Upon admission, the facility will complete, within the MDS assessment period, a comprehensive assessment and plan of care. If the resident has a POLST, the treatment decisions on the POLST need be honored during this assessment period (maximum of 14 days). The POLST requires review within 14 days of admission to verify whether there are changes requested by the resident or warranted by the resident’s health status.

REASSESS: IS THE RESIDENT CAPACITATED?

If necessary, follow treatment in Part A on the POLST, then notify M.D. Parts B, C, and D require further dialogue between medical staff providing treatment in the nursing home and the M.D. before they are implemented.

Review* the POLST within 14 days of admission to verify continued accuracy. Incorporate the review of the POLST into the comprehensive assessment and care planning process, quarterly review, upon a change of condition warranting a review or upon request of the resident.

CHANGES TO TREATMENT DECISIONS

Notify M.D. M.D. to review changes with resident and complete new form. In the interim prior to the physician signature on the new POLST, the resident's current wishes will be followed through standard facility practice. Resident and M.D. may sign new form.

The reviewer documents the completed review* on the POLST as having no changes. No need to notify M.D. for signature.

Review*
The review may be done by other health care professionals as defined by the facility. Each part will be explained to the resident/surrogate in language they can understand, to determine if there are changes desired by the resident.

Note: Each facility needs to develop their own Policy and Procedure for how to document the dialogue with the resident during the review process.

Policies and Procedures (below): Relevant Federal and State Requirements (refer to page 6)
1. Decisional Capacity
2. Informed Consent
3. Guardianship
4. Advance Directives
REASSESS: IS THE RESIDENT CAPACITATED?

YES

Advance Directives?

M.D. and resident may complete the POLST. They both sign it.

Utilize Informed Consent process with any condition change.

NO

NO

Advance Directives?

NO

Surrogate?

YES

See Example 3

M.D. & surrogate may complete the POLST. They both sign it.

Note: Only the capacitated resident can make an Advance Directive. Refer to Policy and Procedure on Informed Consent and Advance Directives.

NO

YES

Follow the Policy and Procedure for Advance Directives.
Note: Making an Advance Directive is optional.

Refer to Policy and Procedure on Informed Consent. M.D. and resident may complete the POLST.

EXAMPLE 2
ADMITTED - NO POLST
CAPACITATED

ST. JOSEPH CARE CENTER
Spokane, Washington

Policies and Procedures (below): Relevant Federal and State Requirements (refer to page 6)
Refer to Example 1
EXAMPLE 3
ADMITTED WITH NO POLST
NO SURROGATE AND NO ADVANCE DIRECTIVE
INCAPACITATED

ST. JOSEPH CARE CENTER
Spokane, Washington

Informed Consent means:
The resident/surrogate are made aware of:
current and expected medical condition,
proposed treatment,
anticipated results,
possible alternative treatments,
possible significant change,
consequences of treatment, and
the option to refuse to be informed.

Policies and Procedures (below): Relevant Federal and State Requirements (refer to page 6)
Refer to Example 1
Change is warranted by the resident’s health care status or requested by the resident for Part A, B, C, or D on the POLST.

YES  NO

Record Review of the POLST. Check box that states “No Change”.

1. The physician or another designated health care professional will review with the resident the resident’s preferences in Part F.
2. Record the review in “Review of this POLST Form”.
3. In the event the form is voided due to the resident requesting a change in treatment decisions in Part A, B, C, or D, draw a line through the POLST and write the word VOID in large letters, then date, sign, or initial the form.
4. Once the POLST is voided a new POLST may be completed.

NOTE: In the interim prior to the physician signature on the new POLST, the resident’s current wishes will be followed through standard facility practice.
EXAMPLE 5
HOW TO CHANGE THE POLST
FOR THE INCAPACITATED RESIDENT

1. Reassess capacity (see Decisional Capacity Policy and Procedure).
2. The physician or another designated health care professional will review with the resident/legal surrogate decision maker, the resident’s preferences in Part F.
3. Record the review in “Review of this POLST”.
4. In the event the form is voided due to the resident/surrogate requesting a change in treatment decisions in Parts A, B, C, or D, draw a line through the “POLST” and write the word VOID in large letters, then date, sign or initial the form.
5. Once the POLST is voided a new POLST form may be completed.

NOTE: In the interim prior to the physician signature on the new POLST, the resident’s current wishes will be followed through standard facility practice.
## ST. JOSEPH CARE CENTER
Spokane, Washington

### POLST PILOT PROJECT

#### Relevant Requirements*

<table>
<thead>
<tr>
<th>FEDERAL</th>
<th>42 CFR 482.</th>
<th>F-TAG</th>
<th>STATE</th>
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<tbody>
<tr>
<td><strong>Resident Rights</strong></td>
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<tr>
<td>(exercise of rights,</td>
<td>483.10(a)(1)-(4)</td>
<td>F151, F152</td>
<td>WAC 388-97-055 Resident decision making</td>
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<td>informed of health status,</td>
<td>483.10(b)(3)&amp;(4)</td>
<td>F154,F155</td>
<td>7.70 RCW Informed consent</td>
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<td>accept/refuse treatment,</td>
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<td>WAC 388-97-060 Informed consent</td>
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<tr>
<td>notification of changes)</td>
<td>483.10(b)(11)</td>
<td>F157</td>
<td>WAC 388-97-07005(3) Informed of health, accept/refuse Treatment</td>
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<td></td>
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<td>WAC 388-97-07010 Notification of changes</td>
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<td><strong>Comprehensive assessment</strong></td>
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<tr>
<td>Significant change</td>
<td>483.20(b)(1)&amp;(b)(2)</td>
<td>F272, F273, F275</td>
<td>WAC 388-97-085 Resident assessment</td>
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<td>483.20(b)(2)(ii)</td>
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<td>483.20 (c)</td>
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<td>(what/when)</td>
<td>483.20 (k)</td>
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<td>Patient Self-Determination Act</td>
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<td>70.122 RCW Health Care Directive (“Living Will”)</td>
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<td>(42 CFR 489.100-104)</td>
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<td>WAC 388-97-065 Advance directives</td>
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* Other state and/or federal requirements may also apply.