

# POLST

physician orders for life-sustaining treatment paradigm

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## Our News

### Save the Date: June 17th Webinar

On June 17th, from 12 pm - 1 pm Pacific Time, the National POLST Paradigm will host a second presentation of the March webinar titled "EMS's Vital Role with POLST".

This webinar will help participants understand the role of EMS in the POLST paradigm including:

1. Finding POLST champions in EMS and why EMS wants POLST
2. How EMS protocols affect patients in the absence of a POLST form
3. What EMS agencies must do to participate in the POLST paradigm

To access the webinar, [click here](#) and enter access code 4949550.

### Delaware MOST Legislation Signed into Law

At the end of May, Delaware Governor Jack Markell signed legislation that authorizes Delaware Medical Orders for Scope of Treatment (DMOST). Congratulations to all those in Delaware who worked on behalf of those with serious illness or frailty!

To read the bill, [click here](#).

### 2016 Practice Change Leaders Application is Now Open

Dear Friends,

The summer is bringing great opportunities for the advancement of the POLST Paradigm. This week, I expect that Congressman Earl Blumenauer (OR) will introduce his 2015 Personalize Your Care Act. This year's version of the Act includes a definition of POLST, which the National POLST Paradigm Task Force initially suggested. This definition of POLST will help ensure that the POLST Paradigm is recognized as an important advance care planning tool.



In addition, last week I met with The John A. Hartford Foundation to present the great work POLST Programs are doing across the country and to promote opportunities for the National POLST Paradigm to collaborate with other national end-of-life care programs. The conversation was thoughtful and filled with promise for supporting high-quality, patient-centered care programs. I am eager to see how we can work together with The John A. Hartford Foundation and other innovative programs to create effective new initiatives!

None of this national attention would be possible without the great work that all of you are doing on behalf of those facing serious illness or frailty. We are also grateful to the Retirement Research Foundation, the California HealthCare Foundation, and the Archstone Foundation for their on-going support of the National POLST Paradigm. All of this support allows us to further grow the POLST Paradigm at the state and national levels.

Best wishes,

*Amy Vandenbroucke*

Amy Vandenbroucke, JD  
Executive Director

## FEATURED NEWS

### Understanding the TRIAD VII Study on POLST

Dr. Mirarchi's [article](#) in the March 2015 issue of the [Journal of Patient Safety](#) reported on a survey of emergency medical technicians (EMTs) and paramedics in Pennsylvania that raised some questions from POLST Programs. The article hypothesized that POLST documents fail to provide unambiguous directions for patient care and highlights the importance of POLST education.

First, it is important to understand that PA law requires emergency medical services (EMS) protocols to require EMTs to initiate CPR/resuscitation whenever presented with a POLST and contact medical command as soon as possible; CPR cannot be stopped until a medical command physician validates the DNR order. [PA Out-of-Hospital official DNR orders, bracelets or necklaces can be followed without validation by medical command.] This process is not the preferred option but a compromise that allowed POLST to be accepted in the state.

Angela Fera, NREMT - Paramedic (National POLST Paradigm Task Force (NPPTF) EMS Advisor) and Terri Schmidt, MD (Former NPPTF EMS Advisor and emergency medicine physician) reviewed this study. They agree this Pennsylvania practice is a reflection of the unintended consequences when a state law mandates EMS protocols that are not consistent with the intent of POLST; this study exposes the confusion among respondents about whether or not to start resuscitation in patients with DNR orders on their POLST in light of the statutory limitations of the PA EMS protocols. However, they also note that although the authors conclude that "significant confusion exists", the results showed that 95% of respondents correctly said that they would provide CPR for people with a POLST ordering CPR.

Overall, they agreed this article can serve as an example of how important it is to develop appropriate EMS protocols when implementing a POLST Program and, as the authors indicated, education is an important part of POLST Program implementation.

## FEATURED RESOURCE

### National POLST Program Development Guide

As a capstone project, four Oregon Health & Science University (OHSU) Masters of Science in Healthcare Management students created a National POLST Program Development Guide. This guide provides a thorough overview of the various ways that POLST Programs are structured, developed, and maintained. The guide - which is not all inclusive but is a good start - covers the formation of POLST coalitions, the ways that POLST Programs can be structured within existing organizations or as stand-alone non-profits, and strategies for funding and business planning. As a result, the guide is a must

The Practice Change Leaders for Aging and Health is a "national program to develop, support and expand the influence of organizational leaders who are committed to achieving transformative improvements in care for older adults." 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**.

The 2016 application cycle is currently open and the deadline is August 26, 2015. Up to ten awards of \$45,000 will be made.

To learn more about the program, [click here](#).

To learn more about how to apply, [click 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.

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Honoring the wishes of those with serious illness and frailty

read for POLST Programs, particularly those with Developing Status. It helps ensure that the experiences of all POLST Programs can be used to strengthen the POLST Paradigm moving forward.

If you are interested in helping further develop this guide, [please let us know!](#)

To read the guide, [click here](#).

To view a webinar presented by the OHSU students, [click here](#).

## Featured Research

### Nursing Home Residents and POLST

A recent article in The Gerontologist evaluated the POLST Forms of nursing home residents in California. The authors collected data on 941 residents in 13 nursing homes across California. They examined whether the POLST Form was signed by the patient or a surrogate, and looked at treatment preferences for resuscitation, medical intervention, and nutrition.

The authors found that approximately half of the POLST Forms expressed preferences for each of the less intensive treatments: Do Not Resuscitate, limited medical interventions, and no artificially-administered nutrition. The proportion of individuals that elected any of the less intensive treatments is smaller than what has previously been reported in the literature. The authors hypothesized that this was due to their sample being more ethnically and age diverse than in previous studies. Indeed, they found evidence that nursing homes with older patients and more White patients were more likely to opt for less intensive treatments, while those with larger Hispanic populations were more likely to opt for artificially-administered nutrition.

These data indicate that there is a need to further explore how social characteristics influence the preferences expressed on POLST Forms.

**Rahman, AN, M Bressette, ZD Gassoumis, and S Enguidanos (2015). "Nursing Home Residents' Preferences on Physician Orders for Life Sustaining Treatment." The Gerontologist, accessed 6/2/2015 at <http://gerontologist.oxfordjournals.org/content/early/2015/03/19/geront.gnv019.short>**

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