Transportable Physician Orders for Patient Preferences (TPOPP) is a Kansas-Missouri initiative sponsored by the Center for Practical Bioethics with the support of the University of Kansas Hospital and many community-based organizations. The initiative is an approach to end of life planning based on conversations between patients, loved ones and health care professionals. TPOPP is designed to ensure that seriously ill or frail patients can choose the treatments they want or do not want and that their wishes are documented and honored.

The original work of creating the Physician Orders for Life Sustaining Treatment (POLST) paradigm was begun in Oregon approximately 20 years ago. There are now 44 states where the paradigm is being implemented at various stages of development (www.polst.org). While some initiatives continue to use the POLST name, others identify their work as MOST, MOLST, COLST, POST, etc. The intention of the original TPOPP Task Force was to clearly communicate that the paradigm was, in fact, a physician order based on patient preferences; hence, the name Transportable Physician Orders for Patient Preferences and the acronym TPOPP.

TPOPP is not appropriate for everyone. The screening question for its use is: Would I be surprised if this person were alive in a year? If the answer is yes, then it is time to have the “TPOPP Talk.” On one hand, this may sound like a harsh or scary question. However, whether a provider, a family member or a patient asks the question, it is important that it be asked and answered. When a person’s death appears to be imminent within the coming year, doesn’t it become all the more important to ensure that their treatment goals and medical care be aligned with their personal values and preferences?

Standard of Care Approach – Clinical Consensus
TPOPP seeks to adopt a “standard of care – clinical consensus” approach that allows each community to build a committed infrastructure that includes hospitals, long-term care homes, EMS, home care providers and hospice agencies. This commitment ensures a robust and effective outcome-based process. While legislation is not a requirement because everything reflected on any POLST-paradigm form is within the scope of practice of a physician, some initiatives have utilized legislative and regulatory methods to mandate the implementation of a POLST-paradigm initiative. However, current research indicates that even with such mandates, the key to a successful initiative is a strong community coalition that recognizes the initiative as the standard of care based on clinical consensus.

Development
Since its inception in 2009, the TPOPP initiative continues to extend its reach across both Kansas and Missouri. There are approximately 12 communities throughout both states that are implementing programs. Various members of our TPOPP Leadership Team participate in advisory roles as part of the National POLST Paradigm Task Force. Information is available on the Center for Practical Bioethics website, including a TPOPP video and the opportunity to download additional information from our TPOPP Toolkit. http://www.practicalbioethics.org/programs/transportable-physician-orders-for-patient-preferences.
TPOPP Leadership Team

John G. Carney, MEd, President/CEO of the Center for Practical Bioethics, serves as the Director of the TPOPP initiative. Along with Dr. Karin Porter-Williamson, John contributed to the impetus for the formation of the TPOPP initiative in 2007 and continues to support the project around policy and legislative issues.

Karin Porter-Williamson, MD, Associate Professor, Division Director, Palliative Medicine, Department of Internal Medicine at the University of Kansas Hospital, serves as the TPOPP Medical Director. Karin and John Carney initially formed and held the vision for bi-state implementation of TPOPP.

Carol Buller, DNP, APRN, Assistant Clinical Professor at KU School of Nursing, maintains a private gerontology-based practice. Carol is responsible for TPOPP curriculum development and training with an emphasis on long-term care facilities.

Regina (Gina) Johnson, MSN, BSN, Clinical Instructor Faculty at KU School of Nursing, is responsible for the research design and implementation of data collection protocols for the TPOPP initiative.

Angela Fera, BA, NREMT-P, Battalion Chief with Johnson County Med-Act and a member of the Mid-America Regional Council’s Emergency Response Committee, provides expertise in creating the implementation guidelines and protocols regarding emergency medical services for TPOPP community implementation. Angela is a member of the Executive Committee Advisors to the National POLST Paradigm Task Force.

Jason White, MPA, is an EMS consultant who stays abreast of all aspects of EMS in both Kansas and Missouri and serves as an EMS policy consultant to the TPOPP initiative. Over the past 35 years, Jason has filled the full spectrum of roles in the world of EMS.

Gwynn Caruthers, BSN, CHPN, a palliative care nurse at Freeman Neosha Hospital, leads the TPOPPMO- KAN initiative in the Joplin/Neosho area of southwest Missouri. Gwynn is a member of the National POLST Paradigm’s Communication Committee.

Mike Dittemore, RNA, BS, eMBA, Executive Director of the Lewis and Clark Information Exchange (LACIE), serves as the primary technology liaison for the TPOPP initiative. As well as his technology expertise, Mike has extensive experience in Emergency and Critical Transport and continues to develop his interest in performance improvement in healthcare environments.

Sheryl Feutz-Harter, JD, MSN, Counsel at the law firm of Bryan Cave, has 30 years of experience in healthcare law with an emphasis on healthcare operational and regulatory compliance. Prior to law school Sheryl worked as a nurse. Her combined areas of expertise support the sustainable expansion of TPOPP throughout Kansas and Missouri.

Matthew Pjecha is the Operations Specialist at the Center for Practical Bioethics and serves as a technical liaison for community coalitions and institutions new to TPOPP.

For additional information: TPOPP@practicalbioethics.org