

POLST

physician orders for life-sustaining treatment paradigm

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FROM THE EXECUTIVE DIRECTOR

Dear friends,

The POLST Paradigm continues to make great strides in many of your states and we are seeing greater national attention on issues of POLST and advance care planning. This past month we saw **POLST featured in USA Today** and the introduction of a bipartisan Senate bill emphasizing the critical importance of advance care planning (see Featured News).



These successes are testaments to your hard work - and the work of many colleagues - on behalf of patients with serious illness or frailty. With our ongoing advocacy, we can ensure that all people facing serious illness or frailty have access to high-quality end of life care that is in accordance with their wishes.

As we move forward, it is important that we continue to strengthen the POLST Paradigm. As this month's featured research shows, additional training and education makes POLST more accessible and effective. By assessing and refining POLST programs, we will ensure that the needs of those with serious illness or frailty are met.

Best wishes,

Amy Vandenbroucke, JD
Executive Director

News

House Legislation on ACP

In March, Rep. **Earl Blumenauer (OR)** and several co-sponsors introduced the **Personalize Your Care Act of 2013**. The bill is now getting significant press coverage, including **an article in the New York Times**. Like the Senate legislation introduced by Senators Warner and Isakson (see Featured News), the bill

FEATURED NEWS

Advance Care Planning Legislation

On August 1, 2013 Senators **Mark Warner (VA)** and **Johnny Isakson (GA)** introduced the **Care Planning Act of 2013**. The bill provides patients with greater opportunities to choose their care at the end of life and have their wishes honored.

Most importantly, the bill will provide reimbursement for health care professionals to have advance care planning conversations with their patients. These advance care planning benefits will encourage physicians to have the detailed conversations that are crucial to ensuring that wishes are known and met. The bill will also

would provide for Medicare and Medicaid coverage of advance care planning conversations. In addition, the proposed legislation would provide grants for the development of POLST programs.

POLST Featured in Health Care Ethics USA

The **Catholic Health Association** publication **Health Care Ethics USA** has featured two articles on POLST in its summer issue. The first article is an analysis of, and point-by-point response to, the Catholic Medical Association's White Paper on POLST. The second article is a Q & A about POLST. The information is based on National POLST Paradigm Executive Director Amy Vandenbroucke's testimony to the U.S Senate Special Committee on Aging in June.

To read the summer issue of Health Care Ethics USA, [click here](#).

POLST Conference Less Than 6 Months Away

The 2014 **National POLST Leadership Conference** seems like a long time away, but it will be here before you know it. Be sure to save the date and make your travel plans. The conference will be held February 13-14, 2014 at the Hyatt Place Atlanta Airport-South Hotel.

Conference information was sent to state contacts and additional information will follow later this year. If there are any questions, please contact the National POLST Paradigm Program at polst@ohsu.edu.

require that care plans made during a hospital stay are documented so that they can travel with a patient after discharge.

In addition, the bill will allocate funding to create educational resources about advance care planning, develop quality assurance measurements, and include more complete advance care planning information in the Medicare & You handbook.

The bill does not specifically discuss POLST, but the policies it proposes will directly support the POLST Paradigm within the broader context of advance care planning. The POLST Paradigm is based around informed conversations. The National POLST Paradigm Program supports strategies for fostering and improving communication between patients and health care professionals.

For more information, read [Senator Warner's press release](#) and [Senator Isakson's press release](#).

FEATURED RESOURCE

POLST Experiences

The best way to educate the public about the value of the POLST Paradigm is through the actual experiences of individuals and families who have benefited from it. The National POLST Paradigm Program is working to highlight these experiences. As a first step, the POLST Paradigm website now has a page called **POLST Experiences**, which includes true stories about how POLST can help honor wishes.

As we receive more stories from families that have used POLST, we will post them to the page. Over time, we hope this page will be a testament to the diverse individuals who utilize POLST and the diverse wishes that POLST helps make a reality.

We encourage you to share these stories in your states to put a human face on people with serious illness or frailty who want their wishes honored.

To view the POLST Experiences page, [click here](#).

To submit a story to the National POLST Paradigm Program, [click here](#).

FEATURED RESEARCH

Adoption of POLST in California Hospitals

A 2013 article in the Journal of the American Geriatrics Society reported on the adoption of POLST by California hospitals. The authors conducted a survey of acute care hospitals and community coalitions to determine which institutions had adopted POLST since its 2009 introduction in California.

The study found that a significant majority of hospitals had taken steps to implement POLST. Sixty-five percent of hospitals had created a POLST policy, 84% provided POLST education, and 87% had blank POLST forms on hand. Further demonstrating the adoption of POLST, approximately 95% of hospitals had admitted a patient with a completed POLST form. Of these hospitals, a majority honor the medical orders recorded in the POLST document.

In addition to the statistics on the use of POLST, the authors evaluated the factors associated with POLST adoption and

recorded common challenges in the application of POLST. They found that hospitals in poor areas, for-profit hospitals, and hospitals with low proportions of DNR orders were less likely to properly implement and provide education on POLST. Among the common challenges with POLST, they identified instances where incomplete or unsigned POLST forms were presented or where physicians refused to honor the POLST form.

The authors concluded that POLST has been effectively disseminated to California hospitals, but that additional education is needed, particularly in for-profit hospitals and in poorer areas. They suggest that further training will solve most of the challenges of POLST use.

To access the full article, click the citation below:

Sugiyama, T et al. (2013). "Implementing Physician Orders for Life-Sustaining Treatment in California Hospitals: Factors Associated with Adoption" *Journal of American Geriatrics Society* 61(8): 1337-1344.

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