Dear Friends,

As summer starts, I'm energized and motivated by the extraordinary accomplishments and collaboration that I witnessed at the National POLST Leadership Conference just weeks ago. And watching so many POLST advocates work together to tackle challenges, improve the POLST Paradigm, and share knowledge makes me confident about where we are going.

What stood out most was that the National POLST Paradigm is more than just a collection of POLST Programs - it is a movement in which each state offers experiences and resources that strengthen the whole. It is because we share educational materials, quality assessment tools, and communication strategies that POLST Programs are becoming increasingly important to patients with serious illness and frailty.

In the coming weeks, we have a new chance to work together. On Monday, June 9th, a landmark study will be published comparing what people select as POLST orders and where they die. The National POLST Office will issue a press release, provide talking points, and will create a dedicated webpage for the article. I hope you will use these resources to raise awareness about this study and what it demonstrates about the success of the POLST Paradigm. Together, we can continue to make great strides on behalf of those with serious illness or frailty.

Best wishes,

Amy Vandenbroucke, JD
Executive Director
Published

On Monday, June 9th, a landmark study will be published comparing what people select as POLST orders and where they die. The National POLST Office will issue a Press Release, a dedicated webpage for the article, and other information on June 9th. State contacts have been sent talking points about the POLST Paradigm in order to prepare for possible local media interest and to promote POLST in your organizations next week.

Please follow us on Twitter and Facebook for additional information as well.

Register for June Webinar Now

On June 23rd, from 10 - 11 am PT, National POLST will host a webinar about new research findings and proposed studies using Oregon POLST Registry data. Presenter Dana Zive will discuss the Registry population and studies using Registry data. In addition, she will provide an update and evaluation of Oregon’s ePOLST programs. Please join us with your research questions, potential study ideas, and topics for technical assistance!

To register for the webinar, click here.

Illinois Legislation Passed

On May 30th, the Illinois House and Senate passed an amended SB 3076, which will clarify distinctions between Do-Not-Resuscitate Orders and POLST, and will also allow advanced practice nurses and physician assistants sign POLST forms.

The bill now heads to Governor Pat Quinn for his signature.

FEATURED RESOURCE

New POLST Application Forms

New applications for Developing Status, Endorsed Status, and Mature Status are now available on POLST.org. These applications reflect new requirements and recommendations that have been approved by the NPPTF. In particular, these new forms reflect the growing importance of website and communication strategies (including social media) for state POLST Programs. For instance, programs that are applying for Endorsed Status are now recommended to have an active website and social media presence, and programs applying for Mature Status are now required to do so.

These new forms will also allow the National POLST Office to collect important information about each state’s POLST Program in order to serve as a better resource for all.

To access the webpage with the new applications, click here.

FEATURED RESEARCH

A Review of POLST for Emergency Medicine Professionals

A recent article in the Annals of Emergency Medicine explores the POLST program for the benefit of emergency medicine professionals. Since emergency medicine (EM) professionals are among the health care professionals most likely to encounter POLST forms, the article is designed to help those in EM understand the POLST program. The authors trace the history and
The authors emphasize the limits of advance directives, Do-Not-Resuscitate (DNR) orders, and Do-Not-Intubate (DNI) orders. They note that advance directives have not been widely adopted and are generally not specific enough to guide decision making in the emergency department context. Regarding DNR and DNI orders, they argue that such orders can be interpreted more broadly than intended and lack nuance. In contrast, the authors suggest that POLST is both more specific than advance directives and more flexible than DNR/DNI orders.

The authors find that the evidence on POLST largely suggests that it effectively communicates treatment wishes and ensures that those wishes are met. They note that research on POLST indicates its value in several different care settings, including long-term care and hospice facilities.

Along with the benefits of POLST, the study highlights some challenges associated with POLST. Specifically, the authors are concerned about patients who have a POLST forms with unfeasible combinations of orders, patients whose POLST forms are not accessible, and those whose forms require substantial time to interpret. These are concerns that POLST Programs must work to address through improved education, the development of POLST registries, and ongoing research.
