



Approaches to ePOLST Registry Access

What are the different approaches to accessing the ePOLST Registry?

There are two approaches to accessing the ePOLST Registry—**Standalone** or **Electronic Health Record (EHR)-Integrated**. This guide can help organizations decide which approach best aligns with their current workflows, technical capacity, and readiness. Choosing between them is a question of fit, not quality. In both approaches, POLST forms are created, stored, and reviewed within the ePOLST Registry.

When should my organization determine the best approach for us?

It's important to determine your organization's approach early during implementation planning, as the plan, build, and testing can require significant time and resources.

POLST Workflow

1. Identify the Patient



2. Talk with the Patient



3. Create POLST in ePOLST Registry

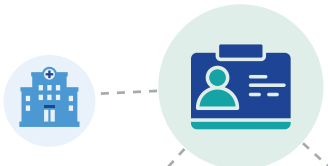
When accessing the ePOLST Registry, organizations can choose the Standalone approach or the EHR-Integrated approach



4. Print, Share, Update EHR



5. Revisit and Update POLST and EHR, as needed



6. Honor POLST in all Care Settings

Approaches to ePOLST Registry Access



Pros



Cons

EHR-Integrated

- **Faster access for providers:** Clinicians can access and interact with the registry directly within the EHR, reducing context switching.
- **Single sign-on:** Enhances user convenience, improves usability and adoption, and streamlines Onboarding and Offboarding.
- **Find patient more quickly and reliably:** Launches within patient record, reduces patient matching errors, and increases reliability.
- **Customizable:** POLST can be made visible through EHR flags, headers, or alerts (EHR customization fees are assumed by organization)

- **Greater resource needs:** Involves informatics, testing, and ongoing maintenance.
- **Potential vendor costs:** EHR vendors may charge for integration or upgrades.
- **Dependency on EHR versioning:** Integration may require specific EHR versions or configurations.

Standalone

- **Faster deployment:** Can be implemented quickly with minimal technical build.
- **Lower IT burden:** Requires fewer internal IT resources and less EHR vendor coordination.
- **Flexibility:** Works across multiple EHRs and care settings.
- **Low or minimal EHR integration costs**

- **Separate login*:** Requires users to leave the EHR and authenticate separately.
- **Manual patient lookup:** May cause workflow friction, patient matching errors.
- **Reduced visibility:** Additional steps may be required to determine existence of POLST.
- **Lower clinician adoption risk:** Some clinicians may be less likely to use a separate system.

* SSO option may be available; fees assumed by organization

Questions to determine which approach is best for your organization

Technical and Administrative:

Are we using one of the EHRs that already supports integration with the ePOLST Registry?

(EPIC, Cerner, MediTech, PointClickCare, KanTime)

Does our current MOLST volume support the investment in integration?

What internal IT and informatics resources can we commit?

Integration may require significant development, internal testing, and ongoing maintenance.

Are we prepared for potential EHR vendor or other fees?

Standalone has little to no direct costs, whereas vendors may charge for integrated setups.

Does our current EHR version support integration?

Integration may depend on specific software versions or configurations.

Clinical Workflow and Adoption

Are we operating in single EHR or multi-EHR environment?

Standalone access may provide more flexibility across organizations with multiple EHR environments.

How critical is “single sign-on” for our clinicians?

Integration reduces “context switching”. Single sign-on may be available in the standalone version but will have vendor fees associated with it.

Is manual patient lookup a concern?

Integrated models launch directly in the correct patient record; standalone requires manual searches.

Please contact your EHR vendor to inquire about fees associated with integration and implementation.