

**Program Description for: IOWA**

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**Date Completed:** 9.28.2007  
**Date Updated:**

**Program Name:** IPOST (Iowa Physician Orders for Scope of Treatment)  
**State or Region:** Statewide  
**Area of Use:** Cedar Rapids, Iowa

- 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:** October, 2006 we began the development of our form which we currently have a final draft.  
**Settings of skills:** Our initial goal is to begin with improving communication between care center and the acute hospital setting.  
**Range of use:** Unable to at this time.

**Use by those under 18yrs:** Not at this time.

**Distributed per month:** In progress – N/A      **Distributed per year:** N/A – To be determined

**HISTORY:** Our process was driven by a need identified by our physicians in the community. Specifically the pulmonologists. The Palliative Care teams from 2 local hospitals (Mercy Medical Center and St. Luke’s Hospital) in Cedar Rapids formed a partnership to improve the need for communication of individual wishes, specifically those residing in nursing facilities with serious illness moving through the continuum of care. A focus group was formed and support from all members to move forward was decided. This included: Physicians, EMT/ED community, Nursing/Long Term Care Facilities, Hospice/Palliative Care teams. Administrations at the local hospitals in Cedar Rapids. We then developed a draft form for use based on the National POLST Paradigm. We are moving forward with legislative review.

**BARRIERS OVERCOME:** Early barriers included limited resource for the project including time and bringing together the critical players.

**STATE LAW AND REGULATIONS:** We are currently researching the Iowa State and Local legislations. We have attended a Public Hearing for the Affordable Health Care Commission for the State of Iowa who are responsible for coming up with suggestions for health care reform in the upcoming legislation. It appears this form would be an addition to the Care Center Regulations and Advance Directives. Q.I. will be integrated into the education and outcomes development.

**POLST IN THE HEALTH CARE SETTING:**

**Policies (hospitals, nursing homes, EMS, etc.):** This is a dynamic process. We currently are reviewing the processes for the Out of Hospital DNR; Advanced Directives and Care Center Regulations.

**Registry for POLST Paradigm Forms:** No.

**Management:** The Palliative Care Team Coordinators from the 2 community hospitals.

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AND

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**Training for health care professionals:** Our education plan is to be developed. We have connected with the End of Life Coalition and they will be instrumental in our educational plan.

**Training for the public and patients:** This will also be included in our educational plan.

**CQI projects and research:**