

NOTES ON POLST March 2016

National POLST Paradigm Conference

A national conference was held in February in Chicago and included attendees from across the country. The following highlights some of the more significant discussion.

- The National POLST Paradigm Office and Task Force, initially created in 2004 and housed and supported at the Center for Ethics at Oregon Health and Science University, is establishing a national office in Washington D.C. in 2016. It is expected that this move will improve visibility of POLST and build a larger audience for POLST programs that can be leveraged for legislative advocacy. Executive leadership will continue to be provided by Amy Vandenbroucke, JD, members of the task force and a small administrative staff.
- With the support of the Pew Charitable Trusts, a POLST Toolkit intended for national use and across the care continuum is under development. Goals for the toolkit are:
 - Show how POLST can be used to support patients through transitions across care settings
 - Increase implementation of POLST among key health care and facility administrators
 - Educate about benefits of, and how to implement POLST
 - Provide setting-specific resources for POLST implementation to address the specific needs to implement POLST in difference types of care facilities.

The kit will be shared in our state as soon as it is available.

- A national strategy to expand communication of POLST through the use of social and traditional media is underway. Here in Pennsylvania our use of social media has been limited. If any reader would like to volunteer to provide PA POLST messaging, please contact PAPOLST@verizon.net.
- Father Thomas Nairn, Senior Director, Theology and Ethics at the Catholic Health Association, presented an overview of POLST and Catholicism. He made the point that POLST *can* be consistent with Catholic theology. However, he warned that caution should be used and abuse avoided. Abuse would consist of:
 - Regarding POLST as just another form for physician to complete
 - Separating POLST from advance care planning
 - Executing POLST forms for patients who are not appropriate candidates for POLST
 - Treating POLST as mandatory rather than voluntary. This may be especially problematic in some long-term care facilities
 - Not providing appropriate education for health care professionals
 - Not monitoring and evaluating implementation of POLST

Patient Stories

Also discussed at the conference was the value that patient stories can provide to help gain acceptance of the POLST process. As efforts progress towards POLST legislation in our state, patient and family stories may be able to help legislators, the public, health care professionals and others to more fully understand the issues around end of life decision-making and increase support of the paradigm. Please consider sharing any such stories with us. We assure that any use of these would be consistent with HIPAA regulations.

POLST: Doing It Right! Training Course

The Pennsylvania POLST course has been slightly modified with the emphasis on the conversation and facilitator training. We learned that most previous attendees were not anticipating being trainers so the modification addresses what is seen as a greater need. The revised course outline is attached to this document.

We are especially looking for POLST champion partners in eastern Pennsylvania to present this 8.0 credit program. All materials are provided and guidance for associated administrative tasks is available. If you would like further information on how this course could be offered in your facility or region, send a request for information to PAPOLST@verizon.net.

POLST: Doing it Better Video

A new video provides a clear overview of the National POLST Paradigm. This educational tool for health care professionals describes POLST, clarifies to whom POLST should be offered, emphasizes best practices for POLST and corrects some common misconceptions. Susan Tolle, MD, Chair, Oregon POLST Task Force, oversaw the creation of the video. Take a look at the video, share it widely, and help health care professionals understand the role and importance of POLST! It can be viewed at <http://www.polst.org/polst-doing-it-better/> or <https://www.youtube.com/watch?v=zlqQgCBChn0>.

POLST Legislation

The Pennsylvania Medical Society convened a group of stakeholders for a meeting on February 11 for a review of draft legislation. Following discussion and recommendations for minor changes, the draft is being circulated for final comments from key individuals and organizations. No target dates for next steps are available as yet.

National Healthcare Decisions Day

(NHDD) exists to inspire, educate and empower the public and providers about the importance of advance care planning. NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be. The theme for 2016 is *"It Always Seems Too Early, Until It's Too Late."* For more information on how to participate, go to www.nhdd.org.

Your Feedback

We are always interested in any comments on the use of POLST in PA. Please share your feedback with us.

Thank you,

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PENNSYLVANIA ORDERS FOR LIFE-SUSTAINING TREATMENT

POLST: Doing it Right Training Course Outline with Supplemental Session for Administrators and Trainers

GOAL: Assure quality of use and effectiveness of POLST goals of care discussions

A. Course Objectives

The major focus is to advance the understanding of the value of POLST and the development of skills to facilitate the goals of care discussion for individuals with advanced illness, serious health conditions, medically frail or those of advanced age and wishing to define their preferences for care.

At the completion of this course, participants will:

1. Be able to define the role of Advance Directives and POLST in Advance Care Planning
2. Have sufficient knowledge of tools and resources to serve as a POLST resource within their institutions and communities
3. Have a high level of understanding of the importance of the POLST conversation
4. Demonstrate the ability to facilitate a POLST discussion and appropriately complete a POLST form

Supplemental Session:

1. Define required elements to successfully implement a POLST Program
2. Apply course contents to training programs conducted in their workplace and community

B. Who Should Attend Course

The course is designed for:

Health care professionals of any discipline who engage patients, families and surrogates in goals of care discussions including physicians, physician assistants, CRNPs, nurses, social workers and others and for those who provide education on the POLST Program.

C. Online Prerequisite Course – Credit hours 2.5

1. POLST in Action in Pennsylvania Video
2. Pennsylvania's Advance Directive Law – Act 169, A Summary
3. An Overview, Advance Directives and POLST
4. Advance Directives, Advance Care Planning and POLST in Practice: Webinar by Dr. Alex Nesbitt
5. POLST – Guidance for Health Care Professionals
6. POLST Conversation Video
7. Review of Frequently Asked Questions
8. Post-Test

In-Person Facilitator Training Session

Topic	Activity	Time
Welcome	Introductions Review of Objectives Brief Overview of POLST	0.25 hours
1. Review of Advance Directives and POLST	Power Point Presentation	0.5 hours
2. POLST Conversation	Power Point Presentation Demonstration of a POLST Conversation	1 hour
3. POLST Tools for Discussion and Documentation	Brief demonstration of available tools for learners to use in practice	0.25
Break		
4. POLST Conversation Practicum	Negative Video Role Plays Carousel	2 hours
Credit hours 4.0		

Supplemental Session for Administrators or Trainers

1. Overview of POLST Implementation Process	Power Point Presentation Word Document for Distribution: <ul style="list-style-type: none"> • Model Policies' Introduction • Recommended Policy Elements 	45 minutes
2. Training Preparation "How can I go out and use this?"	Principles of Adult Learning Discussion Practical Teaching Tips Elements of POLST Training Courses Course Evaluation Example	45 minutes
Credit hours 1.5		