

**Program Description for: *NORTH CAROLINA***

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**Date Updated:** 12/9/2008

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

**State or Region:** North Carolina

**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. 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:** In 2004, the WV POST form was piloted in Buncombe County, NC.

**Settings of skills:** Patient's home and any health care facility/institution/agency.

**Range of use:** The form is statutorily recognized but the program is new across the state, so the use of the form is gaining prevalence in all settings.

**Use by those under 18yrs:** Yes.

**Distributed per month:** ~ 12,180

**Distributed per year:** ~146,156

**HISTORY:** Program began in 2004 in Buncombe County with a pilot of the WV POST form. The physicians who encountered the form liked it so much that they asked the NC Medical Society to develop a form for NC. The NCMS agreed to do so and ultimately developed one with the input of multiple disciplines. Legislation was sought and approved in 2007.

**BARRIERS OVERCOME:** A number of conservative groups opposed MOST, and the legislative battle was extremely difficult; however, with a significant amount of effort on the part of many groups, especially the NCMS, the NC Bar Association, the NC Hospital Association, the Carolinas Center for Hospice and End of Life Care, and the NC Health Care Facilities Association, we were able to prevail.

**STATE LAW AND REGULATIONS:** We used the same statute that recognized our portable DNR order--N.C. Gen. Stat. Section 90-21.17. In addition, the form was adopted by NC Department of Health and Human Services pursuant to 90-21.17: [http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_90/GS\\_90-21.17.html](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-21.17.html).

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

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

Policies vary by facility; however, the statute provides qualified immunity for relying on an original MOST form.

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

All forms must be ordered through NC DHHS, Office of Emergency Medical Services. Only licensed providers may order the forms from NC DHHS. Patients must obtain them through their health care provider.

### **Management:**

The North Carolina Medical Society is the lead organization on the project; however, the form was adopted and is being distributed by NC DHHS.

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

A formal training program is being developed now and will be available statewide through the NC AHEC system beginning Sept 19th; however, training programs have been and will continued to be provided as requested. Because the form is new, numerous requests for presentations have been made, and speakers have been provided statewide to accommodate the need.

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

Same as above. We also plan to have feedback tools available for use by Sept 19<sup>th</sup>, 2008.

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

We are still in the process of getting to program off the ground. Any suggestions on this from other programs would be appreciated.