



POLST is Coming to Massachusetts in late 2024

What’s Important to Know: May 2023

Questions? Visit: <https://www.mass.gov/molst-to-polst-transition>
Beginning June 5th, contact the Massachusetts POLST Call Center at 844-771-1629
or email: POLSTsupport@uhealthsolutions.org

Please [sign-up for quarterly updates](#) on the transition to the POLST in Massachusetts

1. Why is the Commonwealth transitioning from MOLST to POLST?

After over a decade of using the MOLST Form, the Commonwealth is aligning with national standards and best practices, joining dozens of other states using the POLST (Portable Order for Life-Sustaining Treatment). Massachusetts will implement an electronic registry (e-POLST), a call center, and provide local training and program implementation materials as part of the POLST Program. See enabling legislation [here](#).

2. A Limited Clinical Test Phase of the POLST Program Starts in June 2023.

Fairview Hospital (Great Barrington), Cooley-Dickinson (Northampton) and partners in their communities are participating in the clinical test phase and are the only locations writing POLSTs. Health care providers and EMS across the state may see a POLST Form that originated in these communities. At this time, POLST Forms will still be on paper.

3. If you see a POLST Form, please honor it as you would the MOLST Form.

Some key differences from the MOLST Form:

- POLST Form is not on pink paper (there is no “original” form)
- POLST Form has no expiration date
- POLST Form simplifies resuscitation and treatment orders

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.	
Pick 1	<input type="checkbox"/> YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion. (Requires choosing Full Treatments in Section B) <input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section B)
B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.	
Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient’s care goals. Consider a time-trial of interventions based on goals and specific outcomes.	
Pick 1	<input type="checkbox"/> Full Treatments (required if choose CPR in Section A). Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care. <input type="checkbox"/> Selective Treatments. Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location. <input type="checkbox"/> Comfort-focused Treatments. Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.

4. Plan for transitioning MOLST to POLST in the Commonwealth, 2023-2026:

Spring/Summer 2023	Fall 2023	Spring/Summer 2024	Fall/Winter 2024	2025-2026
<ul style="list-style-type: none">•Clinical Test Sites Begin Implementing POLST in their communities•State selects vendor for ePOLST Registry	<ul style="list-style-type: none">•Evaluate and refine POLST Program elements tested in Spring	<ul style="list-style-type: none">•Test ePOLST Registry•Release Draft Regulations for Public Comment	<ul style="list-style-type: none">•Finalize POLST Regulations•Begin statewide implementation of the POLST Program	<ul style="list-style-type: none">•Sunset MOLST

5. Read more about The Massachusetts POLST Program.

The mission of the Massachusetts POLST Program is to help people living with serious illnesses and advancing frailty engage in active planning with their clinicians and care teams to ensure that their treatment preferences are understood and honored, regardless of their point of care. The goals are to:

- **Establish POLST as an integral part of the advance care planning continuum in Massachusetts.** POLST is more than just a Form. POLST is a clinical process that results in documenting patient preferences as a medical order that is honored regardless of care setting.
- **Support effective care planning conversations for people with serious illness and advancing frailty.** We want to ensure that all clinical staff have appropriate tools for effective, compassionate, and thorough conversations with patients.
- **Ensure clear, reliable documentation about the program.** We want to ensure that all program components are well-documented and easily referenceable.
- **Improve integration across all care settings.** An electronic registry accessible across care settings will provide a single source of truth and will be available for integration into each organization's electronic patient records.
- **Align with national standards and best practices.** Using the national POLST standard will enable improved portability outside of Massachusetts.
- **Continually improve the program.** Continuously improve the POLST Program and implement any new learnings.

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