Understanding Maryland Medical Orders for Life Sustaining Treatments (MOLST)

Joan Carpenter, PhD, CRNP, ACHPN, FPCN

Nurse Practitioner

Coastal Hospice and Palliative Care

Advance Care Planning

History and Timeline

- National POLST Paradigm Task Force
  - Standards and vetting process
- The POLST program has developed with a variety of names
  - POLST, MOLST, MOST, TPOPP, and IPOST, LaPOST, and POST

- State Initiatives
  - Since [year] states have increasingly adopted the POLST paradigm
  - # implemented
  - # developing
- Veterans Health Administration
  - Life Sustaining Treatment Decisions Initiative (LSTDI) July 2018

MOLST in Maryland

- 1996-2009: Stakeholder input
- 2009-2011: Committee revisions
- 2011: Signed into law
- Clinicians must document MOLST orders for certain patients
  - Those admitted to a nursing home, assisted living facility, hospice, home health agency, or dialysis center, discharged from a hospital to any of these facilities, or transferred between hospitals.
- When a patient or surrogate declines discussing MOLST orders
  - Default is to select ‘‘Attempt CPR’’ unless contraindicated by the AD (if in effect) or considered ‘‘medically ineffective’’ as per Maryland’s Health Care Decisions Act
    - <1% orders written based on determination of medical ineffectiveness

MM 3 2013

Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

Patient's Last Name, First, Middle Initial	Date of Birth	☐ Male ☐ Female

This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician, nurse practitioner (NP), or physician assistant (PA) must accurately and legibly complete the form and then sign and date it. The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

CERTIFICATION FOR THE BASIS OF THESE ORDERS: Mark any and all that apply.

I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:

_____ the patient; or
_____ the patient's health care agent as named in the patient's advance directive; or
_____ the patient's guardian of the person as per the authority granted by a court order; or
_____ the patient's surrogate as per the authority granted by the Heath Care Decisions Act; or
_____ if the patient is a minor, the patient's legal guardian or another legally authorized adult.

Or, I hereby certify that these orders are based on:

_____ instructions in the patient's advance directive; or
_____ other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.

_____ Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. **The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary.** If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.

CPR (RESUSCITATION) STATUS: EMS providers must follow the *Maryland Medical Protocols for EMS Providers.*

_____ **Attempt CPR:** If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.

[If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]

1 **No CPR, Option A, Comprehensive Efforts to Prevent Arrest:** Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

_____ **Option A-1, Intubate:** Comprehensive efforts may include intubation and artificial ventilation.

_____ **Option A-2, Do Not Intubate (DNI):** Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.

_____ **No CPR, Option B, Palliative and Supportive Care:** Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)

Practitioner's Signature	Print Practitioner's Name	
Maryland License #	Phone Number	Date

Patient's Last Name, First, Middle Initial	Date of Birth	Page 2 of 2 ☐ Male ☐ Female

Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest.
Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.

2 ARTIFICIAL VENTILATION

2a. _____ May use intubation and artificial ventilation indefinitely, if medically indicated.

2b. _____ May use intubation and artificial ventilation as a limited therapeutic trial.
Time limit_____

2c. _____ May use only CPAP or BiPAP for artificial ventilation, as medically indicated.
Time limit_____

2d. _____ Do not use any artificial ventilation (no intubation, CPAP or BiPAP).

3 BLOOD TRANSFUSION

3a. _____ May give any blood product (whole blood, packed red blood cells, plasma or platelets) that is medically indicated.

3b. _____ Do not give any blood products.

4 HOSPITAL TRANSFER

4a. _____ Transfer to hospital for any situation requiring hospital-level care.

4b. _____ Transfer to hospital for severe pain or severe symptoms that cannot be controlled otherwise.

4c. _____ Do not transfer to hospital, but treat with options available outside the hospital.

5 MEDICAL WORKUP

5a. _____ May perform any medical tests indicated to diagnose and/or treat a medical condition.

5b. _____ Only perform limited medical tests necessary for symptomatic treatment or comfort.

5c. _____ Do not perform any medical tests for diagnosis or treatment.

6 ANTIBIOTICS

6a. _____ May use antibiotics (oral, intravenous or intramuscular) as medically indicated.

6b. _____ May use oral antibiotics when medically indicated, but do not give intravenous or intramuscular antibiotics.

6c. _____ May use oral antibiotics only when indicated for symptom relief or comfort.

6d. _____ Do not treat with antibiotics.

7 ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION

7a. _____ May give artificially administered fluids and nutrition, even indefinitely, if medically indicated.

7b. _____ May give artificially administered fluids and nutrition, if medically indicated, as a trial.
Time limit_____

7c. _____ May give fluids for artificial hydration as a therapeutic trial, but do not give artificially administered nutrition.
Time limit_____

7d. _____ Do not provide artificially administered fluids or nutrition.

8 DIALYSIS

8a. _____ May give chronic dialysis for end-stage kidney disease if medically indicated.

8b. _____ May give dialysis for a limited period.
Time limit_____

8c. _____ Do not provide acute or chronic dialysis.

9 OTHER ORDERS _____

_____

_____

_____

_____

SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)

Practitioner's Signature	Print Practitioner's Name	
Maryland License #	Phone Number	Date

Transfers, transitions, and turning points

- When a facility receives a MOLST forms signed by a practitioner not on the medical staff the MOLST form is valid.
- To change a MOLST form, the current form must be voided, initialed by the practitioner, and a new form completed.
- MOLST orders do not expire.
  - However health care professionals must review the orders and make sure they reflect the patient's preferences.
  - Health care professionals also ensure that the orders meet state law.

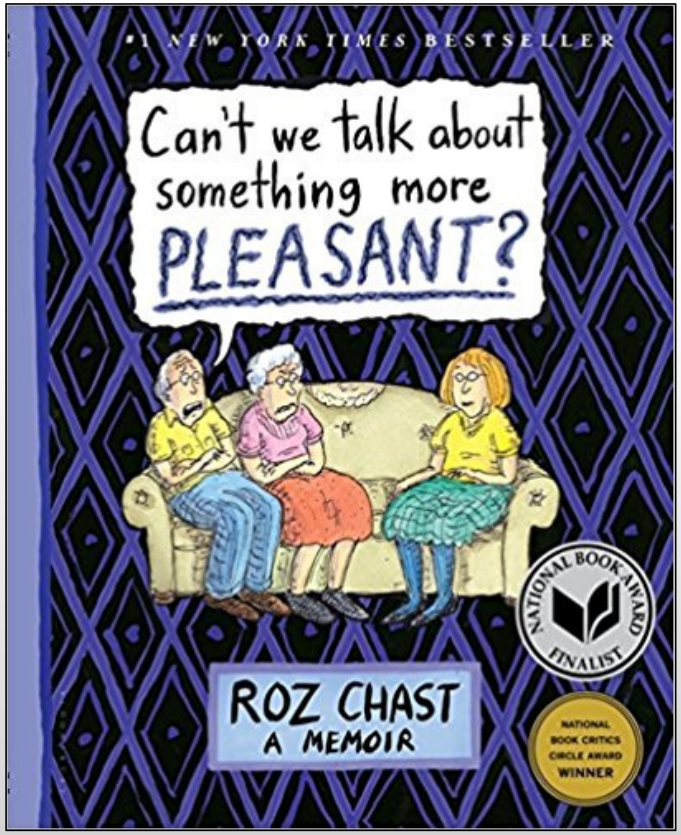
Barriers to completing MOLST forms

- Having the conversation.
  - Barriers are more clinician based than patient based

Barriers To House Staff Comfort In Discussing Molst Forms

S. E. Zaeh[1], M. M. Hayes[2], C. S. Rand[3], A. E. Turnbull[4]

[1]Baltimore, MD, [2]Beth Israel Deaconess Medical Center/Harvard Medical School, Boston, MA, [3]John Hopkins University, Baltimore, MD, [4] Johns Hopkins School of Medicine, Baltimore, MD



Barriers to MOLST

- Documenting the conversation.
  - Interpretable
  - Accessible

Knowledge and Attitudes of Health Care Workers Regarding MOLST (Medical Orders for Life-Sustaining Treatment) Implementation in Long-Term Care Facilities

Hieu Vo, MD, Renee Pekmezaris, PhD, Howard Guzik, MD, Christian Nouryan, MA, Charito Patel, RN, MS, Brinder Vij, MD, Julia Tai, MA, Gisele Wolf-Klein, MD

Barriers to MOLST

- Using the conversation (to accurately reflect goals of care and treatment preferences).
  - Change over time
  - Recurrent process

J Palliat Med. 2017 Feb;20(2):155-162. doi: 10.1089/jpm.2016.0059. Epub 2016 Nov 1.

The Quality of Physician Orders for Life-Sustaining Treatment Decisions: A Pilot Study.

Hickman SE[1,2], Hammes BJ[3], Torke AM[2,4,5,6], Sudore RL[7,8], Sachs GA[2,4,5,6].

Patient and Family Resources

- MOLST worksheet and instructions for patients
  - http://marylandmolst.org/docs/Guide%20for%20Patients%20and%20Caregivers%20May%202012.pdf
- Death by Design (TED talk)
  - https://youtu.be/QcauNT3x2k8
- AARP
  - https://www.aarp.org/relationships/caregiving-resource-center/info-08-2010/elc_beginning_the_conversation_about_end_of_life.html
- PREPARE for your care
  - https://www.prepareforyourcare.org/index.php/welcome

References

- Detering, K., Silveira, M. Advance Care Planning and Advance Directives. Wolters Kluwer; 2017. Accessed April 10, 2018.
- Hickman SE, Tolle SW, Brummel-Smith K, Carley MM. Use of the Physician Orders for Life-Sustaining Treatment program in Oregon nursing facilities: beyond resuscitation status. *J Am Geriatr Soc.* Sep 2004;52(9):1424-1429.
- Hickman SE, Nelson CA, Smith-Howell E, Hammes BJ. Use of the Physician Orders for Life-Sustaining Treatment program for patients being discharged from the hospital to the nursing facility. *J Palliat Med.* 2014;17(1):43-49.
- Hickman SE, Nelson CA, Perrin NA, Moss AH, Hammes BJ, Tolle SW. A comparison of methods to communicate treatment preferences in nursing facilities: traditional practices versus the physician orders for life-sustaining treatment program. *J Am Geriatr Soc.* Jul 2010;58(7):1241-1248.
- Hickman SE, Nelson CA, Moss AH, Tolle SW, Perrin NA, Hammes BJ. The consistency between treatments provided to nursing facility residents and orders on the physician orders for life-sustaining treatment form. *J Am Geriatr Soc.* Nov 2011;59(11):2091-2099.
- Hickman SE, Hammes BJ, Torke AM, Sudore RL, Sachs GA. The Quality of Physician Orders for Life-Sustaining Treatment Decisions: A Pilot Study. *J Palliat Med.* 2017;20(2):155-162.
- Sudore RL, Lum HD, You JJ, et al. Defining Advance Care Planning for Adults: A Consensus Definition From a Multidisciplinary Delphi Panel. J Pain Symptom Manage 2017; 53:821.