

# Nevada POLST Post

## Fall 2018



### POLST Webinars - Schedule Online

We continue to offer our training webinars each month. There are many who have taken advantage of these trainings and many who have received the CEUs available to nurses and social workers.

An explanation of what is covered is available on our [training page](#) and webinar dates are listed on the [registration form](#).

Each month's webinars are posted around the 15th of the preceding month, but those who are on our email list receive a list of webinar dates and times each month. Should you have any questions regarding our courses or credit, or wish to be added to our mailing list, please contact [Sally Hardwick](#).

### Remember - you can now pick up your forms in Reno

For those in the Reno area who would rather pick up their POLST forms avoiding shipping charges, please note the new location:

*Dini Townsend Hospital, 480 Galletti Way, Building D, Sparks, NV 89431*

Use the main entrance to Dini Townsend and go to the front desk. Health Services campus.

Be sure to [place your order online](#) first, to assure your forms are available and ready when you arrive.

### Conversation Resources

Modern medicine is miraculous. Despite this, patients die; we know that. We live that. But, many of us are still uncomfortable talking about death or the end of life with patients, as is clear from the outcomes of a recent survey (see "Highlighted Research" next column).

But, this need not be. We can do better, but it often requires help. See our [conversation resources](#).

### Nevada POLST - New Website!

Last year new legislation was passed. Later in the year, a new Nevada POLST form was approved. Now, we are introducing our [new website!](#)

Our new site is still at [www.nevadapolst.org](http://www.nevadapolst.org), but it is very much updated with easier navigation, updated information, new layout and graphics and we hope very favorable reviews!

UNFORTUNATELY, if you use *Internet Explorer* you may have some issues. Internet Explorer is *not fully compatible* with the WIX platform where our site is hosted. Those with Internet Explorer may want to **change their browser to Edge, Safari or Chrome.**

We encourage you to explore our new site. Please let us know what you think of it, but more importantly, please **report any issues** you may have with it to our [webmaster](#) asap. If you can copy the URL of the problem page (the address of the page located at the top of your screen, usually starting with "http" or "https") that would be very helpful!

We want to thank Samantha Carson, second year medical student at University of Nevada School of Medicine, Reno for her analysis and mapping of our new website. We also want to thank our board member, Dr. John Hardwick for the design of our website. Our Nevada POLST President, Peggy Ewald, RN sat side-by-side with our webmaster helping to trouble-shoot and edit. Our Board of Directors were also helpful proofing specific pages related to their expertise. Of course, even with all these eyes on it, the site may have some "glitches" so, again, please [let us know](#) about any you encounter.

### Highlighted Research

In the [Journal of the American Geriatric Society, May 2018](#), a survey of primary care physicians reported overwhelming support of Advance Care Planning (ACP), yet the vast majority of these same physicians did not have these conversations. The abstract follows:

**OBJECTIVES:** To evaluate physicians' views on ACP, goals of care, and EOL conversations.

**DESIGN:** Random sample telephone survey.

**PARTICIPANTS:** Physicians (primary care specialists; pulmonology, cardiology, oncology subspecialists) actively practicing medicine and regularly seeing patients aged 65 and older (N=736; 81% male, 75% white, 66% aged ≥50).

**MEASUREMENTS:** A 37-item telephone survey.

**RESULTS:** 99% of participants agreed that it is important to have EOL conversations, yet only 29% reported formal training for such conversations. Those most likely to have training included younger physicians and those caring for a racially and ethnically diverse population. Patient values and preferences were the strongest motivating factors in having ACP conversations. 95% reported that they support a new Medicare fee-for-service benefit reimbursing ACP. The biggest barrier was time, not wanting a patient to give up hope and feeling uncomfortable.

**CONCLUSION:** With more than half of physicians reporting that they feel educationally unprepared; medical school curricula needs to be strengthened. Clinician barriers need to be addressed to meet the needs of older adults and families. Policies that focus on payment for quality should be evaluated at regular intervals to monitor effectiveness.

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