



## Hospice & Palliative Care ASSOCIATION OF IOWA

[www.HPCAI.org](http://www.HPCAI.org)

# Advance Directives and Iowa Physician Orders for Scope of Treatment

## Frequently Asked Questions

### 1. Would health care providers/facilities be required to complete an IPOST for every patient/resident?

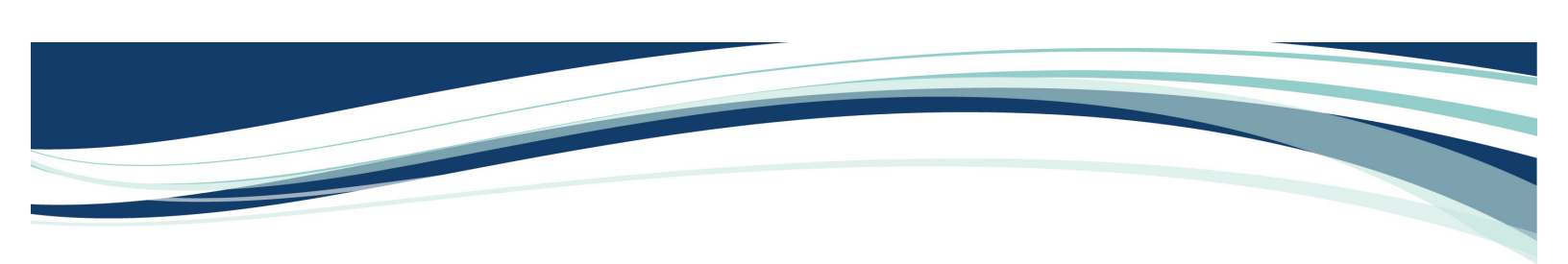
No—use of the IPOST by individuals, providers, or facilities is voluntary and not required. It is strongly recommended for individuals with serious, chronic, or life-limiting illness in frequent contact with health care settings and providers, or already residing in a nursing facility.

### 2. Who should be the person to facilitate the conversation and complete the IPOST form with a patient?

Any person with sufficient knowledge or training to be able to explain the procedural and medical implications of the various treatment choices, including a staff member of a medical practice or a facility, can complete the form with the patient. This could be a physician, physician assistant, nurse, medical social worker, possibly even a chaplain; although facilities may have their own specific policies on this. The completion of the IPOST is not just a “check-the-box” exercise—it requires thorough and thoughtful conversation. Once the form is completed, the physician, Physician Assistant, or Nurse Practitioner who signs the form is responsible for reviewing and approving the choices. The choices should be clear, consistent with the patient’s medical condition and prognosis, and values. If there is any question, the person signing the form should follow up with the patient or the professional who helped complete the form. Because it is a medical order form, the IPOST is not valid until the physician, Physician Assistant, or Nurse Practitioner signs the form.

### 3. Does an IPOST replace or revoke advance directives? What implications does IPOST have on current advance directives?

The IPOST is a medical order set, not an advance directive, and thus does not revoke or replace an advance directive. The treatment types and choices on an IPOST are only a few of the possible issues that advance directives can address. If a person has advance directives in place (Living Will, MDPOA, etc.), the person completing the IPOST with the patient/resident should review the advance directives so the IPOST orders match the advance directives—or the advance directives are revised or revoked to match current choices documented on the IPOST. The advance directives remain in effect and valid. In the rare instance that IPOST orders conflict with choices made in an advance directive, then the advance directive controls. If a person completing an IPOST does not have any other advance directives, the IPOST covers the key life-sustaining treatment choices, and there is room to add additional orders. However, it cannot be used to appoint



a healthcare agent, nor does it address personal care or nonmedical matters. The addition of IPOST will not necessitate changes to advance directives. IPOST is designed to complement advance directives and defers to the current advance directive laws. Because the advance directive controls, it is very important to discuss and update or perhaps revise current advance directives when completing the IPOST.

#### **4. What will providers need to do if IPOST is adopted in Iowa?**

Minimally, all providers should develop policies and procedures for recognizing and honoring IPOST orders and integrating IPOST into their systems and practice. This includes nursing facilities, EMS services, emergency departments, hospitals, home health, rehab and long-term care, hospice and palliative care. Ideally, facilities will send representatives to “train-the-trainer” sessions similar to the “Respecting Choices” curriculum to learn techniques in facilitating conversations with patients suitable for IPOST and their families. Use of the IPOST will not be required for any patient or provider, but providers should be prepared.

\*The legislation does not compel individual providers and facilities to follow IPOST orders which they believe are medically inappropriate for the patient or are contrary to moral or religious convictions. Rather, providers are encouraged to transfer patients to another’s care—if orders will not be honored.

#### **5. If the facility has not yet developed a specific policy with regard to the IPOST, would the staff legally be able to initiate or comply with IPOST orders?**

Yes, the IPOST legislation provides all the necessary protections to permit the IPOST order form to cross care settings.

#### **6. What if a patient brings in an IPOST or other POLST/POST/MOLST/MOST form from another state that doesn’t exactly comply with Iowa requirements for the IPOST?**

The IPOST legislation says that similar forms such as IPOST/POLST/POST/MOLST forms from other states must be honored, subject to the exceptions/limitations in Colorado’s law.

#### **7. Will the IPOST form be honored in other states?**

Whether Iowa’s IPOST form will be honored in another state is entirely up to the laws of that state. A valid IPOST form presented to a health care provider in another state will likely carry a great deal of weight as a strong indication of patient preferences with the endorsement of the health care professional who signed the form; however, providers in other states may not be obliged to follow the orders.

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