MN POLST Registry Study Advisory Committee

October 27, 2023

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Welcome

Agenda

1:00 – 1:05 p.m.	Welcome
1:05 – 1:20 p.m.	Valid POLST Overview
1:20 – 1:55 p.m.	Clinic and Hospital Perspective
1:55 – 2:30 p.m.	Long Term Care Perspective
2:30 – 3:00 p.m.	Emergency Department Perspective
3:00 p.m.	Closing

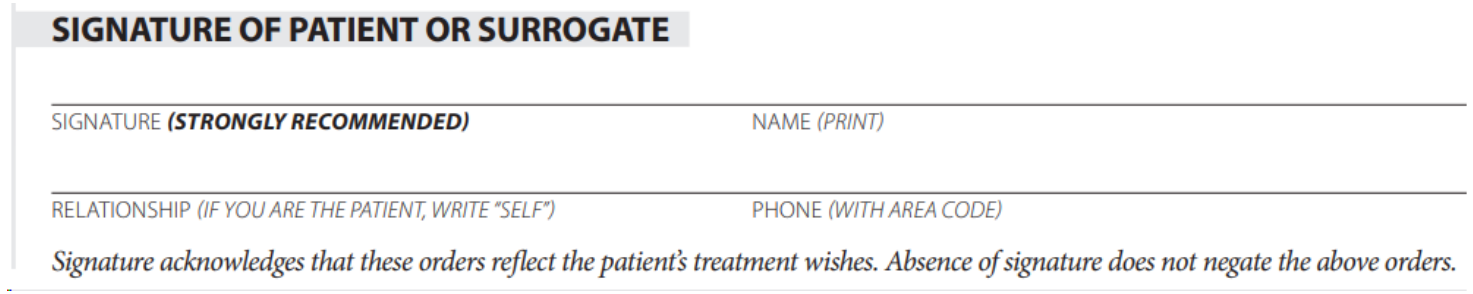
Getting Started

- **Advisory Committee Input**
  - Raise your hand
  - Add comments/thoughts in the chat
  - Share thoughts/comment via post meeting link
  - Turn on camera when speaking (if prefer)
- **Public**
  - Listen to conversation
  - Share thoughts/comment via post meeting link found on POLST page: https://www.health.state.mn.us/facilities/ehealth/polst/index.html

Valid POLST Overview

Valid POLST form

- Signed by a physician (MD or DO), advanced practice registered Nurse (APRN), or a physician assistant
- Patient or surrogate signature is *strongly encouraged but not required*
  - POLST is a medical order, not a legal document



SIGNATURE OF PATIENT OR SURROGATE

SIGNATURE ***(STRONGLY RECOMMENDED)*** NAME *(PRINT)*

RELATIONSHIP *(IF YOU ARE THE PATIENT, WRITE "SELF")* PHONE *(WITH AREA CODE)*

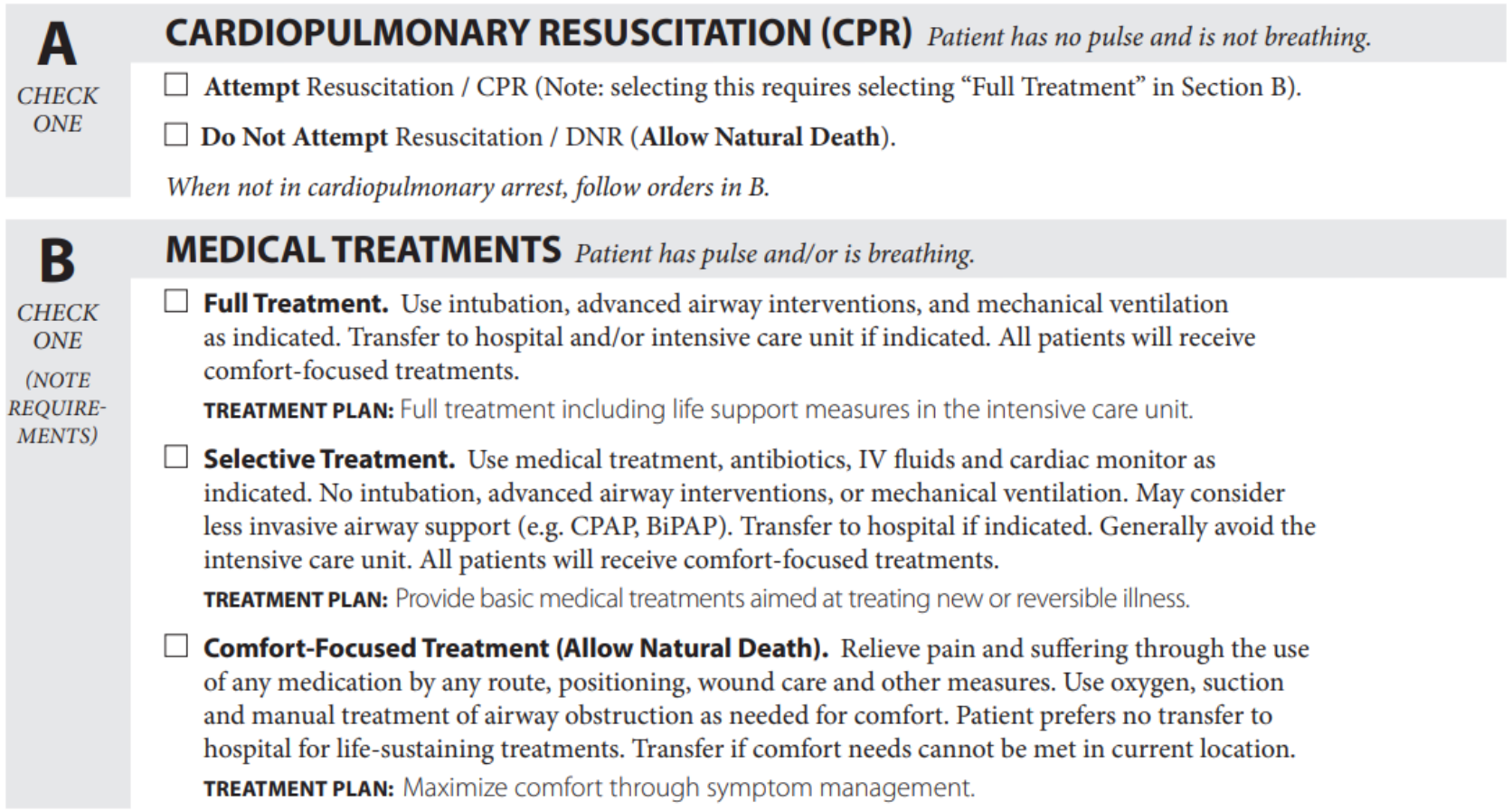
Signature acknowledges that these orders reflect the patient's treatment wishes. Absence of signature does not negate the above orders.

- Photocopied, faxed, or electronic versions are valid
- The most recent version of the POLST form is from 2017 however, all previous versions remain valid

Valid POLST form (1 of 2)

- A POLST form contains 5 sections. “Any section not completed does not invalidate the form and implies full treatment for that section.”
- **Section A**: CARDIOPULMONARY RESUSCITATION (CPR)
  - Attempt or do not attempt
- **Section B**: MEDICAL TREATMENTS
  - Full, selective, or comfort-focused
- **Section C:** DOCUMENTATION OF DISCUSSION
  - Patient or surrogate signature not required
- **Section D**: SIGNATURE OF PHYSICIAN / APRN / PA (REQUIRED)
- **Section E**: ADDITIONAL PATIENT PREFERENCES (OPTIONAL)
  - Artificially administered nutrition and antibiotics

Valid POLST form (2 of 2)



A *CHECK ONE*

CARDIOPULMONARY RESUSCITATION (CPR) *Patient has no pulse and is not breathing.*

☐ **Attempt** Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).

☐ **Do Not Attempt** Resuscitation / DNR (**Allow Natural Death**).

When not in cardiopulmonary arrest, follow orders in B.

B *CHECK ONE (NOTE REQUIRE-MENTS)*

MEDICAL TREATMENTS *Patient has pulse and/or is breathing.*

☐ **Full Treatment.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.

TREATMENT PLAN: Full treatment including life support measures in the intensive care unit.

☐ **Selective Treatment.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.

TREATMENT PLAN: Provide basic medical treatments aimed at treating new or reversible illness.

☐ **Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.

TREATMENT PLAN: Maximize comfort through symptom management.

- If "*Attempt Resuscitation*" is chosen in Section A, "*Full Treatment*" must be chosen in Section B. Any other option chosen in Section B results in an invalid POLST form.

Clinic & Hospital Perspective

Clinic and Hospital Perspective: MN POLST Registry 1 of 5

- Access via a single sign-on through integration with an electronic health record (EHR) would be the ideal and most efficient retrieval method.
  - Similar to the integration of the PDMP with EPIC (integrations cost money)
  - Trigger upon rooming in the emergency department for certain age groups/diagnoses
- Access via a portal using demographics would be helpful during admissions when wanting to review and discuss any updates/changes in goals of care with the patient.
- Access via a portal using bar codes is less ideal as it would require scanners & seems more clunky for the clinic/hospital setting when we have computer access.

Clinic and Hospital Perspective: MN POLST Registry 2 of 5

- Provider prints/provides copy of valid POLST for patient/family
  - Could be useful for EMS if they had it in a designated place in the home.
- Provider runs list of POLST forms with signature of provider (EHR or POLST report)
  - this would be helpful for primary care providers to see which of their patients have completed POLSTs and who may need to have this conversation.

Clinic and Hospital Perspective: MN POLST Registry 3 of 5

- POLST creation > POLST Submission > POLST Registry > POLST Retrieval > POLST Review/Conformation
- HealthPartners Input
  - ACP manager, HIM supervisor, IT manager, legal departments, integrity & compliance manager, palliative care clinicians
- HealthPartners POLST metrics
  - ~ 1000 POLST entered into EPIC monthly (50% paper, 50% electronic e-POLST)
- Locales: Hospital, ER, Clinic, Home Care, and Hospice
  - Hospital Creation: palliative care providers
  - ER, clinic, home care: minimal creation
  - Hospice: palliative care providers

Clinic and Hospital Perspective: MN POLST Registry 4 of 5

- Clinical Key Issues
  - Patient identification
  - Staff training: RN, SW, and care team via www.polstmn.org or Serious Illness Conversation (Ariadne Labs/Vital Talks)
- Technical/Legal Key Issues
  - Input of EPIC POLST to POLST Registry: HIM and IT
  - Legislative Authorization
    - Creation of Opt Out System
    - Patient/surrogate consent
    - Who should ”own” the POLST registry?

Clinic and Hospital Perspective: MN POLST Registry 5 of 5

- Comments and perspectives from other clinic and hospital SME
- Discussion and questions from all

Long Term Care Perspective

Broad Range of Provider Types and Services Provided

- Long term care (LTC) represents non-profit and for-profit organizations providing services along the full spectrum of post-acute care and long-term services and support
  - Skilled Nursing Facilities (SNFs)
  - Assisted Living Facilities
  - Independent Living
  - Home care
  - Hospice
  - Intermediate Care Facility for Persons with Development Disabilities (ICF/DD) (Perspective on 11/17)
  - Other long term residential settings

POLST Perspectives

- POLST process goal in LTC: ethical and prudent processes and conversations
- Different processes at LTC settings for POLST completion
  - Common approach 1: Patient completes/fills out with admissions RNs or social workers (health care professional who prepared the document) and then passed on to a physician, advanced practice registered nurse, or physician assistant to sign (Part D)
  - Common approach 2: Patient has discussion with admissions RNs or social workers but does not necessarily complete/fill out without a discussion with the physician, advanced practice registered nurse, or physician assistant. Admissions staff do not prepare the document.
  - Key issue for many LTC settings is how to document code status.
  - Spiritual care can be part of the POLST discussion
  - Not all LTC settings have substantive discussions about POLST but may advise residents of where to store/keep previously completed POLST forms for emergency access
- Different processes/practices/perspectives in completing Parts B (medical treatments), C (documentation of discussion), and Part E (additional patient preferences)

LTC Perspectives: POLST Registry 1 of 5

- Goal: POLST registry would be the “source of truth” about validity of POLST
  - Time delay in signing and submitting the POLST
  - However, POLST forms are valid even if not in the registry – voluntary to have POLST included in registry
  - Per POLST form: Verbal / phone orders are acceptable with follow-up signature by physician/APRN/PA in accordance with facility/community policy.
- Facilities would verify if a POLST is in the registry and is correct at admission, readmission, and at quarterly care conferences
  - Reduces facility and Part D signer work and the number of POLST forms
- Key Point: The physician, advanced practice registered nurse, or physician assistant signing Part D is the party responsible to submit to registry in a “timely manner” (3 business days?)
  - Leverage the advance care planning billing codes (LTC facilities cannot use these codes)

LTC Perspectives: POLST Registry 2 of 5

- Access through a secure portal using patient demographics (DOB and first and last name)
- Accessing through an EHR with single sign-on would be very expensive to implement
- Access through a call center if internet down

LTC Perspectives: POLST Registry 3 of 5

- Access to the registry should be managed at the LTC facility/organization level with each approved organization assuring that the appropriate staff have access to the registry read-only and print-only
  - Printing needed for transfers, EMS, residents, and families
- Types of LTC facilities to have access to the registry: TBD

LTC Perspectives: POLST Registry 4 of 5

- Leverage vital records (death certificates) to keep the registry up to date
- Clear processes on how to remove/invalidate a POLST from registry
  - Signer
  - Family and individual
- Resources for families and individuals to learn about POLST are important
  - Assure materials are in multiple languages and have various cultural lens to meet community needs and assure equity
  - Call center for family and individuals

LTC Perspectives: POLST Registry 5 of 5

- Comments and perspectives from LTC SME
- Discussion and questions from all

POLST

Emergency Department Perspective

10/27/23

Emergency Department Discussion Agenda

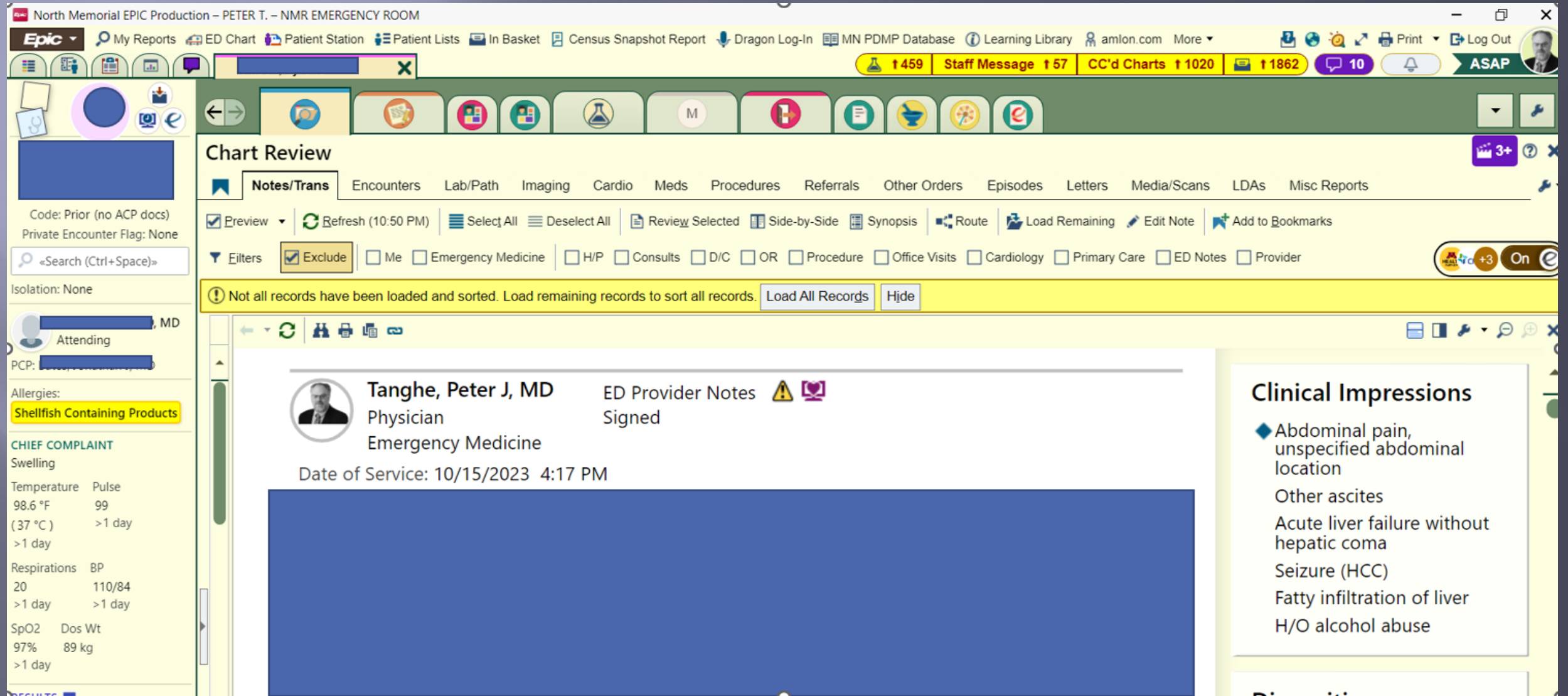
- What are any special needs or considerations for these scenarios/pathways
  - Communication- language
  - Family/Bystander disagreement
  - Incomplete information/un-signed
- ED retrieval via as single sign-on through integration with an electronic health record (EHR)
- ED Retrieval via Portal (demographics)
  - Inaccurate registration
- ED Retrieval via Portal (bar code/QR code)
- ED Retrieval via Call Center with phone
- ED Retrieval via Call center with radio / no cell or connectivity
- ED work to complete and input a POLST
- Other

Discussion topics…

- Discuss POLST registry considerations, implications, and opportunities and/or recommendations around these areas for ED
  - Electronic capture, storage, and access of information
- Procedures to protect the accuracy, security, and confidentiality
- Limits as to who can access the registry and when
- Individual-centered or family-centered
- Equity
- Workforce
- Governance, structure, and funding


STAB ROOM
STAB Room

EPIC (1 of 3)


North Memorial EPIC Production – PETER T. – NMR EMERGENCY ROOM
Epic
My Reports
ED Chart
Patient Station
Patient Lists
In Basket
Census Snapshot Report
Dragon Log-In
MN PDMP Database
Learning Library
amlon.com
More
Print
Log Out
459
Staff Message 57
CC'd Charts 1020
1862
10
ASAP
Chart Review
3+
Notes/Trans
Encounters
Lab/Path
Imaging
Cardio
Meds
Procedures
Referrals
Other Orders
Episodes
Letters
Media/Scans
LDAs
Misc Reports
Preview
Refresh (10:50 PM)
Select All
Deselect All
Review Selected
Side-by-Side
Synopsis
Route
Load Remaining
Edit Note
Add to Bookmarks
Filters
Exclude
Me
Emergency Medicine
H/P
Consults
D/C
OR
Procedure
Office Visits
Cardiology
Primary Care
ED Notes
Provider
On
Not all records have been loaded and sorted. Load remaining records to sort all records.
Load All Records
Hide
Code: Prior (no ACP docs)
Private Encounter Flag: None
«Search (Ctrl+Space)»
Isolation: None
, MD
Attending
PCP:
Allergies:
Shellfish Containing Products
CHIEF COMPLAINT
Swelling
Temperature
98.6 °F
(37 °C)
>1 day
Pulse
99
>1 day
Respirations
20
>1 day
BP
110/84
>1 day
SpO2
97%
>1 day
Dos Wt
89 kg
Tanghe, Peter J, MD
Physician
Emergency Medicine
ED Provider Notes
Signed
Date of Service: 10/15/2023 4:17 PM
Clinical Impressions
Abdominal pain, unspecified abdominal location
Other ascites
Acute liver failure without hepatic coma
Seizure (HCC)
Fatty infiltration of liver
H/O alcohol abuse

EPIC (2 of 3)

North Memorial EPIC Production – PETER T. – NMR EMERGENCY ROOM

Epic | My Reports | ED Chart | Patient Station | Patient Lists | In Basket | Census Snapshot Report | Dragon Log-In | MN PDMP Database | Learning Library | amlon.com | More | Print | Log Out

459 | Staff Message 57 | CC'd Charts 1020 | 1862 | 10 | ASAP

Chart Review

Notes/Trans | Encounters | Lab/Path | Imaging | Cardio | Meds | Procedures | Referrals | Other Orders | Episodes | Letters | Media/Scans | LDAs | Misc Reports

Load Remaining | Edit Note | Add to Bookmarks

Cardiology | Primary Care | ED Notes | Provider

Code: Prior (no ACP docs)

Private Encounter Flag: None

«Search (Ctrl+Space)»

Isolation: None

Allergies:

Shellfish Containing Products

CHIEF COMPLAINT

Swelling

Temperature	Pulse
98.6 °F (37 °C) >1 day	99 >1 day

>1 day

Respirations	BP
20 >1 day	110/84 >1 day

SpO2	Dos Wt
97% >1 day	89 kg

RESULTS

Labs (17 New)

ECG (1 New)

Imaging (1 New)

MED STATUS (8)

Done (8)

ED COURSE

DISPOSITION

Admit

CLINICAL IMPRESSION

Current Code Status

Prior

Code Status History

Date Active	Date Inactive	Code Status	Order ID	Comments	User	Context
10/15/2023 2032	10/17/2023 2042	Full Code	313239561			Inpatient
7/20/2023 2011	7/22/2023 1832	Full Code	306210952			ED
3/23/2023 1436	3/24/2023 1932	Full Code	296812095			ED

Questions for Most Recent Historical Code Status (Order 313239561)

Question	Answer
Provided by:	Patient

Advance Care Planning Documents

There are no Advance Care Planning documents on file.

HPI:

Clinical Impressions

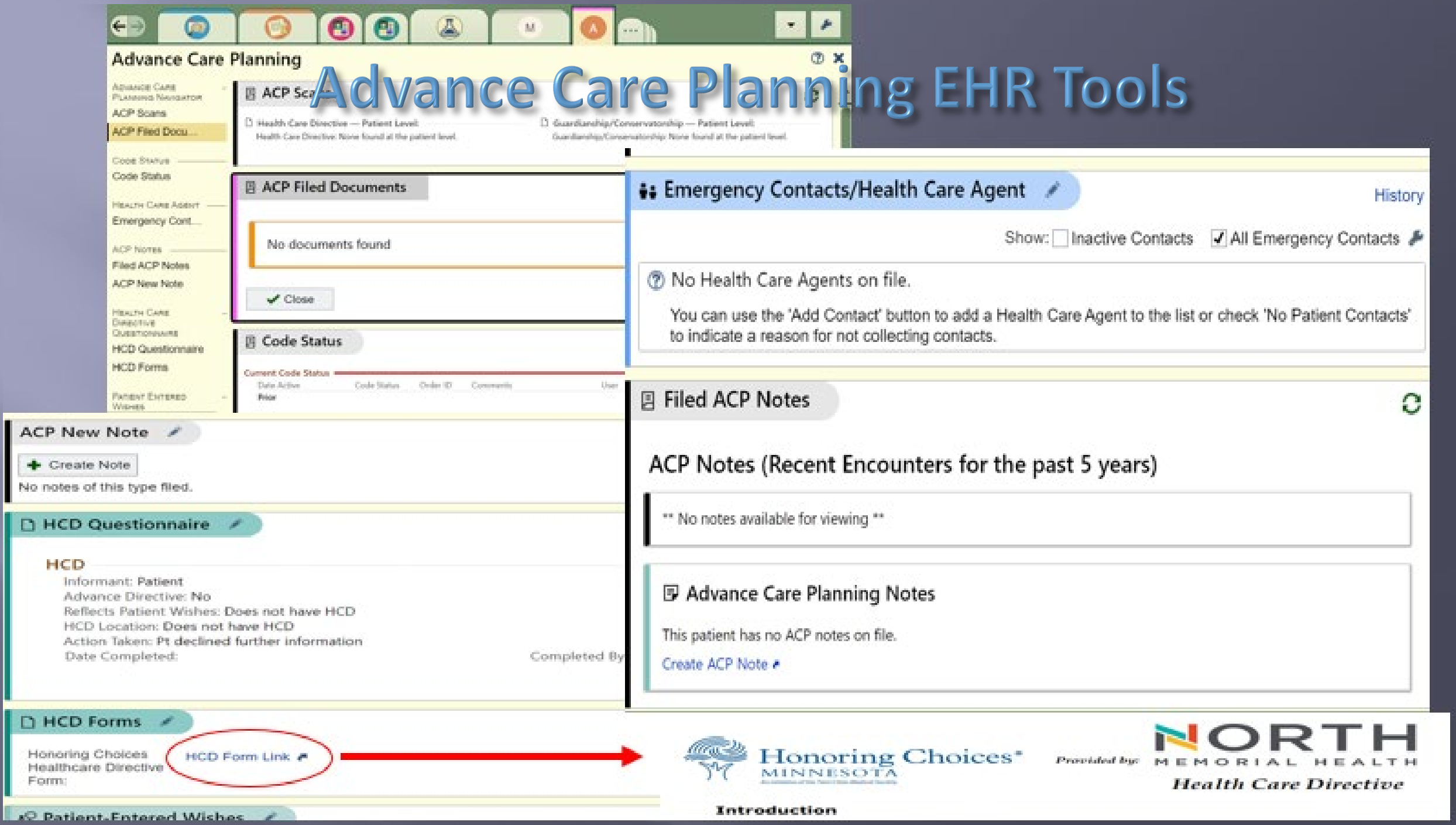
- Abdominal pain, unspecified abdominal location
- Other ascites
- Acute liver failure without hepatic coma
- Seizure (HCC)
- Fatty infiltration of liver
- H/O alcohol abuse

Disposition

Admit

IP After Visit Summary (Printed 10/17/2023)

Advance Care Planning EHR Tools



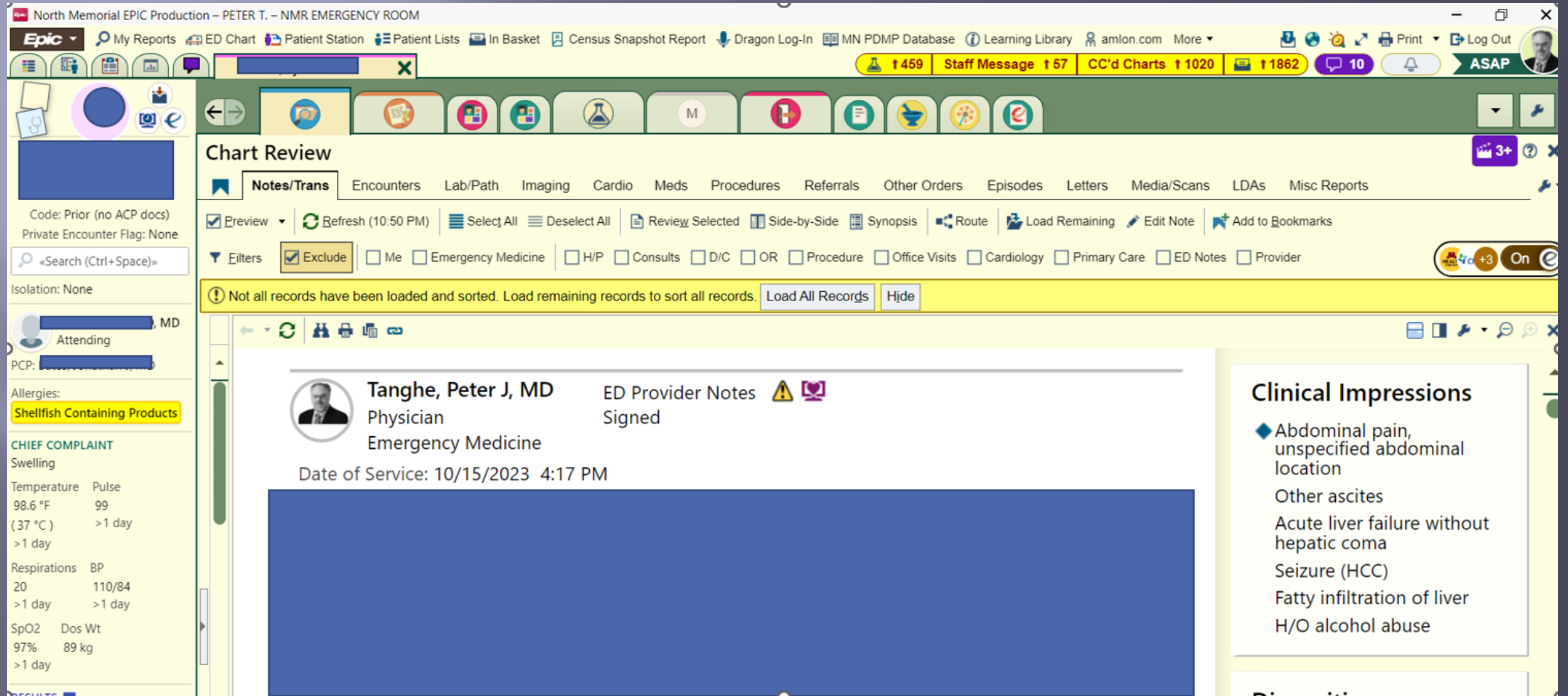
Patient-Entered Wishes

Patient-Entered End-of-Life Planning

This documentation does not take the place of any legal documents regarding advance care planning.

What experiences has the patient had with serious illness or death and how has that influenced their wishes and values?	
What fears or worries does the patient have regarding end-of-life?	
What does the patient want to do with the time they have left and are there important events or milestones they are looking forward to?	
If the patient were to become less able to care for themself physically, what plans do they or their loved ones have for providing care?	
What plans does the patient or their loved ones have for financially supporting the care they may need?	
If the patient were to become unable to speak or communicate, what do they want their care team to know regarding the type of care they'd like to receive, if any?	
During the last days of the patient's life, what is most important to them?	

EPIC (3 of 3)


North Memorial EPIC Production – PETER T. – NMR EMERGENCY ROOM
Epic
My Reports
ED Chart
Patient Station
Patient Lists
In Basket
Census Snapshot Report
Dragon Log-In
MN PDMP Database
Learning Library
amlon.com
More
Print
Log Out
459
Staff Message 57
CC'd Charts 1020
1862
10
ASAP
Chart Review
3+
Notes/Trans
Encounters
Lab/Path
Imaging
Cardio
Meds
Procedures
Referrals
Other Orders
Episodes
Letters
Media/Scans
LDAs
Misc Reports
Preview
Refresh (10:50 PM)
Select All
Deselect All
Review Selected
Side-by-Side
Synopsis
Route
Load Remaining
Edit Note
Add to Bookmarks
Filters
Exclude
Me
Emergency Medicine
H/P
Consults
D/C
OR
Procedure
Office Visits
Cardiology
Primary Care
ED Notes
Provider
On
Not all records have been loaded and sorted. Load remaining records to sort all records.
Load All Records
Hide
Code: Prior (no ACP docs)
Private Encounter Flag: None
«Search (Ctrl+Space)»
Isolation: None
Attending
PCP:
Allergies:
Shellfish Containing Products
CHIEF COMPLAINT
Swelling
Temperature
98.6 °F
(37 °C)
>1 day
Pulse
99
>1 day
Respirations
20
>1 day
BP
110/84
>1 day
SpO2
97%
>1 day
Dos Wt
89 kg
Tanghe, Peter J, MD
Physician
Emergency Medicine
ED Provider Notes
Signed
Date of Service: 10/15/2023 4:17 PM
Clinical Impressions
Abdominal pain, unspecified abdominal location
Other ascites
Acute liver failure without hepatic coma
Seizure (HCC)
Fatty infiltration of liver
H/O alcohol abuse

Log In

PDMP Login Page

MINNESOTA BOARD OF PHARMACY

Support: 1 (844) 966-4767

Log In

Email

Password

Reset Password

Log In

Create an Account

Need Help?

Browsers Supported

Powered By

Bamboo Health
PMP AWARxE®

MN Prescription Monitoring Program
Minnesota Board of Pharmacy
335 Randolph Avenue, Suite 230
Saint Paul, MN 55102
1 (651) 201-2836

PDMP Page

MINNESOTA BOARD OF PHARMACY

Prescription Monitoring Program

Return to the MN Board of Pharmacy Webpage

Search

Quick Links

PMP Searchers | Data Submitters | Integration | Statute Requirements | Reports & Dashboard | Education | Forms/ Resources/ Help

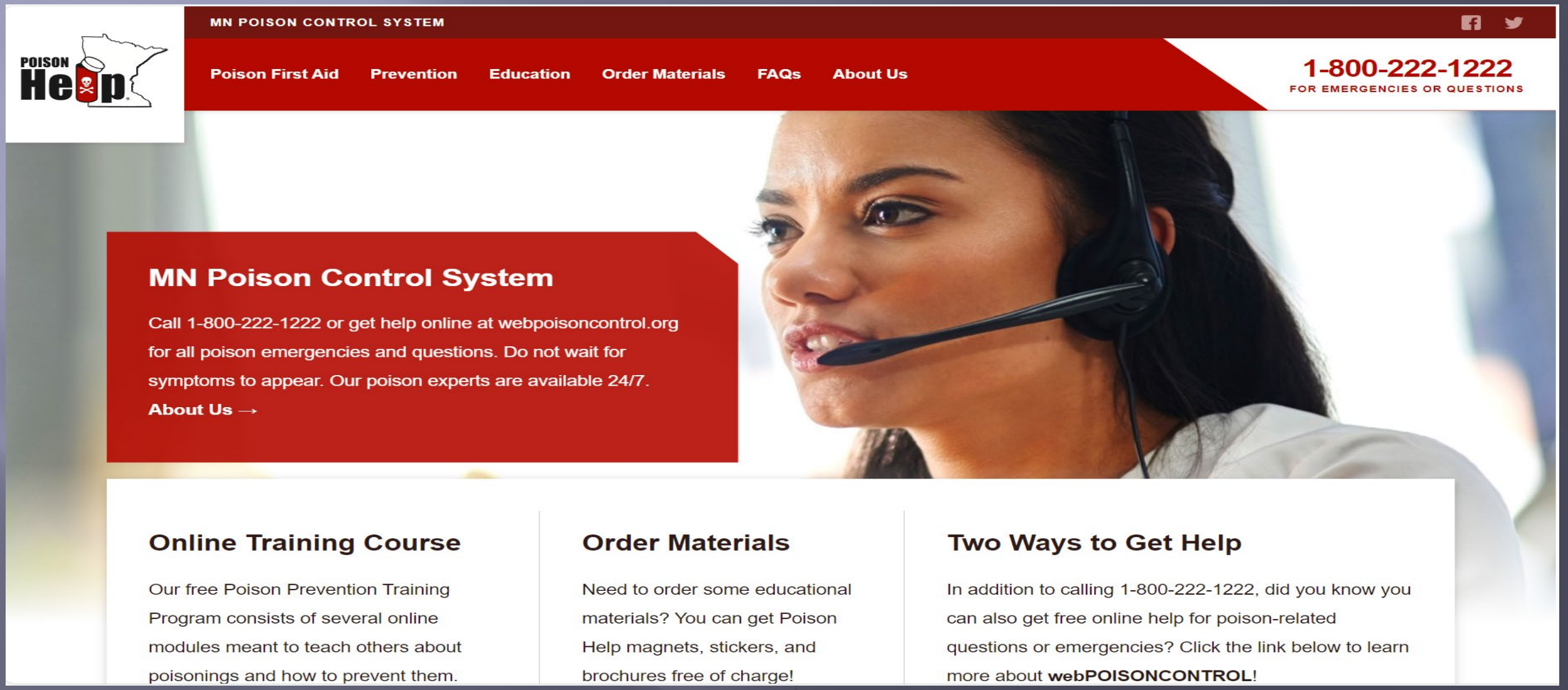
Minnesota Prescription Monitoring Program (PMP)

Supporting Patient Care Since 2010

The 2022 Annual Report has been published! Find all MN PMP reports under Reports & Dashboard.

Quick access: LOGIN to MN PMP AWARxE Need assistance? CONTACT US

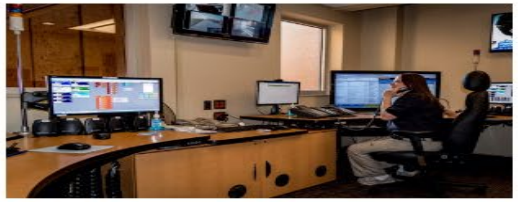
Poison Center Model



MRCC Model

Resources | What We Do | Courses | Our Team | Latest News & Media | CoVID-19 | Contact Us

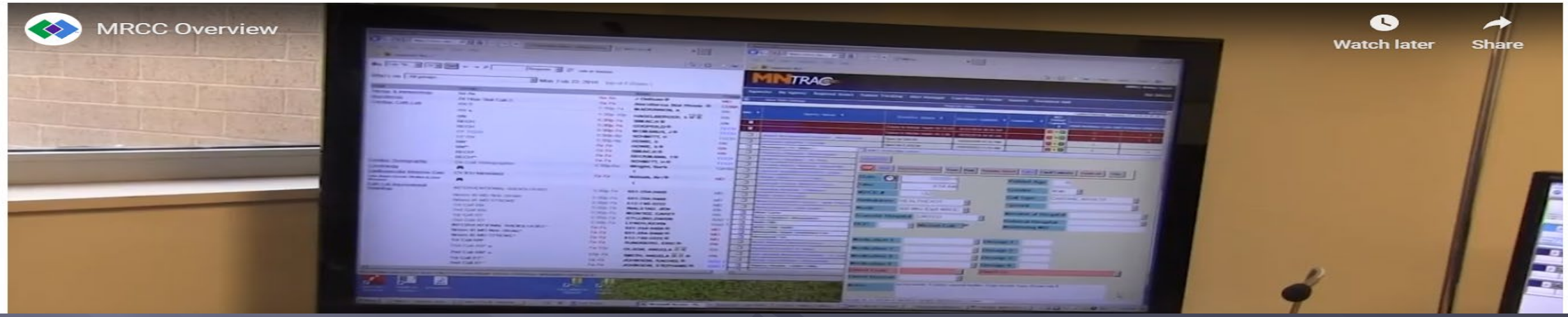
Medical Resource Control Center (MRCC)



Also known as "East Metro," the MRCC serves as the online radio liaison between EMS ambulance crews and destination hospitals. MRCC provides medical control communications to ambulance services and pre-hospital emergency care providers in the East Metro Counties of Dakota, Ramsey and Washington in Minnesota and areas of Western Wisconsin. The MRCC is in contact with Metro Area Emergency Departments. The communications center itself is located in the Regions Hospital Emergency Center.

MRCC staff provide ambulance personnel with a single contact point for relaying patient information, an EMS guideline resource, hospital diversion information, medical resource access, coordination of mass casualties, EMS communication education and CQI and EMS call data collection.

For more information contact Melissa Nelson.



MRCC One-page_V2.pdf (senate.mn)

Patient Centered

◄ MyChart 08:36

NORTH MEMORIAL HEALTH

End-of-Life Planning

For my loved ones
Take the time to write down what's most important to you and keep it up to date.
Start

For my care team
Use this space to let your care team know what your wishes are so they can provide the best care for you.
Start

Health Care Agents

You currently have no health care agents.

Add Health Care Agent
Add people you trust who will be contacted when you have a medical emergency. These people may be asked to make a medical decision for you, unless you have a Health Care Directive which legally designates who you want to make a medical decision for you when you are unable. For assistance call: 763-581-8282

Planning Documen
Documents On File
There are no d

- Health Care Direc
- Living Will
- Advance Directive
- Physician Orders (POLST)

Back to the home page

Planning Questionnaires

Filling out the End-of-Life Planning questionnaires helps your care team understand your wishes, but it does not replace up-to-date legal documentation of your end-of-life plans.

Helpful Resources

These resources will help you make care decisions and prepare for conversations with your family, friends, and doctors.

Advance Care Planning at North Memorial Health
North Memorial Health has team members who are trained to help customers with Advance Care Planning.

COVID-19 Light the Legacy Minnesota Resources
Educational materials to help with planning in the context of COVID-19.

COVID-19 Conversation Guide
A worksheet and conversation guide developed by Ariadne Labs and The Conversation Project to help with planning for your care in the context of COVID-19.

Light the Legacy
Working to improve advance care planning for the people of Minnesota.

The Conversation Project
Dedicated to helping people talk about their wishes for end-of-life care.

Minnesota Network of Hospice and Palliative Care
The state's leading hospice and palliative care network.

End In Mind
End in Mind's mission is to ignite transformative conversations in communities about intentional and purposeful living now and through the end of life.

Healthcare Directives for Every State
Advance Directive documents by

Relevant Research (1 of 3)

The Association of Physician Orders for Life-Sustaining Treatment With Intensity of Treatment Among Patients Presenting to the Emergency Department Vranas KC, Lin AL, Zive D, Ann Emerg Med. 2020 Feb;75(2):171-180. doi:10.1016/j.annemergmed.2019.05.008. Epub 2019 Jun 24. PMID: 31248675; PMCID: PMC6928444.

Paramedic use of the Physician Order for Life-Sustaining Treatment (POLST) for medical intervention and transportation decisions. Breyre, A.M., Sporer, K.A., Davenport, G. *et al. BMC Emerg Med* 22, 145 (2022). https://doi.org/10.1186/s12873-022-00697-3

Emergency Medicine provider comfort with Physician Orders for Life Sustaining Treatment (POLST) Advanced Directive 2022 Sweeney, Kaitlin; Briggie, Katherine;

Relevant Research (2 of 3)

The Association of Physician Orders for Life-Sustaining Treatment With Intensity of Treatment Among Patients Presenting to the Emergency Department Vranas KC, Lin AL, Zive D, Ann Emerg

Results

118 Paramedics routinely identified the selected medical intervention on a patients POLST correctly as either *comfort focused*, *selective* or *full treatment* (113-118;96%-100%). The majority of paramedics agreed or strongly agreed that they knew how to use a POLST to decide which medical interventions to provide (106;90%) and how to transport a patient (74;67%). However, after completing the cases, similar proportions of paramedics agreed (42;36%), disagreed (43;36%) or were neutral (30;25%) when asked if they find the POLST confusing…

Conclusion

The POLST is a powerful tool for paramedics when caring patients with serious illness. Although paramedics are confident in their ability to use a POLST to decide appropriate medical interventions, many still find the POLST confusing particularly when making transportation decisions. Some paramedics rely on online medical oversight to provide guidance in challenging situations. Authors recommend further research of EMS POLST utilization and goal concordant care, dedicated paramedic POLST education, specific EMS hospice and palliative care protocols and better nomenclature for non-transport in order to improve care for patients with serious illness.

Relevant Research (3 of 3)

The Association of Physician Orders for Life-Sustaining Treatment With Intensity of Treatment Among Patients Presenting to the Emergency Department Vranas KC, Lin AL, Zive D, Ann Emerg Med. 2020 Feb;75(2):171-180. doi:10.1016/j.annemergmed.2019.05.008. Epub 2019 Jun 24. PMID: 31248675; PMCID: PMC6928444.

Paramedic use of the Physician Order for Life-Sustaining Treatment (POLST) for medical intervention and transportation decisions. Breyre, A.M., Sporer, K.A., Davenport, G. *et al. BMC Emerg Med* 22, 145 (2022). https://doi.org/10.1186/s12873-022-00697-3

Results 26,128 patients were included; 1,769 (6.8%) had completed POLST. Among patients with POLST, 52.1% had full treatment orders, and 6.4% had their forms accessed prior to admission…
Conclusions: Among patients presenting to the ED with POLST, the majority of POLST had orders for full treatment and were not accessed by emergency providers. These findings may partially explain why we found no association of POLST with treatment intensity. However, treatment limitations on POLST were associated with reduced odds of ICU admission. Implementation and accessibility of POLST are crucial when considering its impact on the provision of treatment consistent with patients' preferences.

Relevant Research

Results: Of the 58 respondents, 45% were attendings, 47% residents, and the rest APPs. 53% practiced in Texas, the rest in Iowa. 19% of respondents believe that they have not received any palliative care training to date. 78% were not confident applying the POLST and 72% of respondents did not know where to look in their workplace for it. 91% were not confident applying the form without the family present. 37% of respondents agreed that the POLST supersedes a durable power of attorney.
Conclusion: Our data shows us that there are many ED providers that are unaware of the POLST and do not know how to find, interpret, and apply the form correctly. Next steps are to create an effective educational intervention and resurvey participants to determine our success.

Emergency Medicine provider comfort with Physician Orders for Life Sustaining Treatment (POLST) Advanced Directive 2022 Sweeney, Kaitlin; Briggie, Katherine;

Questions

Peter.Tanghe@NorthMemorial.com

Closing

Reminders

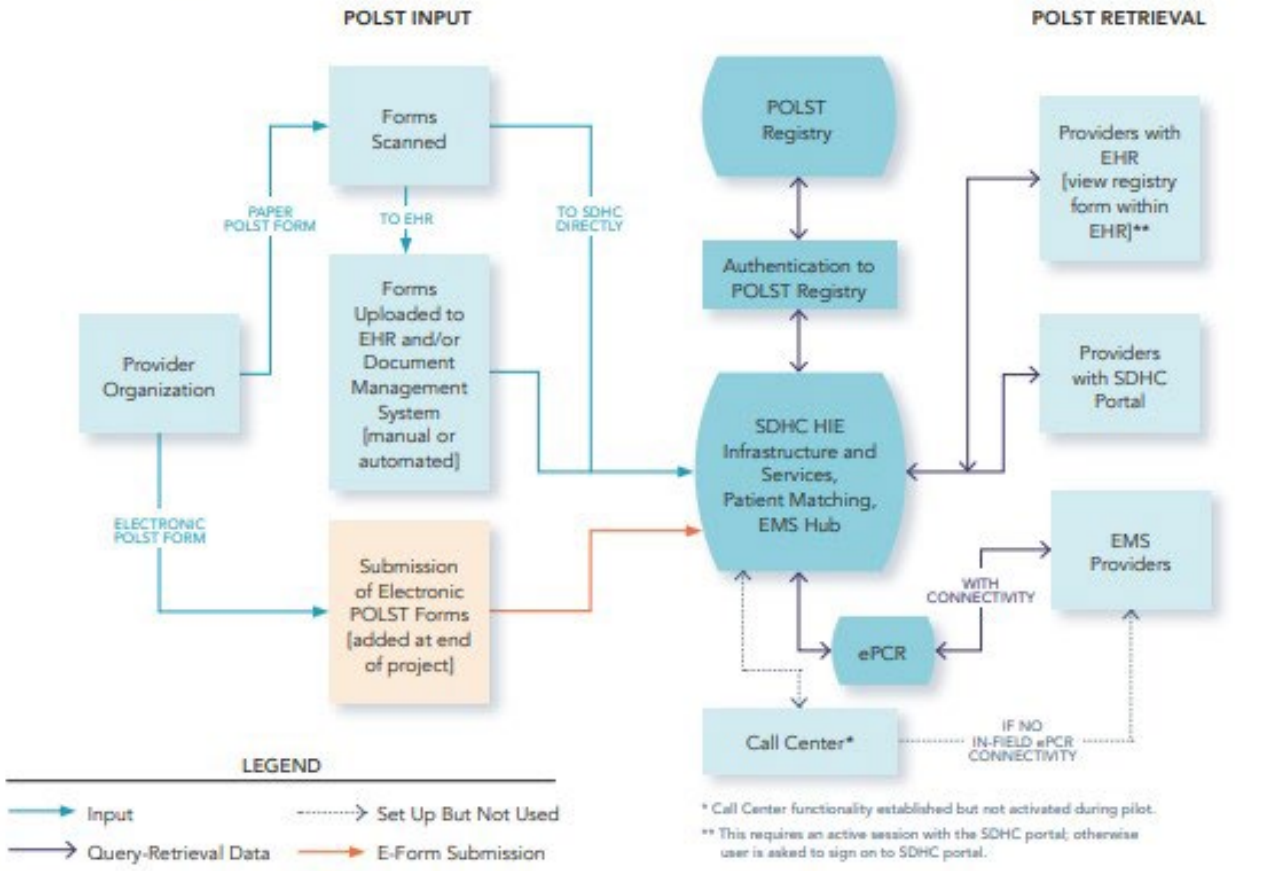
- Next meeting: November 17 from 1:00 p.m. to 3:00 p.m.
  - Intermediate Care Facility for Persons with Development Disabilities (ICF/DD) Perspective
  - Individual and family-center care, equity, patient's wishes met
  - Research considerations (outside of quality improvement for registry and program)
  - Governance , funding, and housing options
  - Discussion on recommendations to date (if time allows)
- Appointment has link for post-meeting comments due before 11/01.
- Meeting materials will be emailed by Monday morning.
- **WATCH** for email with link to provide initial comments on draft recommendations

Thank You!!

Additional Slides

San Diego Health Connect High-Level Flow View Example of Structure & Flow

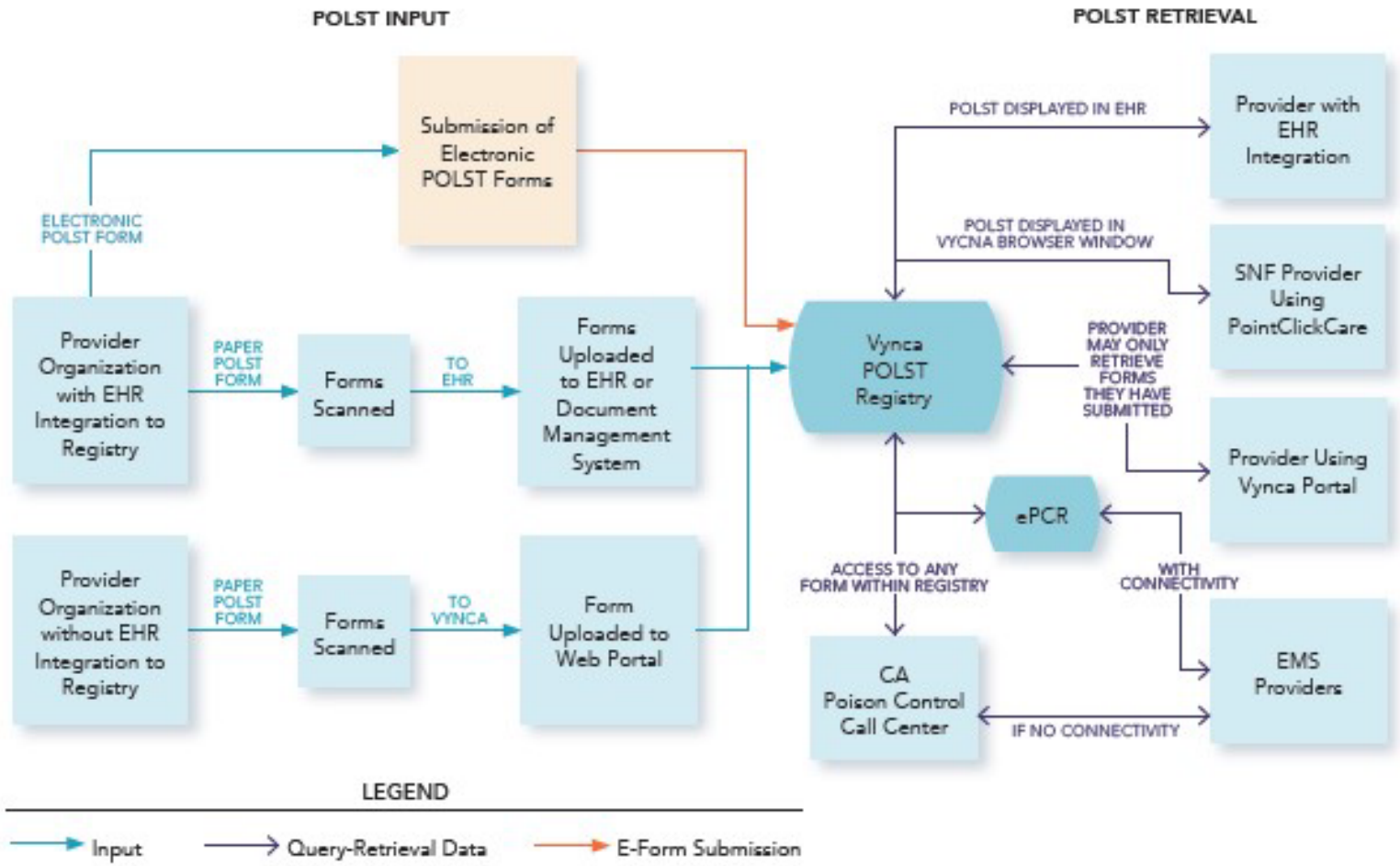
Figure 1. SDHC High-Level Flow View



San Diego Health Connect (https://www.chcf.org/wp-content/uploads/2019/09/CaliforniasPOLSTElectronicRegistryPilot.pdf)

Contra Costa County High-Level Flow View Example of Structure & Flow

Figure 2. Contra Costa County High-Level Flow View



Contra Costa County (https://www.chcf.org/wp-content/uploads/2019/09/CaliforniasPOLSTElectronicRegistryPilot.pdf)

Considerations, Implications, and Opportunities

- Electronic capture, storage, and access of information in the registry
- Procedures to protect the accuracy, security, and confidentiality of registry information
- Limits as to who can access the registry and when
- Individual-centered or family-centered
- Equity (infrastructure, access, accessibility, training, education, or communication)
- Any other action needed to ensure that patients' rights are protected and that their health care decisions are followed (policy, technical, or best practice)

Discussing Scenarios

- SME led discussion at each meeting
  - Complete list at end of presentation
  - Looking for SME/volunteers for scenarios, email kari.guida@state.mn.us by 10/10
- Learn from SME expertise and advisory committee questions and comments
- Identify areas for recommendations
- Project staff will craft more detailed recommendations for review by advisory committee

Governance, Funding, Structure, & More

- Project staff will be looking at other states for governance, funding, and structure options with pros and cons.
- These will be discussed with the advisory committee to identify recommendations in these areas.
- Project staff are looking at statutes/having others do a legal analysis
  - Example MN Health Records Act