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# MOLST: Meeting the Challenge Outcomes Report

On April 24, 2017, over 100 multi-disciplined care professionals came together to share their best practices and implementation challenges regarding MOLST, Medical Orders for Life-Sustaining Treatment. The care professionals raised relevant questions and generated insightful suggestions towards our goal of building a collaborative MOLST process that is responsive to an adult's changing health needs and care choices all through the serious illness journey.

## Summary of Key Outcomes

Here is a priority list of suggestions for next steps outlined in four categories:

- *Know the Law. Align Policies & Procedures*

  Identify MA law, state regulations and EMS protocols regarding MOLST and required application in assisted living residences, skilled nursing facilities, hospitals and community care; and identify "urban myth" vs. law, where state regulations may conflict and gaps in care transitions. Standardize our organizational policies and procedures in accordance with the law for coordinated person-centered care across all settings.

- *Engage in Effective Discussions. Build Your Team.*

  All care professionals who assist adults on their serious illness journey should use a common unified language and set of tools to routinely discuss the Health Care Proxy and Personal Directive, and receive training in serious advancing illness discussions. Build a team of care professions, in-house and in your community, to start and continue discussions and work with a standard set of protocols to deliver quality care aligned with an adult's goals, values and care choices.

- *Know and Record Choices*

  Re-design the MOLST form to better understand and discuss choices and bring the form into compliance with national standards; and discuss all care options on an adult's journey including palliative care, comfort care, and hospice care. Improve systems to document, store, retrieve and update the Health Care Proxy and MOLST forms and changing care choices; and create an accessible and affordable state registry.

- *Honor Choices Across all Settings*

  Align organizational procedures and protocols for a smooth care journey for every adult; improve the quality of end of life care and increase patient and family satisfaction. Build-in a monitoring and evaluation component to ensure patients choices expressed in their care plan align with the actual care decisions made at the end of life; and prevent harmful outcomes from unwanted or inadequate care.

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**Next Steps:** Here's a simple checklist to start to review and build your organization's MOLST process. Honoring Choices will address the questions raised and work towards creating a statewide dialogue and systematic change.

### Care Professionals Checklist

☐ Identify your organizational policy & work flow
☐ Provide all staff with planning tools & training
☐ Build your team; invite community providers
☐ Record, document, retrieve & update forms
☐ Align your protocols with community providers
☐ Add monitoring & evaluation component

### Honoring Choices Checklist

☐ Identify MA law, regulations & protocols
☐ Collaborate with the DPH Advisory Council
☐ Host MOLST Workshops in Holyoke/Springfield Worcester and Cape Cod for care providers
☐ Host "Let's Talk about MOLST" for consumers
☐ Post updates on the MOLST webpage

# Full Outcomes Report from the *MOLST: Meeting the Challenge* Workshop

Here is the full list of thoughtful suggestions and relevant questions to consider as you build your organization's MOLST process. View the Honoring Choices MOLST webpage for a continuous update of information, new tools and training and systematic developments. Let us know your progress!

## Know the Law. Align Our Policies and Protocols

- Define EMS protocol; is it the same if at home; assisted living; skilled nursing; transfer to ED?
- Clarify Assisted Living/ EOEA regulation for "Do Not Transfer" for hospice vs non-hospice resident
- Urban Myth or Law: Skilled Nursing policy that everyone "must' sign a MOLST on admission
- Change Court's procedure to "wait for a medical crisis" before a Guardian seeks MOLST- it's way too late
- Examine EMS protocol to ignore Health Care Agent's power in a family dispute-it's contrary to the law
- Draft MOLST legislation

## Engage in Effective Discussions. Build Your Team

### *Language and Communication*

- Give "all hairdressers", community groups, schools, churches easy to use information & tools
- Define a timeline for goals of care and serious illness discussions; is the workflow demand driving MOLST discussion too soon? Waiting too long?
- "Do you have an Agent?" should be a routine part of every care conversation. It's empowering.
- Need diversity training for multi-religious, multi-cultural norms & traditions; gender identity
- Change language from "No more treatments" to "Treatment options through to the end of life"
- Change language from "Comfort Care Measures" to "Compassionate Comfort Care Options"

### *Tools and Training*

- Offer Health Care Proxy and MOLST in more languages and for adults with sensory deficits
- Combine the Honoring Choices tool kits & Serious Illness Convers.Guide for one life-long guide
- Train EMS, Nurses, Social Workers, Home Care on "actual serious illness discussions"
- Educate Judiciary on serious illness discussions and MOLST; Guardians should have early discussions with care providers, same as Agents, to avoid crisis decision-making and harm

### *Building a Serious Illness Team in Your Community*

- Expand and credit the role of social workers and nurses in MOLST discussions
- Expand the role of home care specialists often on the front-line of critical care discussions
- Attorneys can help prepare clients for incapacity and future financial needs
- Clergy can start early planning discussions and support the most vulnerable in our congregations
- Teams should address homelessness; adults with mental illness; substance abuse
- EMS can work locally to educate all care providers and consumers in their communities
- Need for widespread education of hospice services; give hospice nurses ability to update MOLST form
- Make Guardians a valued part of the "team"; they need help with finding essential services
- Honoring Choices Partner network gives you a built-in community team; helps with care transitions

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## Know and Record Choices

### *MOLST Form*

- Change to consumer friendly language and clear choices- too hard to inform patients
- Clarify the three choices on the front side; checkboxes can be conflicting for EMS
- Change back side of the MOLST form to uniform instructions guide for patients & providers
- Redesign to meet national compliance standards so MA MOLST is honored in every state
- Make clear what makes the form valid; Check validity before it goes into the EMR
- ”Guardian must ask a lawyer” is ambiguous on form. Not everyone can afford a lawyer and should not have to hire a lawyer to make treatment choices. Clarify the law for families.
- Court’s MOLST procedure leaves the incapacitated person stranded & often intubated in ICU and nursing homes
- Explore “Certification” for clinicians to complete a MOLST form.
- Join National POLST; need one single source of truth

### *Record, Store, Retrieve, Update Information in the Electronic Medical Record (EMR)*

- Create a statewide registry accessible to all EMR systems- single providers and community clinics too
- State registry is not a magic bullet- fix the process and form first, then make it electronic
- State registry has to be affordable for all to participate-not just big hospitals
- Need for timely updating. MOLST form often is not in the EMR or conflicts with EMR information
- Expand role of social workers and nurses to update and communicate MOLST information
- Acknowledge that our failure to know & honor patients choices results in harm of unwanted care
- Train providers on palliative care, home care, and hospice care, etc; record discussions in EMR

## Honor Choices Across All Settings

- Primary care physicians should store all MOLST forms until central registry is in place
- Explore mobile devices & apps to have picture or copy of MOLST in an emergency
- Every provider/facility offering MOLST should have an oversight panel; Are choices honored? if not, why not. What’s the resulting harm to patients for unwanted or inadequate care? Liability of facility?
- Data needed: Do adult’s choices expressed in their care plan align with the actual care decisions made at the end of life; what’s the patient and family satisfaction for quality end of life care?