

# POLST Checklist

Facility Name	Date Completed
<b>Policies developed</b>	
a. Advance Directive	
b. POLST	
c. Process established for review of both documents	
d. Procedure established to address conflicts	
e. Policy To Accept POLST Forms From Transferring Facilities & Providers	
<b>Education Plan</b>	
a. Staff	
b. Physicians	
c. Patients/families	
<b>Notification of key contacts</b>	
a. Emergency Medical Services	
b. Hospitals	
<b>Program Implementation Status</b>	
a. New patients	
b. Partial facility use	
c. Entire facility	
<b>Quality Improvement</b>	
a. Audit plan in place to track compliance	
b. Process established to obtain feedback	