POLST Paradigm Coalition Advancement Grant Application Form
This grant is supported by The Retirement Research Foundation

APPLICATION CONTACT INFORMATION

Contact Name: Casey Corbin Title: Executive Director

Organization: Idaho End-of-Life Coalition, Inc. (The Coalition)

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Instructions for Completing the Application Form: The form is designed to be submitted electronically. If you have additional text to add, the form should adjust automatically. If it does not automatically adjust, you are welcome to add spaces or submit attachments as needed.

COALITION/PROJECT DESCRIPTION AND LEADERSHIP

In order to successfully establish a POLST Paradigm Project in a community, it is critical that the project have the support of physicians, hospitals, nursing homes, and emergency service providers, as well as hospice, home health, assisted living and other service providers across the continuum of care. Please describe your coalition and its membership.

1. Coalition/Project Name: **Idaho End-of-Life Coalition/ The Idaho POST Education and Registry Project**

2. Describe the lead organization, and its interest in and commitment to the POLST Paradigm:

The **Idaho End-of-Life Coalition** stands alone for consistent leadership and innovation in end-of-life care in Idaho. Improved conditions and access to quality end-of-life care is our vision. Working cooperatively with other organizations to provide knowledge, tools, and mechanisms to promote better conditions and compassionate end-of-life care is our mission.

Broad-based membership is our most effective tool in reforming end-of-life care and promoting palliative care for people of all ages. We are a non-profit organization. Our vision and mission attract individuals from state and local agencies, medical facilities, elder-law firms, hospices, nursing homes, universities, the Idaho Commission on Aging, National Association of Social Workers/Idaho, Idaho Health Care Association, and AARP/Idaho. As Coalition members they serve on our board of directors, committees, and task groups. We also seek individuals to join the Coalition and listen while they share their personal stories of what went right—and sometimes what went wrong at the end of life for their friends or family.

Recognition and Awards

2004 received one of three national Robert Wood Johnson Foundation Rallying Points Awards of Excellence

2009 recognized as a Idaho Governor's Brightest Star for volunteer service

2010 chosen as a Health Care Hero by the Idaho Business Review

2010 recipient of the prestigious Regence Foundation Sojourns Award for leadership in advancing quality palliative and end-of-life care in Idaho

Accomplishments

The Coalition makes end-of-life and palliative care improvements through research, public policy work, professional education and community engagement. We have/were,

1) encouraged increasing palliative services of hospice from 17% of dying people receiving hospice care in 1999 to more than 50% receiving hospice care in 2009,

2) co-sponsored the first-ever, very successful (39% return rate) Idaho Statewide End-of-Life Survey with the *Center for the Study of Aging* at Boise State University,

3) convened stakeholders around advance care planning and care at the end of life with successful legislation to:
   - revise the Idaho Natural Death Act,
   - promote the POST (Physician Orders for Scope of Treatment) as the Idaho Do Not Resuscitate Program, and
   - establish Idaho's online advance health care directive registry,

4) collaborated with the Idaho Commission on Aging producing: "Alzheimer's Disease: Care and Support at the End of Life" and "Hospice in Long Term Care Facilities."

5) instrumental, in partnership with other stakeholders and state officials, in the implementation of the Idaho POST, and the Coalition Public Policy Committee is currently conducting revisions to submit for a legislative update in 2012. These changes include better instructions for physicians and patients (on back) and the ability for Physician Assistants and Nurse Practitioners to sign the POST. This is an example of the Coalition's ability to adapt the POST to Idaho-specific needs based upon input from constituents statewide.

6) sponsored Idaho's largest annual conference for end-of-life/palliative care professionals, a unique collaboration with skilled nursing facilities, assisted living, and home health associations.

7) developed and published a 108-page Idaho-specific advance care planning guide, *The Right Choice at The Right Time* and placed the guide in every library and senior center in the state as well as online. This book highlights the **Idaho POST** with detailed instructions.

Current Coalition Strategic Goals

Community Outreach—provide opportunities for communities across the state to gain a better understanding of and access to hospice and palliative care and to become empowered to make informed choices related to end-of-life care

Professional Education—engage professional partners and promote the growth of a professional care-giving culture that embodies the principles of palliative care at the end-of-life

Public Policy—identify end-of-life and hospice public policy issues and develop initiatives to address those issues

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Organizational Capacity—strengthen Idaho's hospice and end-of-life network and increase the capacity to provide and promote palliative end-of-life care in communities throughout Idaho

3. List key staff person(s) for the coalition/project and briefly describe their background and role in the coalition/project:

The following individuals, with review and input from many other Coalition members and partners, have created this proposal and will be active in its implementation.

Casey Corbin, MSC

Executive Director, Idaho End-of-Life Coalition

Casey joined the Coalition as a veteran nonprofit professional and as a hospice patient care volunteer since 1986. His passion for end-of-life care and his nonprofit experience are an ideal match for the efforts of the Coalition. Casey has been in nonprofit development, as a development director, executive director and private consultant, for more than two decades. He earned his Master of Science degree in Communication from Northwestern University. He has been the author, editor or designer of more than one hundred funded, private, state and federal grant proposals, and he has raised

more than $50 million dollars in his career. Casey will be the key project leader for implementation oversight, as well as for seeking additional funds from other sources. The Executive Director is the only paid staff position at the Coalition, and it is currently halftime.

Cheryl K. Simpson-Whitaker, MSW

Cheryl is the past president of the Idaho End-of-Life Coalition, Inc. and co-founder and volunteer of the Grand Ronde Hospital and Hospice--No One Dies Alone Program. Cheryl currently represents the Idaho End-of-Life Coalition on the National POLST Paradigm Task Force Board.

While coordinator for the Boise State University Center for the Study of Aging Cheryl was the primary author of the 2006 Idaho Statewide End-of-Life Survey Report. She is part of the national movement to promote compassionate care for people who are terminally ill or injured and the frail elderly completing life. Together with Carol Taylor, MSW, Cheryl authored an on-line training course for Boston University on end-of-life issues for social workers. As a Robert Wood Johnson Foundation Rallying Points consultant she worked with communities in Southeast and Southwest Idaho to establish end-of-life coalitions.

Cheryl was a commissioner of the Idaho Commission on Aging and member of the National Advisory Committee to the National Hospice and Palliative Care Organization's Caring Connections program. She acquired funding and produced The Right Choice at The Right Time resource manual on advance care planning in Idaho. In 2010, the Regence Foundation recognized the Idaho End-of-Life Coalition for exemplary leadership in promoting palliative and end of life care in Idaho by awarding them the prestigious Sojourns Award. Cheryl supports the ongoing work of the Foundation as a member of the Sojourns Application Review Panel.

Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN
Cardiovascular Clinical Nurse Specialist

Rick Bassett is the Adult Critical Care Clinical Nurse Specialist for St. Luke's Boise and Meridian. Mr. Bassett obtained his Master of Science in Nursing degree from Idaho State University and is certified as a critical care nurse (CCRN) through the American Association of Critical-Care Nurses (AACN) and board certified as an Adult Health Clinical Nurse Specialist through the American Nurses Credentialing Center. He currently serves on the Improving Palliative Care in the ICU (IPAL-ICU) National Advisory Board, the VHA Critical Care Innovation Network as a subject matter expert and faculty member, and has been a consultant to the Veterans Integrated Service Network (VISN) 3 ICU–palliative care initiative. He serves on the St. Luke's System Institutional Review Board, The St. Luke's Ethics Committee and as a Clinical Ethics Consultant for St. Luke's. Mr. Bassett lectures nationally and has published on topics related to critical care improvement programs and activities. He serves on the Idaho End-of-Life Coalition Public Policy Committee and chairs the Idaho POST issues subgroup and is currently working with key stakeholders to revise the current POST form and related Idaho statute language.

Carolyn Nystrom, RN
Executive Director, Hospice & Palliative Care of the Wood River Valley

Carolyn has been a local, state and national leader in end-of-life care for over 30 years. She started her hospice career in Palo Alto, California before coming to Idaho and has been the director of HPCWRV since 1990. She has represented Idaho nationally on the Council of States and also served on NHPCO's Governance Committee and Rural Access Task Force. She was a member of the Idaho State Hospice and Palliative Care Organization and served as its President from 1995-1999. That organization merged with A Better Way Coalition in 2008 forming the Idaho End of Life Coalition where she is currently the Vice President. She has been named the Sun Valley/Ketchum Citizen of the Year in 1992 & 2001, was awarded Lifetime Achievement for her work in end-of-life care from the Idaho EOL Coalition in 2008 and Lifetime Achievement as a Woman of Today and Tomorrow from the Silver Sage Girl Scout Council in 2001. Hospice and Palliative Care of the Wood River Valley was recognized as a Health Care Hero by the Idaho Business Review in 2008. She is a frequent presenter at seminars, conferences, churches and community organizations and serves on the Board of Directors for the Idaho End-of-Life Coalition.

Cheryl Tussey

Cheryl began her work with compassionate care for patients with a terminal diagnoses after the passing of her mother in 1979. She became a family councilor and media relations specialist for the hospice program that cared for her mother. Beginning in 2003, as an AARP Idaho staff member, Cheryl contributed, as a founding member, to the development of the "A Better Way Coalition." She has continued her support and work for legislation and community programs that support dying well in Idaho and currently serves on the Board of Directors for the Idaho End of Life Coalition.

4. List other coalition members and organizations.
See attached partner and member list.

5. Is your coalition/project incorporated?
☒ Yes → **Tax ID #: *26-0377697***

☐ No → Please provide the following information about the not for profit organization that will serve as the Fiscal Intermediary:

Organization:

Street Address:

City: State: Zip:

Contact name: Title:

Phone Number: Email:

6. When was the coalition/project formed?

The genesis of the organization was 1985. In 2008, Idaho's two leading voices for end of life issues unified: the Idaho State Hospice and Palliative Care Organization, founded in 1985 to support the growth of the palliative services of hospice across the state, and broader-based, A Better Way Coalition, Inc., founded in 2003 in response to the "D" grade Idaho received in the Robert Wood Johnson Foundation Last Acts Report on Dying in America.

7. How are your activities currently supported (e.g., Grants, in-kind donations, volunteer efforts, etc.)?

Membership dues, donations, events, grants, in-kind, and volunteers. This is a true coalition of active members, committees and a working board of directors. The coalition employs only one half-time employee.

8. Do you have at least $2000 in kind support for each year of the grant?
Note: In kind support may include donated time of coalition members. Please show the amounts of in kind support in your budget.
☒ Yes
☐ No

9. Describe the geographical area in your state that your proposed project would cover:

The activities of this proposal will be implemented by region and in order of priority based upon rural demographics as follows:
(4 regions)
Year 1: Planning/Mentoring
Year 2: Eastern Idaho
Year 3: North Idaho

Years 4 and 5 will be funded my matching dollars.
Year 4: South Central Idaho
Year 5: Central Idaho

10. Describe any additional organizations and individuals not already involved in your coalition/project that you plan to involve in this project?

See attached list of partners

11. Does your coalition meet regularly?
☒ Yes → How often?
☐ No

The Coalition is a known leader for gathering working groups of constituents and key stakeholders around issues of end-of-life care. For example both the Idaho Office of the Attorney General and the Idaho EMS Bureau sought out the Coalition on key pieces of end-of-life legislation: revising the Idaho Natural Death Act and researching and adapting the Oregon POLST to a model that would respond identified needs in Idaho. Regular meetings include:

A. Board of Directors meetings are held quarterly with an annual, spring retreat.
B. The Executive Committee meets monthly.
C. The Public Policy Committee, which is the team focused on the POST, its revisions and state-wide adoption, meets monthly. This is also the team of constituents that designed the priority of activities for this project.
D. The Professional/Public Education Committee meets monthly.
E. The Ad Hoc Hospice & Palliative Care Policy Committee meets as needed.
F. The membership gathers at the annual "Dying Well in Idaho" conference each summer.

12. Will you coalition members agree to participate in grant evaluation activities, including occasional anonymous surveys to be funded by The Retirement Research Foundation in an effort to learn how this grant helps to advance POLST progress?
☒ Yes
☐ No

13. Are you already working on POLST implementation in your state?
☒ Yes → Please describe your current activities:

Coalition members, in partnership with other stakeholders and state officials, were instrumental in the implementation of the Idaho POST. The Coalition Public Policy Committee is currently conducting revisions to submit for a legislative update in 2012. These changes include better instructions for physicians and patients (on back) and the ability for Physician Assistants and Nurse Practitioners to sign the POST. The Coalition also developed and published a 108-page Idaho-specific advance care planning guide, *The Right Choice at The Right Time* and placed the guide in every library and senior center in the state as well as online. This book highlights the use of the Idaho POST including detailed instructions.

The current need expressed by members and other partners is for an educational campaign, such as the activities in this proposal, which will increase the adoption and registry of the Idaho POST.

☐ No → When will you begin working on POLST?

14. Please list the materials you are currently using in your education and outreach (examples "POLST at Work Video", standard PowerPoint slides, other written or video materials):

A. Coalition and Board members conduct regional/local Idaho POST education trainings for constituent groups such as hospices, Medicaid staff and community groups. The primary method is by PowerPoint presentation.
B. The *Right Choice at the Right Time* is a Coalition produced book which was placed in every library and senior center in the state as well as online. This publication specifically details the Idaho POST and provides instruction.
C. The Coalition website has extensive information on the Idaho POST and advance directive planning.
D. The Coalition holds the largest annual conference on end of life care in Idaho. This conference includes information and training sessions about the Idaho POST.
E. The NHPCO's Annual National Health Care Decision Day- The Coalition and its members hold events, information sessions, produce mailings and work with local and state media to encourage advance directives conversations and

planning. **(See attached examples)**

15. Do you have legal or regulatory barriers hindering or preventing POLST adoption in your state?
    ☐ Yes → Please describe your barriers:
☒ No

16. Is your coalition active in mentoring any other state to develop a POLST program?
    ☐ Yes → Please name the state(s):
    ☒ No

17. Describe your three year project to expand POLST dissemination and identify your activities for each year of the grant (Note: The 2 and 3 year activities can be revised).

The Coalition, its members and partners have been instrumental in making Idaho a national leader in the adoption of the POLST Paradigm. **The Idaho POST Education and Registry Project** is designed to address the priorities of the POLST Paradigm Coalition Advancement Grant Program. The Idaho End-of-Life Coalition Public Policy Committee has developed the project goals and activities to address the current barriers to adoption of the Idaho POST.

The coalition is now poised, with the award of this grant, to begin a statewide, multi-year campaign to increase the adoption of the Idaho POST through direct consumer education, continuing education unit classes at skilled nursing facilities, and a campaign targeting rural physician groups led by a "Physician Champion."

The Coalition has a long history of partnerships with key stakeholders from state officials to its members, both institutional and individual. The Coalition is managed by a professional, and committed working board and is directed by a nonprofit fundraising and communications professional with more than two decades experience. The Coalition leadership is confident that if this project is selected, they will be able to leverage this award to raise additional funds through matching contributions from foundations, Idaho organizations and individuals. The Public Policy Committee designed this project so that all aspects can be increased in scale and reach as more dollars are raised. The matching dollars will also be used to continue the project after this award has been exhausted. Idaho is primarily a state of rural and often isolated communities; thus, this project has been designed to prioritize implementation in areas that are least likely to have any other access to education on advance directives.

The planned activities will address both the lack of available education about the Idaho POST, and the concern that many POST forms are not being filed with the state advance directives registry. The issue of non-registry has come from anecdotal, but convincing feedback from coalition members, state officials and informal sampling at events. At one recent event, the coalition director was able to informally survey more than 200 individuals by asking if they (1) had knowledge of the POST, (2) If so, was it on file with the state registry. Less than 5% responded that they were aware of the Idaho POST and far less were aware of the state registry. Of those replying that they were unaware of the POST, many also acknowledged that they worked in healthcare. It is important to note that this informal survey was held at the Boise Downtown Farmers Market. Given that Boise is Idaho's largest center for healthcare and access to healthcare education, it can be assumed that rural knowledge of the POST and registry is even less prevalent.

Upon notice of award, the committee will continue to strengthen aspects of the project and begin to assemble key leaders and natural partners in to the planning and implementation process.

The Idaho POST Education and Registry Project will be implemented over four years in the four Coalition-designated regions. The project includes three target audiences by region: **Consumers**, **Physician Groups** and **Skilled Nursing Facilities**. One of the goals for the first year of the award will be to identify state POST "Champions" to assist in creating communication that is effective with each of these audiences. These include designated Physician Champions who will

speak to and for their peers, Tribal leaders for reaching individuals living on or near reservations and leaders within the Mormon and Hispanic communities by region. For example, one of the Coalition Public Policy Committee members has a leadership role within the Boise Mormon community and has already started to work on a plan for identifying other Mormon leaders by project region.

2011-2012 Planned Activities

1. The grant implementation team will be established, and the statewide "Physician Champion" will be identified. The Coalition is already in discussions with several Idaho leaders in palliative care about becoming "Champions" of this project. They will help to establish the relationships and trust necessary among peer physicians to increase adoption of project goals.

2. The grant team will seek an in-kind partner or underwriter to offset some of the costs of a physician-narrated POST training video.

3. The Coalition grant team will collaborate with the POLST Paradigm Mentor to further strengthen the design of the project. Further, the Coalition will work closely with its longtime partner, the Boise State University Center for the Study of Aging, to develop measurement tools that accurately assess the impact of project activities. (See attached letter) Initial measurement goals have been included in this proposal.

4. The grant team and other Coalition partners will establish the relationships necessary for year two activities in the Eastern region. This will include identifying regional community leaders and champions and establishing relationships with physician groups and skilled nursing facilities.

5. The grant team will develop an Idaho POST education brochure. The Coalition intends to include a partner developer who is adept at creating materials on healthcare subjects for public consumption. With their corporate offices based in Boise, Healthwise is the ideal partner for writing and designing this product. *"Healthwise develops health content and patient education solutions for the top health plans, care management companies, hospitals, and consumer health portals. Each year, millions of people use our content and tools to manage their health, make better health decisions, and live healthier lives."* (www.healthwise.org)

Healthwise management has committed to be a partner in this project. This brochure will be printed at the beginning of year two. The 25,000 brochures will provide for immediate distribution to known partners across the entire state in year two. Further, the brochure will be distributed by region, as each year is implemented and new partners are identified.

6. The Coalition will send two representatives to the National POLST Paradigm Meeting and Conference in San Diego.

7. Coalition leadership will seek matching funds to increase the scale of the project for years two and three and to complete years four and five in the South Central and Central regions.

2012-2014 Planned Activities

Based upon the relationships and plans developed in the first year of the project, the grant team, champions and community leaders will implement the project activities in the "Eastern" region over the 2012-2013 period. The project success and adoption will be continually monitored for improvement. This feedback will be utilized in strengthening the activities for year three and the proposed years four and five to be funded through matching dollars. Each year, the relationships, champions and community leaders for the next region will be developed in advance of implementation.

The proposed key activities and products for each region include:

Consumer

1. Idaho POST information advertisements to run in small, rural newspapers. They will be placed in the obituary sections and motivate readers to visit a website or call for more information about the Idaho POST. The ads will also be utilized to promote upcoming Idaho POST education classes to be presented at local senior centers by Coalition members.

2. An Idaho POST education brochure, that both informs and motivates individuals to initiate a conversation with their

primary care provider, will be produced in English and Spanish. 25,000 brochures will be printed to be used for immediate statewide distribution to known partners and then supplied each year by region to new physician group partners, skilled nursing facilities and others as identified. The brochure will also be created in an interactive form online.

3. An AARP-sponsored mailing (in-kind contribution) within each region will deliver a version of the Idaho POST education brochure and invite recipients to an Idaho POST education class at a nearby senior center. **Idaho AARP leadership has already committed to working toward this project activity.** AARP will draft, print and mail this product by region to their constituents as follows:

Eastern- 10,000 recipients
North- 8,000 recipients
South Central- 15,000 recipients
Central- 20,000 recipients

This means that in addition to the 25,000 printed brochures to be distributed statewide in item 2 above, 53,000 AARP member households will receive an Idaho POST education mailing and an invitation to a Coalition-sponsored Idaho POST education class.

Physician Groups
1. An instructional video will be produced in which the selected state "Physician Champion(s)" will explain the Idaho POST, perform an actual POST "patient" conversation and demonstrate the completion of a POST with submission to the state registry. The Coalition will seek an underwriting partner or in-kind production such as a Boise State University film class to minimize the cost of this video. The video will be made available on DVD and online and distributed to physician groups by region.

2. The Idaho POST education brochure, to be printed in year two (Spanish & English), will be distributed to partnered physician groups by region.

Skilled Nursing Facilities (SNF)
The four regions in order of priority, by county and as designated by the Coalition and their current SNF census, are as follows (see attached map):

EASTERN – 20 SNF (10 rural and 10 urban)

Butte	Bingham
Power	Oneida
Teton	Bannock
Clark	Caribou
Fremont	Bear Lake
Madison	Franklin
Bonneville	Jefferson

NORTH - 21 SNF (16 rural and 5 urban)

Boundary	Idaho
Bonner	Lewis
Kootenai	Nez Perce
Benewah	Clearwater
Shoshone	
Latah	

SOUTH CENTRAL - 12 SNF (all rural)

Owyhee	Lincoln
Twin Falls	Minidoka
Gooding	Custer
Camas	Lemhi
Blaine	

CENTRAL - 25 SNF (6 rural and 19 urban)

Valley	Ada
Adams	Boise
Washington	Elmore
Payette	Canyon
Gem	

1. The Coalition and its partners will conduct Idaho POST education classes for the key staff of skilled nursing facilities. These classes will target the Director of Nursing and case managers at each facility. The classes will be designed and approved to grant official **C**ontinuing **E**ducation **U**nits, thus increasing the likelihood of attendance.

2. These SNF Idaho POST education classes will be video recorded. The DVD produced will be given to the attendees and facilities and placed online. These videos may be used to educated new staff as the positions experience turnover.

3. The Coalition will seek to establish a pilot project to reach direct care staff at corporate operated, skilled nursing facilities. During the first year of the project, the grant team will establish a relationship with at least one corporate managed facility and secure their commitment to an HR policy toward Idaho POST training for all new direct care staff. If this arrangement proves to be successful, it can then be expanded to other states both as a model of what is possible and as a point of first adoption with this specific corporate partner.

4. The POST education brochure, to be printed in year two (Spanish & English), will be distributed to partnered skilled nursing facilities by region.

18. At the conclusion of the grant are you willing to share your innovations and "lessons learned" about unintended benefits and challenges of POLST adoption so that other states can learn from your experiences?
    - ☒ Yes
    - ☐ No

19. What resources or assistance can the NPPTF members offer to support this POSLT dissemination grant?

The Coalition is confident that the guidance given by the POLST Paradigm Mentor will be of assistance in strengthening the goals and activities of this project, as well as in identifying other resources that could increase success.

20. Attach a 3 year budget for each of the three years (See sample budget form).
    Note: The 2 and 3 year budgets will be resubmitted and can be revised.
    Note: The mentor expenses should not be included in your budget. Please show your in kind contributions of at least $2000 a year.

    Attached

Measurement and Evaluation

States need to develop state specific performance measures to demonstrate advances in POLST dissemination. Please describe the ways that you will be able collect data and report on performance measures. We are looking at measures that we can use to conduct cross state comparisons.

21. Please describe how you plan to measure the success of your grant activities.

If the Coalition is selected, the grant team will immediately begin to work closely with our partner, the Boise State University Center for the Study of Aging, as well as the Paradigm Mentor, to further develop measurement tools to accurately assess the impact of project activities. These measurement tools will be designed to produce metrics capable of meaningful and relevant state to state comparisons.

Boise State University Center for the Study of Aging

http://aging.boisestate.edu - *"Welcome to the Center for the Study of Aging. The Center, co-sponsored by the Colleges of Health Sciences and Social Sciences and Public Affairs, offers support and resources to students, professionals, and members of the community working to advance the well-being of older people. Primary activities for the Center include: Applied Research and Evaluation; Policy Development; and Education and Training."*

Preliminary measurements have been included below.

22. Please list **at least three benchmarks/measurable objectives** of your project and the describe the measures you will use to assess progress for each (e.g. # and type of new POLST coalition/project participants; # of POLST forms distributed; number of names on petitions for state changes in advance directive laws; numbers of regional meetings or POLST trainings held, etc.).

1. **Objective**: Consumers respond for more information in response to advertisements in regional rural newspapers
Measure: Response/attendance at senior center classes
Data Collection: web/phone call inquiries for information/ sign-in and evaluation forms at classes

2. **Objective**: AARP mailing leads to 5% or greater response rate
Measure: Request for information from mailing or attendance at senior center classes
Data Collection: web and phone call inquiries for information/sign-in and evaluation forms at classes

3. **Objective**: Regional partnered physician groups will make "Physician Champion" Idaho POST training video part of group internal education.
Measure: Percentage of physicians who acknowledge viewing the video
Data Collection: Phone, email and letter based survey of all regional groups who received the video/evaluation of video by recipients

4. **Objective**: Increase the rate of Idaho POST forms that are registered with the state advance directive registry among patients of partnered skilled nursing facilities which received the Idaho POST training.
Measure: Percent of patients with completed Idaho POST that are also registered.
Data Collection: Pre-and 12 month post-project survey of partnered facilities who received the training.

23. Please complete the attached work plan with your objectives for year **1** of your proposed project.

Attached

24. Please describe what data, if any, related to POLST completion rates/dissemination that your coalition is currently tracking?

None at this time. However, the Coalition has begun to discuss what data collection is possible through EMS and the office of the Idaho Secretary of State.

a. Please describe how you are tracking this data and if you have encountered any difficulties?

25. If you are not tracking this data currently, do you have plans to do so in the future?
☒ Yes → Please describe:
See #24

☐ No

26. Do have other measures for POLST adoption and dissemination in your state?
☐ Yes → Please describe:

☒ No

Optional Measurement and Evaluation Questions

For this purpose of this section, we are trying to determine what data may be feasible for participating states or outside evaluators to collect as cross state performance measures. Please answer honestly. Your answers will not impact your chance to be selected for this grant. This section is optional.

1. If you are conducting provider training would you be able to complete standardized forms that can be used at end of each year of the grant to capture the characteristics of the provider organizations that you trained?
☒ Yes
☐ No

a. Can you report on the number of beds in facilities that you train?
☒ Yes
☐ No
On a scale of 1 to 5 would it be easy (1) or hard (5) to do so? Score:__1__

b. Can you report on the number of POLST forms ordered or distributed?
☒ Yes
☐ No
On a scale of 1 to 5 would it be easy (1) or hard (5) to do so? Score:_1___

c. Can you collect and report if the facilities you trained appointed a specific coordinator within their organizations?
☒ Yes
☐ No
On a scale of 1 to 5 would it be easy (1) or hard (5) to do so? Score:___1_

d. Can you estimates of percent of elders in nursing homes in your state who have a POLST form?
☐ Yes
☐ No
On a scale of 1 to 5 would it be easy (1) or hard (5) to do so? Score:____

e. Could you perform a short standard phone survey for a sample of nursing homes or other facilities that participated in your trainings to check on implementation at the facility after the training?
☒ Yes
☐ No
On a scale of 1 to 5 would it be easy (1) or hard (5) to do so? Score:_1___

Reminder

Please complete the attached Work Plan for your project, indicating the measurable objectives, activities, deliverables, timelines for completion and outcomes.

POLST
physician orders for life-sustaining treatment paradigm®

OHSU Center for Ethics in Health Care

This grant is supported by The Retirement Research Foundation

POLST Coalition Advancement
Work Plan 2011-2012

Please complete the following work plan using the SMART Project Objectives (SMART = Specific, Measurable, Attainable, Realistic, and Time-Dated). Provide as much detail as possible for each goal, objectives for each goal, and activities for each objective.

The number of goals, objectives, and activities will vary by state project. Complete as many of these items as necessary.

Project/Coalition Name: The Idaho POST Education and Registry Project/Idaho End-of-Life Coalition, Inc.

Goal 1: Create the project team and establish and strengthen the relationships necessary to successfully implement the project activities in year 2.

Measurable Objective 1A: Project Team Created

Activities	Who's Responsible	Completion Date
1. Seek final commitment among proposal authors, and other key members.	Casey Corbin, Director	11/15/11
2. Create project work plan with assignments for team members	Project Team	12/10/11
3.		
4.		

Measurable Objective 1B: State Physician Champion named

Activities	Who's Responsible	Completion Date
1. Continue discussion with prospective physicians	Rick Bassett	Jan 20, 2012
2. Champion commits to project activities and goals	Team	Feb 15, 2012
3. Champion name announced in newsletters and online	Casey Corbin, Director	March 1, 2012
4.		

Measurable Objective 1C: Relationships secured with physician groups and skilled nursing facilities in the Eastern region

Activities	Who's Responsible	Completion Date
1. Database of groups and SNFs created from reliable sources	Team Effort	Jan 15, 2012
2. Contacts made to all groups and SNFs to detail project and seek their commitment	Casey Corbin, Director Cheryl Simpson-Whitaker	April 2012
3. Groups/SNFs agree to distribute video and brochures	Casey Corbin	May 1, 2012

4. Dates of trainings begin to be set for SNFs	Casey Corbin, Director Cheryl Simpson-Whitaker	June 1, 2012

Measurable Objective 1D: Eastern Region Key Leadership Partners Identified and Secured

Activities	**Who's Responsible**	**Completion Date**
1. Hispanic Community leaders identified and commitment to project secured	Chris Cooper	May 1, 2012
2. Mormon community leaders identified and commitment to project secured	Rick Bassett	May 1, 2012
3. Tribal community leaders identified and commitment to project secured	Casey Corbin, Director	May 1, 2012
4.		

Goal 2: To further develop and establish extensive measurement tools to accurately assess the outcomes of project activities

Measurable Objective 2A: Seek input to create measurement tools

Activities	**Who's Responsible**	**Completion Date**
1. Project team works with POLST Paradigm Mentor for guidance on what measurements are possible and would be most helpful for national comparisons.	Casey Corbin, Director Cheryl Simpson-Whitaker	Jan 15, 2012
2. Work with the Boise State University Center for the Study of Aging to develop relevant measurement tools and create a plan for multi-year evaluation	Center for the Study of Aging Casey Corbin, director Cheryl Simpson-Whitaker Others TBD	April 15, 2012
3.		
4.		

Goal 3: Execute a plan to create the physician narrated POST training video.

Measurable Objective 3A: Secure in-kind production or underwriter

Activities	**Who's Responsible**	**Completion Date**
1. Approach BSU film studies professors and students	Casey Corbin, Director Others TBD	Jan 15, 2012
2. Approach local production companies for estimates and possible in-kind underwriting	Coalition Board members Casey Corbin, Director	March 1, 2012
3. If needed, seek underwriting from natural partners such as medical supply companies, state banks, or other healthcare organizations	Coalition Board members Casey Corbin, Director Others TBD	May 1, 2012

4.		

Measurable Objective 3B: Create script and goals of video

Activities	Who's Responsible	Completion Date
1. Work with Physician Champion, with input from other healthcare professionals and consumers to create and test the film script and goals	Project Team Healthwise Physician Champion Production Partner	May 2012
2. Finalize script, location selected, and story boards designed	Production Partner Others TDB	June 2012
3. Set production plan and date and all funding secured	Project Team	July 2012
4.		

Goal 4: Develop an Idaho POST consumer education brochure ready to print in English and Spanish

Measurable Objective 4A: Develop intent and goals of brochure

Activities	Who's Responsible	Completion Date
1. Gather key constituents to develop what should be included in the brochure and agree on the outcomes of distribution	Project Team Healthwise Select Consumer consultants AARP	April 2012
2. Test brochure content outline with membership through email and meetings	Casey Corbin, Director Members	May 2012
3.		
4.		

Measurable Objective 4B: Produce Brochure

Activities	Who's Responsible	Completion Date
1. Draft content based upon previous activities	Project Team Healthwise	June 2012
2. Design brochure	Healthwise	July 2012
3. Draft Spanish version	Chris Cooper Kate Pyatek Casey Corbin, Director	July 2012
4.		

Goal 5: Secure matching dollars to increase the scale of year two and three goals and to complete years four and five in the South Central and Central regions.

Measurable Objective 5A: Multi-year budget revised for matching dollar goals

Activities	Who's Responsible	Completion Date
1. Secure more accurate costs estimates and create "dream" budget assuming all goals can be reached in all regions	Casey Corbin, Director Project Team Coalition Board	Jan 2012
2. Develop matching fund goals, prospects and fundraising plan	Project Team Casey Corbin	March 2012
3.		
4.		

Measurable Objective 5B: Raise matching dollars for year two activities

Activities	Who's Responsible	Completion Date
1. Execute fundraising plan	Casey Corbin, Director	March 2012
2. Contact prospects and secure commitments	Casey Corbin, Director Others TBD	June 2012
3. Revise year two activities based on new matching dollars	Casey Corbin, Director	June 1, 2012
4.		

Goal 5: Attend National POLST Paradigm Conference

Measurable Objective 5A: Select Attendees

Activities	Who's Responsible	Completion Date
1. Through team meetings determine who best represents the project team and will gain the most benefit from attending	Casey Corbin, Director Project Team Coalition Board	Jan 2012
2. Secure funding for registration	Casey Corbin, Director	Jan 2012
3.		
4.		

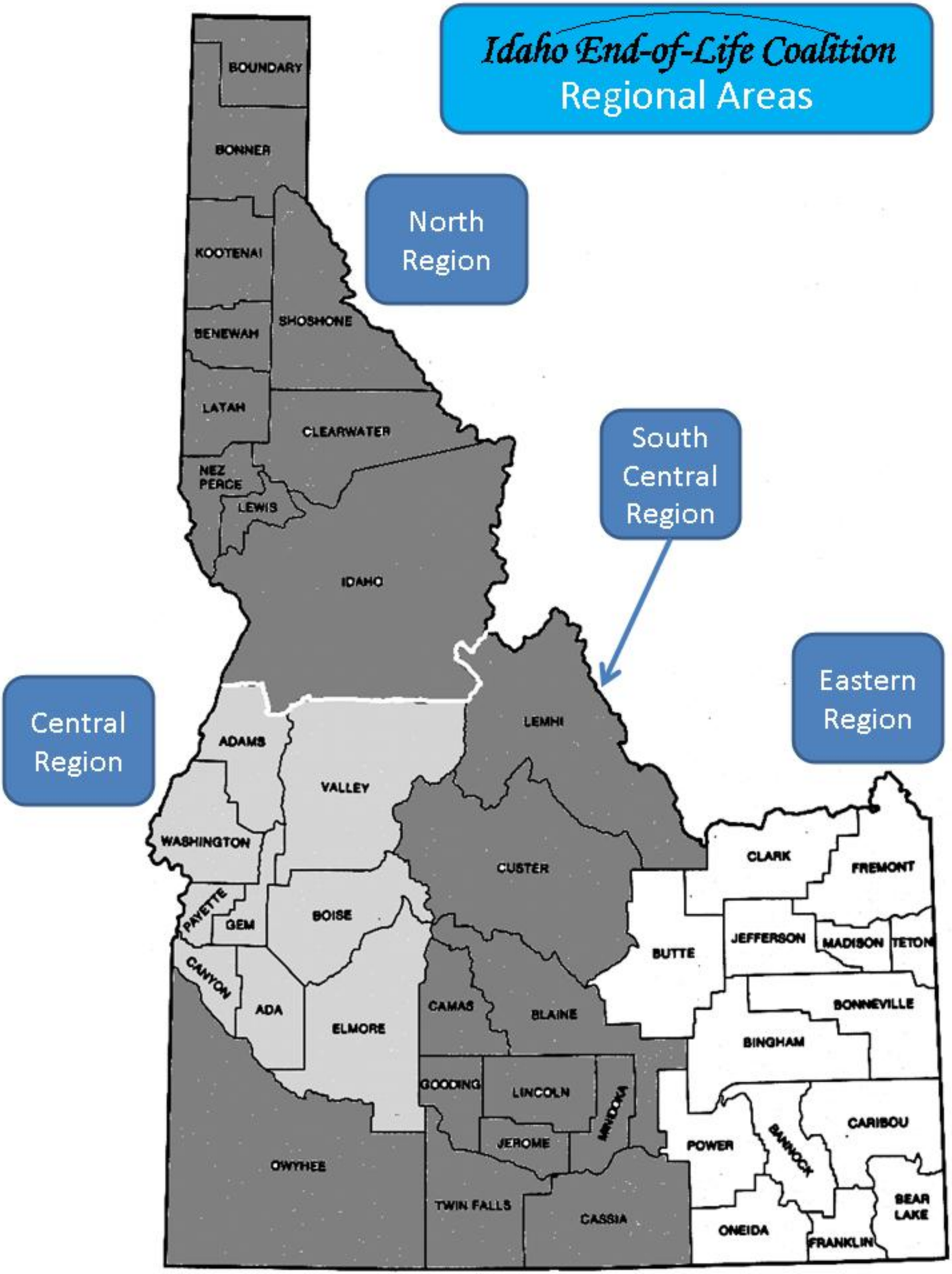
Measurable Objective 1B: Attend and report

Activities	Who's Responsible	Completion Date
1. Selected attendees attend conference	TBD	Date of Conference
2. Attendees present conference highlights to project team and disseminate information to members and partners	Attendees Casey Corbin, Director Others TBD	30 days post conference
3.		
4.		

END

Budget Items	Year 1 Request of State	Year 2 Request of State	Year 3 Request of State	State Request Total
Personnel				
In Kind Donations Estimated value of additional staff time above 20%, volunteer time, Physician Champion's time, partners time such as Healthwise, AARP, BSU Center for the Study of Aging and others	$7,500	$5,000	$5,000	$17,500
Percent to be funded from grant for Executive Director's time annual salary is $25,000 20% in year 2 & 3	$1,500	$5,000	$5,000	$11,500
Travel				
In Kind Donations				
Conference airfare, room and per diem for two estimate.	1,500			1,500
Coalition member travel to regions for classes and trainings with some overnight stays and mileage, plus any associate supplies		$5,000	$5,000	$10,000
Conference Calling				
In Kind Donations Service provided to all partners by Coalition- est value	$750	$500	$500	$1,750
Meeting Expenses				
In Kind Donations				

Covered in OTHER				
Printing & Postage				
In Kind Donations AARP drafting, printing and mailing to regional AARP members		$15,000	$12,000	$27,000
25,000 brochures printed and shipped to Boise	$1,500			$1,500
Postage for brochure distribution to partners		$500	$500	$1,000
Copying, packaging and distribution of Physician-narrated DVD Year 3- additional shipping and packaging of CEU SNF training videos		$500	$750	$1,250
Consultants				
In Kind Donations Video production	$1,500	2,500		$4,000
Physician-narrated video production - direct costs		3,500		$3,500
Production of CEU SNF training video, video for SNF company HR, and website development			$3,250	$3,250
Other				
In Kind Donations				
Unforeseen needs/supplies	$500	$500	$500	$1,500
In Kind Donations Total	$9,750	$23,000	$17,500	$50,250
Project Funds	$5,000	$15,000	$15,000	$35,000


Idaho End-of-Life Coalition
Regional Areas
North Region
South Central Region
Central Region
Eastern Region
BOUNDARY
BONNER
KOOTENAI
BENEWAH
SHOSHONE
LATAH
CLEARWATER
NEZ PERCE
LEWIS
IDAHO
LEMHI
ADAMS
VALLEY
WASHINGTON
CUSTER
PAYETTE
GEM
BOISE
CANYON
ADA
ELMORE
CAMAS
BLAINE
GOODING
LINCOLN
MINIDOKA
JEROME
OWYHEE
TWIN FALLS
CASSIA
CLARK
FREMONT
BUTTE
JEFFERSON
MADISON
TETON
BONNEVILLE
BINGHAM
POWER
BANNOCK
CARIBOU
BEAR LAKE
ONEIDA
FRANKLIN

Idaho End-of-Life Coalition Leadership Roster July 17, 2011

President / July 2013
Peter C. Sisson, CELA
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Vice President* / July 2012
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Secretary / July 2013
Sarah Bradbury, MBA
XL Hospice, 2480 Highway 52
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Treasurer / July 2012
Robert Vande Merwe, MBA
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Cheryl Simpson-Whitaker, MSW
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South West Idaho Rep / July 2013
Ashley Holaday-Copeland
Heart 'n Home Hospice & Palliative Care
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South Central Idaho Rep / July 2012
Tami Slatter, RN, BSN, Hospice Visions, Inc., 209 Shoup Ave W, Twin Falls, Idaho 83301, 208-735-0121,
tslatter@thevisionsgroup.org

South East Idaho Rep / July 2013
Sandy Herrera, RN, Creekside Hospice
3686 Washington Parkway, Idaho Falls, ID 83406, 208-528-8100 office; 208-339-7216 cell sandyherrera4@gmail.com TEXT

At-Large Representative / July 2013
Illaria C Moore, MSN, CHPN
Boise VA Medical Center, 500 West Fort Street
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208-954-6783 cell, illaria.moore@va.gov
pager 375 home 208-514-1114
illaria.moore@yahoo.com

At Large Rep / July 2012
Jamie Kelley, LCSW
BSU School of SW / CSI Campus
315 Falls Ave., Twin Falls, ID 83303
208-933-2361 office 208-734-9499 home
jamiekelley2@boisestate.edu

Public Policy Committee Chairperson / July 2013, Jill Anderson, APRN, MSN, CCNS Saint Alphonsus RMC, Boise
208-367-6780 office 208-440-0372
jillande@sarmc.org TEXT

Public/Professional Education Chairperson / July 2013, Jim Schmidt, Chaplain Horizon HH & Hospice , 900 N. Linder Rd, Meridian, 208-884-5051 work
JSchmidt@Horizonhh.com

Cathy McDougall, MSW / July 2013 [People 50+] 3080 E. Gentry Way #100 Meridian, ID 83642 208.855.4003 (office) 208.867.0073 (cell) cmcdougall@aarp.org

Sister Patricia Mulvaney, MSN, CSC / July 2012 [Medical Systems], Saint Alphonsus Regional Med Center, 1055 North Curtis Road, Boise, ID 83706 208-367-7949
patrmulv@sarmc.org

Sheila Kellogg / July 2012
[Long Term Care] Life Care Center of ID Falls, 2725 E. 17th Street, Idaho Falls, ID 83406 208-529-4567 office, 208-243-0718 cell sheila_kellogg@icca.com

Curt Gedney, MD / July 2012
[Palliative Care] St. Luke's Health System, Palliative Medicine , 190 E. Bannock, Boise, ID 83712, 208-365-9165 cell dr_curt@msn.com

Richard (Dick) Goetsch, Rev. / July 2012 [Psych/Soc/Spiritual] Chaplain for Hospice Visions, 213 East Avenue D
Jerome, ID 83338-3123
208-324-8480; 208-539-7099
rgoetsch35@hotmail.com

Coalition Issues Committees

Professional/Public Education Committee, Jim Schmidt, Chairperson, Meeting 4th, Monday 3:00 – 4:30 pm, MST Horizon HH & Hospice

Ad Hoc Community Engagement (as needed) Heidi Walker, Chairperson, 208-735-0121 work 208-731-1064 cell hwalker@thevisionsgroup.org

Public Policy Committee, Jill Anderson, Chairperson, Rick Bassett, MSN, RN, APRN, ACNS-BC, CCRN, POST Issues Chair bassettr@SLHS.ORG Meeting 3rd Tuesday 4:00-5:30 pm MST

Ad Hoc Hospice, Palliative Care Policy (as needed) Mary Lou Long, Chairperson 208-381-3946 office 208-860-7949 cell longm@slrmc.org

Idaho End-of-Life Coalition, Inc.
Tax ID# 26-0377697
Casey Corbin, Director
P.O. Box 496 Boise, Idaho 83701
Phone 208-841-1862 Fax:
idahoendoflife@yahoo.com
www.idahoendoflifecoalition.org

Board Nomination and Leadership Development Committee, Chair Appointed by President. Carolyn Nystrom, Chair July 2010/2011

* Vice President serves as Chair of the Coalition Personnel Committee and Search Committee, as needed

Idaho End-of-Life Coalition

The Idaho POST Education and Registry Project

Key Project Partners

AARP Idaho

The Boise State University Center for the Study of Aging

Healthwise, Inc

Idaho Health Care Association

Idaho Secretary of State

National Association of Social Workers, Idaho Chapter

Saint Alphonsus Regional Medical Center

Sisson & Sisson - The Elder & Disability Law Firm

St. Luke's Regional Medical Center

Professional Volunteer Support

Members

Angie Graves
IHCA-ICAL

Ashley Holaday
Heart n Home Hospice & Palliative Care

Barbara Olson
XL Hospice

Beverly Smith
Creekside Hospice

Bob Brown
Compassion & Choices

Brandy Tuning
Origins Pharmacy Solutions

Brett Cooper
Access Home Care & Hospice

Carla Munning
Hospice of Salmon Valley

Carmen Morbach
Jonathan M Wainwright Memorial VA Medical Center

Carol Covington-Hackney
Individual

Carolyn Nystrom
Hospice & Palliative Care of the Wood River Valley

Carolyn Thorne
Individual

Catherine Zimmerman
Jonathan M Wainwright Memorial VA Medical Center

Cheryl Simpson-Whitaker
Tapestry Consulting

Cindy Lee
Heart n Home Hospice & Palliative Care

Curtis Gedney MD
St. Luke's Meridian MC

Dahna Gates
Heart n Home Hospice & Palliative Care

Debi Drake
BSU

Debra Doll
Individual

Diego Valli
Mountain Care Pharmacy

Eileen St Denis
Les Bois Federal Credit Union

Gayle Weatherby
C.N.A instructor for PTE education

Gloria Misbach, RN
Individual

Heidi Walker
Hospice Visions

Honey Goodman
Treasure Valley Hospice

Illaria Moore
VA Medical Center Boise

Jamie Kelley-Kinyon
Boise State University

Jayne Josephson
Individual

Jill Anderson
Saint Alphonsus RMC

Jill Garrett
Hands of Hope Hospice

Jim Schmidt
Horizon Home Health & Hospice

Jon Krutz
Individual

Julie Hogan
St. Luke's Hospice

Kara L. Craig
A Better Way Home, LLC

Kennette McWilliams
St. Luke's RMC

Kim Krutz
Individual

Kim Martz
Individual

Laura Miller
The Elizabeth Hospice

Lauren Metcalfe
Pacific Northwest Transplant Bank

Lynn Harden
Regence Foundation

Margot Taylor
St Luke's

Marie Oliver
Treasure Valley Hospice

Mary Ann Reuter
Idaho End-of-Life Coalition

Mary Lou Long
St. Luke's Home Care & Hospice

Michelle Colblentz
Applegate Home Care and Hospice

Minda Jacobsen
Heart n Home Hospice & Palliative Care

Molly Mettler
Healthwise, Incorporated

Nancy Gedney
Individual

Patricia Thompson
Individual

Paul Weil
Hospice of North Idaho

Peter Sisson
The Care Management Team

Rebecca Witt
St. Joseph RMC Family Hospice

Richard Goetsch
Hospice Visions, Inc

Rick Bassett
St. Luke's Health System

Robert Vande Merwe
Idaho Health Care Association/
Idaho Center for Assisted Living

Ron Wilcox
Heart n Home Hospice & Palliative Care

Royce Landaluce
St. Luke's Homecare/Hospice

S Ransom
Franklin County Hospice

Sandra Bowen
Heart n Home Hospice & Palliative Care

Sandy Herrera
Creekside Hospice

Sarah Bradbury
XL Hospice - Payette

Sarah Toevs, PhD
Boise State University Center for the Study of Aging

AARP Idaho
3080 E. Gentry Way
Suite 100
Meridian, ID 83642

T 1-866-295-7284
F 208-288-4424
TTY 1-877-434-7598
www.aarp.org/id

September 9, 2011

Jim Wordelman
State Director
AARP Idaho

To Whom It May Concern:

I am writing to lend AARP Idaho's support for the Idaho End-of-Life Coalition in their application for the State POLST Coalition Advancement Program Grant.

It is AARP's belief that Physician Orders for Life-Sustaining Treatment (POLST or POST) is a promising program to elicit and honor the treatment goals of people with advanced progressive illness or frailty. Research shows that POLST effectively communicates patient treatment choices, whatever they may be, without sacrificing comfort care.

The Idaho End-of-Life Coalition, its membership, and its key local, regional and state stakeholders are the leading champions for issues related to end-of-life. The Coalition was also the force behind the development of Idaho's POST. The issue that remains challenging is to provide POST education to targeted individuals and organizations that are in a position to affect large numbers of people living in Idaho and the medical communities that provide their care.

The activities and goals put forth in this proposal are both well informed and appropriate for Idaho and its rural nature. Many of these activities, such as seeking a corporate, skilled care center partner to adopt POST training as part of their human resources, new hire procedures, are perfect examples of steps that could be duplicated by other states.

We are committed to working with the Idaho End-of-Life Coalition as they implement this POLST Coalition Advancement Program. We have committed to providing direct mail services, volunteers service and staff support to legislative advocacy - significant in-kind contributions.

We strongly encourage you to select the Coalition not only for their long history of successful leadership, but because they are best poised to leverage these dollars to attract matching funds and increase the impact of your grant.

Sincerely,

Jim Wordelman

Jim Wordelman
State Director
AARP Idaho

W. Lee Hammond, President
Addison Barry Rand, Chief Executive Officer

Center for the Study of Aging
1910 University Drive
Boise, Idaho 83725-1820

College of Social Sciences and Public Affairs
College of Health Sciences

phone 208-426-5899
http://boisestate.edu/aging

September 9, 2011

OHSU Center for Ethics in Health Care
UHN-86
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098

To Whom It May Concern:

I am writing to offer my enthusiastic support for the Idaho End-of-Life Coalition in their application for the State POLST Coalition Advancement Program Grant. The Idaho End-of-Life Coalition, its membership, and its dozens of local, regional and state partners are the leading champions for all issues related to end-of-life. The Coalition was also the force behind the development of Idaho's POST. The issue that remains challenging is to provide the necessary POST education to a broader cross-section of Idaho.

The activities and goals put forth in this proposal are both well informed and appropriate for Idaho and its rural nature. Many of these activities, such as seeking a corporate, skilled care center partner to adopt POST training as part of their human resources, are excellent examples of steps that could be duplicated by other states.

The Center for the Study of Aging (CSA) at Boise State University has a rich history of working with the Idaho End-of-Life Coalition and other organizations. The mission of the CSA is to "promote the well being of Idaho's growing population of older citizens." The CSA has played an active role in education, research, and advocacy since its founding in 2004. A few of these accomplishments include:

- Implementation and reporting of the Idaho Statewide End of Life Survey in partnership with the Idaho End-of-Life Coalition;
- Organization and co-sponsorship of the 2006 and 2011 Idaho Summits on Elder Abuse and Exploitation;
- Generation of *Finding the Gaps: A State Inventory of Long-Term Care Services and Needs*; and
- Implementation of the Idaho Commission on Aging's Statewide Needs Assessment Survey.

We are committed to working with the Idaho End-of-Life Coalition as they implement this POLST Coalition Advancement Program. This will include further development of metrics necessary to fully evaluate the impact of program activities. We strongly encourage you to select the Coalition not only for their long history of successful leadership, but because they are best poised to leverage these dollars to attract matching funds and magnify the impact of this grant.

Sincerely,

Sarah E. Toevs, RDH PhD
Director, Center for the Study of Aging

September 9, 2011

OHSU Center for Ethics in Health Care
UHN-86
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098

To Whom It May Concern:

I am writing to lend my support for the Idaho End-of-Life Coalition in their application for the State POLST Coalition Advancement Program Grant. The Idaho End-of-Life Coalition, its membership, and its dozens of local, regional and state partners are the leading champions for all issues related to end-of-life. The Coalition was also the force behind the development of Idaho's POST. The issue that remains challenging is to provide the necessary POST education to a broader cross-section of Idaho.

The activities and goals put forth in this proposal are both well informed and appropriate for Idaho and its rural nature. Many of these activities, such as seeking a corporate, skilled care center partner to adopt POST training as part of their human resources, new hire procedures, are perfect examples of steps that could be duplicated by other states.

The St Luke's Health System has over 9,000 employees and touches the lives of hundreds of thousands patients and family members. Our mission to improve the health of the populations we serve includes acting as trusted advisors for our patients. There is really nothing more important than to advise appropriate patients and their families about the importance of end of life decision making before a crisis occurs. POST education serves as the vehicle to start those very personal and many times difficult conversations.

We are committed to working with the Idaho End-of-Life Coalition as they implement this POLST Coalition Advancement Program. We strongly encourage you to select the Coalition not only for their long history of successful leadership, but because they are best poised to leverage these dollars to attract matching funds and increase the impact of your grant.

Sincerely,

Kurt Seppi

Kurt Seppi, M.D.
Executive Medical Director
St Luke's Health System

420 West Idaho Street
Boise, Idaho 83702
P (208) 381-1831

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

September 9, 2011

OHSU Center for Ethics in Health Care
UHN-86
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098

To Whom It May Concern:

I am writing to lend my support for the Idaho End-of-Life Coalition in their application for the State Physician Order for Life Sustaining Treatment (POLST) Coalition Advancement Program Grant. The Idaho End-of-Life Coalition, its membership, and its dozens of local, regional and state partners are the leading champions for all issues related to end-of-life. The Coalition was also the force behind the development of Idaho's Physician Order for Scope of Treatment (POST). The issue that remains challenging is to provide the necessary POST education to a broader cross-section of Idaho.

The activities and goals put forth in this proposal are both well informed and appropriate for Idaho and its rural nature. Many of these activities, such as seeking a corporate, skilled care center partner to adopt POST training as part of their human resources, new hire procedures, are perfect examples of steps that could be duplicated by other states.

Idaho Medicaid supports the goal of better documentation and accessibility of individual wishes for end-of-life care for medical care providers. The efforts proposed by the Idaho End-of-Life Coalition will help both to improve the healthcare delivered to Idaho Medicaid participants and to ensure that Idaho taxpayer funds are spent only for care that is in accordance with the desires of the individual receiving it. I encourage you to select the Coalition for this grant.

Sincerely,

PAUL J. LEARY
Administrator

PJL/rs

Examples of Past Media Outreach

From the
"Idaho Women's Journal"

Advance Care Planning
March 21, 2011
By IWJ
Idaho End-of-Life Coalition Encourages Families to Learn about
Advance Care Planning on National Healthcare Decisions Day on April 16
The Idaho End-of-Life Coalition and its members are leading an awareness effort in Idaho to highlight the importance of advance healthcare decision-making—an effort that has culminated nationally in the formal designation of April 16, 2010 as National Healthcare Decisions Day.

As an organization committed to increasing awareness of advance care planning, the Idaho End-of-Life Coalition (IdELC) and its parent organization, the National Hospice and Palliative Care Organization (NHPCO), are providing information and tools for the public to talk about their wishes with family, friends and healthcare providers, and complete written advance directives.

"National Healthcare Decisions Day is an important day of awareness and education, focused on encouraging everyone, including those who are healthy and in the prime of their life, to think about and document care treatment preferences before a crisis," said Cheryl Simpson-Whitaker, Coalition president.

The Idaho End-of- Life Coalition website (www.idahoendoflifecoalition.org) includes a searchable directory of member hospices and other service providers and advocates. "Hospice and palliative care providers are important sources of information for advance care planning and many of our member organizations are actively working to promote awareness and provide advance directives on April 16," Simpson-Whitaker added. Advance directives allow you to document your end-of-life wishes in the event that you are terminally ill or critically injured and unable to talk or communicate. You can help ensure your loved ones and healthcare providers know how to honor your care decisions by filling out these important documents today.

The Idaho End-of-Life Coalition's The Right Choice at the Right Time guide to advanced care planning offers Idaho-specific tools to ensure your healthcare wishes will be honored. Included are step-by-step instructions to assist you in writing your healthcare wishes. Parts of the planning guide can also be found on the IdELC website. Many Coalition hospice members are also distributing copies before and after National Healthcare Decisions Day in April.

In addition, NHPCO's Caring Connections has free, state-specific advance directive forms and information on advance care planning that can be downloaded from its website

at www.caringinfo.org/stateaddownload. These forms are helpful if family members or loved ones reside outside of Idaho. A HelpLine is also available at 1-800-658-8898. For additional information about National Healthcare Decision Day and efforts throughout the country, visit www.nationalhealthcaredecisionsday.org. Check the Idaho End-of- Life Coalition website at www.idahoendoflifecoalition.org for local events and activities celebrating National Healthcare Decisions Day.

The mission of the Idaho End-of-Life Coalition is to work cooperatively with individuals and organizations to provide knowledge, tools and mechanisms to promote compassionate end-of-life care—including hospice and palliative care, and better conditions for all terminally ill and dying people and the frail elderly completing life.
Contact: idahoendoflife@yahoo.com or 208-841-1862.
-###-

Conversations that Count

Honey Goodman
Comm. Relations Director

My life is centered around my family. I love the conversations that fill our home. Daily before bedtime, I ask each member of my family "What was the best thing and the worst thing that happened to you today?" I love to hear their answers. I ask about both the best and the worst because I want to know about the things that bring them joy, the things that bring them pain, and the things that they are worried about.

Throughout the years that I have been in healthcare I have learned many things by observing the families that I am serving. One of the most important lessons that I have learned is to have conversations that count before a crisis. I have tried to live that out. I vividly remember at the age of 30 before I had my first child completing my advanced directives. Having children made certain things real for me. I didn't want my husband or my children to ever have to make difficult choices for me if I was facing a life threatening condition. I didn't want them to feel guilty or scared that they may have made the wrong decisions on my behalf.

Every adult should have an advanced directive (also known as a living will and durable power of attorney for health care). An advanced directive is simply your written instructions about your future medical care. I have found over the years many people do not have an advanced directive because they are fearful about having honest conversation about both their desires and fears regarding end of life issues. It is also especially hard for adult children to sit down with their aging parents to encourage them to put their wishes in writing.

Remember, you cannot assume that you know what someone else needs or wants. So before you start any conversation keep in mind that the purpose of the conversation is not to impose your ideas on others but to learn what your family members think about their own end of life choices. There are many things that occur in daily life that can give you an opportunity to start conversations within your family. Conversation triggers can include the death of a friend or colleague, movies, sermons, annual medical checkups, and, of course funerals.

You can obtain a living will and durable power of attorney for health care from your local hospital, an attorney or from the Idaho Secretary of State. You may also call our office by dialing HOS-PICE on your telephone pad (467-7423). Once your advanced directive is complete and you have discussed it with your family, be sure to share this information with your physician. This will increase the likelihood that your advanced directive is honored.

Ultimately, this process is about more than completing the advanced directive. That matters, because it will guide final actions. However, what matters most is the actual conversation with the people you love so you can honor their wishes, come to terms with inevitable loss, and honor the cycle of life.

Advance Care Planning Resources

- Idaho End of Life Coalition: A non-profit organization working to improve end of life care and conditions across Idaho. www.idahoendoflifecoalition.wildapricot.org or 208-841-1862. (Individuals can purchase a copy of the book "The Right Choice at the Right Time" which was quoted in this article. This publication provides information about advance care planning options in Idaho. Special thanks to Cheryl Simpson-Witaker, MSW that allowed me to reference this book).
- Treasure Valley Hospice: Social Workers are available to assist you in completing your advanced directives. www.treasurevalleyhospice.com or 208-467-7423.
- If you, your church, your work or another organization would like someone to come and do an educational seminar to complete your advanced directives please call Shannon Skidmore at 401-6619.
- Caring Connection provides free resources and information about end of life resources. www.caringinfor.org or 800-658-8898
- Idaho Office of the Secretary of State: Information about registering your advanced directive. www.sos.ido.gov or 208-332-2814
- Idaho Legal Aid: A nonprofit Idaho law firm with offices throughout Idaho. www.idaholegalaid.org/home/publicweb or 345-0106

*(Article written by Honey Goodman)

We All Need Someone to Lean On!

TREASURE VALLEY LLC
HOSPICE

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www.treasurevalleyhospice.com

For More Information Just Dial:
Hos-Pice (467-7423)