

MI-POST

MICHIGAN PHYSICIAN ORDER FOR SCOPE OF TREATMENT OVERVIEW & RECENT CHANGES

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Objectives

- Provide an overview of the MI-POST legislation and documents
- Understand how MI-POST may be utilized as a physician order in skilled nursing facilities
- Discuss Federal Regulations that relate to MI-POST
- Discuss key elements of noncompliance
- Provide scenarios for discussion

POST – Physician Orders for Scope of Treatment

- POST is an optional, 1 page, 2-sided medical order sharing a person's wishes for care in a crisis.
- Serious advanced illness or frailty.
- Component of advance care planning process that includes choices about cardiopulmonary resuscitation (CPR), critical care, and other desired care.
- It is intended only if the person cannot tell others what to do at that time.
- Signed by patient/patient representative and provider.

Michigan History

- Legislation introduced in 2017: Michigan Physician Order for Scope of Treatment (MI POST)
- Public Act 154 of 2017 signed into law on Nov. 8, 2017, by Governor Snyder
- Intent to assist health care professionals to honor treatment wishes of individuals at end of life
- Creates system to communicate wishes regarding medical treatment through portable medical orders for EMS
- Based on principles of informed consent

Public Act 154 of 2017:

- Enacts MI-POST
- The MI-POST directs the care provided by EMS
- The MI-POST is binding in any licensed health care facility other than acute care
 - Advisory in acute care settings
- Signed by Patient or Patient Advocate/Representative and Provider
- Always voluntary
- Valid for 1 year, but may be revoked or revised at any time
- Rules for digital or electronic copies

Fast Forward to 2022

- An Ad Hoc Advisory Committee has been formed to update and revise:
 - MI-POST Form
 - Patient & Family Information Sheets
 - FAQs
 - Education
- MI-POST available translated into Arabic & Spanish

**MDHHS-5836, MICHIGAN PHYSICIAN ORDERS
FOR SCOPE OF TREATMENT (MI-POST)**
Michigan Department of Health and Human Services (MDHHS)
(Revised 8-22)

HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary. This MI-POST form is void if Part 1 or Section D are blank. Leaving blank any section of the medical orders (Sections A, B, or C) does not void the form and is interpreted as full treatment for that section.

PART 1 – PATIENT INFORMATION

Patient Last Name	Patient First Name	Patient Middle Initial
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Date of Birth (mm/dd/yyyy)	Date Form Prepared (mm/dd/yyyy)
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Diagnosis supporting use of MI-POST

This form is a Physician Order sheet based on the medical conditions and decisions of the person identified on this form. Paper copies, facsimiles, and digital images are valid and should be followed as if an original copy. This form is for adults with an advanced illness. It is not for healthy adults.

PART 2 – MEDICAL ORDERS

Section A – Cardiopulmonary Resuscitation (CPR)

Person has no pulse and is not breathing. See MDHHS-5837 for further details.

- Attempt Resuscitation/CPR (Must choose Full Treatment in Section B).
- DO NOT attempt Resuscitation/CPR (No CPR, allow Natural Death).

Section B – Medical Interventions

Person has pulse and/or is breathing. See MDHHS-5837 for further details on medical interventions.

- Comfort-Focused Treatment**
Primary goal of maximizing comfort. May include pain relief through use of medication, positioning, wound care, food and water by mouth, and non-invasive respiratory assistance.
- Selective Treatment**
Primary goal of treating medical conditions while avoiding burdensome measures. May include IV fluids, cardiac monitoring including cardioversion, and non-invasive airway support.
- Full Treatment**
Primary goal of prolonging life by all medically effective means. May include intubation, advanced invasive airway interventions, mechanical ventilation, other advanced interventions.

Section C – Additional Orders (optional)

Medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, medically assisted provisions of nutrition, long-term life-support, medications, and blood products.

Send form with Patient whenever transferred or discharged.

Section D – Signature of Attending Health Professional

My signature below indicates that these orders are medically appropriate given the patient's current medical condition, reflect to the best of my knowledge the patient's goals for care, and that the patient (or the patient representative) has received the information sheet.

Print Name	Date
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Signature	Phone Number
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Print Name of Collaborating Physician	Phone Number
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Section E – Signature of Patient or Patient Representative

My signature indicates I have discussed, understand, and voluntarily consent to the medical orders on this MI-POST form. I acknowledge that if I am signing as the patient's representative, these decisions are consistent with the patient's wishes to the best of my knowledge.

- Patient Patient Advocate/Durable Power of Attorney for Health Care (DPOAHC)
- Court-Appointed Guardian

Print Name of Patient	Print Name of Patient Representative
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Signature	Date
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Information of Legally Authorized Representative

Complete this section if this MI-POST form was signed by a Patient Advocate/DPOAHC or Court-Appointed Guardian.

Address	City	State	Zip Code
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Phone Number	Alternate Phone Number
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Section F – Individual Assisting with Completion of MI-POST Form

Print Preparer's Name	Title	Date
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Preparer's Signature	Organization	Phone Number
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Section G – To Reaffirm or Revoke this Form

This MI-POST form can be reaffirmed or revoked at any time, verbally or in writing. See MDHHS-5837 for further details on reaffirmation or revocation. **If this document is revoked or is not reaffirmed, and a new form is not completed, full treatment and resuscitation will be provided.**

Healthcare Provider Name/Collaborative Physician (if applicable)	Healthcare Provider Signature
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Patient/Representative Name	Patient/Representative Signature	Reaffirmation Date
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Send form with Patient whenever transferred or discharged.

HIPAA permits disclosure of MI-POST to other Health Care Professionals, as necessary.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-5837, MICHIGAN PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (MI-POST) PATIENT AND FAMILY INFORMATION SHEET
Michigan Department of Health and Human Services (MDHHS)
(Revised 8-22)

What is a MI-POST?

- An optional, one-page, two-sided medical order with a person's wishes for care in a crisis.
- A part of the advance care planning process that includes choices about Cardiopulmonary Resuscitation (CPR), critical care, and other wanted care.
- A form that guides care only if the person cannot tell others what to do at that time.
- A completed form is signed by the patient/patient representative and the physician, nurse practitioner, or physician's assistant that gives medical advice and suggestions.
- A patient representative may fill out a MI-POST for the person if they are not able to make healthcare choices due to illness or injury.

Who has a MI-POST?

- An adult with advanced illness or frailty, such as advanced, life-threatening heart failure, who talks to a healthcare provider to help determine their choices in care.

Where can a MI-POST be found?

- A blank MI-POST can be found in care settings, including a provider's office, a health care facility or agency, or online.
- Completed forms belong to the person and are kept with the person wherever they live.
- Copies of the form can be given to family, friends, hospitals, and any other places the person wants, but the original stays with the person.

When can a MI-POST be changed?

- The form can be changed at any time by the person or the patient representative, verbally or in writing.
- The form must be revoked or reaffirmed by the patient or patient representative and the attending health professional under the circumstances below. The form must be revoked or reaffirmed within the timeframes outline below or it will be considered VOID.
 - One year from the date since the form was last signed or reaffirmed.
 - 30 days from a change in the patient's attending health professional or change in the patient's level of care, or care setting; or any unexpected change in the patient's medical condition.

How do I reaffirm or revoke a MI-POST?

- Reaffirming this MI-POST form indicates the person has no changes to their treatment choices. Reaffirming requires signatures with dating of reaffirmation on the second page of the form. The form provides space for one reaffirmation. If another reaffirmation is needed, a new MI-POST form should be completed.
- Revocation of this MI-POST form is required if treatment changes are desired. A new MI-POST form should be completed to reflect treatment changes. Write "REVOKED" over the signatures of the patient or patient representative, and the signature(s) of the Attending Health Professional, in Sections D and G, if used, on this MI-POST form. Initial and date the revocations.
 - Write "VOID" diagonally on both sides in large letters and dark ink.
 - Take reasonable action to notify Attending Health Professional, patient, patient representative, and care setting.

What do the types of Medical Interventions mean?

- **Comfort-Focused Treatment** – primary goal of maximizing comfort. Relieve pain and suffering through use of medication by any route, positioning, wound care, and other measures. Use oxygen, manual suction treatment of airway obstruction, and non-invasive respiratory assistance as needed for comfort. Food and water provided by mouth as tolerated. May involve transportation to the hospital if comfort needs cannot be met in current location.
- **Selective Treatment** – primary goal of treating medical conditions while avoiding burdensome measures. In addition to care described in comfort-focused treatment, use IV fluid therapies, cardiac monitoring including cardioversion, and non-invasive airway support (such as a CPAP or BiPAP) as indicated. DO NOT use advanced invasive airway interventions or mechanical ventilation. May involve transportation to the hospital. Generally, avoid intensive care.
- **Full Treatment** – primary goal of prolonging life by all medically effective means. In addition to care described in selective treatment, use intubation, advanced invasive airway interventions, mechanical ventilation, cardioversion, and other advanced interventions as medically indicated. Likely to involve transportation to the hospital. May include intensive care.

What if a section on MI-POST was previously left blank or incomplete?

- If a section was previously blank (Section A, B, or C) and is later completed, follow the procedures for reaffirming.

How is a MI-POST different from an advance directive?

- MI-POST tells what care to give and an advance directive tells who can speak (patient advocate) for the person if they are not able.
- An advance directive must be witnessed, the patient advocate must accept the role, and may or may not give information about wishes for care.

How is a MI-POST different from a Michigan Out of Hospital Do-Not-Resuscitate (DNR) order?

- A MI-POST is intended only for adults who may have advanced illness or frailty with a life expectancy of 1 year or less. A DNR order is intended for adults or minors with advanced illness with a life expectancy greater than 1 year.
- A DNR requires two (2) witness signatures. A MI-POST does not require witness signatures.

It is best for anyone with a MI-POST to also legally designate a patient advocate and talk to that person so that they will be prepared to speak on the person's behalf.

I have reviewed this information BEFORE signing a completed MI-POST.

Patient Name [Redacted]	Date of Birth [Redacted]
Patient Representative Name (if needed) [Redacted]	
Signature [Redacted]	Date [Redacted]

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

Resources

- [Michigan Physician Order for Scope of Treatment \(MI POST\) website](#)
- [PA 154 of 2017](#)
- [MDHHS-5836](#) Michigan Physician Order for Scope of Treatment (MI POST) Form
- [MDHHS-5836-AR](#) Michigan Physician Order for Scope of Treatment (MI POST) (Arabic) Form
- [MDHHS-5836-SP](#) Michigan Physician Order for Scope of Treatment (MI POST) (Spanish) Form

Resources

- [MDHHS-5837](#) MI POST Patient and Family Information Sheet
- [MDHHS-5837-AR](#) MI POST Patient and Family Information Sheet (Arabic)
- [MDHHS-5837-SP](#) MI POST Patient and Family Information Sheet (Spanish)
- [Frequently Asked Questions](#)
- [MI-POST Administrative Rules](#)

F578

- *The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive*

F578

- **The facility must comply with the requirements specified in 42 CFR part 489, subpart I:**
 - *(i) These requirements include provisions to inform and provide written information to all adult residents... concerning the right to...at the resident's option, formulate an **advance directive**.*
 - *(ii) This includes a written description of the facility's policies to implement **advance directives** and applicable State law...*
 - *(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an **advance directive**, the facility may give **advance directive** information to the individual's resident representative in accordance with State Law.*
 - *(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.*

F578-Definitions

- **“Advance care planning”** is a process of communication between individuals and their healthcare agents to understand, reflect on, discuss, and plan for future healthcare decisions for a time when individuals are not able to make their own healthcare decisions.
- **“Advance directive”** is “a written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.”
- **“Physician Orders for Life-Sustaining Treatment (or POLST) paradigm form”** is a form designed to improve patient care by creating a portable medical order form that records patients’ treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency, taking the patient’s current medical condition into consideration. **A POLST paradigm form is not an advance directive.**
- **“Health care decision-making”** refers to consent, refusal to consent, or withdrawal of consent to health care, treatment, service, or a procedure to maintain, diagnose, or treat a resident’s physical or mental condition.
- **“Health care decision-making capacity”** refers to possessing the ability (as defined by State law) to make decisions regarding health care and related treatment choice.

Decision Making and Michigan Law

Estates and Protected Individuals Code, Act 386 of 1998

- **Section 700.5508 Determination of advocate's authority to act:**
- ...the authority under a patient advocate designation is exercisable by a patient advocate only when the patient is unable to participate in medical treatment or, as applicable, mental health treatment decisions. The patient's attending physician and another physician or licensed psychologist shall determine upon examination of the patient whether the patient is unable to participate in medical treatment decisions, shall put the determination in writing, shall make the determination part of the patient's medical record, and shall review the determination not less than annually...

Decision Making and Michigan Law

Estates and Protected Individuals Code, Act 386 of 1998

- "**Patient advocate**" means an individual designated to exercise powers concerning another individual's care, custody, and medical or mental health treatment or authorized to make an anatomical gift on behalf of another individual, or both..."
- "**Patient advocate designation**" means the written document executed and with the effect as described in sections 5506 to 5515"

Decision Making and Michigan Law

Estates and Protected Individuals Code, Act 386 of 1998

- A patient advocate is not:
 - "Conservator" means a person appointed by a court to manage a protected individual's estate.
 - "Guardian" means a person who has qualified as a guardian of a minor or a legally incapacitated individual under a parental or spousal nomination or a court appointment and includes a limited guardian.
 - Power of Attorney means a signed document that allows you to give someone the authority to manage financial affairs.

Decision Making and Michigan Law

Estates and Protected Individuals Code, Act 386 of 1998

- **"Incapacitated individual"** means an individual who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, not including minority, to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions..."
- **"Legally incapacitated individual"** means an individual, other than a minor, for whom a guardian is appointed under this act or an individual, other than a minor, who has been adjudged by a court to be an incapacitated individual..."

F578-Guidance

- *The facility is required to establish, maintain, and implement written policies and procedures regarding the residents' right to formulate an advance directive...In addition, the facility management is responsible for ensuring that staff follow those policies and procedures.*
- *The facility's policies and procedures delineate the various steps necessary to promote and implement these rights, including, but not limited to:*
 - *Determining on admission whether the resident has an advance directive*
 - *If not do they want to formulate one?*
 - *these documents must be obtained and maintained in the same section of the resident's medical record*
 - *Providing information in a manner easily understood by the resident or resident representative*
 - *includes a written description of the facility's policies to implement advance directives and applicable State law regarding advance directives.*
 - *Facility staff must document in the resident's medical record these discussions and any advance directive(s) that the resident executes.*
 - *Determining if facility staff periodically assesses the resident for decision-making capacity*

F578-Guidance (cont)

- *Identifying the primary decision-maker*
- *Defining and clarifying medical issues and presenting the information as appropriate;*
- *Identifying, clarifying, and periodically reviewing, as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions;*
- *Identifying situations where health care decision-making is needed, such as a significant decline or improvement in the resident's condition;*
- *Establishing mechanisms for documenting and communicating the resident's choices to the interdisciplinary team and to staff responsible for the resident's care; and*

F578-Guidance (cont)

- *Identifying the process (as provided by State law) for handling situations in which the facility staff and/or physician do not believe that they can provide care in accordance with the resident's advance directives or other wishes on the basis of conscience.*
- *The resident has the option to execute advance directives, but cannot be required to do so.*
- *Facility staff are not required to provide care that conflicts with an advance directive.*
- *In addition, facility staff are not required to implement an advance directive if, as a matter of conscience, the provider cannot implement an advance directive and State law allows the provider to conscientiously object*

F578-Elements of Noncompliance

- *To cite deficient practice at F578, the surveyor's investigation will generally show that the facility failed to do one or more of the following:*
 - *Provide information to the resident regarding their right to...formulate an advance directive once the resident was able to receive the information; or*
 - *Ensure that a current copy of a resident's advance directive was in the resident's medical record; or*
 - *Have policies and procedures for implementing advance directives; or*
 - *Follow policies to implement advance directives and applicable State laws regarding advance directives.*

Common Concerns

- Items in the medical record do not match
 - Face sheet is blank
 - DNR order in the Chart
 - Social Work Notes state Full Code
- “Family Member” Signed forms
 - Resident is their own responsible party
 - Only one signature for determination
- Witness Signatures not the same date that declarant signed
- No documentation in the Record pertaining to Advance Directives
- Documented Advance Directives given – no follow up

Scenario 1

- Resident has a MI POST order with a diagnosis as CPOD with No CPR and limited medical interventions.
- Resident does not have an Out of Hospital Do Not Resuscitate Order.
- In the dining hall a resident is short of breath and then collapses. There is swelling present in the face and a dinner mate mentioned that he complained about being tingly and itching earlier during dinner.

Scenario 2

- Resident has a MI POST with a diagnosis as Lung Cancer and orders for No CPR and comfort focused treatment.
- Resident does not have an Out of Hospital Do Not Resuscitate Order.
- Patient with lung cancer and metastasis to bone and liver is in the community room for bingo, the bingo host saw him rubbing his left shoulder and a few minutes later collapses and when the care team member reaches him, he has no pulse and is not breathing.