Dear Attending Physician,

(Facility Name) is honored to be a part of the community based project to assist individuals in making informed choices about end of life decisions and the new community based POLST (Physician Orders for Life Sustaining Treatment) form.

As you know, there is no easy way to plan for future healthcare choices. It is a process that involves thinking about complex and sensitive issues. It is a process of coming to understand, reflect on, discuss and plan for a time when individuals cannot make their own medical decisions and are unlikely to recover from injury or chronic illness. Effective planning is the best way to make sure views are respected by health providers. (Facility Name) has made the commitment to our residents and families to assist them through this difficult process.

Our Advance Care Planning Facilitators are (insert names)

The facilitator team has already initiated Family meetings at the facilities to help educate our residents and families to the process or Advance Care Planning and have introduced the POLST form. We are clearly communicating to all we work with that the POLST form is used only in cases where residents are chronically ill and we would not be surprised if they would expire in the next year. We are also reassuring them that only trained facilitators will complete the form, by limiting the individuals involved our attending physicians should have no problems in signing the form. The form is bright yellow in color and will be kept in a plastic sheath in the front of our medical records. Please see the attached process for completion of the form. If you have any questions please feel free to call any of the facilitators or one of our Medical Directors (Insert name or names) for additional information or a review of the process and intent of the POLST.

Thank you for your support with this important Community based process,

Sender

Title