

IT ALL STARTED IN OREGON: The Vital Need to Make POLST Forms Digitally Accessible by Fire & EMS Clinicians in the Field

Jonathon S. Feit, Abby Dotson PhD, Christian Witt, David Saylor, Sergey Karishev, Amelia Breyre MD



OBJECTIVE: According to Breyre (2022) and the National POLST Coalition, every state now recognizes some form of end-of-life medical order. They carry at least sixteen (16) distinct names (Fig. 1 and www.polst.org/program-names). Nationally, this form is known as a POLST and it has been cited for years as an essential tool for Mobile Medical professionals (“MMPs,” i.e., Fire, Emergency Medical Service, and Critical Care Paramedic teams) to honor a medically frail patient’s health wishes during life-threatening distress. Nevertheless the form is often inaccessible at the patient’s side if the health crisis occurs outside of the home. Innovations such as precision medicine and the increased availability of clinical trials (thanks to federal initiatives including the Reagan-Udall Foundation (2007), whose mission is assist patients with “serious or life-threatening diseases or conditions [gain] access to investigational treatments not approved by the [FDA],” the 21st Century CURES Act (2016)), and remote patient monitoring (RPM), patients have access to tools that let them live longer, more comfortably, and more independently. But improved quality of life simultaneously means a higher risk of an unanticipated healthcare emergency occurring outside the home. The speed and severity with which COVID-19 impacted complex medical patients underlined this importance of having one’s wishes documented, current, and accessible: “While there was a decrease in POLST form *submission* in 2020, *requests* for POLST orders were the highest ever,” Dotson wrote in the Oregon POLST Registry’s 2020 Annual Report.*

*Emphasis added.

POLST	TPOPP	PAPOLST	MI-POST
POST	COLST	WyoPOLST	TOPP
MOLST	DMOST	SAPO	LaPOST
MOST	IPOST	SMOST	OkPOLST

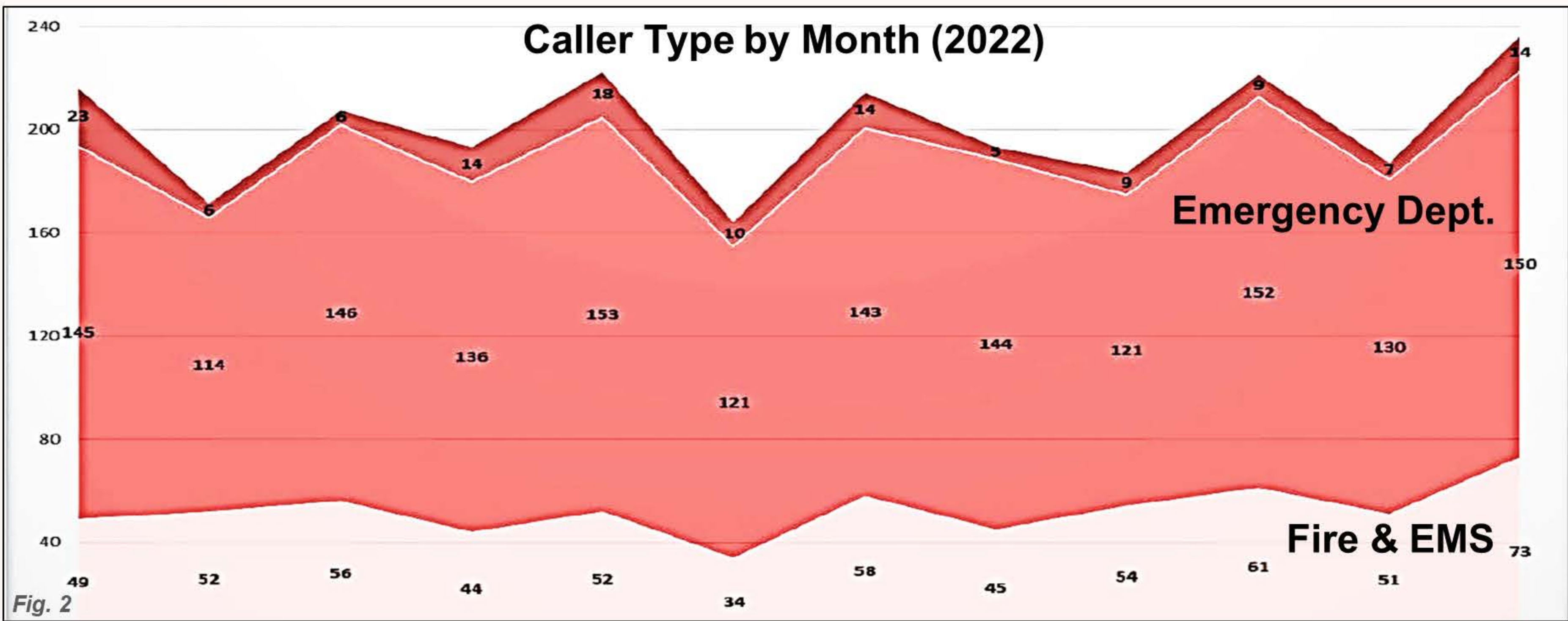
Fig. 1

METHODS: The POLST is a relatively young clinical tool: Oregon was the first state in America to deploy the form, beginning in December 2009. The role of Mobile Medicine was immediately identified. Still, twelve years later, the Oregon POLST Registry (OPR) cited the “need [for] Emergency Medical Services to access POLST orders when they arrived on the scene of a medical emergency, and could not immediately locate the original POLST form.” OPR’s solution was to “[evolve] from a POLST form repository to a technologically advanced platform and service.” In 2022, OPR introduced America’s first app-based access to a centralized, statewide POLST Registry, a method designed both to identify that a patient has a POLST, and to ease its interpretation.

SOURCES:

Breyre AM, Sporer KA, Davenport G, Isaacs E, Glomb NW. “Paramedic use of the Physician Order for Life-Sustaining Treatment (POLST) for medical intervention and transportation decisions.” *BMC Emerg Med.* 2022 Aug 11;22(1):145.
Ballou JH, Dewey EN, Zonies DH. “Elderly patients presenting to a Level I trauma center with Physician Orders for a Life-Sustaining Treatment form: A propensity-matched analysis.” *J Trauma Acute Care Surg.* 2019 Jul;87(1):153-160.
Breyre AM, “Allowing Natural Death: Hospice & Palliative Medicine (HPM) in EMS.” *Emergency Medical Services Administrators’ Association of California.* San Diego, 1 June 2022.

RESULTS: According to its 2022 annual report, OPR received 43,619 POLST forms via fax, eFax, mail, electronic secure files transfer, and, for the first time, directly through the OPR provider portal. Of the forms received, 37,530 (86%) were Registry Ready while 6,089 (14%) were Not Registry Ready. Moreover, the increased efficiency of the digital platform slashed the time to enter the forms into the registry database: Despite a 2.5% increase in the number of forms received, the number of forms *processed* into the database rose by 5.3%, a three-year high (pre-pandemic). This is a key workflow enhancement because use of the POLST platform by EMS crews in the field also hit a 10-year high. Form entry efficiency is a critical KPI because when EMS crews in the field look up a POLST form during a health emergency, they are more likely to find the form in the platform, and be confident that it is current.



FUTURE DEVELOPMENT: The HERO Kids Registry is managed as a multi-stakeholder partnership with the Oregon POLST Registry and Beyond Lucid Technologies as a statewide no-cost, opt-in database of pediatric patients with serious illness and complex medical needs. Launched on 9 Sep 22. Year1 HERO Kids data are not yet published.

Breyre et al. (2022) wrote: “Although paramedics are confident in their ability to use a POLST to decide appropriate medical interventions, many still find the POLST confusing particularly when making transportation decisions. Some paramedics rely on online medical oversight to provide guidance in challenging situations.” OPR’s focus on utility and access to a simple interface that informs MMPs about a patient’s wishes and prescribed actions stimulate use of the POLST form, boosting both patient outcomes and operational efficiency in traumas: Ballou et al. (2019) found that “patients with a POLST limiting interventions had fewer ICU days without increased in-hospital mortality compared with similarly injured elderly patients.”

