



POLST Registry Advisory Committee

April 4, 2011

9:00 AM – 11:00 AM

Portland State Office Building

Room 918

Meeting Minutes



Present: Margaret Carley, JD, RN., Doug Kelly (Chair), Ritu Sahni, MD, MPH, Patty Brost, Jane Baumgarten, Laura Matthews, RN., Terri Schmidt, MD., Kaye Hanni.
On Phone: Susan Tolle, MD., Sheila Sund, MD., Jeanene Smith.
Guests: Dana Zive, Tom Wunderlich, Andrea Ogston.

Discussion

1. Convene / Review Agenda / Confirm status of conference call participants / Introduce Guests

2. Review Minutes from the October meeting

- October meeting minutes will be resent and then approved at the next meeting.
- **Margaret Carley made a motion to approve the January meeting minutes. Jane Baumgarten seconds. Motion passes unanimously.**

3. Committee Business

Membership status of current members.

- Five Terms expiring January 1st of 2012 and six terms that will carry over until January 1st 2013. Two terms that were to expire have been reappointed.
- Currently waiting approval from Salem for Kaye Hannito fill the open position of Public Member. The position will expire at the end of this year but can be reappointed.

4. OHA Update

- Bob Leopold will now be the administrator of the contract in terms of signing off on the payments; Dr. Sahni will still be the administrator of the program.
- There is currently a Legislative session going on with discussion on budget issues. Currently the Public Health Division is purposing to cut 2.1 million from EMS and Trauma which includes Dr. Sahni and Bob Leopold's positions as well as the entire Trauma program and replacing it with fees of some sort. We do not know what fees at this time. POLST Registry is not in the EMS budget, it is actually in the Health Policy Research budget. All indications are that the registry is fine with its funding.
- Dr. Grant Higginson who is the Administrator of the Office of Community Health and Health Planning will be retiring. Dr. Higginson was truly instrumental in getting the POLST registry legislation through last session and in getting the rules done in record time.

- **Dr. Sahni motions for the POLST Registration Committee to formally recognize Dr. Higginson's' contribution and ask the Chair to write a letter of thanks. Dr. Schmidt seconds. Motion passes unanimously.**

5. Objectives for 2011

a. Potential changes in contract between OHA and OHSU.

- Discussed the time frames for the revocation of the POLST. Going to run into some FTE and budgetary challenges.
- Current requirement is to enter the form within ten days. Discussion to change language to ten business days. This requirement can be a challenge. A long term solution could be the electronic version. We would be open to recommendations to seek outside funding.
- The Registry will start to collect data on the signature date to receipt date. Will also add reason to archive.

b. Evolution of ePOLST

- During the pilot project in January 2011 with a private clinic within Providence, the pilot worked with the image file of the POLST form. Goal was to see if they were getting the same thing on the forms as they were getting with the standard method which is a faxed hard copy. There were some issues identified, often minor. It was very uncommon that they found anything that would impact the validity of a form.
- One issue identified was with the date the form was signed. An electronic health record can stay unsigned until the provider goes in and closes everything out. That was showing up as the signature date. If that was a couple days after the office visit, we would receive a physical form that was signed on a different day. Due to this issue the pilot moved forward with a proposal that the information only be entered into the electronic health record and then be printed out and provided to the patient. Therefore there was not a duplication of effort going on and this would also eliminate the possibility of different information being on the two pieces of paper.
- The issue with this is that they needed the form to look like a POLST form which they were able to do but not able to print on pink paper because that would mean that every clinic in Providence would have to switch between pink paper and regular paper in their printers. Another proposal was to take the white form and put it inside a pink envelope. The physician still signs the print out that goes to the patient, the only difference is the paper color. Right now the sticking point is being able to generate the form from the electronic health record that looks exactly like the POLST. We are currently working on this and should have an update for the next meeting.
- There are long term efficiency gains for the registry such as eliminating some of the not registry ready issues, we will know without a doubt that the signer is a licensed signer, and it guarantees that we received 100 percent of the forms that are completed within that health system.

c. Not Registry Ready issues

- Will bring to the task force to look at for ways to further educate on how to get those forms in correctly completed to prevent as many non registry ready forms as possible.

d. Requests for sharable research reports

- Research requests that are sent in and therefore approved to get feedback as soon as possible just maybe in an abstract paragraph form of progress and updates along the way.
- Suggestion for a standard research data request or research report form would be helpful. Dr. Sahni advised this had been brought up before and one was drafted. There was to be one in Public Health but that was a year and a half ago. Dr. Sahni states he will see where they are in that process.

6. 2010 POLST Registry Annual Report

- The report was not sent out but it is complete. Dr. Sahni will review report with Dr. Higginson. Mr. Kelly will send report out to the POLST members tomorrow.

7. Standard Registry Reports

- Dana Zive went over the data report from the Oregon POLST Registry
- February saw one of the highest call volumes ever and highest matches. We are finding that Medics are calling over and over even if they did not get a match.
- Gathered data on where EMS calls, ED, and Acute Care calls were coming from. There has been statewide distribution of calls with bulk coming from within the metro area. The map handout will be corrected and redistributed.

8. Identify any issues to refer to the POLST Task Force

- Tabled until the joint task force meeting.

9. Evaluation / Research

a. New research requests.

- One new request was recently submitted. Research Requests should be emailed first to Dr. Sahni and Doug Kelly should be copied on the email. This request has been submitted to the state IRB. The committee will review this proposal and email Doug Kelly with their comments. Mr. Kelly will then contact Dr. Sahni with their recommendation.

b. Update on existing research.

- Liz has completed her thesis and in the process of writing the manuscript now. Will share when it is complete.
- The project regarding interviews with medics, surrogates, and families has concluded. There are some ongoing interviews in place but the time frame for calls has stopped. The goal of this study is a quality improvement from the medics as well as identifying if getting orders from the registry impact their care.
- Other research projects are ongoing.

10. Public Comment

- Next meeting is July 11th.

11. Adjourn

Meeting adjourned at 10:46 a.m.