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To: Our Oregon Colleagues

The Oregon POLST Task Force is happy to announce the 2014 Oregon POLST Form (Version 9) will be released and authorized for use on October 1, 2014. **Previous versions of the Oregon POLST Form remain valid.**

Like all previous versions, the 2014 POLST Form is a result of changes and updates suggested by POLST stakeholders over the last three years, revisions to other state POLST Forms, and review of POLST Form completion by the Oregon POLST Registry. After review and consideration of over 35 proposed changes, the Oregon POLST Task Force approved Version 9 on June 19th. The 2014 POLST Form is attached for your review along with a summary of the changes.

We want to highlight some major changes:

- (1) The previous Section D (which included Documentation of Discussion and Patient/Surrogate Signature and Registry Opt-Out) has been split into two sections. The patient or surrogate signature is still optional (but strongly recommended) in the new Section E, but the Documentation of Discussion (still Section D) is now required. The purpose of this change was to document who the POLST discussion occurred with. Oregon is one of a few states not requiring patient or surrogate signatures on its form and this means patients may find their Oregon POLST Form is not honored in other states that do require a signature. The Task Force believes requiring documentation of discussion will help alleviate that concern.
- (2) In Section B, the term “Limited Additional Interventions” was changed to “Limited Treatment”. The Task Force wanted to clarify this *treatment* option and felt this language made the entire Section B more understandable.
- (3) We reversed the order of options in Section C (Artificially Administered Nutrition). Sections A and C now have the most aggressive treatments listed first; Section B has the most aggressive treatment option listed last. In making this change, the Task Force was trying to emphasize the neutrality of the Oregon POLST Form with respect to treatment options.

- (4) The health care professional statement and signature section (now Section F) is now an attestation that the HCP (MD, DO, NP, PA) that the medical orders in the form are consistent with the patient's current medical condition and preferences.
- (5) Other edits- We've:
- a. Added reminders to send *both* sides of the form to the Registry.
 - b. Added a statement on page 2 that patients should consider reviewing their advance directive and giving a copy of it to their health care professional.
 - c. Added additional information under directions to health care professionals for completion of the form.
 - d. Removed the requirement that Section A (CPR/DNR) be completed for a form to be accepted by the Registry. If this section is left blank, like all other sections on this form, the default is the most aggressive treatment.
 - e. Emphasized that a POLST Form only needs to be revised if the patient treatment preferences have changed. If there is no change, no new POLST Form is needed.
 - f. A reminder to send copies of voided POLST Forms to the Registry.

We will be distributing copies of the new form in October. Entities interested in printing their own forms should contact the Oregon POLST Program at orpolst@ohsu.edu or call (503) 494-3965.

Currently valid Oregon POLST Forms do not need to be filled out again but the 2014 POLST Form should be used for any future revisions or new POLST Forms.

If you are interested in scheduling education about the Oregon POLST Program or the new POLST Form, please contact Faith at orpolst@ohsu.edu. We are currently revising our educational materials to reflect the changes in the form and will make those available on the new Oregon POLST website (www.or.polst.org).