical crisis.
5. The completed POST form must be placed as the first page in the resident’s medical record or in the advance directives section if one

exists. The completed POST form should be copied on bright pink paper according to the directions on the West Virginia Center of End-of-Life Care website (www.wvendoflife.org). The copy should be placed in the resident's medical record so that if the resident is transferred to the hospital in accordance with the POST form orders, the copy of the resident's POST form can be sent with the resident and the original kept in the resident's medical record in the nursing home. By law the copy of the POST form should be placed as the first page of the transfer records.

Review of the POST Form

1. According to state law, the POST form must be reviewed if the resident is transferred from one healthcare setting to another.
2. The POST form should also be reviewed if there is a substantial change in the resident's treatment preferences or health status, including a determination that the resident has capacity when the resident had previously been determined to lack capacity.
3. If a new POST form is completed after a review, the word "VOID" should be written in large capital letters across both sides of the old POST form. Both sides of the new and voided POST forms should be faxed to the West Virginia e-Directive Registry so that the resident's most recently completed POST form is available for access by treating health care providers and so that the Registry may archive the old POST form.

New Admissions

1. As a best practice, the admitting nurse or social worker should check the WV e-Directive Registry to determine if the new resident has a pre-existing advance directive, DNR card, or POST form in the Registry. A copy of any forms found in the Registry should be included in the resident's medical record.
2. The admitting nurse will document the existence of a POST form on the admission assessment and verify that the form is complete (signed and dated by a physician and the resident or the resident's legal representative). The admitting nurse will confirm with the resident (or legal representative) that this POST form is the most current version and was not revoked or superseded by a subsequent POST form.
3. The admitting nurse should alert the attending physician to the resident's POST form orders.
4. It is the attending physician's responsibility to review the POST form to verify that the POST form orders represent the resident's current wishes for treatment. If the orders are confirmed with the resident (or the resident's legal representative), the physician should complete the process by writing an order, "follow POST

orders” in the medical order section of the resident’s medical record.

5. Until the attending physician has completed the initial evaluation of the resident and reviewed the POST form, the POST form orders received at admission must be honored.
6. The attending physician, registered nurse, or social worker will conduct an initial review of the POST form with a resident (or legal representative) within the first 14 days of admission as part of the assessment and care planning process.
7. If the POST form orders conflict with the resident’s previously completed advance directive(s), then the conflict is to be resolved according to the conflict resolution section of this policy.
8. At the initial assessment, a determination must be made about whether the present POST form orders should remain in effect, revised, or revoked. If there is a decision to complete a new POST form or to revoke the present form, then section F, “Review of this POST form,” is to be completed with the date, the reviewer, the physician’s signature, the location of the review, and the outcome of the review.
9. If the decision is made to complete a new POST form or to revoke the POST form, then the procedure for voiding a POST form in Review of POST form #3 above should be followed.

Conflict Resolution

1. If there is a conflict between the orders on a resident’s POST form and his/her advance directive, then the conflict should be resolved as below considering whether the resident or his/her legal representative completed and signed the POST form; and whether the resident initialed the authorization box in Section “D” on the POST form (allowing a new one to be completed for a deterioration in the resident’s condition).
2. If the resident possesses capacity, the conflict between the advance directive and POST form should be explained to the resident and depending upon the resident’s current preferences, a new POST form, a new advance directive, or both should be completed, ensuring that the advance directive and orders on the POST form are consistent.
3. If the resident signed the POST form but currently lacks capacity, then according to state law the resident’s advance directive must be followed if it is in conflict with the resident’s POST form. In this case, the POST form must be voided.

4. If the POST form was signed by the resident's legal representative, then the legal representative may request that the POST form be voided and that a new one be completed that is consistent with the resident's advance directive or known treatment wishes for his/her present condition if there is no advance directive.
5. If a conflict or ethical concern remains, then facility staff should consult with appropriate facility resources such as an ethics committee, risk management, administrative staff, legal counsel, and/or the long-term care ombudsman.

Transferring a Resident with a Completed POST form to Another Facility

1. By law the nursing home must notify the receiving health care facility of the existence of the POST form prior to discharge to the other health care facility, and a copy of the POST form must accompany the resident.

Revocation of a POST Form

1. If a resident with capacity wishes to change or revoke his/her POST form, the attending physician, registered nurse, or social worker should discuss the reasons for revocation with the resident. If after an informed discussion, the resident still wishes to revoke the POST form, facility staff must write "VOID" across both sides of the POST form with the date that the form is voided and follow the procedure in Review of the POST form #3.
2. If the resident's legal representative wishes to revoke the resident's POST form, the attending physician, facility nurse, or social worker should discuss the reasons for the revocation with the legal representative. If the revocation is likely to result in the resident receiving harmful treatment contrary to accepted medical standards, this information must be explained to the representative and a good faith attempt made to persuade the legal representative not to revoke the POST form. If the legal representative still desires to revoke the POST form, then facility staff should consult with appropriate facility resources such as an ethics committee, risk management, administrative staff, legal counsel, and/or the long-term care ombudsman. If because of sincerely held moral convictions or religious beliefs central to the nursing home's operating principles, the nursing home cannot honor the decisions made by the legal representative, then the nursing home staff must inform the legal representative of the nursing home's inability to honor the decision and assist the legal representative to arrange the transfer of the resident to another healthcare facility in compliance with the involuntary transfer/discharge requirements of the West Virginia Nursing Home Licensure Rule and other applicable laws.