

Program Description for: **ALASKA**

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**Date Completed:** 12/5/2008 **Date Updated:**

**Program Name:** MOST (Medical Orders for Scope of Treatment)

**State or Region:** Statewide  
**Area of Use:** Alaska

- 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. Space for review
	X		16. 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:** 2007

**Settings of skills:** skilled nursing facility, assisted living homes, hospitals

**Range of use:**

**Use by those  
under 18yrs:**

**Distributed per month:** N/A

**Distributed per year:** N/A

**HISTORY:**

A task force chaired by Dr. Maria Wallington began meeting in 2006 to develop a POLST type form that is appropriate to the unique settings in Alaska. There was agreement that good information on patient wishes when transferred between facilities and levels of care was missing, resulting in advanced directives not being followed or care above the wished of the patient and family.

**BARRIERS OVERCOME:**

There was some concern over having ANP/PA able to sign forms. In many of our rural/village communities these are no MD's available.

Some hospitals are asking the MOST form go through their own form committees. We are happy to educate but are concerned that there be only "one" accepted form, not a separate one for each facility. Continuing education we hope will meet this barrier.

In addition, we have a Tribal health system. Hub hospitals have been open to use of the form. We are now working on the Alaska Native Medical Center and having the form used here.

**STATE LAW AND REGULATIONS:**

We have chosen to not ask for a legislative change at this time. There is a "comfort one" system that regulates expected home deaths (hospice). We have included those people in the development of this form. None at this time.

**POLST IN THE HEALTH CARE SETTING:**

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

We have begun training in our Alaska Pioneer Homes (state run assisted living homes) and it has been adopted by that system. We have begun presentations to physicians in two major hospitals in Anchorage as well.

**Registry for POLST Paradigm Forms:**

**Management:**

Currently, the form does not have one home. It is overseen by the taskforce. There is not a registry for those who complete the form.

**Training for health care professionals:**

**Training for the public and patients:**

We are completing the training for health care professional first. Then we will have public and patient education.

**CQI projects and research:**