MOLST’s Journey in Maryland

Maryland MOLST Training Task Force
May 2012
Overview of Presentation

- Health Care Decisions Act
- POLST Efforts Across the Nation
- Maryland MOLST Work Groups
- Patient Plan of Care Form
- Life-Sustaining Treatment Options Form
- MIEMSS DNR Form
- State Advisory Council for Quality Care at the End of Life
- Research
- MOLST Core Group
- Stakeholders
- Legislative Process
- Training
The Journey

- An important foundation for Maryland MOLST was established by the Health Care Decisions Act
- HCDA became effective on October 1, 1993
- HCDA applies in all health care settings and in the community throughout Maryland
- Core group of experts and Jack Schwartz, JD, Assistant Attorney General
The Origins of POLST Across the Nation

- POLST development began in Oregon in the early 1990’s
- The first POLST form was instituted in Oregon in 1995
- By February 2011, 12 states have implemented POLST, 24 states are developing POLST programs, and 9 states are trying to develop a program
The Origins in Maryland

- 1996: First POLST work group in Maryland
- Multiple work groups and organizations have explored POLST
Patient Plan of Care Form

- Effective 2004
- Documents the results of a conversation between a health care provider and the patient or authorized decision maker regarding life-sustaining treatments
- Document goals of care
Patient Plan of Care Form

- Not an advance directive
- Used to clarify or apply an existing advance directive
- Only mandated to be offered in nursing homes
- Not an order form
Instructions on Current Life Sustaining Treatment Options

- In 2007, the Patient Plan of Care form was renamed “Instructions on Current Life-Sustaining Treatment Options” form
- The name change was effective April 1, 2008
Life-Sustaining Treatment Options Form

- Only nursing homes utilize the LSTO form
- Other health care settings have not implemented it
- Other health care settings do not consistently honor it
- Not an order form
MIEMSS DNR Order

- MIEMSS is the Maryland Institute for Emergency Medical Services Systems
- All prior versions of MIEMSS DNR order forms never expire and are still honored after Maryland MOLST becomes effective
Maryland MOLST 2009 - 2011

- 2009: State Advisory Council on Quality Care at the End of Life, POLST subcommittee
- Worked with the Attorney General’s Office, Maryland Institute of EMS Systems, Board of Physicians, and Office of Health Care Quality
- Subcommittee included practicing primary care physicians, specialists in Emergency Medicine, Geriatrics, and Hospice, a nurse and lawyers
MOLST Core Group

Tricia Tomsko Nay, MD, CMD, CHCQM, FAAFP, FAIHQ, FAAHPM

Paul Ballard, JD

Steve Levenson, MD, CMD

Richard Alcorta, MD, FACEP

Sarah Sette, JD

William M. Vaughan, RN, BSN
National Research

- Reviewed processes and forms used in other states
- Reviewed POLST website
- Reviewed additional POLST resources
- Reviewed POLST literature
Other States

- Spoke to other states who have implemented or are developing POLST paradigms to find out what worked, what did not work, and why
- Reviewed training programs and training tools developed by other states
Maryland Research

- Reviewed Life Sustaining Treatment Options Form and its development
- Reviewed the history of the DNR form
- Reviewed regulatory issues across the continuum of care related to advance directives, capacity to make decisions, surrogate decision making, code status, and end-of-life care
The Starting Point

- MOLST will replace the MIEMSS DNR order form and LSTO form
- The CPR orders guide both EMS crews and care in other settings
- Form cannot be so comprehensive that it becomes burdensome or difficult to use
- MOLST is an order form that is valid across the continuum of care in all health care settings and in the community
- Some facilities and programs will be required to complete MOLST for all or certain patients
Input from Stakeholders

- Sought input from 52 stakeholders and hundreds of individuals
- In turn, these stakeholders got input from thousands of individuals
- Received written and verbal comments throughout the entire process
- Multiple comment sessions
Types of Stakeholders

- Associations representing industries
- Associations representing health care professionals and other individuals
- State organizations
- State boards
- State chapters of national organizations
- Lawyers
- Religious groups
- Individuals
Associations Representing Industries

- Hospitals
- Nursing homes
- Assisted living facilities
- Hospice
- Home health care
- Adult medical day care

- Dialysis centers
- Mental health programs
- Developmental disability programs
- Ambulatory surgery centers
- Residential service agencies
State Licensing Boards

- Physicians and physician assistants
- Nurse practitioners and nurses
- Social workers
- Pharmacists
State Organizations

- Health Department
- State Regulatory and Licensing Agency
- Emergency Medical Services
- Attorney General’s Office
- Mental Health
- Disabilities
- Aging
- Ombudsman
- Medicaid
Associations Representing Professionals and Individuals

- Physicians
- Medical directors
- Nurse practitioners
- Nurses
- Physician assistants
- Social workers
- Caregivers
State Chapters of National Organizations

- American Medical Association
- American College of Emergency Physicians
- American Medical Directors Association
- American Geriatrics Society
Lawyers

- Attorney General’s Office
- Academics
- Bar Association
- Legal Aid
- Advocacy groups
Other Stakeholders

- Religious groups and spiritual leaders
- Individuals and caregivers from across Maryland representing various ethnic, religious, and socioeconomic backgrounds
Maryland MOLST is an order form that specifies orders for cardiopulmonary resuscitation and other life-sustaining treatments.

No form is a substitute for the discussion between a patient and their health care provider about life-sustaining treatments.
House Bill 82

- Sponsored by Delegate Dan Morhaim: an Emergency Room physician
- Co-sponsored by Delegate Nicholaus Kipke
History in the House

- **1/21/11**: First reading, Health and Government Operations
- **2/8/11**: Hearing
- **3/1/11**: Favorable with amendments report by HGO, unanimous vote
- **3/2/11**: Favorable with amendments report adopted; Second reading passed with amendments
- **3/4/11**: Third reading passed, 136 - 0
Senate Bill 203

- Sponsored by Senator Karen Montgomery
- Cosponsored by Senator Joanne Benson
- Senator Jennie Forehand
- Senator Rob Garagiola
- Senator Barry Glassman
- Senator Edward Kasemeyer
- Senator Delores Kelley
- Senator Nancy King

- Senator Richard Madaleno
- Senator Roger Manno
- Senator Thomas Middleton
- Senator Paul Pinsky
- Senator Catherine Pugh
- Senator Victor Ramirez
- Senator Jamie Raskin
- Senator James Robey
- Senator Jim Rosapepe
History in the Senate

- 1/26/11: First reading, Finance
- 2/9/11: Hearing
- 3/8/11: Favorable with amendments report by Finance, unanimous vote
- 3/9/11: Favorable with amendments report adopted; Second reading passed with amendments
- 3/11/11: Third reading passed, 45 - 0
Next Steps

- Form a training task force to provide input into:
  - MOLST form and instructions
  - MOLST training tools
  - Train the trainer program
Maryland MOLST Training Task Force

- Comprised of over 70 stakeholders and individuals with specific knowledge, skills, and experience
- Developed MOLST training tools for consumers and professionals, including flyers, written guides, slide presentations, and videos
Maryland MOLST Form

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 used 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 of record must accurately and legibly complete the form and sign and date it. Blank order forms shall not be signed. This physician or their designee 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 3 to 12 do not apply, leave them blank. A copy of the signed and 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. Otherwise, leave this section blank.

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; or the patient's surrogate; 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 certification by two physicians that CPR and other specific treatments will be medically ineffective.

Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. If this patient or authorized decision maker has not limited care, except as otherwise provided, CPR will be attempted and other treatments will be given.

CPR (RESUSCITATION) STATUS: EMS providers must follow the Maryland Medical Order for Meals (MOLST) Provider Protocol.

Attempt CPR. If cardiac or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated for CPR, including ventilatory efforts to restore and maintain cardiopulmonary function.

1. No CPR: Option A, Comprehensive Efforts to Prevent Arrest: Prior to arrest, administer all medications needed to stabilize the patient. If cardiac 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 CPR or BIPAP, but not intubation.

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

PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order)

Printed Name

Printed Name

Maryland License# Phone Number Date
### INSTRUCTIONS

**Completing the Form:** 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 3-8 do not apply, leave them blank. Use Section 9 to document any other orders related to life-sustaining treatments. The order form is not valid until a physician or nurse practitioner signs and dates it. Each page that contains orders must be signed and dated. A copy of 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.

**Selecting CPR (Resuscitation) Status:** EMS Option A-1 = Initiate. Option A-2 = Do Not Initiate. Option B-1 = Do Not initiate a set of medical interventions. You cannot alter the set of interventions associated with any of these options and cannot override or alter the interventions with orders in Section 9.

- **No CPR Option A:** Comprehensive Efforts to Prevent Cardiac and/or Respiratory Arrest (CPR) = No CPR. This choice may be made either with or without intubation as a treatment option. Prior to arrest, all interventions allowed under the Maryland Medical Protocol for EMS Providers. Depending on the choice, intubation may or may not be utilized to try to prevent arrest. Otherwise, CPAP or BiPAP will be the only devices used for ventilatory assistance. In all cases, comfort measures will also be provided. No CPR-CPR arrest occurs.

- **No CPR Option B:** Supportive Care Prior to Cardiac and/or Respiratory Arrest. CPR Arrest Occurs = No CPR. Prior to arrest, interventions may include opening the airway by non-invasive means, providing passive oxygen, controlling external bleeding, positioning and other comfort measures, suctioning, pain medications by order obtained from a physician (e.g., phone or electronically), and transport appropriate No CPR-CPR arrest occurs.

The DNR-A, DNR-B, or DNR-C options will be authorized by the original order form, a copy of it, or a facsimile of the form, or a bracelet or necklace with the DNR emblem. EMS providers or medical personnel who see these orders are to provide care in accordance with these orders and the applicable Maryland Medical Protocol for EMS Providers. Unless a subsequent order specifically changes them, the DNR order has been issued or unless the health care provider reasonably believes a DNR order has been revoked, every health care provider, facility, and program shall provide, withhold, or withdraw treatment according to these orders in case of a patient’s impending cardiac or respiratory arrest.

**Location of Forms:** The original or a copy of this form shall accompany patients when transferred or discharged from a facility or program. Health care facilities and programs shall maintain the order form (or a copy of it) with other active medical orders in the patient’s medical record. At the patient’s home, this form should be kept in a safe and readily available place and retrieved for responding EMS and health care providers before their arrival. The original, a copy, and a facsimile MOLST form are all valid orders. There is no expiration date for the MOLST or EMS DNR orders in Maryland.

**Reviewing the Forms:** These medical orders are based on this individual’s current medical condition and values. Patients, their authorized decision makers and attending physicians or nurse practitioners shall review and update it. The MOLST order annually and whenever the patient is transferred between health care facilities or programs, is discharged, has a substantial change in health status, loses capacity to make health care decisions, or changes his or her wishes.

**Updating the Form:** The MOLST form shall be viewed and a new MOLST form prepared when there is a change to any of the orders. If modified, the physician or nurse practitioner shall write the old form and complete, sign, and date it a new MOLST form.

**Validating the Form:** To validate this medical order form, a physician or nurse practitioner shall sign a designated line through the sheet, write “VALID” in large letters across the page, and sign and date below the line. The nurse may take a verbal order from a physician or nurse practitioner to validate the MOLST order form. Keep the validated form in the patient’s active or archived medical record.

**Reopening the Forms’ DNR Order:** In an emergency situation involving EMS providers, the no-CPR order in Section 1 may be reopened at any time by a competent patient’s request made directly to responding EMS providers.

**Bracelets and Necklaces:** If desired, complete the paper form at the bottom of this page. Cut out the bracelet portion below, and place it in a protective case to wear around the wrist or neck or pinned to clothing. If a metal bracelet or necklace is desired, contact Med-Aire at 1-800-432-5278. Med-Aire requires a copy of this order along with an application to process the request.

**How to Obtain This Form:** Call 410-776-4307 or go to medlearn.maryland.gov/marylandstem.

<table>
<thead>
<tr>
<th>DNR A-1 Initiate</th>
<th>DNR A-2 Do Not Initiate</th>
<th>DNR B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt. Name</td>
<td>DOB</td>
<td>Phx/PA Name</td>
</tr>
</tbody>
</table>
Identify Who Needs Training

- Organizations
- Groups
- Individuals
## Licensed Programs and Facilities

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medical Day Care</td>
<td>125</td>
</tr>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>340</td>
</tr>
<tr>
<td>Assisted Living Facilities</td>
<td>1379</td>
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<tr>
<td>Birthing Centers</td>
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<tr>
<td>Comprehensive Rehab Outpatient Fac.</td>
<td>7</td>
</tr>
<tr>
<td>Dialysis Centers</td>
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<tr>
<td>Hospice</td>
<td>32</td>
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<tr>
<td>Home Health</td>
<td>56</td>
</tr>
<tr>
<td>Licensed Programs and Facilities</td>
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</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>HMO’s</td>
<td>9</td>
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<tr>
<td>Hospitals</td>
<td>68</td>
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<tr>
<td>Nursing Homes</td>
<td>235</td>
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<tr>
<td>Major Medical Equipment Facilities</td>
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<tr>
<td>Nursing Staff Agencies</td>
<td>485</td>
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<tr>
<td>Nursing Referral Service Agencies</td>
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<tr>
<td>Outpatient Physical Therapy Centers</td>
<td>96</td>
</tr>
<tr>
<td>Residential Service Agencies</td>
<td>748</td>
</tr>
</tbody>
</table>
# Licensed Programs and Facilities

<table>
<thead>
<tr>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Disabilities Programs</td>
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<tr>
<td>Mental Health Programs</td>
</tr>
<tr>
<td>Substance Abuse Programs</td>
</tr>
<tr>
<td>Outpatient Rehab</td>
</tr>
</tbody>
</table>
Other Health Care Systems

- VA System
- Military facilities
- Kaiser
- Evercare
- Bravo
Health Care Professionals

- EMS Providers - 30,000
- Physicians - 26,973
- Emergency Room Physicians
- Nurse Practitioners - 3,500
- Physician Assistants - 2,548
- Nurses - 67,000
- Social Workers
- Care Managers and Case Managers
Other Professionals and Organizations

- Lawyers
- Ombudsmen
- Office of the Chief Medical Examiner
- State Anatomy Board
- State and County Health Officers and Departments
- County guardianship programs
- Academics and training programs
The Largest Stakeholders

- Individuals
- Caregivers
Spreading the Word

- Transmittals from the Office of Health Care Quality
- Professional Boards: Websites and publications
- Professional Associations: Websites and publications
- Maryland MOLST website
Maryland MOLST Training Tools

- Maryland MOLST Form and Instructions
- Health Care Decision Making Worksheet
- Guide for Health Care Professionals
- Guide for Patients and Caregivers
- Guide for Authorized Decision Makers
- Maryland MOLST FAQs
- Maryland MOLST
- Health Care Decisions Act
Maryland MOLST Training Tools

- MOLST’s Journey in Maryland
- What Is MOLST?
- Information Sheet for Consumers
- Information Sheet for Health Care Professionals
- How Do I Plan My Health Care?
- Understanding Your Choices for Medical Treatment
Train the Trainer Program

- Offered throughout Maryland beginning four and a half months prior to the date Maryland MOLST becomes effective
- Seven-hour training program about the health care decision making process, Health Care Decisions Act, and Maryland MOLST
Tracking Data

- Maryland MOLST training database: Tracks training for facilities and programs as well as training for various types of professionals
Electronic Registry

- CRISP (Chesapeake Regional Information System for Our Patients): Three-year grant to develop an electronic registry for advance directives and Maryland MOLST orders
It Took a State . . .

- Maryland MOLST is a work product of the state of Maryland
- A wide variety of industries, organizations, professional boards, health care professionals, lawyers, religious groups, and individuals shared their knowledge, skills, time, and expertise to develop Maryland MOLST
For More Information

Marylandmolst.org

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