



## National POLST Paradigm Endorses Maine's POLST Program

DATE -- The National POLST Paradigm Task Force is proud to recognize Maine's POLST Program as the 18<sup>th</sup> endorsed state POLST Program. The National POLST Paradigm Task Force endorses programs when they have proven they've developed and implemented a program and form that meet the national standards. Maine's POLST Program is directed by Kandyce Powell, RN, executive director of the Maine Hospice Council & Center for End of Life Care. Maine is dedicated to building a sustainable organizational home for the state's POLST program, establishing stakeholder support and creating effective educational resources for healthcare professionals, patients and families. Programs like the one in Maine have addressed the legal and regulatory issues associated with POLST, and developed strategies for ongoing implementation and quality assurance.

"POLST is designed to improve patient care and reduce medical errors," said Amy Vandembroucke, executive director of the National POLST Paradigm. "We are grateful that in Maine, patients with serious illness or frailty in what may be their last year of life can work with medical professionals to make their treatment wishes known."

Details on Maine's POLST program and the patient form can be found at <http://www.polst.org/programs-in-your-state/> - click on Maine. Maine's POLST form can be found at <http://www.polst.org/endorsed-polst-forms/>

### About the National POLST Paradigm

The National POLST Paradigm is an approach to end-of-life planning based on conversations between health care professionals and patients; the patient discusses his or her values, beliefs, and goals for care, and the health care professional presents the patient's diagnosis, prognosis, and treatment alternatives. Together they reach a shared decision about the patient's treatment plan that is informed and based on the patient's values, beliefs and goals for care.

The National POLST Paradigm began in Oregon in 1991 by health care professionals who recognized that patient preferences for end-of-life treatment were not being consistently honored during emergencies. Over the past 20+ years the Paradigm has expanded to 44 states.

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