

# POLST eRegistry: READINESS ASSESSMENT TOOL



A self-assessment tool to assist healthcare organizations in understanding and navigating important topics that may influence their approach to the electronic capture, access, and exchange of Physician Orders for Life-Sustaining Treatment (POLST) information.

**POLST**  
CALIFORNIA

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## Acknowledgements

### Registry Readiness Tool Workgroup

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## Overview

Physician's Orders for Life Sustaining Treatment (POLST) forms allow people with serious, life-limiting illnesses to document their care preferences. However, a lack of electronic access to POLST forms has made it difficult for providers to find and access patients' documents, especially during emergencies.<sup>1</sup> Access to patient care preferences as part of a local or regional registry of POLST forms requires not only leadership and collaboration within one health care provider organization, but a coordinated approach to sharing POLST information throughout the medical community on a just-in-time basis between health systems, skilled nursing facilities, primary care practices, emergency medical services providers, and others across the health care continuum. A successful electronic repository of POLST forms (a POLST eRegistry) incorporates the use of technology, appropriate supply of data, and assurance of quality data and access, in addition to the appropriate processes and levels of communication to support a successful implementation and rollout.

The overall goal of this work is to ensure POLST documentation truly reflects patient preferences (supported by best practices for advance care planning) and that a POLST eRegistry platform makes completed documents easily accessible to any provider in need of the information.

## POLST eRegistry Value Proposition

POLST forms allow people with serious, life-limiting illnesses to document treatment decisions as medical orders that are portable across care settings and health care providers. If the time comes where the patient is unable to speak for themselves, their care will be concordant with their wishes. Ultimately, the intention is that these wishes could be known to providers no matter where the patient happens to need care. However, there is currently insufficient infrastructure and resources to support and sustain an electronic POLST registry.

Given today's challenging affordability constraints, building or connecting to the appropriate infrastructure for sharing POLST forms, incorporating high-quality POLST discussions, and offering access to POLST forms as part of provider workflows are all necessary steps in any POLST eRegistry project. Every organization has a different set of variables and priorities in play; it is our hope this self-assessment tool will help you identify those pertinent variables and how they may be weighted. The degree of presence or absence of any of the elements outlined in this tool does not qualify or disqualify an organization regarding readiness to engage in a POLST eRegistry — these are intended only as concepts for consideration as you navigate how the value proposition aligns with your organizational priorities. Consider these elements:

- Ensure care concordant with patient wishes (both inside and outside the organization)
- Increase access to POLST forms in an emergency
- Reduce legal risks, such as delivery of non-concordant care
- Improve organizational reputation due to commitment to delivery of care concordant with patient wishes even when patient is outside the organization network
- Increase patient and provider satisfaction
- Enhance ability to cull detailed data related to POLST use and impact, including knowing if delivery of care is concordant with patient wishes and offering the ability to know what patients are choosing overall
- Enable just-in-time quality assurance for patients who are admitted to an intensive care unit (ICU) with a POLST that states comfort care only, and allow transparency on how often a POLST form is viewed appropriately for targeted educational purposes
- Improve organizational culture associated with quality end-of-life conversations
- Align with patient/population health strategy
- Increase community collaboration
- Digitize POLST forms by scanning the paper form, addressing issues that often exist with paper POLST processes:
  - Creates a consistent location for form access (unlike electronic health records [EHRs] where forms may be filed under erroneous document types or in variable locations)
  - Clarifies which form is the most current

<sup>1</sup> *The Journal of Emergency Medicine*, Vol. 44, No. 4, pp. 796–805, 2013.

Additionally, when POLST data are electronically entered further benefits, such as the elimination of legibility issues, may be derived. This reduces delays otherwise associated with scanned document availability and improves adherence to rules during completion of the form, including requiring a signature and date during the completion process, in addition to the elimination of conflicting wishes, e.g. CPR selected in Section A and Comfort Focus in Section B.

## Registry Readiness Tool: Purpose and Completion Instructions

This POLST eRegistry Registry Readiness Tool was devised to assist organizations (i.e., health systems, hospitals, skilled nursing facilities, emergency medical services providers, primary care practices) in understanding and navigating important topics that will influence their approach to the electronic capture, access, and exchange of POLST forms. The process should also identify areas that require special attention and potential change to increase readiness for participation in a POLST eRegistry. Based on the actions necessary to ensure readiness, completion of this assessment should help leadership place this important endeavor within an organizational initiatives priority ranking. Furthermore, it can be used to gain insight into the local community and medical trading area's overall capacity.

The questions address technical, policy, and operational elements that should be considered in the lead up to participation in a POLST eRegistry project. Where a response to any question identifies an issue or potential challenge (yellow response segments), the organization's internal POLST project team should convene to discuss possible approaches to address the issue.

Ideally, this tool will also be distributed by the lead organization for use by other members of the community to build a view of each organization's readiness and capacity to participate in a POLST eRegistry initiative. Community members may then use the completed assessments to identify and review areas of organization- and community-wide need that may require individual or collaborative effort to address.

### Respondent Information

Lead Respondent			
Name:		Title:	
Organization:			
Phone Number:		Email:	
Assessment Completion Date:			

Additional Respondents			
Name:		Title:	
Phone Number:		Email:	
Name:		Title:	
Phone Number:		Email:	
Name:		Title:	
Phone Number:		Email:	
Name:		Title:	
Phone Number		Email	
Name:		Title:	
Phone Number:		Email:	

Health Information Technology and Data Exchange Capacity						
Element		Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
1.1	Does the organization use an electronic health record (EHR)?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	An EHR offers a norm for electronic systems usage within the organization and confirms that electronic data storage and use is standard for staff. If EHR is not used or POLST forms are on paper only, an approach for digitizing and electronically transmitting forms to the eRegistry will be necessary. Alternatively, the organization may consider electronic form completion using a solution that supports such functionality.
1.2	Do you store any patient data outside the organization with a business associate?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Many POLST eRegistry solutions require data to be stored outside of the organization's immediate data infrastructure with the requisite privacy assurances/contracting requirements. Where IT policy limits the ability of a business associate operating the registry to store data within their systems, consideration must be given to how to overcome and adjust policies to account for this method of storage.
1.3	Do you have policies that enable sharing of electronic health information with other covered entities if allowed by the patient?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Ensuring that a means for addressing patient preferences for sharing electronic data is in place along with policies permitting data-sharing eases the pathway for considering how POLST data may be shared with permissible third parties.
1.4	Do you have policies that limit sharing of scanned documents with other covered entities if allowed by the patient?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Ensuring there are no barriers to sharing a scanned paper POLST form eases the pathway for capturing POLST data that may be shared with permissible third parties.
1.5	Does the organization feed specific data to county, state, or federal registries?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Organizations already sending data to other registries may have a reduced burden when establishing a process and connectivity to a POLST eRegistry.
1.6	Does the organization participate in a regional health information exchange organization by sharing and retrieving on-demand data?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Participation in health information exchange may help to address some of the external data transmission issues that could arise with a POLST eRegistry initiative.
1.7	Does your EHR vendor provide single sign-on (SSO) to other applications from within the electronic patient record?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	SSO capabilities reduce the burden of having to log in to separate systems and should be explored if the registry is not fully integrated into the EHR.

### Health Information Technology and Data Exchange Capacity (continued)

Element	Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
1.8 Does the organization use and/or permit electronic signature capabilities within clinical documentation applications?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	In the event the organization explores electronic completion of a POLST form, electronic signature(s) and policies associated with this approach will be needed.

### POLST Input Readiness

Element	Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
2.1 Is there a standard process for provider-to-patient conversations regarding the value of having a POLST form?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	A standard process for communicating the purposes and importance of the POLST form with patients and/or their designated decisionmaker is a workflow measure that should be incorporated as a standard of care in any POLST initiative.
2.2 Is there a standard process for POLST paper form completion throughout the organization?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	A standard process for POLST form completion addresses quality assurance issues of form completeness and consistency, and workflow issues concerning who completes a form, when a form is completed, and how signatures are obtained.
2.3 Do POLST orders get entered electronically using a template or some other form of structured data entry into an EHR or other data repository?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Electronic entry of POLST data offers a mechanism for compiling legible, accurate, and error-free orders.
2.4 Do paper POLST forms get scanned into and stored in an electronic system such as an EHR or other repository?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	The ability to scan paper POLST forms into an electronic system may aid the process for how they are uploaded into a registry and confirms that electronic document storage and retrieval is a standard for staff. <sup>2</sup>
2.5 If POLST forms are stored electronically in the EHR or data repository, are they consistently locatable within the patient record?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	The ability to identify POLST forms within the patient record will be critical to ensuring that retrieval from the EHR is possible; that historical documents may be used for backloading as a pre-population process to the registry; and that ongoing transmission of data is feasible.

<sup>2</sup> See Appendix 1 for further details.

POLST Input Readiness (continued)		Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
2.6	Does a process exist for quality assurance (QA) of POLST document completion and consistency prior to submission to an electronic system?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	QA on documents such as POLST forms may improve accuracy, consistency, and completeness of data within form.
2.7	Does the system in which POLST forms are stored today have the capacity to interface with an external system, like a registry, using any form of national or published standard?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	The ability to flow information in real time or in daily batches will reduce the lag time associated with POLST form transmission to a registry and reduce the chances that an outdated form may be retrieved and acted upon in error.
2.8	Can you include patient demographic data (including first and last name, date of birth, address including city, state, and zip code) electronically with a POLST document for the purposes of matching the patient between systems, and does the data include the Medical Record Number?				<input type="checkbox"/> 0–3months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	The ability to share demographic data will assist with patient matching accuracy when a POLST form is retrieved from your organization or others.
2.9	Does your organization have experience with backloading large volumes of data to external or internal systems from the EHR or document repository?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Experience with backloading data will assist in anticipating issues associated with loading high volumes of data across the network and any problems associated with processes for handling those issues.



POLST Retrieval Readiness		Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
3.1	Does the EHR offer the ability to flag or notify the user if a form or data type, such as POLST, exists and is available?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Having an alert, a highlighted button, or an indicator that a POLST form exists when the user enters the patient record will stop the end user from having to determine if such data exists at all.
3.2	Does the EHR provide the ability to display external data?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	The ability for the EHR to display a POLST form from an external source within the record or via a pop-up window will reduce the end user's burden when retrieving POLST data from an eRegistry or other external data source.
3.3	Does the EHR offer the ability for real-time lookup across other systems, such as a POLST registry, for document retrieval or viewing?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	If the EHR cannot perform real-time lookup of data outside the system, the process will require the use of a portal or other POLST form viewing solution.
3.4	Does the EHR offer the ability for automated retrieval of information, such as a POLST form, from another system in response to a patient admission or other event?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	The ability to automatically search for a POLST form and make it readily available for a provider will reduce the burden and manual search time associated with using third-party systems.
3.5	Can the EHR save a form or data, such as POLST, that has been retrieved from an external source and placed in a specified location within the patient chart?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Having the ability to store the POLST form for local access may be a useful means for immediate retrieval within the patient record. However, it will be important to ensure version control exists if this pathway is pursued.
3.6	Does your organization have a standard set of demographics to search for patient data in an external system, including but not limited to Medical Record Number, first and last name, date of birth, gender, address?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Establishing a set of demographics that are required or available will be important in creating match determination from the POLST registry and will impact the percentage of successful matches.
3.7	Does your organization have a policy concerning what minimum set of demographics constitutes a patient match?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	In the event this policy exists, it should be assessed against the POLST vendor capabilities for matching to determine potential issues. In the event a policy does not exist, one should be established that is agreeable and will assist in offering a high rate of matching accuracy.

## POLST Retrieval Readiness (continued)

Element		Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
3.8	Is POLST a data category included specifically in Authorization for Release of Health Information (ROI) forms?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Health information management departments, by law, will release information to various entities. The information released varies depending on the type of ROI. The POLST form is included in many of these workflows and must be available in the local EHR or document management system for use. This requirement must be considered as part of a POLST project whether an organization responds positively or negatively to this question.

## POLST Project Staffing and Administrative Capacity

Element		Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
4.1	Is there a physician champion associated with driving a POLST initiative?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	A physician champion will be important in communicating and promoting the benefits of program adoption and use amongst peers.
4.2	Are IT systems managed solely by internal resources due to business policies associated with technology infrastructure management?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Policies restricting the use of externally managed infrastructure will constrain the use of cloud-based or externally managed POLST systems.
4.3	Are IT project management and data integration resources available for a POLST project?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Any IT or process change-related project requires an experienced project manager and champion to communicate, coordinate, and manage the project on behalf of the organization.
4.4	Are staff available to create an interface to automate the transmission of POLST forms electronically from the source system (EHR or document repository) to the registry?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	A POLST project requires data integration from the source system to the registry. Resources should be planned and assigned for this task.
4.5	Does your organization have a systematic, reliable, and effective communication pathway with all clinical teams impacted by EHR changes?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Communication of a potential change in workflow (where to find a POLST form and how to complete an electronic POLST) is key in respect to ensuring a POLST form is not presumed non-existent when it must be accessed through a new workflow.
4.6	Has the organization established an internal communications plan associated with a POLST eRegistry project?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Devising a communications plan and sharing the intent of a POLST project establishes a common framework and basis for team members and staff throughout the organization.

## Community Considerations

The community aspect of a POLST eRegistry initiative is critical in building a sustainable and comprehensive approach to (1) POLST data collection and (2) POLST data access via the eRegistry. POLST should be well integrated throughout the medical trading area, with widespread use across all provider types. The community should have a strong network of engaged stakeholders who can help support the POLST eRegistry initiative and ease the burden of community outreach and education. While individual organizations may have specific methods for POLST form completion, policies, and procedures in place associated with data-sharing and workflow, coordination on form access across the community will ensure that the eRegistry has the greatest volume of forms available for health systems,

hospitals, emergency department providers, emergency medical services, skilled nursing facilities, and other care providers. It is recommended that the lead organization driving the project should communicate clearly and frequently with other community organizations to gain buy-in, establish appropriate communications channels, and build the project's value.

Additionally, a communications plan should be established that offers stakeholders an understanding of the project's value, timing, and resource requirements, and advice on how to participate. Engagement of stakeholders throughout the community will be an important piece of the POLST eRegistry project, given the need to include access to forms from and to various health care trading partners within the chosen project.

Community Readiness		Yes	No	Uncertain	Estimated Timeframe for Action	Considerations
5.1	Does a POLST eRegistry exist within your health care community?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	If an eRegistry exists, the organization must consider the process to connect with and gain access to data/forms. If an eRegistry does not exist, the organization may wish to consider a leadership role in implementing a registry with the health care community and consider which organizations may be vital to collaborate with.
5.2	If a POLST eRegistry exists within the community, have you assessed the capabilities of the solution to determine if it meets the needs of your organization?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Where an eRegistry exists, consider the technical capabilities of the registry, quality of data, and its ability to accept POLST forms/data and easily connect with other sources for input and retrieval.
5.3	Has a group of community partners convened to discuss the value and impact of a POLST eRegistry initiative or other common goals?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Since POLST forms reside at multiple health care institutions within a community, being able to build buy-in and participation from external partners will be a critical component in ensuring that the registry will have as complete a dataset as possible. Participating in a health information exchange may aid in this process.
5.4	Does the organization have representatives who participate in a community POLST stakeholder group on a regular basis, clearly representing the goals of the organization?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Active participation in community stakeholder convenings ensures that the organization's requirements and approach to POLST with community health care trading partners is considered along with the requirements of those trading partners.
5.5	Has the organization established a POLST eRegistry project communications plan to be shared with the community?				<input type="checkbox"/> 0–3 months <input type="checkbox"/> 4–6 months <input type="checkbox"/> >6 months	Devising a communications plan and sharing the intent of a POLST project establishes a common framework for a community-wide effort.



## APPENDIX 1 – Supplemental Information

1. If POLST forms are stored electronically in the EHR or data repository, is it searchable within the patient record?
  - a. Use of EHR for POLST storage and retrieval can offer challenges associated with having a consistent location where forms are accessible, creating further difficulty when the end user attempts to find the form in an emergency. Scanned forms may not have gone through a quality check, making legibility, accuracy, and completion all potential factors once the user locates the document.
  - b. Other systems, such as document repositories, offer potential challenges, including data format — this may cause difficulty when attempting to extract the POLST form from the repository for transmission to an eRegistry. Issues may include the file type (e.g., TIFF, JPG, or other format) and how the form may be transmitted (e.g., HL7, API, other mechanisms for data transportation).

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Learn more about the California POLST eRegistry Pilot Project at <https://capolst.org/registry/>.