

POLST

physician orders for life-sustaining treatment paradigm

In This Issue:

FEATURED NEWS/RESEARCH

FEATURED RESOURCE

FEATURED RESEARCH

NEWS

FROM THE EXECUTIVE DIRECTOR

Dear Friends,

This has been a great year for POLST! We had a **landmark POLST study** published earlier this summer and on September 17th the Institute of Medicine (IOM) Committee on Approaching Death: Addressing Key End of Life Issues released its report, **Dying in America**, on the state of end-of-life care in the United States. Recommendation 4 in the IOM's **Key Findings and Recommendations** includes a recommendation to "encourage states to develop and implement a [POLST] paradigm program in accordance with nationally standardized core requirements."



The IOM's endorsement and support of the POLST Paradigm is truly invaluable. It acknowledges the value of the work made possible by all of you in developing POLST Programs that are effective, commendable, and endorsed nationally. It also recognizes our efforts in standardizing core requirements based on research, quality assurance information, and anecdotes from use in the field.

This endorsement further suggests that POLST has a prominent role in overhauling end-of-life care in the United States. It is also noteworthy that the POLST Paradigm is given significant coverage in Chapter 3: "Clinician-Patient Communication and Advance Care Planning". This placement helps reinforce that POLST is not just a form but a conversation.

I look forward to continuing to work with all of you toward our common goal of ensuring all individuals can have their treatment wishes honored.

Best wishes,

Amy Vandenbroucke, JD

Executive Director

News

Oklahoma Achieves Developing Status

Oklahoma's POLST Program has achieved Developing POLST Program status. The NPPTF recognizes a state POLST Program as developing if they have completed the developing state form and met with the NPPTF's Developing State Assistance Committee (DSAC). To maintain Developing Status, states must meet with the DSAC every two years.

We look forward to seeing the Oklahoma POLST Program continue to grow and serve Oklahomans with serious illness or frailty.

Updated POLST Forms from California, Georgia, and Oregon

The **California, Georgia, and Oregon** POLST Programs have all recently released updated POLST Forms.

Georgia's new POLST Form was released in August and California and Oregon each released the new POLST Forms on October 1st.

To view the new POLST Forms, and to see Forms from other Endorsed POLST Programs, [click here](#).

Webinar Reminder: Discussing POLST with Persons with Early Alzheimer's Disease

On October 20th, from 12:00 pm - 1:00 pm Pacific Time, the National POLST Office will host a webinar titled "Discussing POLST with Persons with Early Alzheimer's Disease." The webinar will be led by Ken Brummel-Smith, MD, who will help participants think about the special challenges of having POLST conversations with patients with early onset dementia.

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

FEATURED NEWS

Institute of Medicine Report on End-of-Life Issues Released

The **Institute of Medicine Committee on Approaching Death: Addressing Key End of Life Issues** has released a new report titled "**Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life**". The report documents a number of barriers to high-quality end of life care and makes a series of recommendations to improve care for those with serious illness or frailty.

Among the barriers that the report identifies include fragmented care at the end of life, policies that create disincentives for advance care planning, disparities in end-of-life care among marginalized groups, and the need for greater professional education on advance care planning. Many of these impediments to better care revolve around issues of communication and standardization that the National POLST Paradigm seeks to address.

It is, therefore, not surprising that further expansion and implementation of POLST Programs is one of the IOM Committee's central recommendations. The report reads that policies should "encourage states to develop and implement a Physician Orders for Life-Sustaining Treatment (POLST) paradigm program in accordance with nationally standardized core requirements." Other recommendations include increasing the accessibility of palliative medicine, ensuring that all clinicians are trained in palliative medicine, and reimbursing for advance care planning.

The National POLST Office is working with Pat Bomba (our New York representative on the NPPTF and a member of the IOM committee that drafted this report) to develop talking points and other guidance to help all POLST Programs amplify the effect of this report.

To download the report or to read it online, [click here](#). The Report Brief and Key Findings and Recommendations are also available at the above link.

FEATURED RESOURCE

Consultations During POLST Form Revisions

The National POLST **Endorsement criteria** provide requirements and recommendations for programmatic elements and POLST Forms. These criteria, which are updated periodically by the NPPTF, are based on research evidence, quality assurance information, and anecdotes from use in the field.

The NPPTF recommends that any state revising their POLST Form consult with the National POLST Office to ensure that updated POLST Forms continue to meet National POLST Paradigm standards and that best practices are incorporated as feasible.

While recognizing that some form revisions take place through legislation, the National POLST Office is still available to help POLST Programs advocate for the most effective POLST Form possible.

To schedule a consultation, contact the National POLST Office at polst@ohsu.edu

FEATURED RESEARCH

The Effect of Advance Care Planning on Dialysis Patients

A recent article published in the Journal of Palliative Medicine explores the effect of advance care planning on hospice use and out-of-hospital death among dialysis patients. The authors retrospectively analyzed patients who died in a single dialysis unit over a 5 year period. The study included the records of 65 patients.

The authors compared hospice use and out-of-hospital death among dialysis patients who were engaged in advance care planning discussions with those who were not engaged in conversations. Patients who initiated conversations with their health care professional or who had chronic failure to thrive (CFTT) were engaged in advance care planning conversations. Advance care planning conversations including completion or update of an advance directive or a Physician Orders for Scope of Treatment (POST) Form.

Patients who were approached for advance care planning discussions were significantly more likely than those who were not approached to use hospice (65% vs. 0%) and more likely to die out of hospital (100% vs. 92%). Patients who were approached and decided to withdraw from dialysis were significantly more likely to use hospice (79% vs. 30%) but equally likely to die out of hospital (100% vs. 100%) compared to patients who were approached but did not withdraw from dialysis.

The research shows that advance care planning discussions, including those that incorporate POLST Programs, significantly increase the use of hospice and the number of patients who die out of hospital. Moreover, the impact of advance care planning conversations is not limited to patients who choose to withdraw from dialysis. Such outcomes indicate that a failure to engage patients in advance care planning conversations can significantly limit their opportunities to choose the care and place of death they prefer.

To read the full article, click here:

Schmidt, RJ, BB Weaner, and D Long (2014). "The Power of Advance Care Planning in Promoting Hospice and Out-of-Hospital Death in a Dialysis Unit". Journal of Palliative Medicine, accessed 9/26/2014 at <http://online.liebertpub.com/doi/abs/10.1089/jpm.2014.0031>.

National POLST Office
polst@ohsu.edu
503-494-3965
www.polst.org

Honoring the wishes of those with serious illness and frailty

[Donate to POLST](#)

STAY CONNECTED



SUPPORTED BY THE

THE
RETIREMENT
RESEARCH
FOUNDATION



CALIFORNIA HEALTHCARE FOUNDATION
SUPPORTING IDEAS & INNOVATIONS TO IMPROVE HEALTH CARE FOR ALL CALIFORNIANS