



FOUNDATION FOR
HEALTHY COMMUNITIES

POLST QI Audit/Tracking Tool Part A

Organization: _____ Tracking Coordinator: _____

Identify approximately 10 patients to determine outcomes relative to POLST portability and follow-through between healthcare settings.

Patient Name	MR# & DOB	DATE POLST Completed	Completed by: Specify Provider	Discharged to:	Comments

When approximately 10 patients have been engaged in completing a POLST form, or a period of 6 months has transpired, please contact Shawn LaFrance or Patti Nichols at the Foundation for Healthy Communities to begin Part B of the Audit/Tracking Process:

Shawn LaFrance slafrance@healthynh.com

or

Patti Nichols pnichols@healthynh.com

**Note: This instrument contains confidential protected healthcare information and should remain within the organization*