

Pennsylvania



Pennsylvania Orders for Life-Sustaining Treatment
A Participating Program of National POLST

March 2022

POLST Doing It Right! Virtual Training

The Jewish Healthcare Foundation and Pennsylvania POLST have been awarded a grant from the McElhattan Foundation to support efforts to enhance access to POLST education and resources for healthcare providers and personnel throughout the state. In collaboration with a statewide POLST Curriculum Committee, PA POLST has developed eight online training modules and adapted its in-person curriculum to be offered as live course virtually.

In Spring 2022, healthcare providers will be able to access modules that provide education on topics including:

- Overview of POLST & Advance Directives
- POLST Conversations
- Medicare Reimbursement for ACP Discussions
- EMS & POLST

A 2.5-hour POLST: Doing it Right! Virtual Course will be offered on Tuesday, May 3, 2022, and will focus on how to have the POLST conversations. Participants will receive 5.0 continuing education credits. To register, email Bridget Jordan at the Jewish Healthcare Foundation at jordan@jhf.org by April 22. Space is limited, so registrations will be accepted on a first-come basis.

Dr. Susan Tolle to Speak on Expectations Surrounding Advance Directives

On March 25, 11 am – 12 pm, Dr. Susan Tolle, director of OHSU Center for Ethics in Health Care and Chair of the Oregon POLST Coalition, will present “Advance Directives: Are We Expecting More Than They Can Deliver?” This is the second installment of the Trust in the Ruins lecture series. Dr. Tolle will examine ways that advance directives are effective and review data about the shortcomings of advance directives. More information and a link to register for the one-hour virtual event are available [here](#). Continuing education credits are available.

News from National POLST



Updated Ethical Guidance

National POLST has updated [Ethical Principles & Standards Guidance](#).

This document describes how the ethical principles of autonomy, integrity, fidelity and responsibility, beneficence and nonmaleficence, and justice play a role in the POLST process and includes standards for healthcare professionals and health care facilities, systems, and organizations for POLST completion.

New: Quality Indicator #3

The Research & Quality Assurance Committee has completed its third [Quality Indicator \(QI\): Comparing a “No CPR” order in Section A with Treatment Provided to Out-of-Hospital Decedents](#). This process indicator is intended for individuals who have died outside the hospital setting, such as in hospice, in nursing homes, or with emergency service providers. As with all [National POLST QIs](#), three approaches are provided with the goal of helping individuals or organizations conduct quality assurance activities (not research), particularly if they have limited funds or little/no research experience.

Recent Systematic Review of POLST Reveals Areas for Further Research



[A systematic review recently published in Journal of the American Geriatrics Society](#) examines the literature on whether POLST has an influence on treatment intensity among patients with serious illness. The authors found that documenting a preference for limited interventions via POLST may reduce treatment intensity in end-stage patients, but there was variability in adherence to POLST wishes depending on the site of care, leading to some patients receiving care that was misaligned with their wishes. They emphasize the value of POLST as a mechanism for engaging in high-quality conversations about end-of-life care with patients and families but note that additional research could help to address potential inequities in use of POLST, better identify patients for whom POLST should be completed, how well POLST reflects patients’ wishes, when should POLST be revisited with patients, and best approaches to ensuring access to POLST information across providers and settings.

Thank you for your continuing support of POLST.

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