Dear Friends,

When we come together as a diverse group of advocates for those with serious illness or frailty, what we achieve is remarkable. For example, the National POLST Paradigm Task Force (NPPTF) Communications Committee has developed a Communications Strategy for the National POLST Paradigm that will soon be disseminated to state POLST contacts. This Communications Strategy built on the expertise of many of you and will strengthen our education and messaging about the value of, and need for, POLST.

Within the next week, I will be asking you to work together to support the Medicare proposal to reimburse physicians for advance care planning conversations. The NPPTF will be submitting a letter of support for the proposal and we will be providing a letter that state POLST Programs can submit to show their support. The more voices that reach Medicare supporting a plan that values advance care planning, the better the reimbursement system will work for patients facing serious illness and frailty. I encourage you to add your voice as we work to foster better end-of-life care.

Let's continue to work together to advocate for patients and families in need, improve the POLST Paradigm, each of our POLST Programs, and raise awareness of the critical importance of POLST and advance care planning across the country.

Best wishes,

Amy Vandenbroucke, JD
Executive Director
Maine POLST Achieves Endorsed Status

In July, the Maine POLST Program was designated as Endorsed by the NPPTF. The endorsement means that POLST is a standard component of advance care planning in Maine, is moving towards statewide implementation, and have addressed the legal and regulatory issues associated with POLST. Congratulations to all those who have worked to create and improve the Maine POLST Program!

To learn more about program requirements, click here.

October Webinar on Oregon's ePOLST Experience

On October 20th, from 12 - 1 pm Pacific Time, the National POLST Office will host a webinar on Oregon's ePOLST Experience. The webinar will be presented by representatives of the Oregon POLST Registry, Oregon Health and Science University, and technology firms Vynca and Epic.

Please look for more information, including registration information, in the coming months on POLST.org.

Practice Change Leader Application Due in August

The deadline for the Practice Change Leaders application is only three weeks away. Applications are due on August 26th. The Practice Change Leaders for Aging and Health is a "national program to develop, support

Did we miss anybody? Let us know!

FEATURED RESOURCE

Catholic Ethics and the End of Life

The Catholic Health Association of the United States has released a new guide on advance care planning titled Advance
and expand the influence of organizational leaders who are committed to achieving transformative improvements in care for older adults." The 2016 application cycle is currently open and up to ten awards of $45,000 will be made.

National POLST Paradigm Task Force (NPPTF) Executive Director Amy Vandenbroucke, JD, is a current Practice Change Leader and Pennsylvania NPPTF representative Judy Black, MD, is a Senior Leader.

Program information is available here; application information is available here.

2016 National POLST Paradigm Conference

The 2016 National POLST Paradigm Conference will be titled "The Future of POLST: Challenges and Opportunities". The Conference is scheduled for February 3-5 in Chicago, IL at the Hyatt Regency Chicago. We anticipate the conference will start at 2 pm on February 3rd and end at 3 pm on February 5th.

To reserve hotel rooms for the conference, click here.

Keep an eye out for registration details for the conference, which will be available early this fall.

Directives: Expressing Your Health Care Wishes. The guide provides a clear explanation of advance directives and their importance in ensuring that patients receive wanted treatment, and emphasizes that all adults should have an advance directive. In addition, the guide explains Catholic teaching on advance directives and provides step-by-step advice for individuals who are interested in recording their wishes.

Along with advance directives, the guide provides information on the POLST Paradigm. There is an explanation on the differences between POLST and advance directives, as well as an explanation of Catholic perspectives on POLST. Critically, the guide states that the POLST Form and process are consistent with Catholic Moral Teaching.

To read the guide, click here.

Featured Research

POLST, Nurse Practitioners, and Nursing Home Residents with Dementia

A recent article in the Journal of Pain Symptom Management explored the relationship of cause of death and when POLST Forms are completed. To investigate this connection, the authors utilized data on over 18,000 patients from the Oregon POLST Registry and matched it to information contained in death certificates. They specifically compared the timing of POLST completion between patients dying of dementia, organ failure, and cancer, which they used as proxies for frailty, chronic disease, and acute illness.

The investigators found that the median time between completion of a POLST Form and death was 6.4 weeks. The most common combination of orders found on the POLST Form was DNR and comfort measures only. Furthermore, when multiple POLST Forms had been completed, the more recent Form was more likely to specify fewer life-sustaining treatments.

The authors identified a statistically-significant relationship in the timing of POLST Form completion as related to cause of death. The patients in the Alzheimer's group had the longest median period between POLST Form completion and death at over 14 weeks. The cancer group had the shortest median period at approximately 5 weeks. This suggests that the decision of what wishes to document on a POLST Form is influenced by a patient's prognosis.

In addition, the data reveals that POLST Forms do change over time. Eleven percent of the study population had more than one
POLST Form in the last two years of life. This means that the POLST Paradigm is able to adapt to patient's changing needs as frailty, disease, or goals of care change.


National POLST Paradigm
info@polst.org
503-494-4463
www.polst.org

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