

## What Is Changing

Intermountain has created a new centralized process to help caregivers know, share, and honor the healthcare wishes of the patients we serve. The Advance Care Planning (ACP) Dashboard is a third-party storage and retrieval system for all ACP documents stored in iCentra. The dashboard provides all caregivers with a single easy way to locate documents in the patient record and allows electronic creation of the UT - Provider Order of Life Sustaining Treatment Orders (POLST) and ID - Physician Orders for Scope of Treatment (POST).

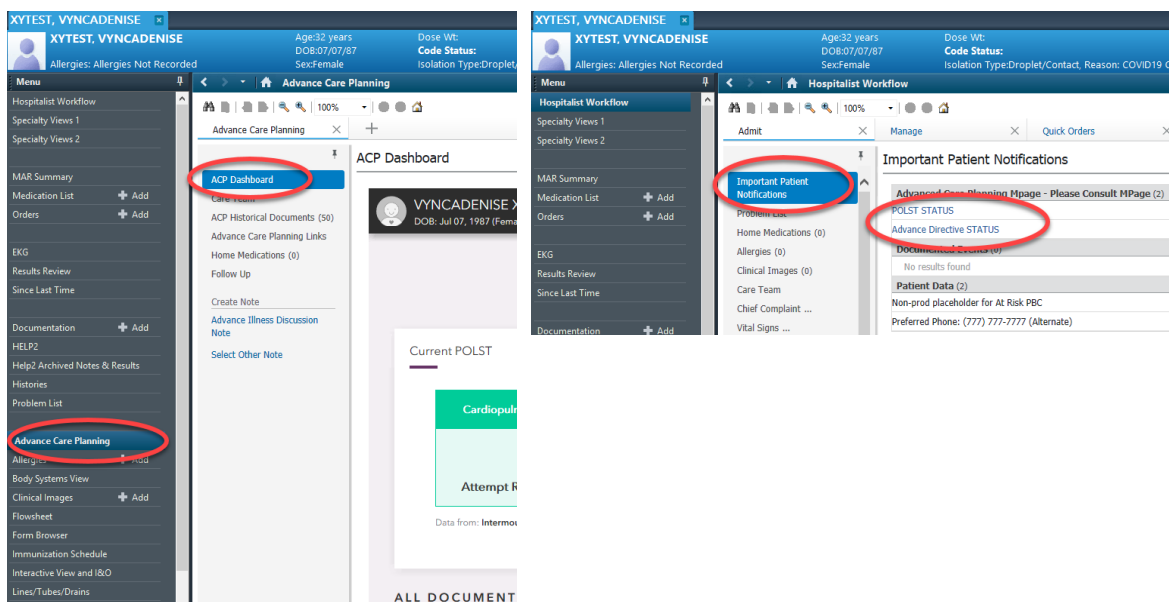
## Why It Is Changing

To provide all caregivers with an easy and reliable way to create, locate and share ACP documents across the system while finding a simple way to quickly know if a patient has a document on file.

## Preparing a Pediatric ePolst

The State of Utah requires two medical provider signatures on pediatric POLSTs. Preparing a pediatric ePolsts follows the same steps as an adult ePolst. Non-licensed caregivers that prepare an ePolst will encounter a hard stop once they reach the Medical Provider signature section. The process during the Medical Provider section will not provide hard stops between provider signatures.

1. Open **Advance Care Planning** Mpage (access by clicking **Advance Care Planning** on the Table of Contents/Dark Menu) and click on **ACP Dashboard** component **OR** use the **Polst Status** or **Advance Directive Status** links in **Important Patient Notifications**.



2. Click on **Create New** button in the ACP Dashboard and select Utah POLST from the drop-down list.

The screenshot shows the 'ADVANCE CARE PLANNING DASHBOARD' for a user named VYNCATEN... with a DOB of Oct 10, 201... The dashboard includes a 'Report a problem' button, a 'Connect to mobile or cell' button, and a 'CARIE CALL' button. The main section is titled 'ADVANCE CARE PLANNING DASHBOARD' and features a 'Create New' button. A red arrow points from the 'Create New' button to a dropdown menu that lists 'Utah POLST' and 'Idaho POST'. Below this, there is a section for 'Current POLST' which shows 'No active POLST found.' and a section for 'ALL DOCUMENTS' which includes 'POLST' and 'Advance Directive', both showing 'No active form found'.

3. Complete each section of the POLST form as you discuss the choices with the patient or their representative. Indicate the patient's preference by clicking the corresponding radio button. Then click **Accept and Continue**.

The screenshot shows the 'UTAH POLST 2016' form for a user named VYNCATEN... with a DOB of Oct 10, 201... The form is titled 'UTAH POLST 2016' and includes a 'Language: English' option. The 'DOCUMENT PROGRESS' section shows a progress bar at 0% and a list of sections: 'Cardiopulmonary Resuscitation (CPR)', 'Medical Interventions', 'Artificially Administered Nutrition', 'Advance Directive (optional)', and 'Patient Preferences'. The 'Cardiopulmonary Resuscitation (CPR)' section is currently active and shows three radio button options: 'Attempt to Resuscitate', 'Do not attempt or continue any resuscitation (DNR)', and 'I do not wish to express a preference'. The 'Accept and Continue' button is highlighted with a red box.

4. Note: The form will not allow you to use disagreeing interventions in the form sections. In the example below, **Attempt to Resuscitate** was marked in CPR section, which will not allow Limited Additional Interventions or Comfort Measures to be mark in the following Medical Interventions section.

10% DOCUMENT PROGRESS

- Cardiopulmonary Resuscitation (CPR)
- Medical Interventions**
- Artificially Administered Nutrition
- Advance Directive (optional)
- Patient Preferences
- Patient Information
- Patient/Surrogate Signature
- Preparer Signature (optional)
- Medical Provider Signature
- 2nd Medical Provider Signature
- Review and Submit

UTAH POLST 2016 Language: English

**Medical Interventions**

Medical Interventions \*

☐ Full Treatment

☐ Limited Additional Interventions

Cannot select 'Limited Additional Interventions' if 'Attempt to Resuscitate' is selected.

☐ Comfort Measures Only (Allow Natural Death)

Cannot select 'Comfort Measures Only (Allow Natural Death)' if 'Attempt to Resuscitate' is selected.

☐ No Preference

Other Instructions or clarification; Describe goals and/or time period if a trial intervention is desired

Character Limit: 580

Clear Accept and Continue

5. Complete the PATIENT/SURROGATE INFORMATION section by entering the relationship to the patient of the person communicating the preferences. The patient or healthcare decision maker signs the form either with the mouse or connected mobile device. Then click '**Accept and Continue.**'
- NOTE: See the [Sign ePolst with Mobile Device Tipsheet](#) for additional information with this process.

60% DOCUMENT PROGRESS

- Cardiopulmonary Resuscitation (CPR)
- Medical Interventions
- Artificially Administered Nutrition
- Advance Directive
- Patient Preferences
- Patient Information
- Patient/Surrogate Signature**
- Preparer Signature (optional)
- Medical Provider Signature
- 2nd Medical Provider Signature
- Review and Submit

UTAH POLST 2016 Language: English

**Patient/Surrogate Signature**

Print Name \*

Vyncaten Mom Middle Xytest

Relationship (write "self" if patient) \*

Mother

Signature \*

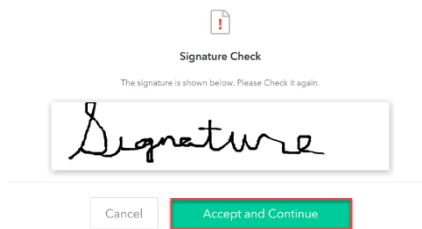
Sign below, or Click here to connect a smart device for signature

Signature

Clear Signature Expand Signature

Clear Accept and Continue

6. A pop-up box titled Signature Check will appear. Double check the signature and click **Accept and Continue**.



7. If you are not a Licensed Independent Practitioner, you will see an additional pop-up box titled "Awaiting for Signer to Sign Utah POLST 2016." Choose the option to **Exit**. **If you are a LIP, proceed to Step 9 in the Medical Provider Signatures section below.**



**Critical Step:**

- a. **Preparer:** Send a message to the provider to let them know how they have an ePOLST form ready to sign. Use Message Center or the Communicate button in the iCentra menu. Verbally contact the provider as well. Refer to [Communicating with ACP Document Signer using Message Center](#).
- b. **Provider:**
  - i. In the clinic – reply message back to the preparer in Message Center to let them know you have signed the ePolst.
  - ii. In the hospital – contact the preparer to let them know you have signed the ePolst.

## Medical Provider Signatures

- Medical Provider Signature section – Open patient chart, navigate to ACP Dashboard, click **Resume POLST**, enter name, phone and license number. Sign the form either with the mouse or connected mobile device. Then click **Accept and Continue**. Date will auto populate once Accept and Continue is clicked.

The screenshot shows the 'Medical Provider Signature' section of the UTAH POLST 2016 form. On the left, a 'DOCUMENT PROGRESS' sidebar lists various sections with checkboxes. The 'Medical Provider Signature' section is highlighted with a yellow background. The main form area contains fields for 'Medical Provider's Name' (First, Middle, Last), 'Medical Provider's Phone' (with a format hint), and 'License Number'. Below these is a 'Signature of Medical Provider' field with a handwritten signature and a 'Click here to connect a smart device for signature' button. At the bottom, there are 'Clear Signature', 'Expand Signature', 'Date' (Month, Day, Year dropdowns), 'Clear', and 'Accept and Continue' buttons. The 'Accept and Continue' button is highlighted with a red border.

- A pop-up box titled Signature Check will appear. Double check the signature and click **Accept and Continue**. At this point, exit the patient chart and notify 2<sup>nd</sup> Medical Provider it is ready for their signature.

The screenshot shows a 'Signature Check' pop-up box. It features a warning icon and the text 'The signature is shown below. Please Check it again.' Below this is a box containing the handwritten signature. At the bottom, there are 'Cancel' and 'Accept and Continue' buttons. The 'Accept and Continue' button is highlighted with a red border.

11. **2nd Medical Provider Signature Section** – Open patient chart, navigate to ACP Dashboard, click **Resume POLST**, enter name and license number. Sign the form either with the mouse or connected mobile device. Then click **Accept and Continue**.

The screenshot shows the '2nd Medical Provider Signature' section of the UTAH POLST 2016 form. On the left, a 'DOCUMENT PROGRESS' sidebar shows a list of sections with checkboxes. The '2nd Medical Provider Signature' section is highlighted with a yellow background. The main form area contains fields for 'Medical Provider's Name' (First, Middle, Last), 'License Number', and 'Signature of Medical Provider'. A signature is visible in the signature field. Below the signature field are 'Clear Signature' and 'Expand Signature' buttons. At the bottom, there is a 'Date' field with dropdowns for Month, Day, and Year, and 'Clear' and 'Accept and Continue' buttons. The 'Accept and Continue' button is highlighted with a red border. The top of the form shows the patient's name 'VYN-CATEN...', DOB 'Oct 10, 201...', and a 'Language: English' dropdown.

12. A pop-up box titled Signature Check will appear. Double check the signature and click **Accept and Continue**.

The screenshot shows a 'Signature Check' pop-up box. It features a document icon with a red exclamation mark at the top. Below the icon, the text 'Signature Check' is displayed. A large rectangular box contains a handwritten signature. At the bottom of the pop-up, there are two buttons: 'Cancel' and 'Accept and Continue'. The 'Accept and Continue' button is highlighted with a red border.

[illegible]

14. Once the ePOLST is complete it will open the document, click the 'Print' option and give document to the patient.

The screenshot displays the 'Provider Order for Life-Sustaining Treatment (POLST)' form within a web application. The header includes a back arrow, a patient profile icon, the name 'VYNCATEN XYTEST', the date of birth 'DOB: Oct 10, 2010 (Female, 9 y/o)', a language dropdown set to 'English', a 'VOID/REMOVE form' button, and a red-bordered 'Print' button. Below the header, a status bar shows the patient name and 'Data from: Intermountain Healthcare'. The main form area is titled 'Provider Order for Life-Sustaining Treatment (POLST)' and 'Utah Life with Dignity Order', with a subtitle 'Bureau of Health Facility Licensing and Certification, Utah Department of Health' and a reference to 'State of Utah Rule R432-31 v3.1 February 2016'. The form contains several input fields: 'Patient's Last Name' (XYTEST), 'First Name/Middle Initial' (VYNCATEN/), 'Effective Date of this Order' (03/09/2020), 'Date of Birth' (10/10/2010), 'Last 4 of SS#' (empty), 'Address (street/city/state/zip)' (123 test, , Sandy, UT, 84090), 'Medical Provider's Name (MD/DO/PA/APRN)' (test test), and 'Medical Provider's Phone' ((555) 555-5555). There are also text areas for 'Brief description of patient's medical condition' and 'Patient's stated goals for medical care'. The form is divided into two main sections: 'A. CARDIOPULMONARY RESUSCITATION (CPR)' and 'B. MEDICAL INTERVENTIONS'. Section A includes three checkboxes: 'Attempt to resuscitate' (unchecked), 'Do not attempt or continue any resuscitation (DNR) (Allow Natural Death)' (checked), and 'I do not wish to express a preference' (unchecked). Section B includes a checkbox for 'FULL TREATMENT: Prolonging life by all medically effective means' (unchecked). The form is labeled 'UTAH POLST' on the right side.

**Reminder:** Please update orders in PowerChart to reflect the patient wishes documented on the POLST/POST.

## Contacts

*iCentra Users:* Contact your local CTIS Adoption and Support Analyst or call x-3456 option 2.

*Care Transformation Caregivers:* [Carie Call](#), Clinical Informatics Analyst