

Appendix A

Interview with Nursing Home Contact Person

Read verbal consent script

1. When use of the POLST form was introduced to your facility, what sort of training did you receive?
2. What training did the staff of this facility receive?
3. Was it clear to you, and in the training that your staff receives, that use of the POLST is optional?
4. When POLST is used in your facility, what measures are taken to ensure that the informed consent process is honored?
5. What policies and procedures, related to use of the POLST, do you have in place? (Ask them if they would be willing to have a copy of their policies and procedures related to the POLST mailed to Crystal Moore, EWU, 203 Senior, 526 5th St., Cheney, WA 99004)
6. What types of problems or issues have you encountered in utilizing the POLST?

Appendix B

Interview guide for Nursing Home Residents/Legal Surrogates

Read informed consent script.

1. What are your end-of-life wishes?
2. How was the POLST (show them a copy of the form) introduced to you?

Appendix C

Chart Review Tool for Nursing Homes

1. Is there evidence that the informed consent process was followed? Yes No

Comments: (E.g., evidence of care conference with discussion of EOL issues.)

2. Is there evidence that the resident's wishes were honored? Yes No

Comments: (E.g. congruence between AD and boxes marked on POLST, feeding tube placements or antibiotics?)

3. Was the POLST reviewed appropriately? Yes No

Comments: (E.g. within 14 days of admission and/or with each significant change in the resident's condition?)

4. Is there evidence that the POLST form is portable across health care settings? Yes/No

Comments: (E.g. on the back of the form there is evidence of resident transfer(s) with the form.)