Maryland Medical Orders for Life–Sustaining Treatment (MOLST)

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The MOLST Form

Medical Orders for Life-Sustaining Treatment

- A portable and enduring medical order
- Covers options for life-sustaining treatments
- Consolidates important information into orders
- Standardizes definitions
- Reminds patients and providers of available treatment options
- Ensure that a patient’s wishes to receive or decline care are honored

Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

- 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 or nurse practitioner must regularly and legibly complete the form and then sign and date it. The physician or nurse practitioner 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 2.0 or 3.0 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;
- the patient’s health care agent as named in the patient’s advance directive;
- the patient’s guardian of the person as per the authority granted by a court order;
- the patient’s surrogate as per the authority granted by the Health Care Decisions Act;
- 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;
- 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 those 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).

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.

2. No CPR, Option B, Palliative and Supportive Care: Prior to arrest, provide passive oxygen for comfort and control of any external bleeding. Prior to arrest, provide medications for pain relief as needed, but do not 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.

PHYSICIANS OR NURSE PRACTITIONER’S SIGNATURE (Signature and date are required to validate order)
MOLST Training Task Force

More than 70 organizations, associations, facilities, providers, professionals, and consumers

- Shared knowledge, skills, experience, and time to develop and review the Maryland MOLST form and instructions, training tools, and “Train the Trainer” program
Beginning July 1, 2013, a MOLST form must be completed for all individuals admitted to nursing homes, assisted living programs, hospices, home health agencies, and dialysis centers in Maryland.

Determine how each facility or program prepares for MOLST implementation.

What issues have arisen to date, what needs remain.

Coordination with other providers.

Identify potential barriers to MOLST implementation.

Identify best practices and lessons learned.
Initial Survey

- County Selection: Washington County
- How each facility or program prepares for MOLST implementation
- Coordination with other providers
- Properly educate consumers and professionals about healthcare decision-making

Examples:
- “Do you know what the Maryland Medical Orders for Life-Sustaining Treatment (MOLST) form is?”
- “Is your facility currently using the MOLST form?”
- “Have you developed any policies and procedures about the process to complete the MOLST form?”
- “Please provide any feedback on the use of the MOLST form from patients, families, staff, managers, and clinical staff.”
- “Do you need additional training resources for your facility?”

MOLST Form Survey

9. Please provide any feedback on the use of the MOLST form from patients, families, staff, managers, and clinical staff.

10. What percentage of the time did you receive the form when patients arrive from other facilities?

11. When patients arrive without the MOLST forms, did you contact the other facility and ask for the forms?
   - Yes
   - No

12. How often do you need to contact other facilities because the MOLST order form is not clear?

13. Have you ever been to the MOLST website (http://marylandmoist.org)?
   - Yes
   - No

14. Did you use any educational tools from the MOLST website?
   - Yes
   - No
Seven consumer training tools

Test the comprehensiveness and understanding

Example:
- “Are the documents written clearly so they are easy to understand?”
- “Did you find them helpful?”
- “Were there other topic you would like to see included?”

**Consumer Survey**

<table>
<thead>
<tr>
<th>1. Are the documents written clearly so they are easy to understand?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland MOLST Information for Caregivers</td>
</tr>
<tr>
<td>Yes        No</td>
</tr>
<tr>
<td>Ten Things Everyone Should Know About Making Health Care Decisions</td>
</tr>
<tr>
<td>Yes        No</td>
</tr>
<tr>
<td>How Do I Plan for My Health Care?</td>
</tr>
<tr>
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Findings

- 17 responses received

Three Parts:
  - General knowledge of the MOLST form
  - Usefulness and the effectiveness of the MOLST Website and Educational Tools
  - Whether additional trainings will be needed
Findings–Part 1

- 100% know what the MOLST form is
- 100% aware that their programs are required to implement the MOLST form on July 1, 2013
- 100% are currently using the MOLST form
- Have a basic knowledge of the MOLST form and its implementation date
Findings—Part 2

Have you ever been to the MOLST website (http://marylandmolst.org)?

- Yes: 82.8%
- No: 17.2%

What educational tools have you used from the MOLST website?

- Yes: [Bar chart showing percentages]
- No: [Bar chart showing percentages]

Did you use any educational tools from the MOLST website?

- Yes: 85.7%
- No: 14.3%
Findings—Part 3

Do you think the nurse practitioners and physicians need additional training?

- Yes: 70.6%
- No: 29.4%

Do you need additional training resources for your facility?

- Yes: 82.4%
- No: 17.6%

Maryland MOLST
Medical Orders for Life-Sustaining Treatment
Limitations & Challenges

- Communication constraints
  - Initial Letter
  - Follow up phone calls

- Outdated contacts

- Relative small sample size

- Low collection rate
  - 39%
Lessons Learned

- Survey study
- Tradeoff between the ease and accuracy
- Choosing the correct contact person
- Communication between state agency & facilities
Policy & Practice Implications

- Health Care Decision Making
- A statement of patients’ wishes
- Honors patients’ treatment preferences
- Beneficial to both patients and providers
- Provides standardized definitions and consolidates important information into orders that are valid.
Thank You

QUESTIONS?
References