

## Developing Program Description for:

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**Date Completed:** 9/14/11  
**Program Name:** Vermont Ethics Network-COLST Education Project  
**State or Region:** Vermont  
**Date Updated:**  
**Area of Use:** Across care settings

**Program Status Requested:**

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

**Name of Program:**

### Form Information

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
			5. Levels of interventions for #3
			6. Levels of interventions for #4
X			7. Feeding Tube
X			8. Antibiotics
			9. Basis for orders
			10. Person completing form
X			11. Physician / NP / PA signature
			12. Physician / NP / PA name & office number
X			13. Patient / Legal agent signature
			14. Designation of legal agent name and number
			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> )

### Program Information

**EXTENT OF USE:**

**Start year:**

VT DNR/COLST Form (modified POLST)– established and recommended 2005/Required 2011  
For documenting out-of-hospital DNR and other limitation of treatment orders

**Settings of skills:**

**Range of use:** Across settings

**Use by those under 18yrs:****Distributed per month:****Distributed per year:**

**HISTORY:** When Vermont passed its Advance Directive Statute in 2005, they also created a DNR/COLST form that was recommended for use across settings to document out of hospital DNR and other limitation of treatment orders. The form was recommended and not required. It was utilized until the Vermont Ethics Network (VEN) began doing more targeted education in 2008. In 2011, the Vermont legislature, based on recommendations from VEN on behalf of their own organization and on behalf of the statewide palliative care and pain management task force that VEN coordinates, passed legislation mandating the use of the VT DNR/COLST form for documenting these out of hospital orders.

**BARRIERS OVERCOME:**

- Systematic training and education for health care providers and the community with limited resources (both human and financial).
- Integration of the DNR/COLST form into discharge planning
- Seamless transitions across care settings, including EMS
- Integration of DNR/COLST orders into electronic medical records

**STATE LAW AND REGULATIONS:** ACT 60 (signed into law on June 1, 2011)

**POLST IN THE HEALTH CARE SETTING:**

**Policies (hospitals, nursing homes, EMS, etc.):** Required per the passage of Act 60

**Registry for POLST Paradigm Forms:**

**MANAGEMENT:**

**Describe program management:**

**Who will distribute forms:**

**How will oversight of the program ensure quality:**

**TRAINING:**

**Training for health care professionals:** This has been done on a more informal basis. VEN gets numerous requests every year to do trainings on advance care planning and tools for medical decision-making so we have incorporated training on DNR/COLST into that work. But it has not been systematized across the state and is

done more on a request basis, due to time and resource constraints.

**Training for the public and patients:** VEN does a large number of community awareness and education programs across the state on advance directives and education about DNR/COLST and how this tool interacts with Advance Directives is done as part of our regular public educational workshops.

#### **EVALUATION:**

**CQI projects and research:** VEN is in the process for working with Vermont's Quality Improvement Organization to determine ways to integrate COLST education into their work and measure the effectiveness of that education.

#### **ADDITIONAL INFORMATION:**