

National POLST Paradigm Application for Mature POLST Paradigm Program Status

Directions: Please complete the information requested on this form. Email the form and additional information and documents to the National POLST Paradigm Office: admin@polst.org

State:

Application Date:

POLST Program Name:

Program Contact Information

1. **Name:**
2. **Title:**
3. **Email:**
4. **Street Address:**
5. **Second Line:**
6. **City, State, Zip:**
7. **Phone:**
8. **Fax:**
 - a. The state's contact information on polst.org/map needs to be updated with the information above.
 - b. The state's contact information on polst.org/map is accurate.

Program Information

1. **Are there state laws and/or regulations that relate to POLST? If yes, please provide a copy of each with your application.**

Media Information Provide the following information and/or expectation of go-live date, if applicable:

1. **Program Website:**
2. **Program Facebook Account:**
3. **Program Twitter Account:**
4. **Program LinkedIn Account:**
5. **Other Social Media Accounts:**

Media Contact for POLST Program If available:

1. **Name:**
2. **Email:**
3. **Phone:**

Evaluation for Mature POLST Paradigm Program Status

Mature Status may be granted to a POLST Paradigm Program based on compliance with the programmatic and form elements listed below. Please indicate whether your POLST Program meets each requirement by indicating **Yes** or **No** for each item. Provide attachments requested with final submission.

Required Elements for Mature POLST Paradigm Programs		
Yes	No	Please provide evidence of how your state meets the mature program requirements by submitting one or more of the “Potential Documentation” items listed below for each program requirement.
		1. POLST Program is compliant with current requirements for endorsed POLST Paradigm Programs (see Endorsement Application at polst.org for current endorsement POLST Form requirements).
		2. Provide copy of current POLST Form. POLST Form is compliant with current requirements for endorsed POLST Paradigm Forms (see Endorsement Application at polst.org for current endorsement POLST Form requirements).
		<p>3. POLST is the standard preferred practice statewide for the process of advance care planning for persons of any age with serious advanced illness or frailty whose health care professionals would not be surprised if they died in the next year. The POLST Form is the standard documentation for the POLST Program statewide.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • Registry information of usage • Forms requested by health care organizations within 12 months • Telephone survey of health care organizations in the state • Research study • Health department regulations • State legislation or rules • Statement from reputable organization such as hospital association
		<p>4. The POLST Program is established statewide and there is widespread POLST accessibility, use, and portability. The program can provide evidence of items 4A - 4D:</p> <p>4A: For each region of the state (region shall be defined by established criteria such as EMS, Department of Health, or Dartmouth Atlas), show use of POLST Forms of 50% or more in (each):</p> <ol style="list-style-type: none"> a. Hospitals; b. Nursing homes or nursing home resident population; and c. Hospices <p>Potential documentation</p> <ul style="list-style-type: none"> • Phone survey • Registry usage • Forms requested • Research study

	<p>4B. More than 75% of Emergency Medical Services (EMS) agencies have protocols that recognize and honor the attached POLST Form.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • Statewide EMS protocol • Protocol or legislative rule • Policy statement from the health department • Survey of independent EMS providers
	<p>4C. The POLST Program offers an educational program with materials updated as needed and ongoing trainings, and health professional training includes the quality of the conversation.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • Calendar of current events • Documented educational materials available in person or online (video, brochures, user’s manual) updated the last 24 months retrospectively (can be narrative), with a plan for next 12 months (give description)
	<p>4D. There is an ongoing evaluation of the POLST Program, and the program has developed quality measures and is measuring performance with both research and QA/QI components.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • Narrative is acceptable • Consider tools or methods cataloged in the POLST Quality and Research Toolkit (PQRsT)
	<p>5. Consideration has been given to methods to assure timely access to the form in a crisis such as a registry or centralized database system.</p> <p>Potential documentation:</p> <p>a. One or two sentence narrative is acceptable</p>
	<p>6. Reciprocity with out-of-state forms has been addressed. Reciprocity may be in legislation, or by regulation, or as a matter of practice.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • One or two sentence narrative is acceptable
	<p>7. Consideration of integration of the form into electronic health systems is being addressed.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • One or two sentence narrative is acceptable
	<p>8. Cross-cultural resources have been developed as appropriate, feasible and needed.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • One or two sentence narrative is acceptable
	<p>9. The POLST Paradigm Program is financially sustainable.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • One or two sentence narrative is acceptable

		<p>10. The POLST Program has supported the National POLST Paradigm’s Digital Media Communication strategy by developing and maintaining a web presence that supports polst.org by working with the National POLST Office to use state.polst.org as their website or obtaining webpages through the National POLST Office (polst.org/state), to the extent possible. This website should include educational materials for patients and families as well as health care professionals, information on how to obtain forms and POLST Program contact information.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • Provide website url. Mature states should have a dedicated website with a clear url, but dedicated pages may suffice. • Provide map of site (what information is available, ability to contact POLST Paradigm Program, FAQs, etc).
		<p>11. The POLST Program has supported the National POLST Paradigm’s Digital Media Communication Strategy by providing content on a periodic basis.</p> <p>Potential documentation:</p> <ul style="list-style-type: none"> • Provision of account information on page 1 of application. • Provision of media or communication strategy documents or examples.
Recommended Elements for Mature POLST Paradigm Programs		
Yes	No	Items 1-2 are recommended elements for Mature POLST Paradigm Programs
		<p>1. State coalition leaders are encouraged to be available to mentor developing states.</p> <p>Potential documentation</p> <ul style="list-style-type: none"> • Short narrative about state coalition leaders’ ability and willingness to mentor other developing states.
		<p>2. Physicians, nurse practitioners, and physician assistants who work in practice settings such as hospitals, nursing homes, private offices, group practices or patient homes offer the POLST Form to all patients with serious or life-threatening illnesses.</p> <p>Potential documentation</p> <ul style="list-style-type: none"> • One or two sentence narrative is acceptable



I. POLST Paradigm Form Use Please respond based on current use.

(1) POLST Form distribution/use:

- a. # of Forms distributed per year:
- b. Are POLST Forms used by those 18 years or younger?
- c. Are POLST Forms distributed from a central location?
 - i. If no, how are POLST Forms distributed?

(2) POLST Form revisions:

- a. How often is the POLST Form reviewed and revised?
- b. Who/what group revises the POLST Form?
- c. How are updated POLST Forms distributed?

II. POLST Policies

- (1) Provide sample copies of policies relating to POLST use in health care settings (hospitals, EMS, nursing homes, etc). If no policies exist, please explain why not.**

III. POLST Program Management

- (1) Describe how the POLST Program is managed:**
- (2) Describe all quality assurance measures the POLST Program implements:**
- (3) Describe how the POLST Program incorporates the [Seven Core Elements for Sustainability](#):**

IV. POLST Education Provide samples of educational materials for both categories:

- (1) Describe training and educational materials available for health care professionals:**
- (2) Describe training and educational materials available for patients and the public:**

V. POLST Registry

(1) Does the program have a Registry for POLST Forms?

- a. Provide details about funding and timelines:
- b. Provide information about the Registry including:
 - i. Year Registry started:
 - ii. Ownership/administration of Registry:
 - iii. Number of POLST Forms submitted to Registry:
 - iv. Any related legislation or regulations related to Registry:

(2) If no current Registry, then please provide a brief explanation about why not, including any potential barriers.

- a. Does the program have plans for creating a Registry?



VI. Additional Information

- (1) Provide any information you think would be helpful for the National POLST Paradigm Task Force in reviewing this application.**

For Office Use Only:

NPO Review: _____

Date of Endorsement: _____

Date Consultation Committee Approval: _____

Date NPPTF Approval: _____