

Frequently Asked Questions

Q: What is a MI-POST form?

A: The MI-POST is an optional form that documents the patient’s decisions and puts them into a physician’s order set that can be followed at any Michigan health care facility, as well as by first responders. According to the administrative rules (R 325.82(1)), “MI-POST is intended only for those adult patients with advanced illness or frailty for whom, based on his or her current medical condition, death would occur within 1 year. A healthcare professional’s prognosis of life expectancy is not required.”

Q: Do both the MI-POST Form (MDHHS-5836) and the MI-POST Patient and Family Information Sheet (MDHHS-5837) need to be signed?

A: Yes. It is required that the physician review the information provided on the MDHHS-5837 with the patient before signing the MI-POST form (MDHHS-5836). The MDHHS-5837 should be signed by the patient and a copy should be kept in the patient’s medical record.

Q: If the MI-POST Form (MDHHS-5836) is present in the patient’s medical record, but the MI-POST Patient and Family Information Sheet (MDHHS-5837) is not present, is the MDHHS-5836 still valid?

A: Yes. While the MDHHS-5837 is important because it outlines the purpose of the MI-POST form, if the MI-POST form is completed and signed by all required persons, a missing MDHHS-5837 should not invalidate the MI-POST form.

If the MDHHS-5837 is missing, but a completed and signed MI-POST form is present, the provider should consult with the patient or patient representative to make sure the patient understands the purpose of MI-POST and the orders contained in the completed MI-POST. A MDHHS-5837 should be completed and kept in the patient’s medical record.

Q: What is considered an acute care setting?

A: An acute care setting requires active, short-term treatment for a severe injury or episode related to illness, often an urgent medical condition, and includes hospitals, emergency rooms, and outpatient procedure.

Q: Can my MI-POST be used outside of Michigan?

A: Generally, yes, as long as it’s valid with the required signatures and dates. For more information about whether your MI-POST can be used in another state, please visit <https://polst.org/state-polst-programs/>.

Can I use a POLST form from a different state?

A: Generally, yes, as long as it’s valid with the required signatures and dates. For more information about whether a POLST form can be used in Michigan, please visit <https://polst.org/state-polst-programs/>.

Q: Are MI-POST forms used differently in various healthcare settings such as home care, hospice, or the acute hospital setting? And which facilities or agencies are mandated to recognize MI-POST?

A: Yes. The MI-POST form is binding in any healthcare facility other than acute care. Acute care settings will utilize the MI-POST form as evidence of the patient's healthcare decisions when evaluating a patient unable to speak for themselves. An acute care setting requires active, short-term treatment for a severe injury or episode related to illness, often an urgent medical condition, and includes hospitals, emergency rooms, and outpatient procedure.

Treatments may differ according to the acute situation and should include shared decision making with the patient or patient representative and the healthcare professional currently treating the patient. In case of changes from the MI-POST form to admitting orders, the rationale for doing so is to be documented in the patient's medical record.

When a patient has a MI-POST form, it is the responsibility of the receiving organization to incorporate the MI-POST orders into the facility's orders until it can be reaffirmed or revoked. MI-POST forms should also be honored outside of the health care facilities, such as the patient's home.

Q: What is the MI-POST regulatory obligation of a registered health professional when providing care to a patient having an eligible MI-POST?

A: Every registered health professional shall provide the same standard of care to a patient with a MI-POST as they would to any other patient who doesn't have MI-POST. It is the duty of the registered health professional to ensure that the patient's MI-POST is accurate and valid.

Q: How does the Michigan Physician Order for Scope of Treatment (MI-POST) form ensure that patient's wishes are followed?

A: MI-POST forms are a physician's active order set for the patient's current medical condition, which includes resuscitation and treatment decisions. They help ensure that the decisions of a patient are followed, even if the patient later lacks capacity to make decisions. Patients with advanced illness and/or frailty, especially those whose attending health professionals would not be surprised if they were to die within a year, are encouraged to complete a MI-POST form. The form takes the patient's decisions and puts them into a physician's order set that can be followed.

Q: Who should discuss and complete the MI-POST form with a patient?

A: The MI-POST form should be completed following a thorough discussion with the patient and the attending health professional that includes the patient's understanding of his/her current medical condition, potential complications, desires for medical treatment in the event of a medical emergency, affirming the selections on the MI-POST form, and inclusion of additional orders based on the identified patient goals and medical treatment decisions. Depending on the situation and setting, other trained staff members including nurses, social workers, or chaplains may also play a role in the MI-POST conversation and completion of the form. They cannot, however, sign the order. It is strongly recommended that the patient designate a patient advocate, and the MI-POST conversation occurs in the presence of this patient advocate.

Q: Who can sign the MI-POST as the healthcare professional? Will a verbal/telephone order be acceptable?

A: The physician, nurse practitioner (NP), or physician assistant (PA) that has responsibility for the patient's medical treatment can sign the MI-POST form. If it is signed by an NP or PA, the collaborating physician name must be printed on the form with their phone number. Verbal/telephone orders are acceptable. For the signature, the preparer is to write "verbal order" or "telephone order." Within 10 calendar days, the attending health professional shall strikethrough "verbal order" or "telephone order" and sign and date the MI-POST form.

Q: Who can sign the MI-POST on behalf of the patient?

A: The MI-POST must be signed by the person for whom it is completed. If he/she lacks capacity (or competency), a patient representative may sign the form. The patient representative refers to the Patient Advocate documented in a Designation of Patient Advocate/Durable Power of Attorney for Healthcare (DPOA-HC) form or, if no DPOA-HC has been executed, a court-appointed guardian with authorization to make healthcare decisions. The MI-POST form should reflect the patient's wishes.

Q: Can a patient or patient representative revoke a MI-POST?

A: The MI-POST records a patient's wishes for medical treatment at the time the form is completed. If the patient's wishes change, the patient should talk to the attending health professional as soon as possible so that a new MI-POST can be completed. The patient representative may revoke the MI-POST if it is consistent with the patient's wishes. If the patient's wishes are unknown, the patient representative acts in the patient's best interest.

Q: Is the patient's signature required on the MI-POST form?

A: The patient's signature is not required if they are unable to sign due to lack of capacity or competency. Their patient representative can sign it on their behalf. The MI-POST form should reflect the patient's wishes.

Q: Is an e-signature valid on a MI-POST form?

A: Generally, no. A physical signature on the MI-POST form should be obtained from all required to sign the MI-POST form.

Q: Who is responsible to ensure the MI-POST is provided on transfer from one care facility to another? Is a copy as good as the original?

A: The original form in its most current version should remain the property of the individual patient. The health care facility initiating the transfer must provide ambulance services and the receiving facility with the MI-POST form. Paper copies are permissible and valid. Facilities may retain copies of the patient's MI-POST form. The ambulance service and receiving facility should honor the MI-POST if an emergency arises.

Q: Are electronic format or images of the MI-POST form valid?

A: Copies, including paper, facsimile, and all digital versions, are permissible and valid. Health care facilities and physician offices will retain the most current copy of the patient's MI-POST form in the patient's medical record.

Q: Are MI-POST forms used differently in various healthcare settings such as home care, hospice, or the acute hospital setting?

A: Yes. The MI-POST form is binding in any healthcare facility other than acute care. Acute care settings will utilize the MI-POST form as evidence of the patient's healthcare decision when evaluating the patient; however, treatments may differ according to the best clinical judgement of the healthcare professional currently treating the patient. MI-POST forms should also be honored outside of health care facilities such as the patient's home.

Q: Are there situations in which a health care provider could honor the MI-POST if the MI-POST has not yet been signed by a physician, but had otherwise been completed by the patient and a nurse?

A: To honor a MI-POST form it must be signed by the attending health professional primarily responsible for the medical treatment of the patient. This makes it valid. However, an incomplete MI-POST may still be useful as an expression of the patient's wishes.

Q: If the MI-POST has not yet been signed by an attending health professional, can the MI-POST be honored? Are "verbal" or "telephone orders" accepted?

A: To honor a MI-POST form it must be signed by the attending health professional primarily responsible for the medical treatment of the patient. This makes it valid. If a "verbal" or "telephone order" is obtained, the attending health professional must strike through "verbal" or "telephone order" and sign and date the MI-POST form within 10 days. An incomplete MI-POST may still be useful as an expression of the patient's wishes.

Q: Is the MI-POST form legal if signed by an attending health professional that does not have privileges at the facility to which the patient is admitted?

A: Yes. Properly completed forms are valid at all Michigan health care facilities. The patient entering a facility may have an attending health professional who previously discussed, completed, and signed the form and does not have privileges at the facility. The MI-POST form must be reaffirmed or revoked within 30 days from a change in the patient's place of care or a change in the patient's attending health professional.

Q: Does the MI-POST form completed at one facility have to be redone when the patient/resident is admitted somewhere else?

A: Not necessarily. The MI-POST form does not have to be redone if there are no changes in the plan of care reflected in the current MI-POST. However, it must be reaffirmed or revoked within 30 days from a change in the patient's place of care. Specific directions for reaffirming or revoking the MI-POST are on the back of the form.

Q: If a patient is temporarily placed in respite care, will a new MI-POST need to be completed?

A: Not necessarily. If the patient's stay is expected to be temporary (meaning the patient will return to their original residence/location within 30 days) and there is no change to their condition or plan of care, then the patient does not need to complete a new MI-POST. If the patient will be at a new location permanently or for longer than 30-days, or if the patient's condition or plan of care changes, then a new MI-POST should be completed.

Q: If the MI-POST was completed on the old form before June 30, 2023, is it still valid after June 30, 2023 when the new form is required to be used?

A: Yes. If the MI-POST was completed before June 30, 2023 on the old version of form and it is still within one year since the completion of the MI-POST, then it is still considered valid. Once it is required that the MI-POST form be reaffirmed, the form should be completed on the new version of the form.

Q: When should a patient's MI-POST form be reviewed and reaffirmed or revoked?

A: The MI-POST form must be reaffirmed or revoked under the following circumstances:

- One year from the date the form was last signed or reaffirmed
- 30 days from a(n):
 - o Change in the patient's attending health professional,
 - o Change in the patient's place of care, level of care, or care setting, or
 - o Unexpected change in the patient's medical condition
- Any time there is a change in the patient's treatment decisions

Q: Does the MI-POST expire?

A: Yes. The MI-POST expires one year from the date of initial completion. However, it can be reviewed and reaffirmed which resets the timeline.

Q: What if a patient has a Michigan Out of Hospital Do-Not-Resuscitate form?

A: A patient may have and continue to use the Michigan Out of hospital Do-Not-Resuscitate form, particularly if they do not meet the criteria for the MI-POST form and wish to not be resuscitated.

Q: How is a MI-POST different from a Michigan Out of Hospital Do-Not-Resuscitate form?

A: 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 Michigan Out of Hospital Do-Not Resuscitate form is intended for adults, or minors with advanced illness, with a life expectancy greater than 1 year.

Q: Can a patient have a Michigan Out of Hospital Do-Not-Resuscitate form and MI-POST?

A: Yes. A patient can have both, although it is not necessary. If a valid MI-POST conflicts with an Out of Hospital Do-Not-Resuscitate form, the most current document will direct care related to resuscitation.

Q: What if a person has a MI-POST but wants to travel from his or her residence?

A: In the event of an emergency, emergency personnel will need to know that a MI-POST exists, otherwise they will be required to follow standard protocols, including the administration of full treatment. Persons who complete a MI-POST form which directs Do Not Attempt CPR should be strongly encouraged to wear a DNR medical alert bracelet and/or carry their MI-POST form with them when they leave their residence.

Q: Does a patient need to have an Advance Directive if they have completed a MI-POST?

A: No. A patient does not need to have an Advance Directive if they have completed a MI-POST form. However, it is **strongly** recommended that the patient designate a person to serve as their patient

advocate to make future medical decisions on behalf of the patient if the patient becomes unable to do so for themselves. An advance directive is recommended for all adults, regardless of their health status. A MI-POST form should complement an advance directive when appropriate.

Q: What if the MI-POST contradicts a previously completed Advance Directive or Living Will?

A: The information in an Advance Directive or Living Will cannot override a properly executed MI-POST form, regardless of the dates. A patient can revise or revoke the MI-POST form at any time. A patient representative can/may as well, in accordance with the patient's known wishes or best interest.

Q: Does a patient need to meet specific criteria as defined in the Michigan statute (Public Act 154 of 2017) to have a MI-POST document?

A: Yes. The MI-POST is only for those patients with advanced illness and/or frailty, for whom it would not be surprising if, based on their current medical condition, they were to die within one year. The diagnosis supporting the use of the MI-POST form must be documented on the form.

Q: Will only patients who do not want resuscitation complete a MI-POST form?

A: No. Patients who want to elect resuscitation can also have a MI-POST. Additionally, in MI-POST section C, a patient may specify additional orders, including medical orders for whether or when to start, withhold, or stop a specific treatment. Treatments may include but are not limited to dialysis, nutrition, long-term life support, medications, and blood products.

Q: How can you get a MI-POST form?

A: The Michigan Department of Health and Human Services shall make available electronic copies that can be downloaded for use. The standard form must be printed on 65lb card stock with a pink border.

Q: Will different versions of the MI-POST form be recognized?

A: Current MI-POST forms in use will be recognized through 6/30/2023. MI-POST forms completed after June 30, 2023 must be completed on the MI-POST form created by Public Act 154 of 2017.

Q: What if there is a dispute with a MI-POST form?

A: Sometimes disputes arise regarding existing treatment orders in a MI-POST form for a patient who no longer has decision-making capacity. It is important to identify who has decision-making authority. For organizations and hospitals, if a family dispute arises concerning the validity of a MI-POST form, the recommendation is to follow organizational policies regarding surrogate decision-making. Keeping good records of the conversations can help provide clarity. Ethics consults may be helpful for disputes.

For EMS, if there is not clarity on the MI-POST form, EMS should contact on-line Medical Control and follow the direction as given.

Wherever the patient is, the MI-POST form tells health providers what treatments the patient wants, even if they move between levels of care. During a medical emergency, if the patient can talk, the attending health professional will ask the patient what they want. The MI-POST provides orders to guide care that aligns with the patient's treatment decisions when they cannot communicate.

Q: What if a patient has signed a MI-POST when they had capacity, but no longer has capacity when it is time to reaffirm the MI-POST and there is not a designated patient advocate?

A: Under Public Act 154 of 2017, Section 5678, it is stated that “The following individuals may revoke a POST form under the following circumstances: ...If a change in the patient’s medical condition makes the medical orders on the POST form contrary to generally accepted health care standards, the attending health professional may revoke the POST form. If an attending health professional revokes a POST form under this subdivision, he or she shall take reasonable actions to notify the patient or the patient representative of the revocation and the change in the patient’s medical condition that warranted the revocation of the POST form.”

The administrative rules (R 325.86) indicate that revocation may be necessary if a patient’s medical condition has changed since the MI-POST form was signed.

Q: Is verbal consent by the patient advocate or legal guardian allowed?

A: Yes. The administrative rules (R 325.83(2)) detail that “verbal or telephone medical orders are acceptable per policy and scope of practice, subject to the requirements of the subsection.”

Q: If Section F (Preparer’s Information) is left blank or not filled out completely, will that effect the validity of the MI-POST form?

A: Generally, no. Section F being left blank will not void the MI-POST form so long as the patient or patient representative is not providing verbal consent. In general, the MI-POST form can be considered valid so long as it has been signed by both the health professional and the patient or patient representative.

Common Definitions:

- **Advance Directive/Durable Power of Attorney for Health Care:**
An advance directive is a written document in which you specify what type of medical care you want in the future, or who you want to make decisions for you, should you lose the ability to make decisions for yourself. There are three types of advance directives: Durable Power of Attorney for Health Care (DPOAHC), Living Will, and a Do-Not-Resuscitate order.
- **Advanced Illness:**
A medical or surgical condition with significant functional impairment that is not reversible by curative therapies and is anticipated to progress toward death despite attempts at curative therapies or modulation.
- **Attending health professional:**
A physician, physician’s assistant, or certified nurse practitioner, who has primary responsibility for the treatment of a patient and is authorized to issue the orders on a MI-POST.
- **Department:**
The Michigan Department of Health and Human Services or MDHHS.
- **Emergency medical services personnel or EMS personnel:**
A medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic (does not include an EMS instructor-coordinator).

- **Guardian:**
A person with the powers and duties to make medical treatment decisions on behalf of a patient to the extent granted by court order. (See patient advocate)
- **Living Will:**
A written statement detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent. A Living Will is not recognized as a legal document in the state of Michigan, however, the wishes communicated through a Living Will have been upheld in case law.
- **Michigan Out of Hospital Do-Not-Resuscitate:**
Under Michigan law, a "do-not-resuscitate order" means a document executed under the Do-Not-Resuscitate Act directing that, if an individual suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, resuscitation will not be initiated. A specific bracelet may be worn to signal that an order has been signed. When the order is present or the bracelet is worn, an emergency responder cannot start resuscitation.
- **Patient advocate:**
An individual the patient has legally designated to speak on their behalf when they are incapacitated. (See patient representative)
- **Patient representative:**
A patient advocate or a guardian.