

September 29, 2000

Dear Nursing Home Representative,

This letter is to follow up on your participation in the 8/10/00 training session for use of POLST and to provide you with information related to the evaluation study of the form.

First, thank you for coming. The RENEW group found the sessions to be informative and productive. It is exciting to see so many people and groups working toward common goals.

Second, we would like to clarify that you should **not** make your own copies of POLST. In order to keep track of how many forms are going where, it is important that all POLSTs come from the central source, i.e. the Providence Center for Faith and Healing. Therefore, when you need more copies of the POLST, please call 509-474-3008.

Third, we would like to provide you with more information related to the evaluation study and ask for your assistance in collecting some of our data. The evaluation study will be conducted in three phases. The purpose of the first research phase is to provide the Department of Health and Human Services preliminary data regarding how well the implementation of POLST is progressing in the nursing home setting. The time line for the first phase is 9/15/00-12/15/00. During that time, we will be collecting information related to how many POLSTs are in use in your facility. In December, we will be requesting permission from your facility to do chart review on a random sample of resident charts which contain a POLST to ensure that the form was completed utilizing informed consent procedures and that there is evidence in the chart that the form accurately reflects patients wishes. We would also like the opportunity to interview a few of the residents who have opted to complete POLST.

Phase two of the research will occur from 1/15/01-3/15/01 and will involve more chart review, interviews with administrators, staff, and patients, collection of your facility's policies and procedures related to POLST, and a review of the facility's training process related to educating staff about the use of POLST. Finally, phase three will include much of the same phase two activities, only with larger sample sizes. We hope to conduct the research for phase three from 3/15/01-3/31/02.

This project is large in scope, and we need your help to ensure its success. We realize how busy you are, and we want to keep your participation in the data collection process manageable. To begin our work for phase one, we are asking your help with the following:



1. **Please identify a representative from your staff that will be the contact person for the research project.** We are hoping that this person would be knowledgeable about your facility and would be involved with implementation of POLST pilot. We will be contacting this person from time to time to gather information about the implementation of the project. Once this person is identified, could you please fax his/her name and phone number: attention Crystal Moore (Eastern Washington University) at 509-359-6475. Once we receive this information, we will be in contact with your representative.
2. **If you agree to help us with the evaluation, please write a letter addressed to Judy Meyers giving us permission to conduct the research in your facility.** For your convenience, we have included a model letter that you can use. Judy's address is listed on the letter. It would be helpful for us to have this letter as soon as possible so that the research can officially get underway.
3. **Please keep a log of residents in your facility who have a POLST in their charts.** We have included a tracking form that you can use for this purpose. It would be ideal if the selected representative could be the "keeper of the form" so that he/she would be the most familiar with what is happening with POLST in your facility. This tracking form asks for the resident's medical record number, the date that POLST appeared in this resident's chart, and who initiated the completion of POLST. If a resident is transferred to your facility with a POLST, you can indicate that on the form. This will allow us to keep track of how many POLSTs are in your facility and will facilitate the process of chart review. We ask for medical record numbers because we want to keep the resident anonymous on this form.

We realize we are asking quite a bit of you, but we also realize how important this research is to the success of the POLST pilot. We thank you for all that you have done to help implement this project. We are in this together, working toward the common goal of ensuring quality of end-of-life care. If you have any questions or comments, please do not hesitate to contact any of us.

With sincere thanks,

Crystal Moore, PhD, MSW  
EWU  
509-359-6425

Judy Meyers, PhD, RN  
ICNE  
509-324-7282

Melissa Ahern, PhD  
WSU  
509-358-7982