Utilization of the POLST paradigm to improve end of life care in the nursing home setting

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Background: Advanced Directives are documents that help direct end of life (EOL) care, but have been found to lack adequate direction for care in many cases. Opening the dialogue between nursing home staff, residents, and families, is indicated as a way to improve communication and increase knowledge regarding end of life care choices. The Provider’s Orders for Life Sustaining Treatment (POLST) paradigm was developed to assist people to evaluate their goals for end of life care and make care choices. Research indicates that use of the POLST, a medical document, assists patients to identify and document goals for care at the end of life, which can decrease resident suffering, cost of care and the stress of the resident and family members.

Purpose of the Project: The purpose of this evidence based project was to initiate the POLST paradigm at Missouri River Medical Center (MRMC) as a standard chart document regarding EOL care planning in the nursing home population. Education was provided to the nursing staff regarding EOL care and each resident and/or family was given information about advance directives, specifically the POLST.


Population: 30 nursing home residents and 12 nurses.

Setting: Missouri River Medical Center, a skilled nursing facility in rural Montana.

Method/Procedure: A leader led presentation and discussion was provided to the nursing staff at MRMC regarding end of life care and the POLST document. Nurses completed a pre- and post- in-service survey regarding end of life care. Four months after implementing the POLST paradigm, 93% of the residents had a POLST document on their medical record. Surveys were used to evaluate patients’ and families' perceptions regarding end of life care at the facility.

Outcomes: A comparison of the surveys completed by the nurses pre- and post- in service showed an increase in comfort and understanding regarding end of life care for nursing home residents. After the death of residents, family members had positive responses when asked about end of life care and planning at the facility.

Implications: The POLST paradigm is an effective tool in end of life care planning in the nursing home population. The pilot project was completed in a small scale and results were limited. Use of the POLST in other populations both in the facility and the community would provide a benefit. Continued education of current and new nurses and other staff members will help to assure the high level of EOL care at MRMC.