

Program Description for: **MINNESOTA**

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Date Completed: 11/09 **Date Updated:** 3/11/2010

Program Name: POLST (Provider Orders for Life-Sustaining Treatment)

State or Region: Minnesota

Area of Use: Allina Health System serves a patient population that spans a 28 county area

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

Name of program / form: POLST

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: 2009
Settings of skills: Use this form in the hospital, Clinic, LTC, ALF, and home
Range of use: Has been implemented in several integrated health systems with plans in several others
Use by those under 18yrs: Undetermined

Distributed per month: Unknown

Distributed per year: Unknown

HISTORY:

Minnesota Medical Association (MMA) Ethics Committee worked on drafts of POLST from ~2006-2008. In 2008-09, the MMA led a broad consortium of interested groups and individuals to achieve a consensus on a tool that is consistent with Minnesota laws and would not require new regulations or legislative action. Form endorsed by the MMA Board and the Minnesota Emergency Medical Services Regulatory Board. Several organizations, including Allina, have begun using this form as a replacement for prior versions created in-house. On 3/10/10, the state's largest newspaper ran a front page story on the POLST, creating a public awareness.

BARRIERS OVERCOME:

EMS and organized medicine buy-in have been overcome. Challenges remain in defining ways to both integrate POLST into electronic health records (common in hospitals and large clinics) and to make it transportable to nursing homes, home care and hospice, where electronic records are less common. Veterans Administration system cannot use form in Minnesota without legislation defining it. Need to update EMS policies (determined regionally) to allow EMT to accept as valid orders.

STATE LAW AND REGULATIONS:

Not planned at this time.

POLST IN THE HEALTH CARE SETTING:

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

Under investigation.

Management:

Web site and ongoing steering committee staffing through the MMA

Training for health care professionals:

Training has been implemented at the health system level. In some cases, specific ACP facilitators are being used. A program to train such facilitators to help patients with advance directives has overlapping leadership with the POLST program, so preferences stated in ADs can more easily translate into POLST orders, when appropriate. The MMA published an article in its monthly journal (sent to about 50% of state doctors and available on-line) on POLST

Training for the public and patients:

Through providers and news media (see above). MMA press release being prepared

CQI projects and research:

Follow-up steering committee meeting on March 24, 2010 to review anecdotal experiences with form and to consider amendments. A survey of EMS medical directors awareness and views has been designed.