

# POLST

*physician orders for life-sustaining treatment paradigm*

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## FROM THE EXECUTIVE DIRECTOR

Dear Friends,

Happy New Year! This month marks my first anniversary as Executive Director of the National POLST Paradigm and it has been an honor and privilege getting to know you and your coalitions over this past year. This time of year always offers an opportunity to reflect on where we have been and where we would like to go and I wanted to share some of my thoughts with you.



The POLST Paradigm has made remarkable strides over this past year. The first two POLST Programs achieved Mature Status (Oregon and West Virginia) and we added one more Endorsed Program (Georgia). We received national attention, with two federal bills explicitly recognizing the Paradigm, in having multiple POLST advocates presenting to the Institute of Medicine, and by providing testimony to the U.S. Senate Special Committee on Aging. And POLST has become regularly featured in prominent news media and research journals! I look forward to more of the same in 2014 - we already have some exciting research articles in the publication process.

I've also had a unique opportunity to reflect on where we've been. The **OHSU Center for Ethics in Health Care**, where the National POLST Office is housed, is celebrating its 25th anniversary this year. Since the Center was instrumental in starting the POLST Paradigm, I've spent a good part of these last few weeks reviewing the POLST archives as I've helped prepare for the celebration. I am continually impressed by the desire and dedication - **not just of the founders who came together to found the POLST Paradigm** - but of the state coalitions that continue to build and implement the POLST Paradigm. Today, we have grown to **16 Endorsed POLST Programs and programs at some level of development in 43 states**. This growth has been possible because of your commitment to ensure that people with serious illness and frailty have their wishes for end of life care documented and honored.

Looking forward to 2014, I am excited to see POLST coalitions across the country continuing to innovate and strengthen their programs. At the same time, I am hopeful that we can continue to connect the POLST Programs across the country to become a consistent and unified National POLST Paradigm. By working together with a shared vision, we can create more sustainable and effective programs to serve patients in need.

Best wishes,

Amy Vandenbroucke, JD  
Executive Director

## News

### Webinar Rescheduled: Experiences with Utah's ePOLST Program

On January 28th, the National POLST Paradigm will host a webinar on the development of Utah's ePOLST Registry. Presenters Peter Taillac, Jeffrey Duncan, and Deepthi Rajeev will describe the development and initial pilot testing of Utah's new electronic POLST registry (ePOLST). They will discuss the legal, technical, and conceptual aspects of the registry's development and implementation, and the team of involved experts they have assembled to create it. Finally, they will share some of the hurdles they have encountered and have overcome in the process. This presentation will also include a live demonstration of the ePOLST website.

To register for the webinar, [click here](#).

If you have questions about the webinar, contact [polst@ohsu.edu](mailto:polst@ohsu.edu).

### POLST Featured on AHRQ Innovations Exchange

The Agency for Healthcare Research and Quality (AHRQ) featured a POLST Q & A on its Innovations Exchange webpage. NPPTF Executive Committee members Woody Moss, Susan Tolle, and Amy Vandenbroucke answered questions about the POLST Paradigm and helped raise awareness about end-of-life care.

To read the Q & A, [click here](#).

## FEATURED REQUEST

### POLST.org Resource Library

As many of you know, **POLST.org** features a **Resource Library** that serves as a repository for materials from POLST Programs across the country. This library is designed to help POLST Programs learn from their peers to develop the most effective program materials.

To ensure that the library consists of useful materials, we need you to send new materials that your state has developed or updated materials for us to post.

To encourage states to share resources, the National POLST Office is offering to create a state-specific resource library that you can link to from your website. To see an example of such a library, [click here](#).

To send new or updated materials, or to inquire about the creation of a resource library for your state, email Alex Ginsburg at [ginsburg@ohsu.edu](mailto:ginsburg@ohsu.edu).

## FEATURED RESOURCE

### LaPOST Conversation Guidebook

The most fundamental component of the POLST Paradigm is the conversation between patients, loved ones, and health care professionals. To help patients think about their wishes and prepare for a conversation, the **Louisiana Health Care Quality Forum (LHCQF)** has created a Conversation Guidebook.

While this guidebook is designed for **LaPOST** (Louisiana's POLST Program), the guidelines are relevant for all end of life conversations and can serve as a model for other states. The guidelines help patients understand the questions they must consider, explain the advance care planning options available, and facilitate effective conversations.

To read the LaPOST Conversation Guidebook, [click here](#).

## FEATURED RESEARCH

### Use of POLST in Out-of-Hospital Cardiac Arrest

A recent article in the Annals of Emergency Medicine explored whether treatment wishes documented in the **Oregon POLST Registry** were consistent with treatment provided in out-of-hospital cardiac arrests.

The authors evaluated over 1,500 cases of out-of-hospital cardiac

arrest, with 82 patients having a previously-completed POLST form. The authors found that patients who had a POLST Form specifying Do-Not-Resuscitate (DNR) did not receive resuscitation in 94% of cases. In contrast, patients who specified resuscitation in their POLST Form were more likely than those with a DNR or no POLST Form to have resuscitation attempted (84% to 60%).

The findings indicate that treatment wishes recorded on a POLST Form were likely to be carried out in practice. More notably, the results suggest that having a POLST that specifies resuscitation increases the likelihood that resuscitation will be attempted.

To access the full article, click the citation below:

**Ricardson, DK, E Fromme, D Zive, R Fu, and CD Newgard. (2013). "Concordance of Out-of-Hospital and Emergency Department Cardiac Arrest Resuscitation With Document End-of-Life Choices in Oregon." *Annals of Emergency Medicine*. Accessed online on 12/24/2013.**

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