

National POLST Paradigm Application for Developing POLST Paradigm Program Status

Directions: Please complete the information requested on this form. Email the application and your program's most current POLST Paradigm Form to the National POLST Paradigm Office: admin@polst.org

Program Information

State:

Application Date:

POLST Program Name:

POLST 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.

POLST Program Information

1. **Year POLST Coalition Started:**
2. **Year of first POLST Form Use:**
3. **Are there state laws and/or regulations that relate to POLST?**
 - a. **If yes, please provide a copy of each with your application.**
4. **Major barriers to implementation, if any:**

Media Information Please 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 If Available:

1. **Name:**
2. **Email and phone:**

Evaluation for Developing POLST Paradigm Program Status

Developing POLST Paradigm Programs do not have to answer “yes” to all items below, but should be working on and considering each as development continues. Please indicate whether your POLST Program currently is working on the identified elements below by typing **Yes** or **No** for each item.

Yes	No	
		1. Program is a single statewide coalition with defined membership and a recognized leader(s). Coalition includes representatives from EMS, emergency departments, health care facilities and other stakeholders who will be using the form in patient care. Please attach a list of coalition members.
		2. Coalition is meeting on a regular basis. Please state how often coalition is meeting:
		3. Coalition has reviewed the Seven Core Elements of Sustainability .
		4. Coalition has or is working to create and implement a POLST Form that meets the requirements for National POLST Paradigm Task Force Endorsement (see Endorsement Application for current endorsement form requirements).
		5. Has reviewed existing state laws and regulations. Questions 5A - 5D consider specific legislative issues.
		5A. Has determined that use of a POLST Form and a POLST Program is: <ul style="list-style-type: none"> - compatible with current legal structure OR - is not compatible with current legal structure, but coalition is working with the relevant regulatory bodies to seek necessary changes in state law or regulation. If not compatible, please provide additional information about the legal barriers.
		5B. Has considered ways of establishing the POLST Program (conversation and form) as a recognized standard of care.
		5C. Has considered any local conflicts between current advance directive and surrogate decision maker statutes and POLST.
		5D. Has reviewed the POLST Legislative Guide .
		6. Program promotes the concepts listed in 6A-C below:
		6A. Completion of the POLST Form is voluntary.
		6B. The intended audience for use of POLST Forms are patients who are seriously ill or frail for whom their health care professional would not be surprised if they died within the year.
		6C. Completion of the POLST Form is based on shared-decision making between the patient and his/her health care professional and that the POLST Form is viewed as patient preferences documented as medical orders.



I. POLST Paradigm Form Use Provide a copy of your POLST Paradigm Form (even if just in draft form)

(1) POLST Paradigm Forms are currently in use in our state:

- a. Yes. Please answer questions 2 - 5.
- b. Not yet. Please skip to POLST Paradigm Policies.

(2) POLST Paradigm Forms are currently used in the following settings:

- a. Long Term Care Facilities
- b. Hospice Facilities
- c. Nursing Homes
- d. Hospitals

(3) POLST Paradigm Forms are currently used:

- a. Statewide
- b. Regionally - provide a summary of regions and plans for statewide implementation.
- c. Pilot Programs - provide a summary of pilot programs and plans for statewide implementation.

(4) POLST Paradigm Form distribution/use:

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

(5) POLST Paradigm Form revisions (if haven't yet revised, indicate plans on how you expect revisions to happen):

- 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 Paradigm Policies

- (1) Provide samples of policies relating to POLST use in settings such as hospitals, EMS, nursing homes, etc:**

III. POLST Paradigm Program Management

- (1) Describe how the POLST Paradigm Program is managed:**

IV. POLST Paradigm Education If applicable:

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

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