

MOLST: Meeting the Challenge
June 1, 2017 Workshop, Cape Cod Hospital
Final Outcomes Report

Summary of Key Outcomes

The 62 Member Quality of Life/Care Planning Cape Cod Task Force, Cape Cod Hospital identified the following as priority next steps, regionally and statewide:

Know the Law. Align Policies & Procedures

- Clarify all MA MOLST, state and EMS protocols and application across all care settings
- Emphasize in the MOLST form and protocols the concept of “allowing a natural death”
- Use a common language the average senior can understand in all educational materials

Engage in Effective Discussions. Build Your Team

- Enlarge our 62 Member Task Force; invite financial planners, mental health, churches
- Credit the role of Social Workers, Nurses Clergy and Chaplains as an integral part of the team in providing serious illness discussions; Offer a serious illness training certificate.
- Create a “MOLST Team” at CC Hospital; if an adult can’t get proper help in the community, there is staff or maybe a referral to the “task force team” to have a serious illness discussion
- Partner with retired physicians and nurses; develop a speakers/facilitator volunteer group
- Primary Care Physician burnout is real; help them have a key role that is realistic; develop a model they can use to assist them in planning and conversations to improve the process for the PCP and their patients

Know & Record Choices

- The focus of MOLST is misplaced. The focus should be starting with Personal Directive. Adults not ready or not comfortable with the MOLST discussion can do their Personal Directive or a journal of what’s important to them and what they want for care. Then, clinicians have important information that more easily translate into a MOLST discussion.
- MOLST Form Changes: Emphasize “allow natural death” on the MOLST form as an option; make 3 main choices clearer; offer providers a script (or a scripting tool) that follows the choices; add an invocation clause on the MOLST form
- Emphasize the importance of the Personal Directive to do before long before incapacity, and as a pre-requisite to MOLST and a serious illness discussion

Honor Choices Across All Settings

- Task Force: Create a list of options and where to find help for adults all along their journey
- Build in an automatic review for discussion and dates of MOLST decisions’ review
- Make sure the e-state registry is compatible with all systems on the Cape and Islands
- Regionally, continue to work on the compatibility of software for EMS and the CCH so EMS knows there is a valid MOLST form before they arrive on scene.