

1 Michigan Physician Orders for Scope of Treatment (MI-POST)

2 Proposed Rule Content for PA 154 of 2017

3 Definitions for the purpose and use with the MI-POST:

4 *“Advanced illness”* means a medical or surgical condition with significant functional impairment that is
5 not reversible by curative therapies and that is anticipated to progress toward death despite attempts at
6 curative therapies or modulation.

7 *“Attending health professional”* means a physician, physician’s assistant, or certified nurse practitioner,
8 who has primary responsibility for the treatment of a patient and is authorized to issue the orders on a
9 MI-POST form.

10 *“Change in level of care or care setting”* results from a formal healthcare and/or needs assessments that
11 supports the increase or decrease in care services required to provide a safe and least restrictive setting
12 for the patient. A change in care setting does not refer to reassignments within the same facility.

13 *“Emergency medical protocol”* means a protocol as that term is defined in section 20908.

14 *“Emergency medical services personnel”* means that term as defined in section 20904, but does not
15 include an emergency medical services instructor-coordinator.

16 *“Guardian”* means a person with the powers and duties to make medical treatment decisions on behalf
17 of a patient to the extent granted by court order under section 5314 of the estates and protected
18 individuals code, 1998 PA 386, MCL 700.5314.

19 *“Patient advocate”* means an individual presently authorized to make medical treatment decisions on
20 behalf of a patient under sections 5506 to 5515 of the estates and protected individuals code, 1998 PA
21 386, MCL 700.5506 to 700.5515.

22 *“Patient Representative”* means a patient advocate or a guardian.

23 **MI-POST General Rules:**

- 24 • MI-POST is only for those patients with advanced illness, for whom it would not be surprising if,
25 based on his/her current medical condition, he or she were to die within 1 year. A healthcare
26 professional’s prognosis of life expectancy is not required.
- 27 • MI-POST cannot be required for admission to any healthcare or community setting.
- 28 • The standard form must be printed on Pink 65lb card stock.
- 29 • The Michigan Department of Health and Human Services shall make available electronic blank
30 copies.
- 31 • The original form in its most current version should remain the property of the individual
32 patient. Copies, including paper, facsimile, and all digital versions, are permissible and valid.
33 Health care facilities and physician offices will retain the most current copy of the patient’s MI-
34 POST form in the patient’s medical record.
- 35 • The MI-POST form is binding in any healthcare facility other than acute care. Acute care settings
36 will utilize the MI-POST form as evidence of the patient’s healthcare decisions when evaluating
37 the patient; however, treatments may differ according to the best clinical judgement of the
38 healthcare professional currently treating the patient.

- 1 • The MI-POST form directs the care provided by Emergency Medical Services personnel (EMS).
2 EMS will follow the protocol established by the Department.

3 **Rules for Completing the MI-POST**

- 4 • Prior to signing the form, the attending health professional shall address with the patient:
- 5 ○ The patient’s understanding of his/her own current medical condition
 - 6 ○ Potential complications related to his/her current condition
 - 7 ○ Desires for medical treatment in the event of a medical emergency
 - 8 ○ Affirming the selections on the MI-POST form
 - 9 ○ Inclusion of additional orders if applicable based on the identified patient goals and
 - 10 medical treatment decisions.
 - 11 ○ The patient information sheet will be reviewed, signed, and placed in the patient’s
 - 12 permanent medical record.
 - 13 ○ If the patient does not have a patient representative, the attending health professional
 - 14 shall recommend to the patient that the patient consider designating an individual to
 - 15 serve as the patient’s patient advocate to make future medical decisions on behalf of
 - 16 the patient if the patient becomes unable to do so.

17 **Rules for Signing the MI-POST**

- 18 • A valid MI-POST must be signed by both:
- 19 ○ The patient, or the Patient Representative; and
 - 20 ○ The attending health Professional
- 21 • The MI-POST is valid for 1 year from the date the order is authorized by the attending health
- 22 Professional.
- 23 • Verbal/telephone orders are acceptable. The preparer shall, in Section D, Complete the Name,
- 24 Date, Phone #, and if applicable Name of Collaborating Physician and Phone Number. For
- 25 Signature, the Preparer is to write “verbal order” or “telephone order.”
- 26 • Within 10 calendar days, the attending health professional shall strikethrough “verbal orders” or
- 27 “telephone orders” and sign and date the MI-POST form.

28 **Rules for Reaffirming or Revoking the MI-POST**

- 29 • The MI-POST form must be Reaffirmed or Revoked under the following circumstances:
- 30 ○ One year from the date since the form was last signed or reaffirmed
 - 31 ○ 30 days from a change in the patient’s attending health professional
 - 32 ○ 1 week from a change in the patient’s place of care, level of care, or care setting, or
 - 33 unexpected change in the patient’s medical condition
- 34 • The MI-POST can be reaffirmed or revoked by the Patient or the Patient Representative at any
- 35 time and in any manner that the patient or the Patient Representative is able to communicate.
- 36 • If the patient’s revocation is not in writing, an individual who witnesses the patient’s expressed
- 37 intent to revoke the MI-POST form will describe in writing the circumstances of the revocation.
- 38 This document will be signed by the witness and provided to the attending health professional,
- 39 the health care facility, and the patient.

- 1 • The patient representative may revoke the MI-POST form at any time the patient representative
2 considers revoking the MI-POST form to be consistent with the patient’s wishes or, if the
3 patient’s wishes are unknown, in the patient’s best interest.

4 **Reaffirming: When the MI-POST form is reaffirmed the following must occur:**

- 5 • Section G of the MI-POST form must be signed and dated by the attending health professional
6 and the patient or patient representative on the corresponding affirmation line.
7 • The form must be reaffirmed if a previously blank section (Section A, B, or C) is completed.
8 • Changes may not be made to previously completed sections, a new MI-POST will need to be
9 completed.

10 **Revoking: When the MI-POST form is revoked, the following shall occur:**

- 11 • When revoking the MI-POST form, the attending health professional or the patient or the
12 patient’s representative will write “revoked” over the most recent signatures of the patient or
13 patient representative and the attending health professional.
14 • The individual revoking the form will write VOID in large, bold ink diagonally across both sides of
15 the form.
16 • If the the patient or patient representative revokes the MI-POST, reasonable action must be
17 taken to notify 1 or more of the following: attending health professional, health professional
18 who is treating the patient, health facility responsible for the medical treatment of the patient.
19 • If a change in the patient’s medical condition makes the medical orders on the MI-POST form
20 contrary to generally accepted health care standards, the attending health professional may
21 revoke the MI-POST form. If an attending health professional revokes a MI-POST form under this
22 subdivision, he or she shall take reasonable actions to notify the patient or the patient
23 representative of the revocation and the change in the patient’s medical condition that
24 warranted the revocation of the MI-POST form.

25 **Rules for Honoring the MI-POST**

- 26 • Forms labeled “Michigan POST” or “MI-POST” are valid from 1 year of the most recent attending
27 health professional signature date, including reaffirmation signatures.
28 • MI-POST forms completed after January 1, 2020 will be completed on the MI-POST form created by
29 Public Act 154 of 2017.
30 • Emergency Medical Services Personnel will treat patients according to the orders on a MI-POST form
31 per Department approved MI-POST Emergency Medical Protocol unless any of the following apply:
32 ○ The services being provided are the result of an injury or medical condition that is
33 unrelated to the diagnosis or medical condition that is indicated on the patient’s MI-
34 POST form
35 ○ The valid MI-POST form requests the initiation of resuscitation if the patient suffers
36 cessation of both spontaneous respiration and circulation, and the emergency medical
37 services personnel has actual notice of a do-not-resuscitate order that was executed
38 under the Michigan do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to
39 333.1067, after the MI-POST form was validly executed.
40 ○ The valid MI-POST form has been revoked and the EMS personnel has actual notice of
41 the revocation.

1 **Rules for Conflicts in Documents**

- 2 • Orders indicated on a properly executed MI POST form are presumed to express the patient's
3 current decisions over a previously executed advanced health care directive.
- 4 • If a POST form is validly executed after a do-not-resuscitate order is executed under the Michigan
5 do-not-resuscitate procedure act, 1996 PA 193, MCL 333.1051 to 333.1067, the medical orders
6 indicated on the POST form are presumed to express the patient's current wishes.

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