About the National POLST Paradigm

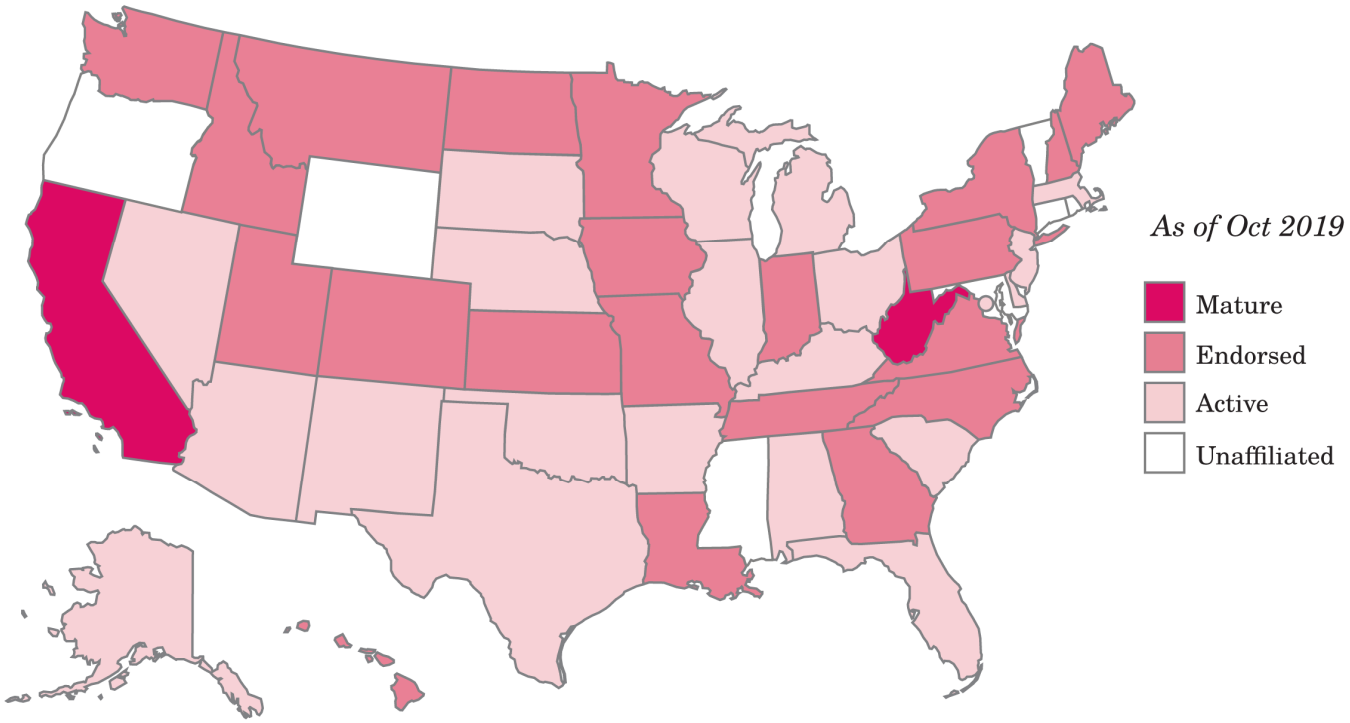
National POLST is an approach to advance care planning for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. The POLST process emphasizes eliciting, documenting and honoring patients' preferences about the treatments they want to receive during a medical emergency or as they decline in health. These treatment wishes are documented on a portable medical order called a POLST form.

The POLST form communicates patient treatment wishes from the patient's primary provider to other providers, including emergency personnel, when the patient lacks capacity to speak for him/herself. It is not just for emergencies, but also provides guidance hospitals use to create in-hospital order sets, guidance for next care upon discharge, and guidance on a patient's goals of care that help providers determine what other treatments not covered by the POLST form to offer or provide.

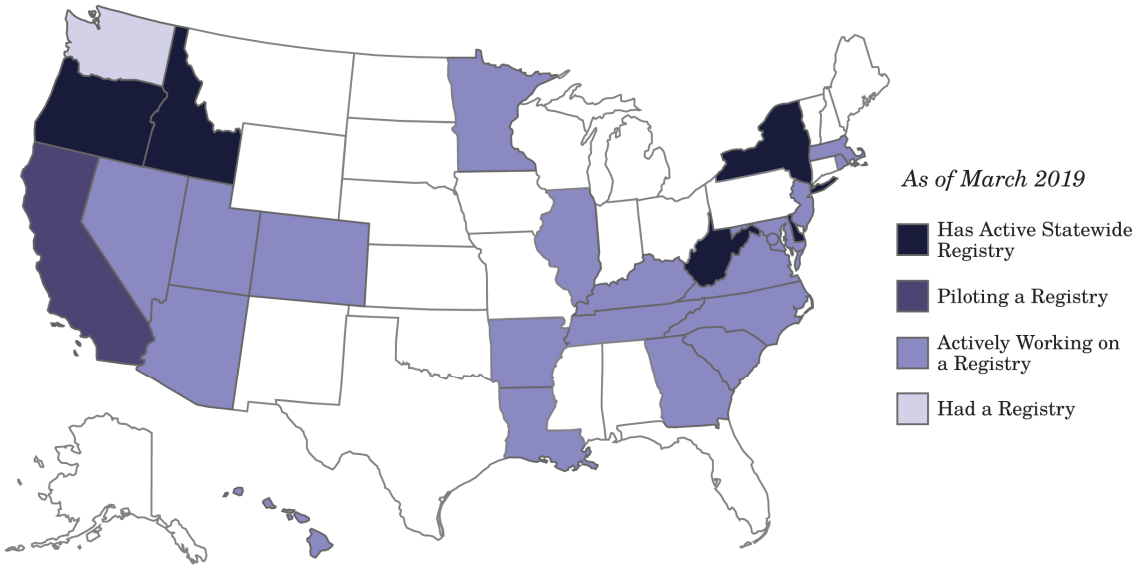
POLST is intended for a limited set of patients. For these patients, their current health status indicates the need for standing medical orders. Another way to look at it: patients appropriate for a POLST conversation are those who are most likely to have a medical crisis (predictable based on diagnosis) but who may not want our current standard of care, which is to do everything possible in an attempt to save someone's life. For healthy patients, an advance directive is an appropriate tool for making future end-of-life treatment wishes known.

POLST is a national movement implemented at the state level. The vision of National POLST is for states to adopt national standards, resulting in greater consistency of process, improved patient care and greater patient control and direction over medical treatment. State programs volunteer to participate in national governance, which sets the standards for POLST forms and process, program designations, guidance, and policies through consensus.

To learn more please visit www.polst.org. This map shows POLST Program designations for programs active in national POLST governance (programs must be active in national governance to receive a designation).



National POLST Paradigm: Registry Map (For more information, please visit www.polst.org/technology)



National POLST Paradigm: POLST Use for Each State

This map shows the general availability regarding the use of the POLST Paradigm (process and form). POLST Program leaders were asked to use the following definitions and provide their assessment about the use of the POLST Paradigm (process and form) within their state:

- **Statewide:**
  - More than 75% of Emergency Medical Service agencies have protocols that recognize and honor the state POLST form.
  - POLST is the standard preferred practice statewide for process of advance care planning for persons of any age with serious advanced illness or frailty whose health care professionals wouldn't be surprised if they died within the year
  - For each region of the state (defined by EMS, DHS or Dartmouth Atlas), POLST forms are used in 50% or more **in each**: hospital, nursing home or nursing home resident population, and hospice.
- **Working /Towards Statewide Availability**. There is greater availability/use of POLST than just in pilot programs or specific regional areas.
- **Pilot Programs or Limited Availability**. The POLST Paradigm is being piloted in specific areas or is only available/used in certain regions.