



November 20, 2020

Mr. Terry Kadel
Office of Emergency Medical Services
Department of Health and Social Services
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Submitted via email to address above

Mr. Kadel

The Alaska State Hospital and Nursing Home Association (ASHNHA) is submitting comments on the Department of Health and Social Services proposed changes to regulations on the Do-Not-Resuscitate (DNR) Protocol and Identification including adoption of the Alaska Physician Orders for Life Sustaining Treatment (POLST) Program.

ASHNHA supports the adoption of the POLST program to replace the current Comfort One Program and supports the update to the DNR protocol to include current terminology and medical standards. ASHNHA has been part of the statewide POLST group working on planning and implementation of the new POLST paradigm. ASHNHA has discussed the transition to POLST with ASHNHA Long Term Care Committee (representing all skilled nursing homes in Alaska) and the ASHNHA Executive Committee (ASHNHA leadership committee). We have had dialogue with the Hospitalist Physician group. The members of these groups support adoption of the POLST program and have agreed to support a grant application to provide resources for education of providers and families on POLST.

We support POLST as proposed and believe having clarity on a portable document that will be honored across care settings will strengthen our health care system. We support the POLST form to guide discussions between patients, families, physician, and health care team about treatment wishes in instances of serious illness. We recognize the difference between an Advance Directive and a POLST, with the POLST designed for persons with advance chronic, progressive and/or end-stage illness.

Have clarity on the use of the POLST framework will help to ensure that when healthcare professionals use the completed POLST form they are provided with immunity from civil or criminal liability when complying in good faith with a patient's POLST requests.

Currently there is some confusion around other medical order frameworks. The MOST (Medical Orders and Scope of Treatment) format was developed by the Alaska Pioneer Homes and has been somewhat adopted by sub-acute providers. Comfort One (1996) is used by EMS and is often confused as a portable document, but there is limited or no legal authority for it to be honored across care settings. Additionally, some providers see



Comfort One and the MOST forms as advance directives, which they are not. We hope the adoption of POLST across all care settings will provide clarity.

There will be a significant need to educate health care providers, nursing home staff, families, and patients/residents on POLST and to promote understanding of the difference between POLST, advance directives and the previous frameworks used to document care decisions. We hope once regulations are finalized there will be a strong effort to support education and training on how to use the new framework.

Advance care planning is a critical need; implementing regulations is only the first step in a much bigger journey to ensure that Alaskans are well-informed and able to document and communicate treatment preferences through both a legal document (advanced directive) and a medical order (POLST) when appropriate. Hospitals and nursing homes will be key partners and are willing to support POLST education. There will also be a need for ways to communicate and share that a POLST is in place such as through an on-line registry.

Thank you for the opportunity to provide comments on the proposed regulations.

Sincerely,

A handwritten signature in blue ink that reads "Jeannie Monk". The signature is fluid and cursive.

Jeannie Monk
Senior Vice President