



## Frequently Asked Questions

### **VHA Directive 1004.04, *State-Authorized Portable Orders (SAPO)***

#### **1. What are a State-Authorized Portable Orders (SAPO)?**

State-authorized portable orders (SAPO) are specialized forms or identifiers, for example, DNAR/DNR bracelets or necklaces, authorized by state law or the state medical board or association, that translate a patient's preferences regarding specific life-sustaining treatments – such as resuscitation, mechanical ventilation, or the provision of artificial nutrition and hydration – into standing portable medical orders. (Note: VHA Directive 1004.04, dated February 26, 2019, expands the definition of SAPO to include SAPO authorized by the state medical board or association. Previously, only SAPO authorized by state law, not the state medical board or association, were recognized in VA.)

SAPO are designed to be easily recognizable and understood by first responders and other health care personnel. SAPO travel with the patient whenever the patient is transported to or from a health care facility.

#### **2. What is the ethical basis for SAPO?**

Patients with decision-making capacity have the right to accept or decline recommended medical treatments and procedures, including life-sustaining treatments (LST). Health care providers have a professional obligation to respect and honor those decisions. Patients who lack decision-making capacity have the right to have a surrogate make decisions on their behalf based on the patient's known values, goals, and preferences.

SAPO are used in the majority of the 50 states to help ensure that patients' LST decisions are known and honored in emergency situations. VA is committed to promoting patient-centered care, ensuring that patients' values, goals, and treatment preferences are respected and reflected in the care they receive, therefore, VHA supports the use of SAPO.

#### **3. Where can I get a copy of VHA Directive 1004.04, *State-Authorized Portable Orders (SAPO)*?**

The Directive is available on the [VHA Forms and Publications page](#) and on the [National Center for Ethics in Health Care's website](#).

**4. How soon does our facility have to implement updated processes outlined in VHA Directive 1004.04?**

Your facility will have until August 26, 2019 (that is, 6 months from the publication date (February 26, 2019) of VHA Directive 1004.04) to fully implement updated processes.

**5. Can our facility just use the national policy, VHA Directive 1004.04, as our local policy or do we need to generate a local policy consistent with VHA Directive 1004.04?**

VHA is moving away from requiring a local VAMC policy for every national policy, however, when Joint Commission surveyors visit health care organizations to evaluate standards compliance, they look at local policy standards. There are risks in using the national policy without tailoring it to reflect specific decisions that are needed for successful local implementation. The Ethics Center provides facilities with “model MCM templates” to direct facilities to items that can and should be specified to provide clear consistent instructions within the local context. See, the Model MCM for VHA Directive 1004.04, here:

[http://www.ethics.va.gov/docs/policy/SAPO\\_MCM.docx](http://www.ethics.va.gov/docs/policy/SAPO_MCM.docx). For example, your local SAPO policy should specify among other things: what SAPO will be offered at the facility and where they are located for access by providers; the progress note title suffix the facility will use, if applicable; the local process for rescinding/removing non-current SAPO from CWAD postings.

**6. Are there educational resources available for facilities implementing revised processes outlined in VHA Handbook 1004.04?**

Yes. A PowerPoint (PPT) designed to help VA health care professionals understand what state-authorized portable orders are and understand the requirements and standards outlined in VHA Directive 1004.04, State-Authorized Portable Orders (SAPO), is available here:

[http://www.ethics.va.gov/docs/policy/SAPO\\_PPT.pptx](http://www.ethics.va.gov/docs/policy/SAPO_PPT.pptx). The PPT includes national requirements, but may be edited to reflect local processes for use in local trainings.

**7. Which SAPO are recognized in VA?**

VA recognizes SAPO authorized by state law or the state medical board/association. VHA Directive 1004.04, February 26, 2019, expands the definition of SAPO that are recognized in VA to include SAPO authorized by the state medical board or association. Previously, only SAPO authorized by state law, not the state medical board or association, were recognized in VA. Each VA facility must recognize a patient’s valid SAPO from *any* state, not just the state in which the facility is located.

**8. Does the Ethics Center maintain a list of SAPO?**

No. The Ethics Center does not maintain a list of SAPO. Questions about state SAPO forms and requirements should be directed to your District Counsel.

Last updated February 27, 2019- Check this link for the newest version:

[http://www.ethics.va.gov/docs/policy/SAPO\\_FAQ.pdf](http://www.ethics.va.gov/docs/policy/SAPO_FAQ.pdf)

**9. When do practitioners have to offer SAPO to patients?**

VA practitioners must offer SAPO when SAPO are requested by a patient (or surrogate, if the patient lacks decision-making capacity), prior to discharge and upon completion of outpatient encounters with patients for whom VA LST orders have been written.

**10. Do practitioners have to offer SAPO at discharge if a patient already has SAPO?**

Yes, prior to discharge for patients who have existing SAPO, practitioners must discuss whether the SAPO will remain as-is or whether revisions are needed. If revisions are needed and desired by the patient (or surrogate, if the patient lacks decision-making capacity), the authorized practitioner must provide new SAPO at discharge.

**11. Do practitioners have to offer SAPO prior to discharge to patients who are admitted under observation status?**

No. SAPO are not required to be offered prior to discharge to patients who are admitted only under observation status.

**12. How should our facility decide which SAPO will be offered to patients?**

VHA Directive 1004.04 requires that facilities offer SAPO authorized by the state in which the facility is located and SAPO that are authorized by other states in the facility's catchment area, or where a large number of patients served by the facility reside. Facilities should consult with District Counsel about which SAPO are applicable in the catchment area.

Facilities should ensure that staff know which SAPO can be offered and how to access those SAPO (e.g. the location of the paper SAPO, via the iMedConsent™ library).

**13. Who is authorized to write SAPO?**

Within VA, SAPO may only be written by VA practitioners who are authorized under state law or the state medical board or association to write SAPO, and who are authorized by [VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals, and Preferences](#), to write DNAR/DNR and other life-sustaining treatment orders.

**14. How should our facility determine who is authorized to write SAPO in our state?**

Facilities should consult with District Chief Counsel to determine who is authorized to write SAPO in their state.

**15. What should I do if a patient wants SAPO, but I am not authorized to write SAPO?**

If a provider does not have authority to write SAPO, but determines that SAPO are appropriate, the provider must follow locally-established procedures for identifying an authorized practitioner who will write the orders.

**16. Do I need to conduct a goals of care conversation (GoCC) before I write SAPO?**

Yes, in VA a GoCC is the basis for writing orders related to life-sustaining treatment, including SAPO, and for ensuring consistency between VA LST orders and SAPO.

**17. Why is it important to have a goals of care conversation (GoCC) and write VA life-sustaining treatment (LST) orders as soon as possible after a patient presents with SAPO?**

If a patient presents with SAPO and does not have VA LST orders, the practitioner must initiate a GoCC and write VA LST orders. VA LST orders, not SAPO, guide treatment within VA. SAPO are only active orders when a patient presents with SAPO in a medical emergency. So, in order to ensure that the patient has active orders in their record that reflect their LST decisions, it is important to conduct a GOCC and write LST orders as soon as possible after a patient presents with SAPO.

**18. What should we do when a patient presents to VA with SAPO in a medical emergency?**

When a patient presents to VA with SAPO in a medical emergency, practitioners must act in accordance with the patient's SAPO, unless:

- There are VA LST notes and orders in the patient's electronic health record more recent than the SAPO. In such circumstances, the more recent VA LST notes and orders have priority
- There is a reason to doubt the validity of the SAPO
- The patient indicates by unambiguous verbal or non-verbal instructions that the SAPO are to be rescinded

**19. What should we do when a patient presents to VA with SAPO outside the context of a medical emergency (or once the medical emergency has been resolved)?**

When a patient presents to VA with SAPO outside the context of a medical emergency (or once the medical emergency has been resolved) and the patient does not have VA LST orders, the practitioner must initiate a goals of care conversation with the patient (or surrogate) and also write an LST note and VA LST orders as required by VHA Handbook 1004.03.

When a patient presents to VA with SAPO outside the context of a medical emergency (or once the medical emergency has been resolved) and the patient has VA LST orders, the practitioner must check to ensure that the VA LST orders and SAPO are consistent, and if they are not, initiate a goals of care conversation with the patient (or surrogate).

**20. What should we do when a patient who lacks decision-making capacity and does not have a surrogate presents to VA with SAPO?**

If a patient who presents with SAPO is determined to lack decision-making capacity and have no surrogate, the practitioner must request District Chief Counsel's assistance to obtain a special guardian for health care, or write LST notes and orders consistent with the SAPO and then, within 24 hours, generate a consult to engage the multidisciplinary committee review process. See VHA Handbook 1004.03 for more information on the multidisciplinary committee's role in establishing life-sustaining treatment plans for patients who lack decision-making capacity and have no surrogate.

**21. If a patient presents with SAPO in a medical emergency, the VA practitioner must act in accordance with the SAPO unless there are VA LST notes and orders in the Patient's electronic health record more recent than the SAPO, there is a reason to doubt the validity of the SAPO, or the Patient indicates by unambiguous verbal or non-verbal instructions that the SAPO are to be rescinded. What would count as reasons to doubt the validity of the SAPO?**

If a patient presents with SAPO in a medical emergency, the VA practitioner must act in accordance with the SAPO unless there is a reason to doubt the validity of the SAPO, such as the form or identifier is inconsistent with known requirements, required signatures are missing, or the form or identifier has clearly been tampered with.

**22. A patient who lacks capacity and does not have a surrogate presents with SAPO. The patient experiences a medical emergency before the practitioner can conduct a goals of care conversation and write VA LST orders. What should we do?**

If the patient experiences a medical emergency before the practitioner writes VA LST orders, treatment will be based on the SAPO.

**23. A patient who lacks capacity and does not have a surrogate presents with SAPO. The patient experiences a medical emergency during the time that the multidisciplinary committee is reviewing the recommended VA LST orders, documented in the patient's record. What should we do?**

If, during the multidisciplinary committee review process, the patient experiences a medical emergency, treatment will be based on the documented LST orders reflecting the SAPO.

(Note: The [MDC flowchart](#) maps out the decision-making process to establish LST plans for patients who lack decision-making capacity, have no surrogate, and have no active VA LST orders)

**24. Are facilities required to scan a patient’s SAPO into the VA electronic health record?**

Yes, VHA Handbook 1004.04 requires that facilities develop local processes for ensuring that paper SAPO are promptly scanned into the patient’s electronic health record and are associated with the mandated progress note title.

**25. What progress note title must SAPO be associated with?**

SAPO must be promptly scanned into the electronic health record and associated with the progress note title “State-Authorized Portable Orders”. Facilities may add a suffix to this note title to reflect local needs, for example, “State-Authorized Portable Orders – CA POLST,” “State-Authorized Portable Orders – MOLST.” (Note: VHA Directive 1004.04, dated February 26, 2019, changes the name of the required progress note title from “Out-of-Hospital-Orders” to “State-Authorized Portable Orders”.)

**26. Does the progress note title for SAPO have to be linked to CWAD/Postings?**

Yes. The mandated “State-Authorized Portable Orders” progress note must be linked to CWAD/Postings.

**27. Do practitioners have to write a separate progress note specifying the date, jurisdiction, and description of the substance of the SAPO?**

No. VHA Directive 1004.04 removed the earlier requirement for practitioners to write a separate progress note specifying the date, jurisdiction, and description of the substance of the SAPO. It is sufficient to scan the document into the patient’s record and associate it with appropriate note title.

**28. Do non-current SAPO need to be rescinded?**

Yes. Non-current SAPO, that is, SAPO that no longer reflect the patient’s treatment decisions, must be rescinded/removed from CWAD postings according to local facility processes. VHA Directive 1004.04 requires that facilities develop document management processes for rescinding/removing non-current SAPO from CWAD postings.

**29. Does the supervision requirement that applies to residents writing LST orders also apply to residents writing SAPO?**

LST orders written by residents must be reviewed by the delegating practitioner within 24 hours in inpatient settings, and within 72 hours in the CLC, outpatient, or home settings.

When writing SAPO for a patient, residents must initiate a goals of care conversation and write VA LST orders or ensure that LST orders already in the chart are consistent with the SAPO. As SAPO are written at the same time as VA LST orders or consistent with VA LST orders already in

the chart, the delegating practitioner only needs to fulfill the supervision requirement one time, when the resident writes VA LST orders.

**30. Can a team member, such as a social worker/psychologist/RN, fill out a SAPO form and then have the authorized practitioner sign the SAPO?**

It depends. State law determines who can fill out a SAPO form, so facilities should consult with District Chief Counsel to determine if team members are authorized to fill out a SAPO form. Regardless of who is authorized to fill out a SAPO form, a goals of care conversation between the patient (or surrogate, if the patient lacks capacity) and practitioner is the basis for writing orders related to life-sustaining treatment (LST), including SAPO, in VA. So, shared decisions about LSTs must be made between the patient (or surrogate) and practitioner before writing SAPO.

**31. How are SAPO and VA LST orders related?**

SAPO and VA LST orders are medical orders regarding life-sustaining treatments. VA LST orders guide treatment within VA. SAPO are only active orders in VA when a patient presents with SAPO in a medical emergency. Otherwise, SAPO are designed to travel with the patient whenever the patient is transported to or from a health care facility and to be communicated to first responders, for example, ambulance personnel, and clinicians for use in a medical crisis outside of VA. It is important to ensure that VA LST orders and SAPO are consistent so that patients' life-sustaining treatment decisions can be accurately honored in and outside of VA.

**32. What is the difference between SAPO and advance directives?**

Advance directives, written by patients, are used to document a patient's preferences for future medical care and to document a patient's appointment of a health care agent. Advance directives guide medical decision making after a patient loses decision-making capacity.

SAPO, written by authorized practitioners, are medical orders (regarding life-sustaining treatments) for current care in the community.

**33. How can we help ensure that a patient's advance directive, SAPO, and VA LST orders are consistent?**

If a patient has an advance directive, SAPO, and VA LST orders, it is important to ensure that the patient's preferences and decisions regarding life-sustaining treatments (LSTs) are accurately documented in the advance directive, SAPO, and VA LST orders. As part of a goals of care conversation, VA clinicians should review any and all documents that reflect the patient's preferences and decisions regarding LSTs and, if appropriate, ensure that the patient's advance directive, SAPO, and VA LST orders are consistent.

**34. Can SAPO be completed via telemedicine?**

Completion of SAPO using telemedicine must follow the requirements of the issuing state or state medical board or association regarding placement and timing of the patient or surrogate's signature.