

# National POLST Comprehensive Overview

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## Abbreviations & Program Recognition Definitions

- Conf = Conference Committee
- Educ = Education Committee
- FP = Faith Perspectives Committee
- LC = Leadership Council
- PA = Plenary Assembly Meeting
- PA Exec = Executive Committee
- PAC = Program Assistance Committee
- PSC = Program Standards Committee
- PP-F = Public Policy Committee focused on federal work
- PP-S = Public Policy Committee focused on state work
- RAQC = Research & Quality Assurance Committee
- Tech = Technology Committee

### Program recognitions

1. **Mature (started using in 2013).** The highest level of endorsement that is reserved solely for programs where use of POLST is statewide part of the standard of care for appropriate persons. This is objectively measured by reviewing regional data (e.g., as defined by established criteria such as EMS, Department of Health, or the Dartmouth Atlas) and confirming that 50% or more of hospitals, nursing homes or nursing home resident population, and hospices in each region use POLST. These programs are actively gathering data for quality assurance programs and have considered centralized POLST form databases. Mature programs are endorsed programs and are reviewed every three years by the PSC to ensure compliance with endorsement standards.
2. **Endorsed (started using in 2004).** Program (1) is actively participating in National POLST governance and (2) has developed and implemented a POLST program and form meeting the National POLST standards. Standards include: a single form for the state or territory, program leadership diversity, addressing legal and regulatory issues related to POLST, and developing strategies for ongoing, statewide implementation, education and quality assurance. Endorsed does not mean the program *is* statewide. Endorsed programs are reviewed every three years by the PSC to ensure compliance with endorsement standards.
3. **Active (started using in 2019).** Program is actively participating in National POLST governance but is not endorsed. Active programs are at various stages of development, working towards implementing POLST statewide. Active programs meet with the PAC every two years.
4. **Unaffiliated (started using in 2019).** Program does not participate in National POLST governance. Since National POLST does not confer designations / recognitions on programs not participating, this status is not an indicator about the program's level of development.

### A Note about "POLST"

In 2016, National POLST stopped using "POLST" as an acronym. Previously, it had stood for "physician orders for life-sustaining treatment". Using just "POLST" and defining it as a "portable medical order":

- Promotes the role of the whole health care team in the POLST process. The prior acronym's emphasis on "physician" conflicted with national policies promoting a team approach for the POLST process and support for physician assistants and advance practice registered nurses to write and sign POLST orders, [a practice National POLST supports](#) and many states allow;
- Removes the biased "life-sustaining" phrase: POLST is a neutral form and process that documents what patients want for themselves and patient's bring their own values to the process in making their treatment decisions reflected on the POLST form;
- Emphasizes the concept of POLST; and
- Keeps the national organization neutral in not promoting one name among the [many variations on "POLST" acronyms](#).

## National POLST

“POLST” is a national movement and a voluntary approach to advance care planning (ACP) for seriously ill or frail individuals that focuses on eliciting, documenting and honoring patient treatment preferences using a portable medical order, called a POLST form. POLST exists because other advance care plans, such as advance directives and do-not-resuscitate (DNR) orders, do not address all the needs of this niche population.

National POLST is the organization setting the national standards for appropriate POLST processes and form use. It serves as the backbone of the movement, coordinating guidance, research, education, policy and quality assurance for all POLST Programs to follow. It is a voluntary, collective impact where all participants share a vision for change and work towards consensus. All POLST Programs are invited to participate. This document describes the government structure of National POLST.

### Mission

Advance POLST through stewardship, education, advocacy, support for state efforts, and national leadership.

### Vision

All states have adopted POLST, resulting in consistency of process, improved patient care and greater patient control and direction over medical treatment. National POLST is the preeminent leader in advancing this vision.

### Strategic Plan

[www.polst.org/strategic-plan](http://www.polst.org/strategic-plan)

## National POLST Office

**General Phone Number:** (202) 780-8352  
No fax number

**General email:** [admin@polst.org](mailto:admin@polst.org)

### **Executive Director:**

Amy Vandembroucke, JD  
[amy@polst.org](mailto:amy@polst.org)  
(202) 780-5738

### **Communications Strategist & IT Manager:**

Charissa Yang, MS, MFA  
[charissa@polst.org](mailto:charissa@polst.org)  
(202) 656-8199

**Address:** National POLST, 208 I Street NE, Washington DC 20002

The National Office provides the following support:

- **Monthly [newsletters](#):** highlighting news, resources, research and other important items
- **National [website](#):** maintaining and continually updating/adding information
- **National POLST Materials:** creating, reviewing, editing materials, ensuring consistency of messaging in all National POLST resources
- **Committee support (for both the PA and LC):** scheduling meetings, taking/managing minutes, tracking attendance and membership, onboarding new members

- **Forum:** updating and adding content (building our historical archive and a quick place to see current information about projects)
- **Cultivating relationships with national organizations:** building support and ways to promote POLST through the AMA, AHA, AAHPM, etc.
- **Education:** presenting at conferences, on webinars, during phone calls, creating education materials, etc to educate the general public, providers, federal lawmakers & policymakers, and other national organizations and their membership about POLST
- **Specific implementation assistance:** working with program leaders to overcome specific challenges within their state, connecting leaders with resources

### Annual Calendar

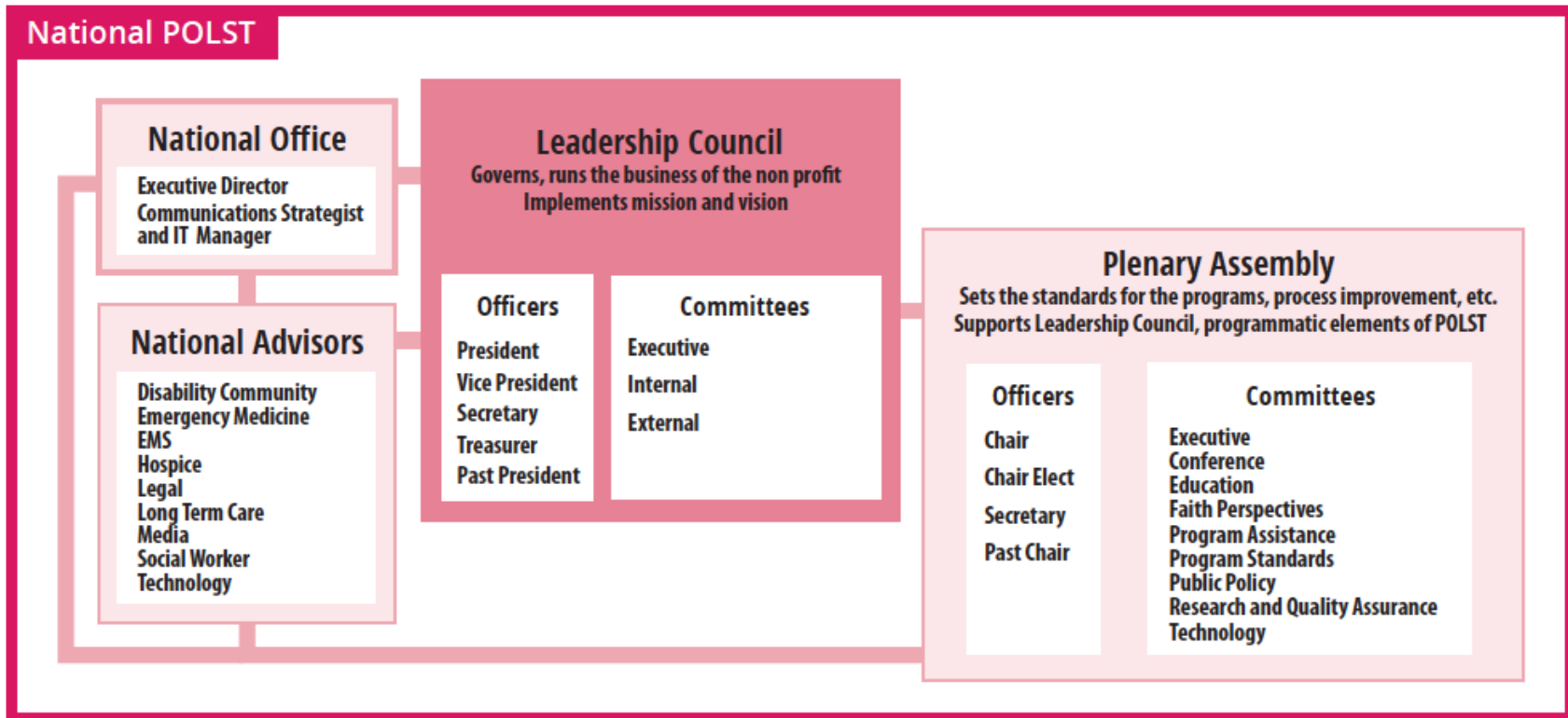
Governance year runs from July – June. Goal is for one in-person meeting per year combined with Leadership Council meeting.

Month	July	August	September	October	November	December	January	February	March	April	May	June
<b>Annual Activities</b>	National Office reviews PA member participation from previous year  July – December appointments sent out		Onboard meeting for new PA members	Present updated strategic plan to PA		January – June appointments sent out				Vote Officer Slate & PA LC Rep		Review Strategic plan for next year  National Office Staff Reviews
<b>Leadership Meetings</b>	Officer Transition		PA Exec	PA	PA Officers	PA Exec	PA	PA Officer	PA Exec	PA	PA Officer	PA Exec
<b>Committee Meetings</b>	Educ PP-F RAQC Tech	Conf FP PAC PSC PP-S PP-S Tech	Conf PAC PSC PP-F RAQC Tech	Conf PAC PSC PP-S Tech	Conf FP PAC PSC PP-F RAQC Tech	Conf PAC PSC PP-S Tech	Conf PAC PSC RAQC Tech	Conf FP PAC PSC PP-S Tech	Conf PAC PSC PP-F RAQC Tech	Conf PAC PSC PP-S Tech	Conf FP PAC PSC PP-F RAQC Tech	Conf PAC PSC PP-F Tech

Calendar Notes:

- Education Committees are not listed on here—they have 3 different groups meeting at different times.
- Conference committee is scheduled monthly but actual meetings vary on need for upcoming conference

National POLST Organizational Structure



National POLST uses Tides as its fiscal sponsor meaning that Tides holds the 501(c)(3) and is responsible for all requirements of maintaining the 501(c)(3) designation. Tides also provides other services such as HR support. National POLST is responsible for its own mission and vision, viability and programming. For information about the history of National POLST visit: <https://polst.org/about-the-national-polst-paradigm/history/>

## Leadership Council (LC)

The LC is similar to a board of directors or governing board and is responsible for implementing National POLST’s mission, vision, managing the organization’s strategic plan and ensuring the fiscal health of the organization.

### Leadership

These are the Plenary Assembly leaders for the July 2020-June 2021 governance year (also found at: <https://polst.org/leadership/>).

<b>Leadership Council Officers</b> <ul style="list-style-type: none"> <li>1-year terms</li> </ul>	<b>Leadership Council Members-at-large</b> <ul style="list-style-type: none"> <li>3-year terms (staggered)</li> </ul>	<b>Plenary Assembly LC Representatives (PA LC Reps)</b> <ul style="list-style-type: none"> <li>3-year terms (staggered)</li> </ul>
<b>President:</b> Kevin Henning, MD, CMD, FAAFP, FAAHPM <b>Past President:</b> Judy Thomas, JD <b>Vice President:</b> Karl Steinberg, MD CMD, HMDC, HEC-C <b>Secretary:</b> Susan Nelson, MA, FACP, FAAHPM <b>Treasurer:</b> Kim Callanan, MA	Arethra Delight Davis, MD, JD Sarah E. Hetue Hill, PhD Andrew MacPherson	Sandy Severson, BSN, MBA Bruce Smith, MD, MACP, FAAHPM Cindy Munn, MHA

### Membership

Our goal is to have the Leadership Council include members reflective of those we serve, including but not limited to diversity in age, gender identity, race, sexual orientation, ethnicity, and perspectives. The LC Internal Committee is responsible for vetting potential new LC members. If you have any recommendations for potential LC members, reach out to [amy@polst.org](mailto:amy@polst.org)

### Goals

1. Ensure National POLST has the independence, capacity, infrastructure and systems needed to pursue its goals and fulfill its mission.
2. Diversify funding sources for National POLST, including unrestricted sources of support.
3. Update and implement [the strategic plan](#).

LC Committees

The LC has three committees. The Executive Committee (officers only) manage the direction of the organization.

Committee	Responsibilities	2020-2021 Projects
<b>Internal</b>	<ul style="list-style-type: none"> <li>Oversee National POLST’s budget and investments and the financial reporting required to remain in good standing as a member of the Tides organization</li> <li>Determine the membership of the Leadership Council</li> <li>Measure the quality of performance of the Leadership Council as a whole and of the members</li> <li>Manage internal governance of National POLST</li> </ul>	<ul style="list-style-type: none"> <li>Finding a new fiscal sponsor for National Office</li> <li>Identifying, vetting and recommending new Leadership Council members for next term</li> <li>Creating LC onboarding process</li> </ul>
<b>External</b>	<ul style="list-style-type: none"> <li>oversee all philanthropic and branding activities on behalf of the organization.</li> </ul>	<ul style="list-style-type: none"> <li>Identify and evaluate new sources of funding.</li> <li>Review potential funding opportunities and make recommendation to LC about compliance with Conflict of Interest policy.</li> </ul>

Committee Meetings

Each LC member is expected to attend and participate in 50% or more of the meetings for the committee they serve on as a member.

Leadership Council Meetings

There are three LC meetings each year: two are by zoom and one, ideally, is in person. For each of these meetings materials (agenda, proposed documents for voting, discussion topics) are provided 2-3 weeks prior to the meeting via email. PA members and Advisors may attend.



## Plenary Assembly (PA)

The PA reports to, and is ultimately governed by, the Leadership Council.

### Leadership

Below are the Plenary Assembly leaders for the July 2020-June 2021 governance year. All of the leaders serve on the Plenary Assembly Executive Committee (PA Exec); PA Committee Vice Chairs are non-voting members. The Executive Director is an ex-officio member.

#### PA Exec Purpose:

- Help the Executive Director manage any urgent matters that cannot wait for the next PA meeting;
- Oversee the programmatic POLST elements, including policies, standards and guidance related to POLST implementation and forms; and
- Lead the PA as a group, building consensus among state leaders in support of our mission and vision.

PA Officers • Chair & Chair Elect = 2-year terms • Secretary = 1-year term	PA Leadership Council Representatives (PA LC Reps) • Bylaws require 3	PA Committee Chairs (1 chair per committee)	PA Committee Vice Chairs (1 vice chair per committee)
Chair: Linda Darden, MHA, CPA Chair-Elect: Cindy Munn, MHA Secretary: Mark Apfel, MD Past Chair: Judy Black, MD	Ending 2021: Bruce Smith Ending 2022: Sandy Severson Ending 2023: Cindy Munn	Richard Cohen, MD John Goodill, MD, FACP, FCCP, FAAHPM Emmie Gardner, MSW, LCSW Judy Black, MD Mark Apfel, MD Pat Bomba, MD Susan Hickman, PhD Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN	Christine McMichael Sharmon Figenshaw Birgitta N. Sujdak Mackiewicz, PhD Stephanie Anderson, DNP, RN John G. Carney, MEd Paul Drager, JD Erik Fromme Keagan Brown, MBA, CALA, CPHIMS
Officers must be from endorsed programs  PA votes for Secretary annually and for Chair-Elect every other year.	PA LC Reps can be from any active program  PA votes on a LC Rep annually; must be approved by LC	It is the expectation (but not requirement) that Vice Chairs will assume Chair positions. There are no term limits for serving as Chair or Vice Chair.	

## Members

Current list: <https://polst.org/plenary-members-pdf>

Via Member Agreement, each member agrees they:

- Are an active member of the POLST Program;
- Are committed to quality POLST implementation in their state, territory or district and nationally;
- Will serve as a conduit between their POLST Program and National POLST, sharing information and keeping both groups informed about the activities of the other;
- Are fully committed and dedicated to the POLST mission and vision;
- Will actively promote National POLST, encouraging and supporting its staff, and working in concert with the Plenary Assembly and the Leadership Council; and
- Will collaborate with their colleagues on the Plenary Assembly and provide direction that will guide National POLST to serve its mission.

A program is identified as “active” when at least 1 program leader (2 max), chosen by program and approved by National POLST Office, has:

- signed the Member Agreement and
- starts serving on a PA Committee, as a PA Officer, or as a PA LC Rep, (assume this will be done in 1<sup>st</sup> year so state is listed as active when membership agreement is signed).

To remain “active” the program leaders must:

- attend 50% or more of assigned PA committee meetings each year and
- Between both PA members (if there are 2), Program must attend 2 PA meetings annually (encouraged to have both leaders attend all meeting, especially the in-person meeting).

The Executive Director tracks attendance for committee and PA meetings. It is the responsibility of the member to confirm accurate attendance on the minutes provided by the Executive Director after each meeting.

## Purpose & Goals

**Purpose:** The Plenary Assembly is charged with overseeing programmatic elements in support of the goals, mission, values, and strategy of National POLST. This includes developing policies, procedures and guidance for POLST Programs, and providing a supportive structure for Programs to share best practices and member engagement.

### Plenary Assembly Goals

1. Build sense of community among POLST Program leaders (belonging to a national movement- belonging to THIS movement)
2. Create an inclusive culture with consensus-based standards: strive to give all POLST Programs an opportunity to weigh in on standards, guidance and policies related to POLST implementation. Use our collective wisdom first (including advisors), and be open to outside input
3. Make POLST easier for patients, caregivers, loved ones and health care professionals to understand and use nationally
4. Provide support to all POLST Programs through National POLST, the Plenary Assembly and its committees to help establish and maintain POLST Program leadership.

### Key Objectives

1. Encourage active participation of POLST Program leaders in National POLST activities
2. Improve alignment among POLST Programs by using consistent language and messaging about POLST
3. Identify and create materials supporting quality POLST Program implementation
4. Educate about POLST, how it relates to advance care planning, and national movement

### Committees

Click on the committee name (a hyperlink) to see specific projects and progress on each (Conference committee is not hyperlinked). This information will be updated annually to help committees cooperate and collaborate with each other to achieve our goals. As an ex officio member of each committee, National POLST's Executive Director will assist Chairs and Vice Chairs when overlaps exist, facilitate feedback from other committees as necessary, and help committees support the work of other committees.

Committee	Purpose (high level)	2020-2021 Projects
<b>Conference</b>	Develop conference agendas Assist and advice on conference logistics	<ul style="list-style-type: none"> <li>• 2020 October meeting</li> <li>• 2021 in-person meeting (if possible)</li> </ul>
<a href="#">Education</a>	Create and revise general education materials for patient and provider POLST education  Encourage POLST leaders to use national resources (website, forum, newsletter), attend conferences, webinars	<p><b>Provider:</b></p> <ul style="list-style-type: none"> <li>• 1-page education materials for POLST &amp; (pediatric, dementia, developmental disabilities (mental, physical), dialysis, pregnancy, LVAD)</li> <li>• Standard PPT Slide Set</li> </ul> <p><b>Patient/Community:</b></p> <ul style="list-style-type: none"> <li>• Review Patient-facing materials created by National</li> <li>• Create patient version of Intended Population Guide</li> <li>• In conjunction w/provider group, 1-page education materials</li> </ul>

		<p><b>Standards:</b></p> <ul style="list-style-type: none"> <li>Identify standard education content for programs &amp; create checklist (will use work PSC done for endorsed with distinction education)</li> <li>Update Care Continuum Toolkit</li> </ul>
<a href="#">Faith Perspectives</a>	Develop education materials and statements/policies relative to POLST and different faith communities	<ul style="list-style-type: none"> <li>Update Death with Dignity - POLST policy</li> <li><a href="#">Website update</a></li> </ul>
<a href="#">Program Assistance (PAC)</a>	<p>Support states in implementing POLST Programs that comply with national standards</p> <p>Encourage and review programs applying for endorsement</p>	<ul style="list-style-type: none"> <li>Nevada Endorsement Application</li> <li>Monthly meetings with non-endorsed states (10 states)</li> <li>Update Developing State Guide</li> </ul>
<a href="#">Program Standards (PSC)</a>	<p>Provide recommendations and interpretations re: POLST Program requirements</p> <p>Create and revise POLST policies</p> <p>Conduct reviews of currently endorsed states</p>	<ul style="list-style-type: none"> <li>Finalize new Incentive Policy</li> <li>Finalize new Trauma Policy</li> <li>Finalize Endorsed w/Distinction &amp; start implementation</li> <li>2020 Endorsement Reviews (5 states)</li> <li>Update endorsement application</li> </ul>
<a href="#">Public Policy</a>	<p>Create and revise POLST policies related to public policy</p> <p>Advise on strategy for building relationships with other national organizations</p> <p>Monitor federal legislation and regulations that could impact POLST</p>	<ul style="list-style-type: none"> <li>Legislative Guide Update</li> <li>Create Legislative Guide summary</li> <li>Review/update Public Policy Principles</li> <li>Leave behind materials / press kit (FAQs, 1 pager with maps, POLST form)</li> </ul>
<a href="#">Research &amp; Quality Assurance (RQAC)</a>	<p>Advise on disseminating, promoting and responding to POLST research</p> <p>Define and promote appropriate quality assurance and quality indicators for POLST</p>	<ul style="list-style-type: none"> <li>Quality Indicator #3</li> <li>Statement on Goal Concordant Care</li> </ul>
<a href="#">Technology</a>	<p>Educate on POLST technology strategies</p> <p>Work with individuals/organizations interested in using POLST within their technology</p>	<ul style="list-style-type: none"> <li>Create vendor survey policy</li> <li>Technology white paper</li> <li>Webinars series on Technology Guide</li> <li>Update technology information on website</li> </ul>

### Committee Meetings

Each PA member is expected to attend and participate in 50% or more of the meetings for the committee they serve on as a member. The purpose of this structure is two-fold:

1. National POLST documents have input from a variety of leaders from all over the country in reviewing or editing the document.
2. PA leaders can take information back to their leadership groups to share about what is happening nationally and what they should be working on locally.

### Plenary Assembly Meetings

Each active program must have at least one of their PA members attend 2 of the 3 PA meetings each year (it can be one PA member for one meeting and the other PA member for a second meeting). Attendance by both PA members at all PA meetings is *strongly* encouraged.

There are three PA meetings each year: two are by zoom and one, ideally, is in person. For each of these meetings materials (agenda, proposed documents for voting, discussion topics) are provided at least 2-3 weeks prior to the meeting via email, though materials are also posted on the forum in advance. Meeting materials are provided in advance to give PA members time to discuss the materials for vote with their program leadership (if necessary) so they can vote at the PA meeting.

Advisors and Leadership Council members are invited to attend PA meetings (non-voting participants).

## Advisors

National advisors are approved by the LC and must sign an advisor agreement before being active. They are available to support the National POLST Office, LC and PA activities. A current list is available at: <https://polst.org/leadership/?pro=1#advisors>

**Disability Community:** Marty Ford, MS, JD

Senior Advisor, [The Arc of the United States](#)

Marty has represented people with intellectual and developmental disabilities for over 35 years before the Congress, federal agencies, and regarding *amicus* briefs in numerous cases in federal courts and state supreme courts. Primary areas of focus have been in long term supports and services; Medicaid; Social Security and Supplemental Security Income; Medicare; trusts; discrimination on the basis of disability (including unnecessary institutionalization); failure to provide necessary health care based on the presence of pre-existing disability; and prohibition of the death penalty for people with intellectual disability. Marty has recently stepped aside to serve as Senior Advisor.

**Emergency Medicine:** Arthur (Art) R. Derse, MD, JD, FACEP  
Director, Center for Bioethics and Medical Humanities  
Professor of Bioethics and Emergency Medicine  
Medical College of Wisconsin

Art is Professor of Bioethics and Emergency Medicine and Director of the Center for Bioethics and Medical Humanities at the Medical College of Wisconsin. He is a member and past chair of the Ethics Committee of the American College of Emergency Physicians (ACEP), a fellow of the Hastings Center, and past president of the American Society for Bioethics and Humanities (ASBH).

**EMS:** Howard Capon

**Hospice:** Karren Weichert

**Legal:** Charlie Sabatino, JD, Director, [ABA Commission on Law and Aging](#)  
Charlie has served as Director of the Commission for 15 years. He is a Fellow and former president of the National Academy of Elder Law Attorneys and an adjunct professor at Georgetown University Law Center where he has taught Law and Aging since 1987.

**Long Term Care:** Jim Mittelberger, MD, MPH, CMD, FACP, FAAHP

**Media:** Theresa Brown, PhD, BSN, RN, FAAN  
Nurse & author, [TheresaBrownRN.com](#)  
Theresa is the author of the *New York Times* bestseller *The Shift: One Nurse, Twelve Hours, Four Patients' Lives*. She is a frequent contributor to the *New York Times* and also writes for CNN.com and *The American Journal of Nursing* and has appeared on the NPR program "Fresh Air."

**Patient Advocate:** [pending]

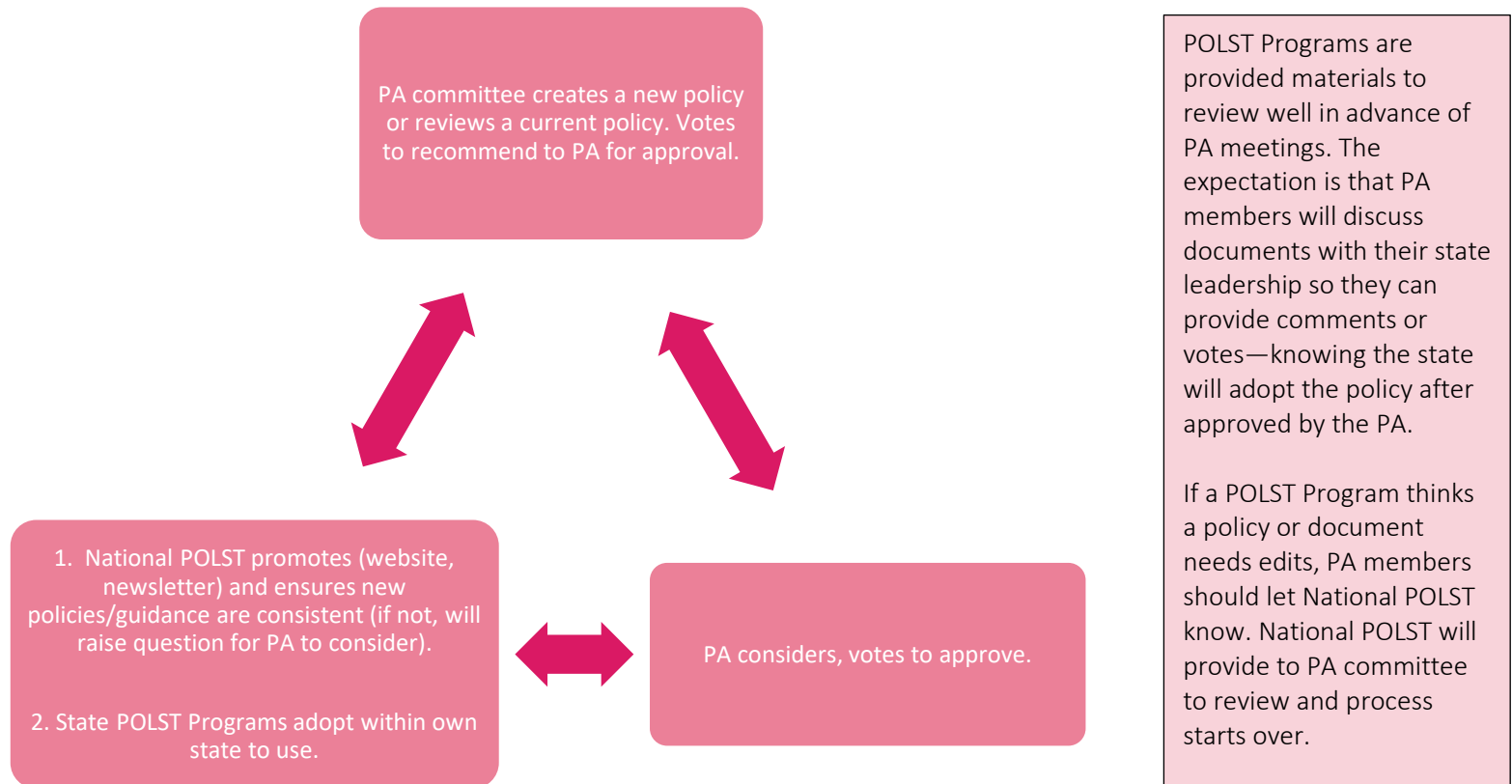
**Social Worker:** Christine Wilkins, PhD, LCSW  
Advance Care Planning Program Manager, NYU Langone Health (NYULH)  
Christine is the Advance Care Planning Program Manager at NYULH where she oversees system-wide advance care planning as an integral component of quality patient care. She is the inaugural social work representative on the National POLST Program board, and member of the NYS MOLST executive board.

**Technology:** Abby Dotson, PhD

## National & POLST Program Roles

The POLST movement benefits from collaboration between national and state efforts. Both groups educate patients, loved ones and professionals and share an interest in POLST’s success. National POLST focuses on creating consistency among programs (as stated in its Vision above)) and promoting the policies and guidance approved by POLST Programs. It also monitors for federal legislation and policies that could impact POLST efforts and, where appropriate, addresses the concern or provide support. POLST Programs should incorporate National POLST policies and guidance into their state activities, helping build consistency among programs and for POLST messaging generally.

For example, policies go through a cycle such as below. Given the effort to create or update a policy, once it has been approved by the PA and publicized it is generally not revisited for a while unless absolutely necessary.



Examples include of how these groups work together include:

POLST Priority	National Role	POLST Program Role
Interoperability of POLST forms	<p>Finalize &amp; Promote Technology Guide</p> <p>Create and promote National policies promoting standardized data set for POLST form data; work with partners to create such a data set or standard</p>	<p>Review and contribute to technology guide</p> <p>Promote Technology Guide</p> <p>Encourage registry or HIE development using standardized POLST form data set</p>
Improve POLST Quality Assurance	<p>Create resources to promote QA activities through RAQC</p> <p>Encourage use of QA materials through PAC and PSC</p> <p>Provide time for discussions at PA meetings, host webinars as appropriate, encourage forum conversations on the topic</p>	<p>Promote and encourage use of QA resources</p> <p>Identify potential other needed QA resources and share with RAQC</p>
Educating about Appropriate Population	<p>Create guidance and educate nationally at conferences and share with partners</p>	<p>Incorporate current guidance into state POLST education</p>
Sharing Best Practices	<p>Gather &amp; disseminate resources (website, forum, newsletter)</p> <p>Provide time at PA meetings to present ideas or questions and for discussion</p>	<p>Participate by sharing and discussing in committees, with National POLST, in the POLST forum, at PA meetings, etc.</p>

### Monthly Meetings

The National Office hosts monthly meetings (except for the 3 months the PA and LC have meetings). These are informal meetings that are not recorded, not required and no minutes are taken. These meetings are a way for the Executive Director to share what is going on Nationally with everyone and provide a forum for questions or comments. Additionally, these meetings are a way for POLST Program leaders to ask questions of each other, provide/receive advice and discuss important questions that have arisen.



## National Policies and Guidance Documents

### Policies/Documents/Guidance

Almost all policies, guidance and documents posted at [www.polst.org](http://www.polst.org) were created and approved by the Plenary Assembly. Those that weren't were created by the National Office based on consensus (POLST Form, POLST Form Guide—both of which are now the responsibility of the PSC) or using language from other materials (e.g., National POLST Overview). It is the expectation that active POLST Programs are using the language of/guidance in these guides in their own programs.

While all PA and LC leaders and Advisors should be familiar with all National POLST documents, below are the most important ones. A full list of documents, policies, etc. the committees responsible for updating them and last updates is available [here](#).

Policy / Document Name	URL	Committee Responsible	Last Updated
Appropriate POLST Form Use Policy	<a href="https://polst.org/appropriate-use-pdf">https://polst.org/appropriate-use-pdf</a>	PSC	2019.05.19
Conflict of Interest Policy	<a href="https://polst.org/coi-pdf">https://polst.org/coi-pdf</a>	Leadership Council	2018.01.18
COI FAQs	<a href="https://polst.org/coi-faqs-pdf">https://polst.org/coi-faqs-pdf</a>	Leadership Council	2018.01.18
Distinguishing POLST from Death with Dignity Statutes	<a href="https://polst.org/dwd-pdf">https://polst.org/dwd-pdf</a>	Faith Perspectives	2015.09.18
National POLST Overview	<a href="https://polst.org/about-polst-handout-pdf">https://polst.org/about-polst-handout-pdf</a>	Public Policy	
POLST Intended Population and Guidance for Health Care Professionals	<a href="https://polst.org/guidance-appropriate-patients-pdf">https://polst.org/guidance-appropriate-patients-pdf</a>	PSC	2019.01.14
Statement Against Racial Injustice	<a href="https://polst.org/rejecting-racism-pdf">https://polst.org/rejecting-racism-pdf</a>	Leadership Council	2020.07.06

### Maps and Annual Review Materials

The following resources are available on our [www.polst.org/map](http://www.polst.org/map) page (and elsewhere). These are updated based on program feedback to the annual review conducted by the National Office each January:

- **Maps:**
  - Program Designations: <https://polst.org/map-pdf>
  - Adoption of National Form: <https://polst.org/national-form-adoption-map-pdf>
  - Level of POLST Use: <https://polst.org/use-map-pdf>
  - Pediatric POLST Map: <https://polst.org/pediatric-map-pdf>
  - Registry Information: <https://polst.org/registry-map-pdf>
- **Signature Requirements:** <https://polst.org/state-signature-requirements-pdf>
- **Regulatory/Legislative Comparison:** <https://polst.org/legislative-comparison-pdf>

## Other Useful Resources

- Branding & Logo: [www.polst.org/logo](http://www.polst.org/logo)
- Donation page: [www.polst.org/donate](http://www.polst.org/donate)
- Forum (must have access): <https://polst.discoursehosting.net/>
- Governance: [www.polst.org/leadership](http://www.polst.org/leadership)
- National POLST Letters of Support: <http://polst.org/letters>
- Newsletter:
  - Subscribe: [www.polst.org/subscribe](http://www.polst.org/subscribe)
  - Archive: <https://polst.org/newsletter-archive>
- Short URLs: <https://polst.org/short-url-pdf>
- Supporters: <https://polst.org/supporters>
- Webinars: <http://polst.org/webinars>

## Attachments

[Attachment 1: POLST Branding Information](#)

[Attachment 2: Committee Management Information](#)

[Attachment 3: Voting Information / Approval Process](#)

[Attachment 4: Leadership Council Bylaws](#)

[Attachment 5: Plenary Assembly Bylaws](#)

[Attachment 6: Participation Agreements \(LC, PA, Advisor, Committee Member\)](#)