

**Program Description for: *HAWAII***

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**Date Completed:** 10/26/2009

**Date Updated:**

**Program Name:** POLST

**State or Region:** Hawaii

**Area of Use:** Statewide

- Program Status:**
- No Program (possibly state contacts)
  - Developing Program
  - Endorsed by National POLST Paradigm Initiative Task Force

**Name of program / form:**

Yes	No	Optional	POSSIBLE POLST PARADIGM COMPONENTS
X			1. Form has a uniform, standardized color
X			2. Decisions reflected in the form are medical orders that must be followed by emergency personnel in the field and emergency rooms.
X			3. The form accompanies the patient across care settings
X			4. CPR / DNR section
X			5. Levels of interventions for #3
X			6. Levels of interventions for #4
X			7. Feeding Tube
X			8. Antibiotics
X			9. Basis for orders
X			10. Person completing form
X			11. Physician / NP / PA signature
X			12. Physician / NP / PA name & office number
X			13. Patient / Legal agent signature
X			14. Designation of legal agent name and number
X			15. Statement about leeway ( <i>is the patient's surrogate provided authority to interpret the goals and preference at the time decisions are made?</i> )

**EXTENT OF USE:**

**Start year:** 2009

**Settings of skills:** This form is being rolled out across all settings, with initial emphasis in hospitals, nursing homes, home health and hospice providers. Ultimately, we would like to see care home operators using this form as well as physician's offices.

**Range of use:** We have just begun to implement. The law passed July 15, 2009

**Use by those under 18yrs:** yes

**Distributed per month:** Too soon

**Distributed per year:** Too soon

## **HISTORY:**

### **BARRIERS OVERCOME:**

After an initial attempt in 2006, we drafted new legislation in 2009 and got it passed. Previously, Hawaii had a CCO-DNR bracelet system in place.

Once we identified the best legislation example, we worked with legislative leaders to draft and pass. Initially, the bill mandated adoption of the form by healthcare providers. We agreed to change the wording to voluntary upon the strong objection of a mandate from across the industry. The Governor expressed concerns about possible abuses from non-designated surrogate decision makers, but we overcame those misinformed opinions with a coordinated communications plan.

### **STATE LAW AND REGULATIONS:**

Act 186, which was House Bill 1379 was passed on July 15, 2009.

## **POLST IN THE HEALTH CARE SETTING:**

### **Policies (hospitals, nursing homes, EMS, etc.):**

The adoption of the form is voluntary, however, we are seeing the widespread embrace of this in all of our initial educational outreach efforts. We anticipate that facilities will modify their existing advance directive policies and procedures to integrate this into the discussion with patients and families.

### **Registry for POLST Paradigm Forms:**

No

### **Management:**

Kokua Mau oversees the program.

### **Training for health care professionals:**

A general introduction to the form and the process of completing it is being offered in the initial roll out phases. Additionally, concurrent training to the EMS providers is informing them of how to use the information in emergency situations.

### **Training for the public and patients:**

No specific training is being offered yet. However, Kokua Mau has done extensive training over the years on Advance Care Decisions, with a target to social workers and discharge planners. As we continue to implement, we are engaging the Hawaii Medical Association, the Healthcare Association of Hawaii, the Long Term Care Association along with the major insurance providers, such as our local Blue Cross/ Blue Shield and Kaiser to reach all appropriate providers.

Community education is currently being planned, although occasional Rotary and other community talks are requested. Community talks will be a subsequent focus.

### **CQI projects and research:**

None yet.