February 2015

Nevada POLST Celebrates One Year

March 15 will mark the one year anniversary for Nevada POLST and we want you to join in our celebration! Sorry we can’t send cake to all of you, but we can send our thanks for all your help this year to launch the Nevada POLST Program, introduce it to your facility staff, communicate its benefits to our communities and offer it to your patients.

To date, we have sent 21,100+ POLST forms to health care facilities and provided training and education at over 50 venues including nursing homes, hospices, hospitals, private medical practices, community events, health care conferences, college classes and medical associations. 18 volunteers, including doctors, nurses and EMS responders have taken our 1.5 hour course to become Nevada POLST trainers, spreading the word and assuring that this program is understood, implemented successfully and provides the care that patients desire at the end of life.

This could not have been accomplished without the help of so many supporters of Nevada POLST. Health Insight and the Nevada Hospital Association sponsored the printing of 48,000 Nevada POLST forms for which Geriatric Specialty Care provides storage space and a training room. St. Mary’s Regional Medical Center and Renown Regional Medical Center have provided space for meetings, FedEx on Neil Rd. donated shipping boxes, and Focused Computing has provided website management. We also received a nice donation from a community supporter. The successes of this year are only due to the help we’ve received from those who believe in what Nevada POLST provides to our community. We thank you for allowing us to do the work we are so passionate about.

This next year seems to be off to a positive start as well. The Alliance with the Washoe County Medical Society has provided Nevada POLST a grant to help us introduce Nevada POLST to Southern Nevada and purchase online conferencing to offer training and support in our rural counties.

Starting a non-profit presents a myriad of challenges, but they are well tempered by the gratifying progress we have made. Thank you for a successful first year!

Questions Corner

Send us any questions you have about Nevada POLST and we will share the answer assure this program is a success for patients, their loved ones and providers.

Is a doctor’s signature enough?

To be valid, the Nevada POLST form must be signed and dated by both the patient’s physician and the patient, their Durable Power of Attorney for Health Care (aka DPOA, Agent, Surrogate). Remember, a patient may eventually have multiple POLST forms, or a POLST that doesn’t agree with their Advance Directive. It will be imperative to know which document is the most recent, as it’s directives will prevail. At this time, a physician is the only person who can sign in Section C, not a NP or PA.

Does the form expire?

The Nevada POLST form does not expire, but should be reviewed with the patient or their representative (DPOA, parent of a child, guardian) if there is a change of health status or they are transferred.

Can a provider refuse to comply with a POLST?

If a provider feels they cannot comply with the medical orders of the POLST, they must transfer the patient to the care of a provider who is willing to comply.

Nevada POLST form Alert!!

An army of people proofed the Nevada POLST form prior to its approval by the Nevada State Health Division, but despite such scrutiny, the very keen eye of one of our trainers noted that at the top of Side 1, the date of birth (DOB) is noted in the form dd/mm/yyyy (10/02/1944). Unfortunately, in the United States the conventional notation is mm/dd/yyyy (02/10/1944), thus resulting in possible confusion. Therefore, until this change has been made to the state approved form, we suggest writing the text abbreviation, for the example above, Feb 10, 1944. This will avoid any confusion!

POLST, COLST, MOST, LaPOST...We All Gathered

Although called by different names and all with various state-specifics, our national organization, the POLST Paradigm, provides a common framework for all. February 4 - 6 representatives of 37 states gathered to build upon this framework, creating a network of state POLST Programs at the annual POLST Paradigm conference. Mary-Ann Brown, VP of Nevada POLST and Director of Hospice and Palliative Care at Renown Medical Center, and Sally Hardwick, President of Nevada POLST represented Nevada. Attendees shared information, experiences and advice, which was very helpful as some programs are very mature (20+ years) while others are just forming.

The POLST Paradigm encourages all programs to share resources so Nevada will take advantage of this generosity to improve our website by modifying the documents and resources of other states for our purposes. These resources will be noted in this newsletter, so watch for those in the coming months.

Sustainability of POLST programs was a key theme. Few POLST Programs have permanent financing, so funding is a common challenge. Important to fund-raising are stories about your program. As a new POLST program, Nevada POLST would like to hear how it has impacted families and providers so we might share these stories with others to demonstrate the efficacy of Nevada POLST.

Another aspect of sustainability, particularly for new non-profits, is to collaborate with other organizations for events, grants, communication and many other aspects of business that are beyond a young organization’s capacity. Nevada POLST is therefore reaching out to other organizations for such opportunities. Please let us know if your organization may have some prospects for us.

The organizational structure is also critical to success of a non-profit tasked with a major project and few resources. Therefore, Nevada POLST will be examining our structure to determine if we might better maximize our efforts going forward.

Communication and social media were also discussed...ergo, this newsletter (see how quickly we learn!). The social media piece is more of a challenge. None in our organization have much expertise with this, so if any of our readers might be able to offer some assistance, we would be ever so grateful!

The other emphasis of the conference was with The Conversation. That is, assuring that the POLST form is completed only after a meaningful conversation that elicits a patient’s values and desires regarding end-of-life treatments. Again, various states offered their resources to help promote better conversations between providers and their patients. These will be available on our website very soon. We will also be exploring other opportunities for providers to improve their skills and comfort with these difficult conversations (see Of Most Importance, next page).

In all, the National POLST Paradigm provided a very helpful opportunity to improve our program and set a fine example of collaboration, support and direction, so vital to our efforts.
Of Most Importance

Although many see the POLST form as the primary focus of the Nevada POLST Program, it is actually The Conversation that is most crucial. The Conversation is the second step in the Nevada POLST Program: 1) Identify the appropriate patients (very frail elderly or those near the end of a terminal illness or progressive disease), 2) have The Conversation, 3) complete the Nevada POLST form and 4) coordinate transfer of the POLST with any transfer of the patient.

There are many ways to have The Conversation, but the following suggests an approach that works well for many providers and patients.

Prior to the appointment for The Conversation, the patient should be made aware that they are at a crucial stage and that decisions should be made for the time remaining. Preferably, this should be done at least months ahead of any expected demise. The patient should be told that they will be discussing their wishes at their next appointment and to think about what may be important to them. In addition, they might be asked to bring their Durable Power of Attorney for Healthcare (DPOA) as specified in their advance directive, a friend or loved one to be part of the conversation.

At the appointment, you, the preparer (who could be a nurse, NP, PA, social worker, or anyone with knowledge and understanding of the treatments that may be ahead and the implications of choices regarding those treatments) should ask the patient to tell them what they know and understand about their health problems and prognosis. Any misunderstandings should be clarified.

You can then ask the patient what their concerns are for what may lay ahead and what is important to them in the months and days ahead. Are there trade-offs they are willing to make (would they be willing to be less lucid, but be in less pain)? You might ask if they have lost a friend or loved one who they thought had a good passing. What made it so good? What types of things would they want to avoid (ICU, loud noises, being unable to communicate, not knowing their loved ones, etc)? Is there anything or treatment they are afraid of (pain, being alone, “needles and tubes”, etc)? This may be an opportunity to discuss what certain treatments involve and perhaps assuage any fears allowing them to accept treatment they might not otherwise have chosen. Is there anything they especially want (listening to music, be by a window with a view)?

Such questions will give you a sense of the patient’s overall approach to the life they have left and will help you complete the form with them. For example, if earlier the patient said they just want to be in a peaceful place when they pass, but in completing the form they say they agree to ICU admission, then what being in ICU means should be discussed and their wishes clarified. In doing so, the patient will better understand what may be involved in the months ahead and how they want to live their final days.

This conversation does not need to be completed in one sitting. (See NevadaPOLST.org for billing codes). It may be a couple of meetings, one to talk about values and the other to complete The POLST form. In any case, notes regarding the patients values should be retained and reviewed or used to verify that treatment aligns with the patient’s values. When completed, the POLST form should align with the conversation you had with the patient about their hopes and fears, their values.

When completed, the form must be signed and dated by the patient or their representative (DPOA, parent of a minor or legal guardian) on the first signature line of Section F, then the person who came with the patient can attest to the conversation on the second signature line (witness) and finally, you, the preparer should sign on the final signature line of Section F.

If the physician did not have The Conversation with the patient (or representative), he/she should review the form with the patient, verify that it is what they want and assure there are no conflicting orders. Once verified, the physician must sign and date Section E.

Having a meaningful conversation better assures patient comfort and confidence and allows the physician to give their patient a final choice, the right choice for them.

Clipped Wings

Although POLST passed through legislation unanimously, it came with no state funding. Nevada POLST was formed as a non-profit to promote the Nevada POLST Program throughout Nevada, a very tall order! So, although passing the legislation had us flying high, the lack of funding has virtually clipped our wings. But, we are determined to soar!

We’ve been fortunate to have many in kind donations. The printing of 48,000 Nevada POLST forms has been sponsored by the Hospital Engagement Network, a partnership between the Nevada Hospital Association and HealthInsight and space for storage of the forms has been provided by Geriatric Specialty Care. With this combined help, we are able to offer the forms to providers free of charge.

In addition, we’ve had Train-the-Trainer space donated by both St. Mary’s and Renown Regional Medical Centers and the Nevada Hospital Association has also provided teleconferencing for our board meetings.

We’ve made tremendous progress. Through only word-of-mouth, news of Nevada POLST is spreading. Our volunteer trainers have already trained at over 50 venues throughout the state! This represents hundreds of community members and many times that healthcare providers.

To this point the small handling fee charged for shipping Nevada POLST forms (from $4 to $3.05 per order) is our only revenue. Donors have contributed another $1500 and in March, a grant from the Alliance with the Washoe County Medical Association will add another $3810.80 to our coffers. This assistance, with the fact that we are an entirely volunteer organization, has gotten us to this point. This is a good start, but for an organization responsible for POLST education and quality control of all acute care facilities, nursing homes, hospices, skilled nursing facilities and the public across Nevada, it is imperative to build an organization that can be sustainable into the future.

Nevada POLST’s Board of Directors will meet for our first anniversary in March to strategize for our future. We’ve been very encouraged by the initial reports we’ve received from facilities and EMS that have implemented Nevada POLST. Now we need to determine how to most effectively and efficiently continue to promote Nevada POLST. With the continued help of our supporters we are confident Nevada POLST will meet its goal of honoring the wishes of every patient in our state at the end of life.

Our website provides:

➢ step-by-step instructions to completing the Nevada POLST form
➢ Patient handouts
➢ Coding information for reimbursement
➢ An explanation of the difference between Nevada POLST and an Advance Directive

And MUCH more. Visit our site at www.nevadapolst.org

Suggested Reading

➢ My Own Life by Oliver Sacks - New York Times article
➢ On Being Mortal by Atul Gawande - nonfiction

Please share your recommendations.

For additional information, questions or to otherwise contact Nevada POLST, please at info@nevadapolst.org