



LaPOST

Louisiana Physician Orders for Scope of Treatment

REGISTRY

Powered by
VYNCA
Advance Care Planning Solution

LaPOST Registry User Guide



A Participating Program
of National POLST



MISSION

To improve end-of-life care in Louisiana by honoring the health care wishes and goals of care of those with serious, advanced illnesses.

VISION

To empower consumers and health care professionals with the information, education and resources necessary to make educated decisions about end-of-life care.

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Introduction

The **Louisiana Physician Orders for Scope of Treatment (LaPOST)** program is a quality initiative of the Louisiana Health Care Quality Forum, a private, not-for-profit organization dedicated to reshaping health care in Louisiana. Approved as Act 954 in the 2010 regular session of the State Legislature, LaPOST is an evidence-based model designed to improve end-of-life care for those with serious, advanced illnesses.

The **LaPOST document** translates a patient's goals of care and treatment preferences into a physician's order that transfers across health care settings. It represents a plan of care for a patient with a life-limiting illness, and is modeled after the National Physician Orders for Life-Sustaining Treatment (POLST) Paradigm. The LaPOST document should be completed after a thorough discussion with the patient or his/her personal health care representative regarding the patient's understanding of the illness, treatment preferences, values and goals of care. Completion of a LaPOST document encourages communication between doctors and patients, enables patients to make informed decisions and clearly documents these decisions to other physicians and health care professionals. As a result, LaPOST can help ensure that a patient's wishes are honored, prevent unwanted or non-beneficial treatments and reduce patient and family stress regarding decision-making.

The **LaPOST Registry** is a secure, statewide electronic registry that provides a single source of LaPOST and advance care planning documentation instantly accessible online to authorized health care professionals in any care setting. The registry enables clinicians to:



Electronically complete, sign and submit

LaPOST documents to the registry



Query the registry for all LaPOST documents,

regardless of where they were completed



Access LaPOST documents in real-time

so patients' medical preferences can be honored by health care professionals



Receive LaPOST document notifications

with electronic health record (EHR) integration



The **LaPOST Registry User Guide** intends to help health care professionals become familiar with the LaPOST Registry by describing how to:

- Access the registry
- Add new users to the registry
- Complete, sign and submit LaPOST forms to the registry
- View and print LaPOST forms
- Perform a search for current LaPOST forms within the registry
- Connect to the registry with a mobile device in order to electronically sign LaPOST forms

The LaPOST Registry User Guide also describes the potential user roles and privileges within the registry.

This guide is the product of the LaPOST Coalition, an initiative of the Louisiana Health Care Quality Forum. The LaPOST Coalition seeks to establish LaPOST as a widely used and recognized program in Louisiana to ensure that patients' end-of-life treatment preferences and goals of care are honored.

If you have questions about the LaPOST Registry or the processes described in this guide, please contact Louisiana Health Care Quality Forum at LaPOST@lhcf.org or (225) 334-9299.

LaPOST Registry Access

In order to access the LaPOST Registry, you must have a registered account. The LaPOST Registry supports account registration for physicians, nurse practitioners, and physicians assistants in Louisiana with a valid NPI number. Your organization's LaPOST Registry Administrator account and login credentials will be created and communicated to you by the Louisiana Health Care Quality Forum. LaPOST Registry Administrators are responsible for setting up user accounts for any other workforce members that require access to the registry within his/her organization. Registration is a simple 3-step process.

1. Louisiana Health Care Quality Forum will provide a web link for you to complete the registration process. You may receive:
 - a printed document with temporary credentials, and/or
 - an email from no-reply@vyncahealth.com.
2. Complete the registration process online with the provided link and choose a password.
3. Review and accept the "Terms of Use".

Once the registration process is complete, you can access the registry by opening your preferred browser and navigating to lapost.vyncahealth.com.

LaPOST Registry User Roles

The LaPOST Registry utilizes role-based security measures that assign different privileges based on the appointed role. The participating organization's **LaPOST Registry Administrator** is responsible for assigning workforce members to appropriate roles as well as providing them with their login credentials.

There are four **LaPOST Registry User Roles**:



Preparer



Signer



Uploader



Viewer

- The **Preparer** role can be assigned to physicians as well as advanced practice professionals, social workers and nurses. Preparers assist the patient or their personal health care representative in completing a LaPOST document as they communicate their decisions.
 - **Physicians** can prepare, sign and submit LaPOST documents to the LaPOST Registry. Physicians are also the only users allowed to void a LaPOST document.
 - **Non-physicians**, however, can prepare LaPOST documents, but cannot sign and submit LaPOST documents to the registry. The LaPOST registry saves a document prepared by non-physicians in "INCOMPLETE STATUS" until it is signed and submitted to the registry by the patient's physician.
- The **Signer** role is assigned to physicians, since physicians are the only providers allowed to sign LaPOST documents.
- The **Uploader** role is intended for clerical, administrative and clinical staff who handle and maintain patient medical records. For example, the uploader role may be appropriate for Health Information Management (HIM) and medical record staff, nurses and potentially others depending on their role and job requirements in their organization.
- The **Viewer** role is appropriate for clerical staff and clinical providers who do not have the credentials to prepare or sign LaPOST documents, but otherwise have a job requirement to view patients' records. For example, the viewer role may be appropriate for Emergency Medical Services (EMS), nurses and potentially others depending on their role and job requirements in their organization.

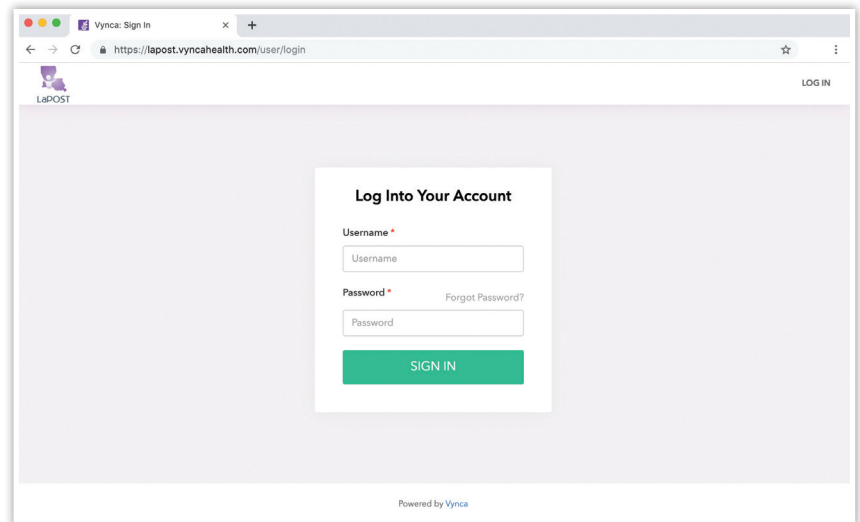
LaPOST Registry Administrator

This section guides health care professionals who have been designated as their organization's LaPOST Registry Administrator through the processes of adding new users to the registry and managing current users.

STEPS TO FOLLOW

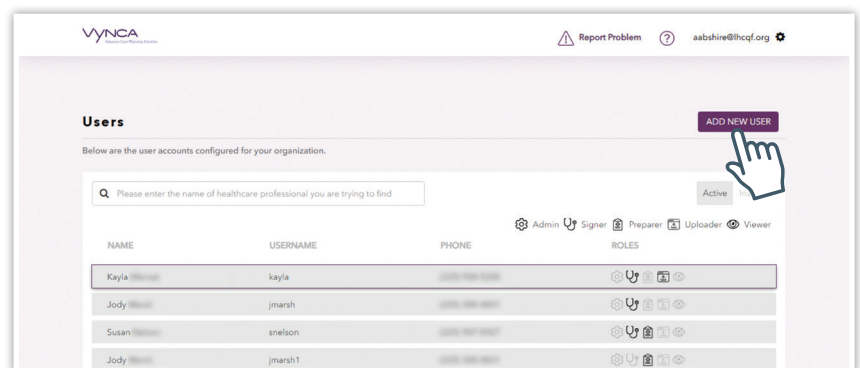
- 1 To access the registry, open your preferred browser and navigate to lapost.vyncahealth.com.

Your organization's LaPOST Registry Administrator account and login credentials will be created and communicated to you by the Louisiana Health Care Quality Forum.

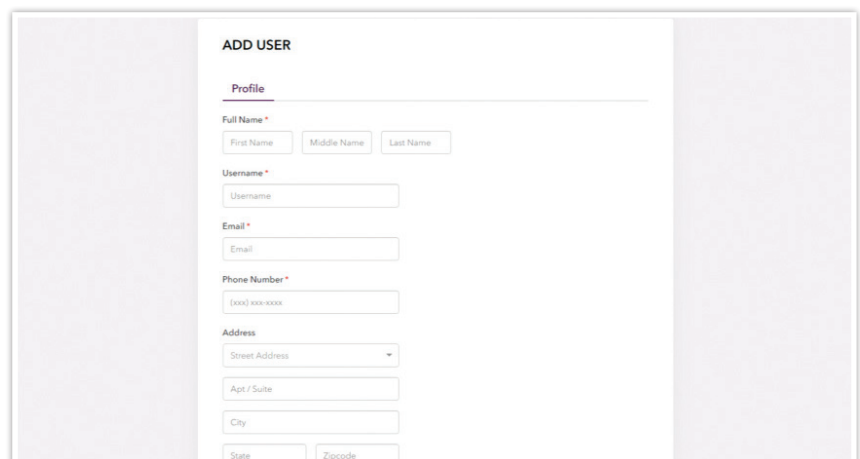


- 2 Once you sign in, you will be presented with a list of current users for your organization.

Click **"Add New User"**.



- 3 The **"Add User"** screen appears with required fields indicated by an asterisk (*).



4

Complete the form with as much information as is available to you.

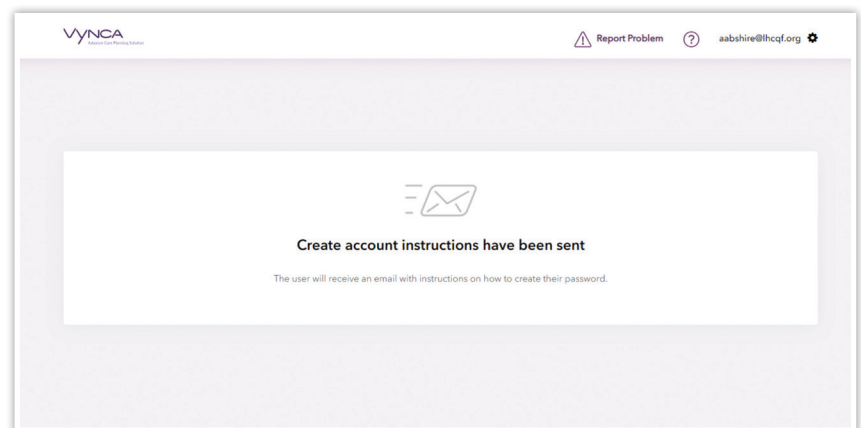
Once you have the personal information entered, assign the appropriate **“System Role”** to the user according to his/her credentials and job requirements.

Click one of the radio buttons next to **“Activation Method”** so that the user will receive instructions on how to activate their account.

Click **“Create”** once all information has been entered.

5

The new user will automatically receive an email with a link and instructions on how to activate their account.



6

To modify a user or reset a password, click on the username or the **“Gear”** icon for that user.

NAME	USERNAME	PHONE	ROLES
Kayla	kayla	(225) 123-4567	Admin, Signer, Preparer, Uploader, Viewer
Jody	jmarsh	(225) 123-4567	Admin, Signer, Preparer, Uploader, Viewer
Susan	snelson	(225) 123-4567	Admin, Signer, Preparer, Uploader, Viewer
Jody	jmarsh1	(225) 123-4567	Admin, Signer, Preparer, Uploader, Viewer
Cindy	cmunn	(225) 123-4567	Admin, Signer, Preparer, Uploader, Viewer
Cindy	cindym	(225) 123-4567	Admin, Signer, Preparer, Uploader, Viewer

7

The “**User Details**” screen will then display. You can now update any information on this screen.

In order to reset the user’s password, click the “**User Management**” tab.

The screenshot shows the VYNCA User Details screen. At the top, there's a header with the VYNCA logo, a 'Report Problem' link, a user profile icon, and the email 'aabshire@lhccf.org'. The main content area has two tabs: 'Profile' and 'User Management'. The 'Profile' tab is active, showing fields for 'Full Name' (with sub-fields for 'First Name' containing 'Kayla' and 'Middle Name'), 'Username' (containing 'kayla'), 'Email' (containing 'kayla@lhccf.org'), 'Phone Number', and 'Address' (with a dropdown for 'Street Address'). A hand icon points to the 'User Management' tab.

8

The “**User Details**” screen provides the current status of the user account as well as the opportunity for credentials management.

The “**Status**” field will signify whether a user has a designation of “**Active**” or “**Inactive**”. A user will be deemed “**Active**” when an account is created and setup. A user will be deemed “**Inactive**” once the account is deactivated. It is important to note that once you deactivate a user, they will lose login access. You cannot revert this action.

There are three buttons available to manage user status:

- **Deactivate User Button:** Removes a user from the system. Remember, deactivation of a user CANNOT BE UNDONE!
- **Reset Password Button:** Sends the user an email with instructions on how to reset their password to the email account associated with this user.
- **Create One Time Password Button:** Generates a one-time use password that you can provide the user via email, over the phone or in person. This password can only be used once and will expire after 14 days. ALWAYS ENSURE THAT YOU KNOW YOU ARE SPEAKING WITH THE ACTUAL USER BEFORE PROVIDING A NEW PASSWORD!

The screenshot shows the VYNCA User Details screen with the 'User Management' tab active. It displays the 'Status' field as 'active'. Below this, there's a section titled 'Inactive this account' with a warning: 'Once you deactivate this user, they will lose login access. You cannot revert this action.' and a red 'DEACTIVATE USER' button. The next section is 'Credential Management', which includes instructions on how to reset the password and a blue 'RESET PASSWORD' button. At the bottom, there's another instruction about generating a one-time password and a blue 'CREATE ONE TIME PASSWORD' button.

Physician Preparer Role

This section guides physicians through the process of using the LaPOST registry to prepare and submit a LaPOST document. LaPOST documents may be prepared by physicians, advanced practice professionals (APP), social workers or nurses, but must be signed by a physician to be valid.

STEPS TO FOLLOW

- 1 Once logged into the registry, enter the patient name, gender and as much additional information as is available in the appropriate fields, then click **“Search”**.

Fill in Patient's Information

Required Search Information

Additional Information

Gender

☐ Male
☐ Female
☐ Other

Date of Birth

Month Day Year

Address

Street Address

Apt / Suite

City

State Zipcode

SSN (Last 4 Numbers)

SEARCH

- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

Search Results

PATIENT PHOTO	NAME	GENDER	DATE OF BIRTH	SSN	FACILITY NAME	LaPOST AVAILABLE
	John Doe	Male	1945-01-01		LHCQF	Yes

- 3 To start a new LaPOST document, click the **“Start a NEW LaPOST”** button in the **“All Documents”** section.

ADVANCE CARE PLANNING DASHBOARD

Current LaPOST

No active LaPOST found.
No active LaPOST found.

ALL DOCUMENTS

Drag or Browse for a document to upload. Or
Start a NEW LaPOST

LAPOST
No active form found

4

Complete the LaPOST document as you discuss the choices with the patient or their representative. Indicate the patient's preference by clicking the appropriate radio button on the right. Click **"Accept and Continue"** to advance to the next section. The system will prevent you from entering contradicting choices.

5

In the **"Summary"** section, confirm that the completed LaPOST document was discussed with either the patient or personal health care representative (PHCR), then check the box that is most appropriate regarding the basis for these orders.

6

If the preparer is a physician, you have two options to electronically sign the LaPOST document in the **"Physician's Information"** section:

- **Option A:** You can use your mouse to draw your signature in the space provided
- **Option B:** You can use the **"Connect to Mobile"** feature to use your smart phone, tablet, or mobile device as an electronic signature pad. See the **"Connect to Mobile"** section of this guide for more details.

7

You will be prompted to double check the signature. Click **“Accept and Continue”**. A physician’s signature in this section is required to complete a valid LaPOST document.

John Doe
DOB: Jan 01, 1953 (Male, 66 y/o)

71%

DOCUMENT PROGRESS

- PERSONAL INFORMATION
- CARDIOPULMONARY RESUSCITATION
- MEDICAL INTERVENTIONS
- ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION
- SUMMARY
- PHYSICIAN'S INFORMATION
- PATIENT'S / PHCR'S INFORMATION
- SUBMIT

Signature Check

The signature is shown below. Please Check it again.

Signature

Cancel Accept and Continue

Physician's Signature *

Sign below, or [Click here to connect to mobile or cell for signature](#)

Signature

8

In the **“Patient’s/PHCR’s Information”** section, you may have the patient or their PHCR sign the LaPOST document. After completing the appropriate fields in this section, the signer may use your mouse to draw their signature or they can sign from a connected mobile device using the **“Connect to Mobile”** feature. The patient or PHCR’s signature in this section is required to complete a valid LaPOST document.

86%

LAPOST 2016

DOCUMENT PROGRESS

- PERSONAL INFORMATION
- CARDIOPULMONARY RESUSCITATION
- MEDICAL INTERVENTIONS
- ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION
- SUMMARY
- PHYSICIAN'S INFORMATION
- PATIENT'S / PHCR'S INFORMATION
- SUBMIT

PATIENT'S / PHCR'S INFORMATION

Reminder
This form is voluntary and the signatures below indicate that the physician orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interest of the patient who is the subject of the document.

Patient's or PHCR's Name *

John M Doe

PHCR Relationship

Relationship

PHCR's Address

Street Address Apt / Suite

City State Zipcode

PHCR's Phone Number

(999) 999-9999 x 99999

Patient's or PHCR's Signature *

Sign below, or [Click here to connect to mobile or cell for signature](#)

Clear Signature

Patient or PHCR Signature Date *

Month Day Year

Clear Accept and Continue

Click “Clear Signature” to reattempt signing the document

9

You will be prompted to double check the signature. Click **“Accept and Continue”**.

Signature Check

The signature is shown below. Please Check it again.

Patient Signature

Cancel Accept and Continue

- 10 The **“Submit”** section allows a final review of the form before it is submitted to the LaPOST registry. Scroll down and click **“Sign and Submit to Registry”** to complete the LaPOST. Alternatively, Click **“Clear”** to leave the form unsigned and inactive for later review.

100%
DOCUMENT PROGRESS

- ✓ PERSONAL INFORMATION
- ✓ CARDIOPULMONARY RESUSCITATION
- ✓ MEDICAL INTERVENTIONS
- ✓ ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION
- ✓ SUMMARY
- ✓ PHYSICIAN'S INFORMATION
- ✓ PATIENT'S / PHCR'S INFORMATION
- ☐ SUBMIT

LaPOST 2016 Language: English

SUBMIT
CONFIRM AND SUBMIT LaPOST
The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Summary

- Cardiopulmonary Resuscitation
Attempt Resuscitation / CPR
- Medical Interventions
Full Treatment
- Artificially Administered Fluids And Nutrition
Long Term Artificial Nutrition by Tube

Preview

LOUISIANA PHYSICIAN ORDER FOR SCOPE OF TREATMENT (LaPOST)

FIRST follow these orders, THEN contact physician. This Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND CURRENT FUNCTION: _____

DATE OF BIRTH: 01/01/1950 MEDICAL RECORD NUMBER (optional): fe655ef4-debf-4047-b6c1-f4f97e1

GOALS OF CARE: _____

Clear Sign and Submit to Registry

- 11 When the LaPOST document is complete, you will be returned to the **“Advance Care Planning Dashboard”** where the patient's new LaPOST document is now available to view and print. To print a copy of the LaPOST document, click **“View LaPOST”**. On the following page, click the **“Print”** button.

John Doe
DOB: Jan 01, 1952 (Male, 67 y/o)
Advance Care Planning
Document Access Not sent

Report a problem Connect to mobile or cell ?

ADVANCE CARE PLANNING DASHBOARD

Current LaPOST

- Cardiopulmonary Resuscitation
Attempt Resuscitation / CPR
- Medical Interventions
Full Treatment
- Artificially Administered Fluids And Nutrition
Long Term Artificial Nutrition by Tube

Data from: LHCQF

View LaPOST →

John Doe
DOB: Jan 01, 1953 (Male, 66 y/o)
Language: English
Report a problem Download Print

John Doe (Male, 66 y/o) Data from: LHCQF

HIPAA PERMITS DISCLOSURE OF LaPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

FIRST follow these orders, THEN contact physician. This is a Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

LAST NAME
Doe

FIRST NAME/MIDDLE NAME
John M

Non-Physician Preparer Role

This section guides non-physicians in health care facilities through the process of using the LaPOST Registry to prepare a LaPOST document. LaPOST documents may be prepared by physicians, advanced practice professionals (APP), social workers or nurses, but must be signed by a physician to be valid.

STEPS TO FOLLOW

- 1 Once logged into the registry, enter the patient name, gender and as much additional information as is available in the appropriate fields, then click **“Search”**.

Fill in Patient's Information

Required Search Information

Q Please enter the patient name or MRN

Additional Information

Gender

☐ Male

☐ Female

☐ Other

Date of Birth

Month Day Year

Address

Street Address

Apt / Suite

City

State Zipcode

SSN (Last 4 Numbers)

9999

SEARCH

- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

Search Results

PATIENT PHOTO	NAME	GENDER	DATE OF BIRTH	SSN	FACILITY NAME	LaPOST AVAILABLE
	John Doe	Male	1945-01-01		LHCQF	Yes

- 3 To start a new LaPOST document, click the **“Start a NEW LaPOST”** button in the **“All Documents”** section.

ADVANCE CARE PLANNING DASHBOARD

Current LaPOST

No active LaPOST found.
No active LaPOST found.

ALL DOCUMENTS

Drag or Browse for a document to upload. Or

Start a NEW LaPOST

LAPOST
No active form found

4

Complete the LaPOST document as you discuss the choices with the patient or their representative. Indicate the patient's preference by clicking the appropriate radio button on the right. Click **"Accept and Continue"** to advance to the next section. The system will prevent you from entering contradicting choices.

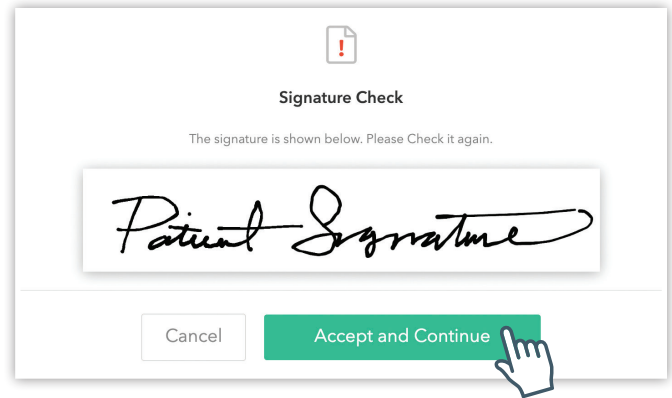
5

In the **"Summary"** section, confirm that the completed LaPOST document was discussed with either the patient or personal health care representative (PHCR), then check the box that is most appropriate regarding the basis for these orders.

6

In the **"Patient's/PHCR's Information"** section, you may have the patient or their PHCR sign the LaPOST document. After completing the appropriate fields in this section, the signer may use your mouse to draw their signature or they can sign from a connected mobile device using the **"Connect to Mobile"** feature. The patient or PHCR's signature in this section is required to complete a valid LaPOST document.

- 7 You will be prompted to double check the signature. Click **“Accept and Continue”**.



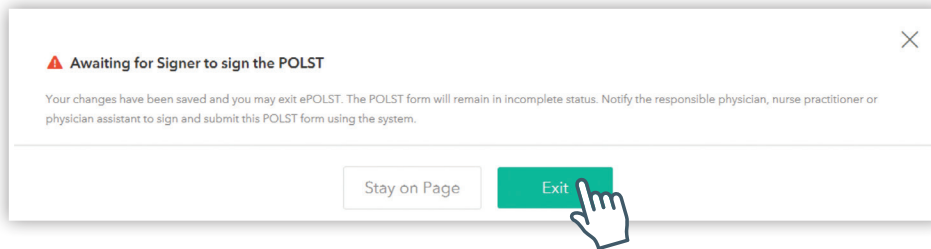
Signature Check

The signature is shown below. Please Check it again.

Patient Signature

Cancel Accept and Continue

- 8 When complete, acknowledge the following message and click **“Exit”**.



▲ Awaiting for Signer to sign the POLST

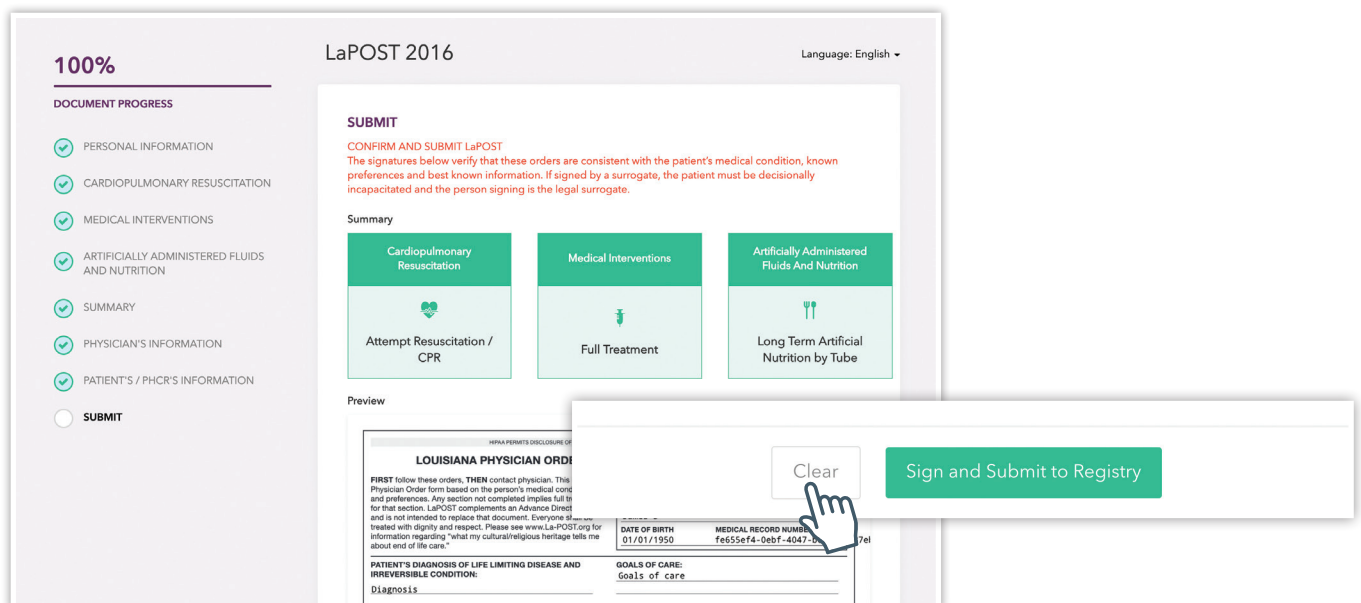
Your changes have been saved and you may exit ePOLST. The POLST form will remain in incomplete status. Notify the responsible physician, nurse practitioner or physician assistant to sign and submit this POLST form using the system.

Stay on Page Exit

CRITICAL STEP: You must notify the signing physician that the LaPOST document is awaiting his/her signature. The physician must log into the LaPOST Registry software with his/her own credentials to complete the LaPOST document. If you miss this step or if the physician fails to sign the LaPOST document, it will remain an incomplete document in the system and will fail to upload to the LaPOST Registry.

A LaPOST DOCUMENT MAY ONLY BE SIGNED BY AN MD.

- 9 Once signed by the physician, the LaPOST document can be submitted to the registry. Alternatively, click **“Clear”** to leave the form unsigned and inactive for later review.



100% DOCUMENT PROGRESS

- ✓ PERSONAL INFORMATION
- ✓ CARDIOPULMONARY RESUSCITATION
- ✓ MEDICAL INTERVENTIONS
- ✓ ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION
- ✓ SUMMARY
- ✓ PHYSICIAN'S INFORMATION
- ✓ PATIENT'S / PHCR'S INFORMATION
- ☐ SUBMIT

LaPOST 2016 Language: English

SUBMIT

CONFIRM AND SUBMIT LaPOST
The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Summary

Cardiopulmonary Resuscitation	Medical Interventions	Artificially Administered Fluids And Nutrition
Attempt Resuscitation / CPR	Full Treatment	Long Term Artificial Nutrition by Tube

Preview

LOUISIANA PHYSICIAN ORDER

FIRST follow these orders. THEN contact physician. This Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone should be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

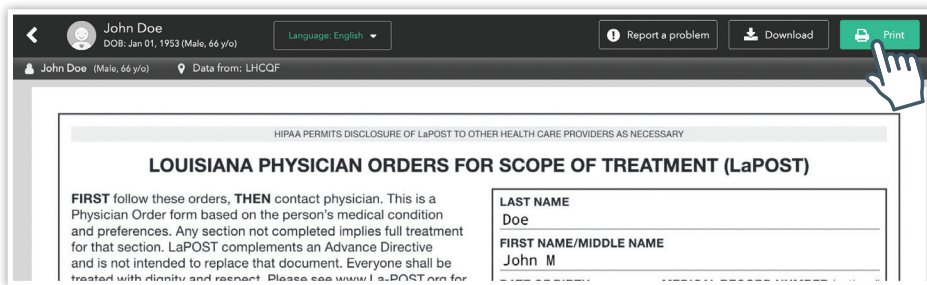
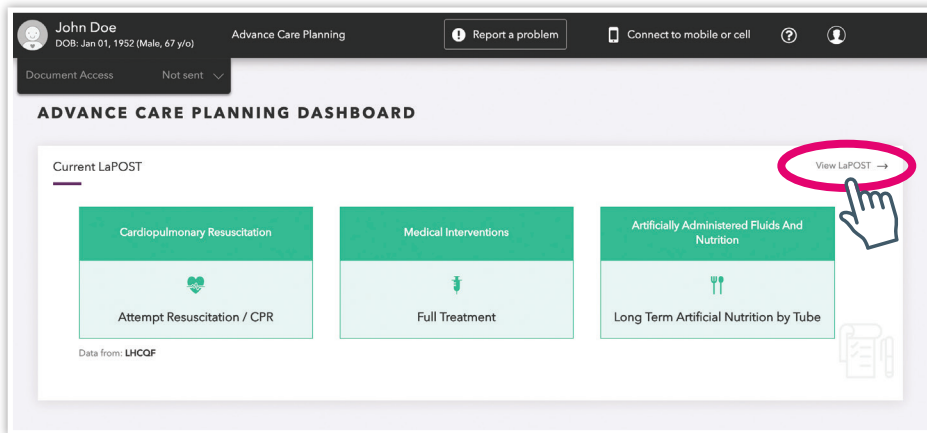
PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND IRREVERSIBLE CONDITION:
Diagnosis

GOALS OF CARE:
Goals of care

DATE OF BIRTH: 01/01/1950 MEDICAL RECORD NUMBER: fe655ef4-6ebf-4047-b0e1-7b0e17b0e17b

Clear Sign and Submit to Registry

- 10 When the LaPOST document is complete, you will be returned to the **“Advance Care Planning Dashboard”** where the patient’s new LaPOST document is now available to view and print. To print a copy of the LaPOST document, click **“View LaPOST”**. On the following page, click the **“Print”** button.



Physician Signer Role

This section guides physicians through the process of signing LaPOST documents using the LaPOST Registry. In order for a LaPOST document to be valid, it must be signed by a physician and by the patient, or if the patient lacks decision-making capacity, the legally recognized personal health care representative.

STEPS TO FOLLOW

- 1 Once logged into the registry, enter the patient name, gender and as much additional information as is available in the appropriate fields, then click **“Search”**.

Fill in Patient's Information

Required Search Information

Q Please enter the patient name or MRN

Additional Information

Gender

☐ Male
☐ Female
☐ Other

Date of Birth

Month Day Year

Address

Street Address
Apt / Suite
City
State Zipcode

SSN (Last 4 Numbers)

9999

SEARCH

- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

Search Results

PATIENT PHOTO	NAME	GENDER	DATE OF BIRTH	SSN	FACILITY NAME	LaPOST AVAILABLE
	John Doe	Male	1945-01-01		LHCQF	Yes

- 3 If someone has already prepared a LaPOST document for you to sign, click on the **“Resume LaPOST”** button.

NOTE: It is important to note that the first section the signer sees depends on where the preparer left off. If sections of the form were left blank, the signer will see the last section of the form that the preparer left incomplete.

Normally, all sections would be completed once a physician has been notified that the LaPOST document is ready to be electronically signed and submitted to the LaPOST registry.

Current LaPOST

No active LaPOST found.
No active LaPOST found.

ALL DOCUMENTS

Drag or Browse for a document to upload. Or
Resume LaPOST
Discard

LaPOST
Signed date: unknown
Data from: LHCQF

4

The **“Physician’s Information”** section is typically the screen the physician signer will see next. If the physician wants to verify the CPR, Medical Interventions or Artificially Administered Fluids and Nutrition sections and/or the patient or personal health care representative signature, select the appropriate radio button on the left side of the screen.

A pop-up box will appear and ask if the user wants to discard changes or stay on the page.

User will select **“Discard Changes”** and then select the radio button they wish to review. The corresponding screen(s) will then appear.

The user could then click the **“Physician’s Information”** radio button on the left side of the screen. This takes you back to the Physician signature screen.

The screenshot shows the 'LaPOST 2016' interface for 'John Doe' (DOB: Jan 01, 1960, Male, 58 y/o). The 'DOCUMENT PROGRESS' sidebar on the left shows sections: PERSONAL INFORMATION, CARDIOPULMONARY RESUSCITATION, MEDICAL INTERVENTIONS, ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION, SUMMARY, PHYSICIAN'S INFORMATION (selected), PATIENT'S / PHCR'S INFORMATION, and SUBMIT. The main content area is titled 'PHYSICIAN'S INFORMATION' and includes a 'Reminder' box, input fields for 'Physician's Name' (First, Middle, Last), 'Physician's Phone Number', and 'Physician's Signature'. A 'Sign below, or' link with a mobile icon is present. A white pop-up box with a red triangle icon and the text 'There are unsaved changes on the page' is overlaid, asking 'Changes were made to this section that has not been saved yet. Are you sure you want to discard changes?'. It has two buttons: 'Discard Changes' (red) and 'Stay on Page' (white). A hand cursor is pointing at the 'Discard Changes' button.

5

If the preparer is a physician, you have two options to electronically sign the LaPOST document in the **“Physician’s Information”** section:

- **Option A:** You can use your mouse to draw your signature in the space provided
- **Option B:** You can use the **“Connect to Mobile”** feature to use your smart phone, tablet, or mobile device as an electronic signature pad. See **“Connect to Mobile”** section for more details.

This screenshot shows the same 'LaPOST 2016' interface as above, but with the 'Physician's Signature' field active. A large white rectangular box for drawing a signature is shown. Below it are 'Clear Signature' and 'Accept and Continue' buttons. A red arrow labeled 'B' points to the 'Click here to connect to mobile or cell for signature' link. A red arrow labeled 'A' points to the signature drawing box.

6

You will be prompted to double check the signature. Click **“Accept and Continue”**.

A physician’s signature in this section is required to complete a valid LaPOST document.

7

The **“Submit”** section allows a final review of the form before it is submitted to the LaPOST registry. Scroll down and click **“Sign and Submit to Registry”** to complete the LaPOST. Alternatively, click **“Clear”** to leave the form unsigned and inactive for later review.

8

When the LaPOST document is complete, you will be returned to the **“Advance Care Planning Dashboard”** where the patient’s new LaPOST document is now available to view and print. To print a copy of the LaPOST document, click **“View LaPOST”**. On the following page, click the **“Print”** button.

Uploader Role

This section guides health care professionals through the process of uploading scanned LaPOST documents to the LaPOST Registry. The uploader role is intended for clerical, administrative and clinical staff who handle and maintain patient medical records and are trained in HIPAA compliance.

STEPS TO FOLLOW

- 1 Once logged into the registry, enter the patient name, gender and as much additional information as is available in the appropriate fields, then click **“Search”**.

Fill in Patient's Information

Required Search Information

Additional Information

Gender

☐ Male ☐ Female ☐ Other

Date of Birth

Month Day Year

Address

Street Address

Apt / Suite

City

State Zipcode

SSN (Last 4 Numbers)

SEARCH

NOTE:

This workflow assumes that a LaPOST document has been scanned and exists on the workstation you are accessing the LaPOST registry from.

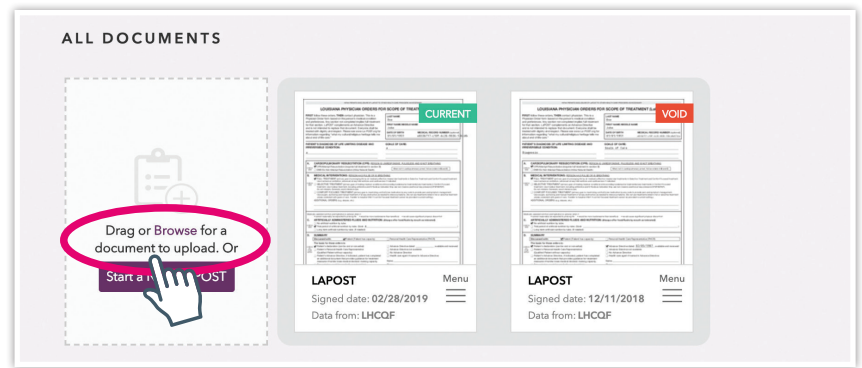
You may also start by scanning the hard copy into the computer you are using with a scanner or other device connected to your PC.

- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

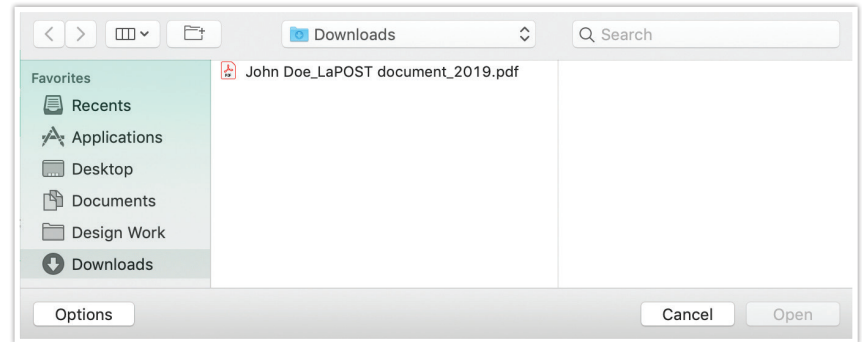
Search Results

PATIENT PHOTO	NAME	GENDER	DATE OF BIRTH	SSN	FACILITY NAME	LaPOST AVAILABLE
	John Doe	Male	1945-01-01		LHCQF	Yes

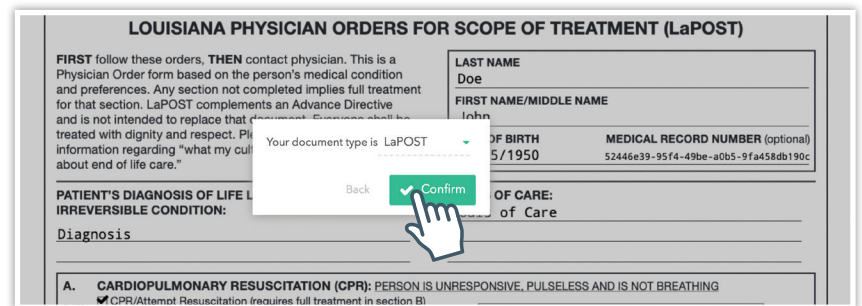
- 3 Click **"Browse"** under the **"All Documents"** section towards the bottom left of the screen to locate the LaPOST document which was uploaded to your computer.



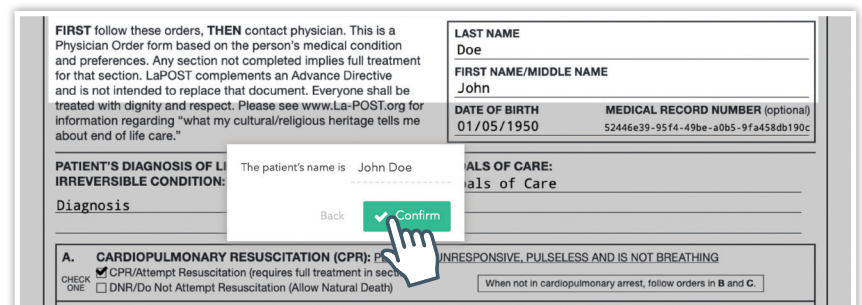
- 4 Now browse to the location of the scanned LaPOST document you wish to upload. Select and open the document.



- 5 You will get a dialogue window confirming the document type as LaPOST. Click the **"Confirm"** button.



- 6 You will next see the patient's name displayed in the dialogue window. You should have already verified the patient's name in the patient's chart. Select **"Confirm"**.



7 The next dialogue window questions whether the LaPOST document has a valid physician signature.

If not, the system will not allow you to proceed with the upload.

If there is a valid physician signature, select “Yes” and “Confirm”.

The screenshot shows a form titled "Patient (Patient has capacity)" and "Personal Health Care Representative (PHCR)". A dialog box is open with the question "Does the form have a valid physician signature?". The "Yes" option is selected, and a hand cursor is clicking the "Confirm" button. The background form includes fields for "PHYSICIAN SIGNATURE (MANDATORY)" and "PHYSICIAN PHONE NUMBER".

8 The next dialogue window prompts you to confirm the physician signature date.

NOTE: If you need to change this date, click on the date digits and you can navigate back and forth using the navigation arrows for day, month and year.

If the date is correct, or once the date has been corrected, click on “Confirm”.

The screenshot shows a form with a dialog box displaying "The physician signature date is Mar 4 2019". A hand cursor is clicking the "Confirm" button. The background form includes fields for "PHYSICIAN SIGNATURE (MANDATORY)", "PHYSICIAN PHONE NUMBER", and "DATE (MANDATORY)".

9 The next dialogue window asks if the document has a valid patient or personal health care representative signature.

If not, the system will not allow you to proceed with the upload.

If there is a valid patient or personal health care representative signature, select “Yes” and “Confirm”.

The screenshot shows a form with a dialog box asking "Does the form have a valid patient or PHCR signature?". The "Yes" option is selected, and a hand cursor is clicking the "Confirm" button. The background form includes fields for "PHYSICIAN SIGNATURE (MANDATORY)", "PHYSICIAN PHONE NUMBER", "PATIENT OR PHCR SIGNATURE (MANDATORY)", and "DATE (MANDATORY)".

10 The next dialogue window prompts you to confirm the patient or personal health care representative signature date.

NOTE: If you need to change this date, click on the date digits and you can navigate back and forth using the navigation arrows for day, month and year.

If the date is correct, or once the date has been corrected, click on “Confirm”.

The screenshot shows a form with a dialog box displaying "The patient or PHCR signature date is Mar 4 2019". A hand cursor is clicking the "Confirm" button. The background form includes fields for "PRINT PHYSICIAN'S NAME", "PHYSICIAN SIGNATURE (MANDATORY)", "PHYSICIAN PHONE NUMBER", "PRINT PATIENT OR PHCR NAME", "PATIENT OR PHCR SIGNATURE (MANDATORY)", "DATE (MANDATORY)", "PHCR RELATIONSHIP", "PHCR ADDRESS", and "PHCR PHONE NUMBER".

- 11 Once the signed date is confirmed, your upload will be complete.

A screenshot of a signed LaPOST form. The form includes fields for Physician Name (Kayla Wernet), Physician Signature, Physician Phone Number (925) 928-5200, Date (12/11/2018), Patient Name (John Doe), Patient Date (12/11/2018), and PHCR Relationship. A green circular overlay with a checkmark and the text "Upload successful!" is positioned over the center of the form. The form also contains a disclaimer at the bottom: "SEND FORM WITH PERSON... REFERRED OR DISCHARGED USE OF ORIGINAL FORM IS STRONGLY ENCOURAGED. PH... FAXES OF SIGNED LaPOST FORMS ARE LEGAL AND VALID." and a version number "V2.06.13.2016" in the bottom right corner.

- 12 The LaPOST document is now visible in the **"All Documents"** section at the bottom of the Advance Care Planning Dashboard.
- NOTE:** If the LaPOST document that was just uploaded has a Physician signature that is older than the current LaPOST document in the registry, it will show as a "Prior" document in the "All Documents" section.

A screenshot of the "ALL DOCUMENTS" section in the Advance Care Planning Dashboard. It displays three LaPOST document thumbnails. The first is labeled "CURRENT" and shows a signed date of 03/04/2019. The second is labeled "PRIOR" and shows a signed date of 02/28/2019. The third is labeled "VOID" and shows a signed date of 12/11/2018. Each thumbnail has a "Menu" button. To the left of the thumbnails is a dashed box with a plus icon and the text "Drag or Browse for a document to upload. Or Start a NEW LaPOST".

- 13 You will see the thumbnail image of that patient's uploaded LaPOST document displayed in the same space instead of the color-coded thumbnails.
- You can open the LaPOST document by clicking on **"View LaPOST"** near the top right of the dashboard or by clicking on the menu button of the current LaPOST thumbnail in the "All Documents" section at the bottom of the screen.

A screenshot of the "Current LaPOST" section in the dashboard. It displays three document thumbnails: "Cardiopulmonary Resuscitation", "Medical Interventions", and "Artificially Administered Fluids And Nutrition". In the top right corner, there is a button labeled "View LaPOST" with a right-pointing arrow, which is circled in red and has a hand icon pointing to it.

- 14 You can print the document by clicking on the **"Print"** button located on the top right section of the screen.

A screenshot of the "LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)" form. The form includes fields for Patient Information (John Doe, DOB: Jan 01, 1953, Male, 66 y/o), Language (English), and Data from (LHCQF). It also has a "Report a problem" button, a "Download" button, and a "Print" button (highlighted with a hand icon). The form contains sections for "FIRST follow these orders, THEN contact physician", "PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND IRREVERSIBLE CONDITION", and "GOALS OF CARE". The "GOALS OF CARE" section includes a "Goals of Care" field.

15

You can also report a problem by clicking the **“Report a Problem”** button.

The screenshot shows the Louisiana Physician Orders for Scope of Treatment (LaPOST) form. At the top, a user profile for John Doe (DOB: Jan 01, 1953, Male, 66 y/o) is visible, along with a 'Language: English' dropdown and buttons for 'Report a problem', 'Download', and 'Print'. A hand icon points to the 'Report a problem' button. The form itself is titled 'LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)' and includes a HIPAA disclaimer. It contains sections for patient information (Last Name: Doe, First Name/Middle Name: John M, Date of Birth: 01/01/1953, Medical Record Number: 5ce14d92-3c90-42dc-9f43-d3093f6f1528), diagnosis, goals of care, and medical interventions. A modal window titled 'What went wrong?' is open, asking the user to provide their email address and a detailed description of the problem. The modal has a 'Submit' button at the bottom.

HIPLA PERMITS DISCLOSURE OF LaPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

FIRST follow these orders, **THEN** contact physician. This is a Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND IRREVERSIBLE CONDITION:
Diagnosis _____

GOALS OF CARE:
Goals of Care _____

A. CARDIOPULMONARY RESUSCITATION (CPR): PERSON IS UNRESPONSIVE, PULSELESS AND IS NOT BREATHING
CHECK ONE
☒ CPR/Attempt Resuscitation (requires full treatment in section B)
☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B and C.

B. MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING
CHECK ONE
☒ FULL TREATMENT (primary goal of prolonging life by all medically effective means) Use treatments in Selective Treatment and Comfort Focused treatment.

What went wrong?

We are sorry that you had experienced a problem with our website today. Please let us know what went wrong and we'll investigate it.

In order to help us quickly resolve the issue, please fill-in your email address (in case we need to contact you regarding the problem) and the description of the problem below.

Your Email Address

E-mail _____

Detailed Description of the Problem

Please fill in your description of the problem here.

Submit

Viewer Role

This section guides health care professionals through the process of viewing LaPOST documents in the LaPOST Registry. The viewer role is for those individuals who are not expected to assist in completing LaPOST documents, but may need to view LaPOST forms, or be tasked with printing or routing LaPOST forms to providers or clinical staff.

STEPS TO FOLLOW

- 1 Once logged into the registry, enter the patient name, gender and as much additional information as is available in the appropriate fields, then click **“Search”**.

Fill in Patient's Information

Required Search Information

Q Please enter the patient name or MRN

Additional Information

Gender

☐ Male

☐ Female

☐ Other

Date of Birth

Month Day Year

Address

Street Address

Apt / Suite

City

State Zipcode

SSN (Last 4 Numbers)

9999

SEARCH

- 2 Review the search results and select the correct patient. Click in the gray area to open the dashboard.

Search Results

PATIENT PHOTO	NAME	GENDER	DATE OF BIRTH	SSN	FACILITY NAME	LaPOST AVAILABLE
	John Doe	Male	1945-01-01	9999	LHCQF	Yes

- 3 You will be taken to the **“Advance Care Planning Dashboard”** where the patient’s LaPOST document is available to view by clicking the **“View LaPOST”** button.

John Doe
DOB: Jan 01, 1952 (Male, 67 y/o)

Advance Care Planning

Report a problem Connect to mobile or cell ?

Document Access Not sent

ADVANCE CARE PLANNING DASHBOARD

Current LaPOST

Cardiopulmonary Resuscitation

Attempt Resuscitation / CPR

Medical Interventions

Full Treatment

Artificially Administered Fluids And Nutrition

Long Term Artificial Nutrition by Tube

Data from: LHCQF

View LaPOST

- 4 Once opened, you can scroll to navigate through the document.

A. **CARDIOPULMONARY RESUSCITATION (CPR): PERSON IS UNRESPONSIVE, PULSELESS AND IS NOT BREATHING**
CHECK ONE ☒ CPR/Attempt Resuscitation (requires full treatment in section B) ☐ DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B and C.

B. **MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING**
CHECK ONE ☒ FULL TREATMENT (primary goal of prolonging life by all medically effective means) Use treatments in Selective Treatment and Comfort Focused treatment. Use mechanical ventilation, advanced airway interventions and cardioversion if indicated.
☐ SELECTIVE TREATMENT (primary goal of treating medical conditions while avoiding burdensome treatments) Use treatments in Comfort Focused treatment. Use medical treatment, including antibiotics and IV fluids as indicated. May use non invasive positive airway pressure (CPAP/BiPAP). Do not intubate. Generally avoid intensive care.
☐ COMFORT FOCUSED TREATMENT (primary goal is maximizing comfort) Use medication by any route to provide pain and symptom management. Use oxygen, suctioning and manual treatment of airway obstruction as needed to relieve symptoms. (Do not use treatments listed in full or selective treatment unless consistent with goals of care. Transfer to hospital ONLY if comfort focused treatment cannot be provided in current setting.)
ADDITIONAL ORDERS: (e.g. dialysis, etc.)

Medically assisted nutrition and hydration is optional when it
• cannot reasonably be expected to prolong life • would be more burdensome than beneficial • would cause significant physical discomfort

C. **ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (Always offer food/fluids by mouth as tolerated)**
CHECK ONE ☐ No artificial nutrition by tube.
☐ Trial period of artificial nutrition by tube. (Goal:)
☒ Long-term artificial nutrition by tube. (If needed)

- 5 If the LaPOST document had been uploaded into the registry, you would see a thumbnail image of the document displayed in the same space instead of the color-coded thumbnails. Click the **“View LaPOST”** button to open the document.

Current LaPOST

Cardiopulmonary Resuscitation

Medical Interventions

Artificially Administered Fluids And Nutrition

Data from: LHCQF

View LaPOST →

- 6 Once opened, you can scroll to navigate through the document.

C. **ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (Always offer food/fluids by mouth as tolerated)**
CHECK ONE ☐ No artificial nutrition by tube.
☐ Trial period of artificial nutrition by tube. (Goal:)
☒ Long-term artificial nutrition by tube. (If needed)

D. **SUMMARY**
Discussed with: ☒ Patient (Definitive decision) ☐ Patient Mouth Care Representative (DMCR)

- 7 Whether the LaPOST was uploaded or created in the registry, you can print a copy by clicking on the **“Print”** button.

John Doe (DOB: Jan 01, 1953 (Male, 66 yrs)) Language: English Report a problem Download Print

John Doe (Male, 66 yrs) Data from: LHCQF

HIPAA PERMITS DISCLOSURE OF LaPOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

FIRST follow these orders, THEN contact physician. This is a Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND UNREVERSIBLE CONDITION:

GOALS OF CARE:

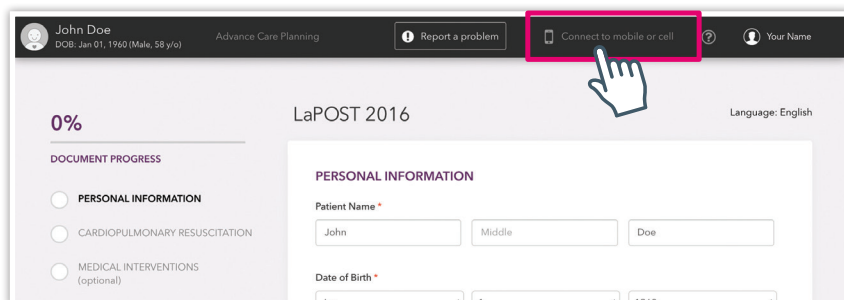
LAST NAME: Doe
FIRST NAME/MIDDLE NAME: John M
DATE OF BIRTH: 01/01/1953
MEDICAL RECORD NUMBER (optional): 5ce14d92-3c90-42dc-9f43-d3093f6f1528

Connecting with a Mobile Device

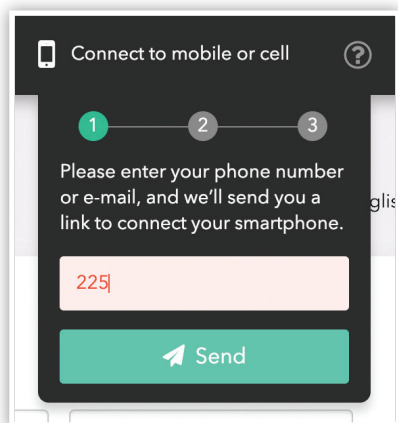
This section guides health care professionals through the process of connecting to the LaPOST Registry via mobile device to allow physicians or patients to electronically sign the document.

STEPS TO FOLLOW

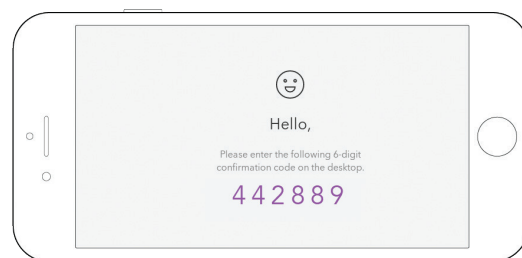
- 1 Click on **“Connect to mobile or cell”** on the top of the screen.



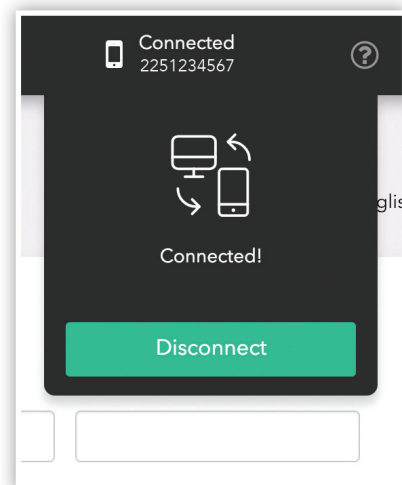
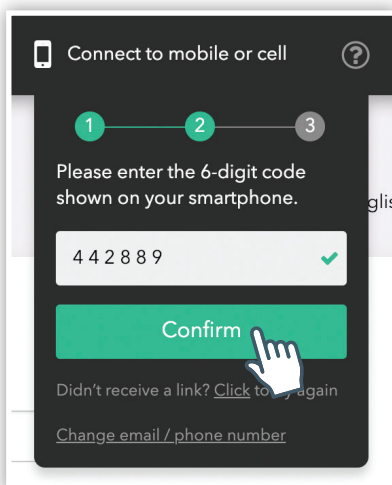
- 2 Enter the cell phone number or email address of the device you wish to connect to. A text message or email will be sent to the device depending on what is entered here.



- 3 Open the text message or email and click on the link provided. A 6 digit code will appear.



- 4 Enter the 6 digit code displayed and click **“Confirm”**. You will be connected to the device.

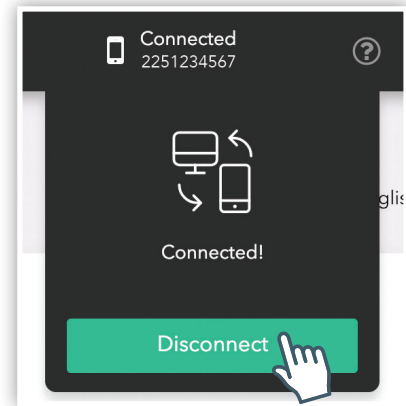


- 5 The user of the connected device is now able to sign the LaPOST document directly on their mobile device.

CRITICAL STEP: You must notify the signing physician that the LaPOST document is awaiting their signature. The provider must log into the LaPOST Registry software with their own credentials to complete the LaPOST document. If you miss this step or if the provider fails to sign the LaPOST document, it will remain an **INCOMPLETE** document in the system and will fail to upload to the LaPOST Registry.

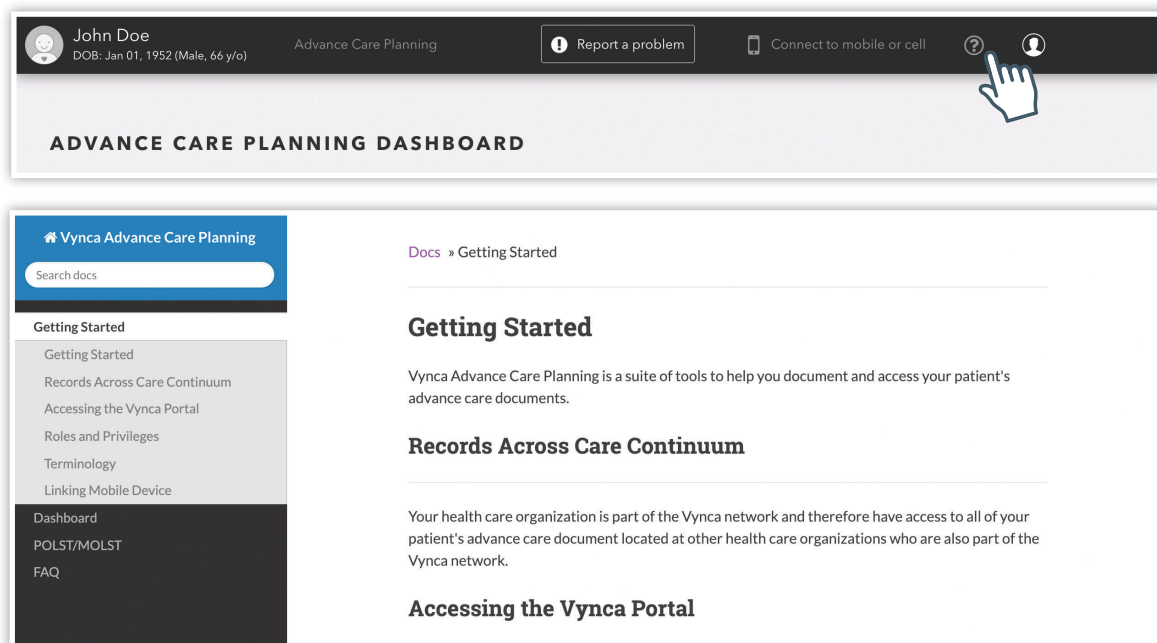


- 6 When complete, click the **"Disconnect"** button.



Help Section

Any LaPOST Registry user that needs help while using the registry can click on the “?” at the top of the screen to access the “**Help Section**” for more information.





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