

POLST

physician orders for life-sustaining treatment paradigm

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FROM THE EXECUTIVE DIRECTOR

Dear Friends,

This is an exciting time for the National POLST Paradigm. We have two excellent new legislative resources (see our Guide and Grid below), we have published new research (and will have more to come later this year!), and we just learned that, on March 1st, the American Medical Directors Association adopted a resolution to support POLST.



We are also in a period of transition as we say goodbye to Bud Hammes, PhD (WI-La Crosse), see Woody Moss, MD (WV) step down from the Executive Committee, and welcome Susan Nelson, MD (LA) as the new Vice Chair of the NPPTF and Executive Committee. We hope to welcome a new NPPTF Wisconsin (La Crosse) Representative next month. Congratulations Susan!

We know that there are more POLST accomplishments taking place every day in your states. Please send us your news (including information about any legislation you are working on!) so that we can recognize you and your colleagues for your hard work on behalf of those with serious illness and frailty.

Best wishes,

Amy Vandenbroucke, JD

Executive Director

News

Amy Vandenbroucke Featured in Podcast

National POLST Paradigm Executive Director Amy Vandenbroucke was

Special Feature

Changes in Leadership

We are starting our year with transitions in leadership: two POLST leaders are stepping down after many years of dedicated service. Woody Moss, MD, announced he was stepping down as Vice Chair of the National POLST Paradigm Task Force (NPPTF) and

recently featured on the Oregon Center for Nursing Oregon NurseCast. Amy describes the purpose and value of the National POLST Paradigm and Oregon POLST Paradigm, and provides a thorough explanation of the Oregon POLST form.

To listen to the podcast, [click here](#).

Don't Forget About NHDD!

National Healthcare Decisions Day (NHDD) is less than 6 weeks away. Now is the time to start thinking about your organization's activities around NHDD. Consider a social media campaign to encourage those in your area to engage in advance care planning. Or work with other organizations focused on end-of-life care to make information and materials available to others.

Whatever you choose to do, keep us in the loop. We want to publicize your efforts to further advance care planning!

Send us any plans or updates at polst@ohsu.edu.

its Executive Committee (he had stepped down from Chair of the Consultation Committee last fall); he will continue as a member of the NPPTF as the West Virginia Representative. Bud Hammes, PhD, announced he was stepping down both as a member of the Executive Committee and as the Wisconsin Representative on the NPPTF. Both Woody and Bud have said that it has been a great honor to serve as leaders in the National POLST Paradigm, but that growing commitments have motivated them to step down.

We greatly appreciate their work over the years. In addition to leading their respective POLST Programs, they helped found the National POLST Paradigm and NPPTF and establish quality standards for POLST Programs and forms. They have served formally, and informally, as mentors to other state POLST Programs and their experience, wisdom, and leadership will be terribly missed. We sincerely thank both Bud and Woody for their generous service.

While we are saying goodbye to Bud and seeing Woody step back in his leadership roles, we are welcoming Dr. Susan Nelson as the new Vice Chair of the NPPTF and Executive Committee. She is bringing the success she has achieved in implementing and developing the POLST Program in Louisiana (known as **LaPOST**) to the national level. We welcome Susan to her new position and look forward to her contributions to the Executive Committee.

FEATURED NEWS

POLST is Not a Code Status Form

At its February Meeting, the NPPTF discussed a growing concern regarding health care professionals' use of POLST forms as code status documents. The NPPTF agreed this is an inappropriate use of a POLST form and raised two specific concerns.

First, using POLST forms as code status documents likely results in inappropriate populations having POLST form orders, potentially increasing the confusion as to how POLST differs from advance directives. POLST forms should **only** be used for patients with serious illness or frailty for whom their health care professional would not be surprised if they died within the next year (see issue 3 in the **POLST Legislative Guide**). POLST Programs need to be vigilant in educating on the use of POLST for POLST-appropriate patients only.

Second, using a POLST form as a code status document undermines the Paradigm's foundation: *the conversation*. This misuse of the POLST form reduces the POLST form from the expression of a nuanced, shared decision-making conversation to a checklist.

The success of the National POLST Paradigm and its ability to ensure that patient wishes are honored depends on proper use of POLST forms. Please be sure your education promotes the correct use of POLST forms and the fundamental importance of the POLST conversation!

FEATURED RESOURCE

Legislative Resources

The NPPTF recently released a **POLST Legislative Guide** aimed at helping POLST coalitions navigate the challenges of establishing POLST legislation or regulations. Spearheaded by NPPTF consultant Charlie Sabatino, and developed by a group of committed POLST volunteers and leaders, the Guide explores twelve common legal/regulatory issues among POLST Programs.

The Guide analyzes each issue, offers potential strategies, and suggests a preferred outcome. The NPPTF hopes this Guide will prove to be a valuable resource for anyone navigating the legal issues surrounding the implementation and development of a POLST Program.

In addition to the Legislative Guide, the NPPTF has also released an updated **Legislative Comparison of State Programs** received from the ABA. The document is a chart that shows the regulatory features of 24 POLST Programs and includes citations for relevant legislation or administrative rules.

If you have legislation or regulation related to POLST being considered, please let the National POLST Office know by contacting us at polst@ohsu.edu.

FEATURED RESEARCH

POLST Form Combinations in Oregon

A 2014 article in **Resuscitation** explored the relationships between combinations of treatment orders recorded in POLST forms and patient demographics in Oregon. The authors analyzed all POLST forms entered into the Oregon POLST Registry in 2012, totaling 31,294 forms. They focused on the CPR and Medical Interventions sections of the form.

The authors found that a majority of forms (68%) had DNR orders, while the Medical Interventions orders were nearly evenly split between Full Treatment (28%), Limited Interventions (37%), and Comfort Measures Only (34%). Male patients, older patients, and urban patients were all more likely to have Attempt Resuscitation orders than female patients, younger patients, and rural patients. Urban patients were also more likely to have Full Treatment orders than rural patients.

The most common combination of orders was DNR/Comfort Measures Only (34%), but many patients had POLST forms with DNR/Limited Intervention orders (30%) and Attempt Resuscitation/Full Treatment orders (24%). The DNR/Comfort Measures Only and DNR/Limited Interventions combinations were statistically related to increased age and being female.

This study demonstrates that POLST forms can reflect very different kinds of treatment wishes and reveals the demographic trends associated with POLST orders. Furthermore, the most common treatment combinations are easy for health care professionals to understand and interpret.

To access the full article, click the citation below:

Schmidt, TA, D Zive, EK Fromme, JNB Cook, and SW Tolle (2014). "Physician Orders for Life-Sustaining Treatment (POLST): Lessons Learned from Analysis of the Oregon POLST Registry." Resuscitation, accessed on 2/27/2014.

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