FROM THE EXECUTIVE DIRECTOR

Dear Friends,

As you know, June was a very exciting month for the National POLST Paradigm and reflects our growing importance in the advance care planning landscape. Not only was an important new study on POLST released by the Journal of the American Geriatrics Society, the value of POLST was reported by major media outlets nationwide.

From articles in the New York Times and Wall Street Journal to an interview on an NPR affiliate, POLST has made quite a splash. I greatly appreciate the time and effort that you put in to publicizing this study and connecting with media in your regions. Your work has significantly raised the profile of POLST across the country, including in places where many people have never before heard of a POLST Form.

Our success over the past month is an indication of what we can accomplish when we are prepared to share evidence of the value of POLST. I hope that as we move forward, we build upon the foundation we have laid by expanding mailing lists, cultivating media contacts, and building communications plans. Based on what I have witnessed recently, I am eagerly looking forward to our next opportunity to share the promise of POLST.

Best wishes,

Amy Vandenbroucke, JD
Executive Director

HI Signed Legislation Extending POLST Signing Privileges to

FEATURED NEWS/RESEARCH

National Media Reports on Landmark POLST Study

On June 9th, the Journal of the American Geriatrics Society released a landmark study comparing what people select as
The state of Hawaii signed new legislation extending POLST signing privileges to include Advanced Practice Registered Nurses. This new legislation improves access to POLST for patients who have APRN as their primary care professional.

Archstone Foundation Funds National POLST Office

The NPPTF and National POLST Office are honored to have received a continuation grant from the Archstone Foundation. The Archstone Foundation's ongoing support allows the National POLST Office to continue developing programs and communications strategies that benefit individuals with serious illness and frailty.

Change in California POLST Leadership

California POLST Program Director Leilani Maxera left her position last week. We are grateful to Leilani for her dedicated service to POLST in California and her contributions to the National POLST Paradigm. We wish her the best in the future and look forward to having a new Program Director build upon her success.

Original stories were included in the Wall Street Journal, the Chicago Tribune, the Oregonian, Reuters, and National Public Radio. These stories were then picked up by a broad range of major newspapers, including the New York Daily News and the San Francisco Gate.

Another result of the media surrounding this study was the New York Times' New Old Age blog featuring POLST when discussing what happens when advance directives are ignored or inaccessible. The author suggests that well-established POLST Programs may offer patients more certainty that their wishes will be available to health care professionals to guide treatment decisions.

The media response to the POLST study has demonstrated the importance of laying the groundwork for major announcements by engaging media personnel, preparing mailing lists, and writing press releases.

FEATURED RESOURCE

Multi-Lingual POLST Materials

Cedars-Sinai Medical Center in California has produced a series of POLST Forms and POLST Frequently Asked Questions (FAQ) documents in a variety of languages, including Farsi, Russian and Tagalog. Although these documents are specifically designed to communicate the details of the California POLST Program, they can serve as tools or guides to help communicate about other POLST Programs in a variety of languages.

By translating POLST materials into local languages, POLST Programs ensure that patients and families are fully informed as they document their treatment wishes. The NPPTF encourages POLST Programs to develop materials in the languages relevant to individuals in their communities.

To view the materials from Cedars-Sinai, click here.

FEATURED RESEARCH

Change in Advance Directive Completion from 2000-2010

An April article in the Journal of the American Geriatrics Society explores the change in advance directive completion among elderly Americans from 2000 to 2010, and the relationship between advance directive completion and hospitalization and location of death. The authors retrospectively examined Health and Retirement Study data from over 6,000 individuals over 60 years old and who died between 2000 and 2010.

The authors found that the proportion of older adults completing advance directives increased substantially, from 47% in 2000 to 72% in 2010. Furthermore, the time between advance directive completion and death increased during the decade.

Along with advance directive completion, the authors investigated the relationship of advance directives to frequency of hospitalization during the last two years of life and the location of death. They found
that hospitalizations within the last two years of life had increased from 2000 to 2010, and that completion of an advance directive was positively associated with hospitalization. However, over the same period, the odds of dying in a hospital decreased and there was a small negative association with completion of an advance directive. However, when other variables were controlled for, it became clear that the major determinants of location of death were socioeconomic factors.

The article demonstrates that efforts to improve use of advance directives are relatively successful, but that these documents are only weakly related to changes in hospitalization patterns or location of death.