ECHO MOLST + eMOLST: *Honoring Preferences at End-of-life*

Session 6
MOLST Form: Improve Quality and Reduce Harm

Presenter

Patricia A. Bomba, MD, MACP, FRCP

Founder, MOLST and eMOLST Programs

Founder & Emeritus Chair, MOLST Statewide Implementation Team

Co-Founder, National POLST

The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Describe current DOH MOLST form (12/18)
- Discuss changes needed due to revised Public Health Law (PHL) effective June 17, 2020 and recommended clinical changes to improve quality & reduce harm
- Define the shared decision-making process needed for each item on MOLST
- Clarify what can and cannot be accomplished with each specific life-sustaining treatment to meet the patient's goals for care based on health status and prognosis

Medical Orders for Life-Sustaining Treatment (MOLST)

- Standardized communication process
- **CURRENT** patient health status, prognosis, values & goals for care
- Shared medical decision-making
- Ethical-legal requirements (PHL: HCP & FHCDA and SCPA §1750-b)
- Physician, NP (2018/19), PA (6/17/2020): authority & accountability
- Physician Accountability: Patients with I/DD who lack capacity
- Documentation of discussion
- Result: portable medical orders
  - reflect resident preferences for LST they wish to receive and/or avoid
  - common community-wide form
  - **ONLY** form EMS can follow DNR, DNI and Do Not Hospitalize
- Palliative care plan and caregiver support

A project of the Community-wide End-of-life/Palliative Care Initiative

NEW YORK STATE DEPARTMENT OF HEALTH

Medical Orders for Life-Sustaining Treatment (MOLST)

THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT

ADDRESS

CITY/STATE/ZIP

DATE OF BIRTH (MM/DD/YYYY) ☐ Male ☐ Female eMOLST NUMBER **(THIS IS NOT AN eMOLST FORM)**

Do-Not-Resuscitate (DNR) and Other Life-Sustaining Treatment (LST)

This is a medical order form that tells others the patient's wishes for life-sustaining treatment. A health care professional must complete or change the MOLST form, based on the patient's current medical condition, values, wishes and MOLST Instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate. A physician must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders and changes them.

MOLST is generally for patients with serious health conditions. The patient or other decision-maker should work with the physician and consider asking the physician to fill out a MOLST form if the patient:

- Wants to avoid or receive any or all life-sustaining treatment.
- Resides in a long-term care facility or requires long-term care services.
- Might die within the next year.

If the patient has a developmental disability and does not have ability to decide, the doctor must follow special procedures and attach the appropriate legal requirements checklist.

SECTION A **Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing**

Check one:

☐ **CPR Order: Attempt Cardio-Pulmonary Resuscitation**
CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

☐ **DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)**
This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

SECTION B **Consent for Resuscitation Instructions (Section A)**

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law.

SIGNATURE ☐ Check if verbal consent (Leave signature line blank) DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME PRINT SECOND WITNESS NAME

Who made the decision? ☐ Patient ☐ Health Care Agent ☐ Public Health Law Surrogate ☐ Minor's Parent/Guardian ☐ §1750-b Surrogate

SECTION C **Physician Signature for Sections A and B**

PHYSICIAN SIGNATURE PRINT PHYSICIAN NAME DATE/TIME

PHYSICIAN LICENSE NUMBER PHYSICIAN PHONE/PAGER NUMBER

SECTION D **Advance Directives**

Check all advance directives known to have been completed:
☐ Health Care Proxy ☐ Living Will ☐ Organ Donation ☐ Documentation of Oral Advance Directive

DOH-5003 (6/10) Page 1 of 4 *HIPAA permits disclosure of MOLST to other health care professionals & electronic registry as necessary for treatment.*

8-Step MOLST Protocol

Developed for NYS MOLST, Bomba, 2005; revised 2011

1. Prepare for discussion
   - Understand patient's health status, prognosis & ability to consent
   - Retrieve completed Advance Directives
   - Determine decision-maker & PHL legal requirements
2. Determine what the patient/family know
3. Explore goals, hopes and expectations
4. Suggest realistic goals
5. Respond empathetically
6. Use MOLST to guide choices & finalize patient wishes
   - Shared, informed medical decision-making and conflict resolution
7. Complete and sign MOLST
   - Follow PHL and document conversation
8. Review and revise periodically

Shared, Informed Medical Decision Making

- **Will treatment make a difference?**
- **What are the burdens and benefits?**
  - Will treatment help or harm the patient?
- **Is there hope of recovery?**
  - If so, what will life be like afterward?
- **What does the patient value?**
  - What are the patient's goals for care?

DOH-5003 MOLST Form

- Patient demographics
- eMOLST Number (This is not an eMOLST Form)
- *HIPAA permits disclosure of MOLST to other health care professionals & electronic registry as necessary for treatment*
- *This MOLST form has been approved by the NYSDOH for use in all settings.*
- *The physician or NP or PA keeps a copy*

NEW YORK STATE DEPARTMENT OF HEALTH

Medical Orders for Life-Sustaining Treatment (MOLST)

THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT

ADDRESS

CITY/STATE/ZIP

☐ Male ☐ Female

DATE OF BIRTH (MM/DD/YYYY)

eMOLST NUMBER (THIS IS NOT AN eMOLST FORM)

DOH-5003 MOLST Form

Description of MOLST program
Target Patient Population
SCPA § 1750-b has not been revised re: Authority of NPs or PAs

Do-Not-Resuscitate (DNR) and Other Life-Sustaining Treatment (LST)

This is a medical order form that tells others the patient's wishes for life-sustaining treatment. A health care professional must complete or change the MOLST form based on the patient's current medical condition, values, wishes, and MOLST Instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate. A physician or NP or PA must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician or NP or PA examines the patient, reviews the orders, and changes them.

MOLST is generally for patients with serious health conditions. The patient or other decision-maker should work with the physician or NP or PA and consider asking the physician or NP or PA to fill out a MOLST form if the patient:

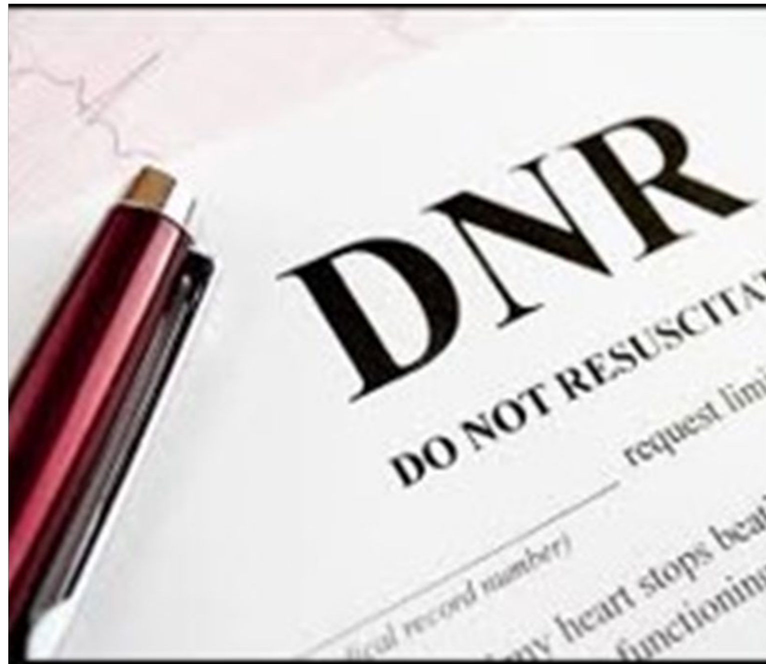
- Wants to avoid or receive any or all life-sustaining treatment.
- Resides in a long-term care facility or requires long-term care services.
- Might die within the next year.

If the patient has an intellectual or developmental disability (I/DD) and lacks the capacity to decide, the doctor (not an NP or PA) must follow special procedures and attach the completed Office for People with Developmental Disabilities (OPWDD) legal requirements checklist before signing the MOLST. See page 4.

Completion of MOLST is Voluntary
Screen and Offer MOLST to All Appropriate Patients

1. Patients whose physician, NP or PA would not be surprised if they die in the next year
2. Patients who live in a nursing home or receive long-term care services at home or assisted living
3. Patients who want to avoid or receive any or all life-sustaining treatment today
4. Patients who have one or more advanced chronic conditions or a new diagnosis with a poor prognosis
5. Patients who have had two or more unplanned hospital admissions in the last 12 months, coupled with increasing frailty, decreasing functionality, progressive weight loss or lack of social support

Resuscitation Preferences
Cardiac &/or Pulmonary Arrest



- Define CPR
- Success rate of CPR
  - Advanced illness ≤ 2.0%
  - Moderate frailty-terminal illness: <2%
- Reality of COVID-19
- DNR: Do Not Attempt Resuscitation (Allow Natural Death)
- DNR and DNI are distinct medical orders
- DNR does **NOT** mean Do Not Treat

DOH-5003 MOLST Form
Section A: Resuscitation Instructions
Cardiac and/or Pulmonary Arrest

- DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)
  - DNR and Do Not Intubate (DNI) are different distinct medical orders
  - DNR does NOT mean DNT "Do Not Treat"

SECTION A	Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

Check one:

☐ **CPR Order: Attempt Cardio-Pulmonary Resuscitation**
CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life wher the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

☐ **DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)**
This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

DOH-5003 MOLST Form
Section B: Consent for Resuscitation Instructions

- Identify who made the decision. Print name of decision-maker.
- Verbal consent permissible; check box. Date/time of consent.
- **Two witnesses to the discussion are always recommended.**
  - Witness signatures are **not** required.
- The physician or NP or PA who signs the orders may be a witness.
  - If it is documented that the attending physician or NP or PA witnessed the consent, the attending physician or NP or PA needs to sign the order (Section C) and print name as a witness.
- Public Health Law Surrogate means a FHCDA Surrogate

SECTION B	Consent for Resuscitation Instructions (Section A)

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law.

SIGNATURE ☐ Check if verbal consent (Leave signature line blank) DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME PRINT SECOND WITNESS NAME

DOH-5003 MOLST Form
Section C: Physician Signature

- Physician or NP or PA signature, name, date/time, license # and phone/pager#
- Physician or NP or PA must be NYS licensed or practicing in the VA system; licensed border state physicians may sign and are accountable for NY MOLST

SECTION C	Physician or Nurse Practitioner Signature for Sections A and B	
PHYSICIAN OR NURSE PRACTITIONER SIGNATURE*	PRINT PHYSICIAN OR NURSE PRACTITIONER NAME	DATE/TIME
PHYSICIAN OR NURSE PRACTITIONER LICENSE NUMBER	PHYSICIAN OR NURSE PRACTITIONER PHONE/PAGER NUMBER	

DOH-5003 MOLST Form
Section D: Advance Directives

- Health Care Proxy
- Living Will
- Organ Donation
- Documentation of Oral Advance Directive

- MOLST is <u>NOT</u> an Advance Directive.

SECTION D **Advance Directives**

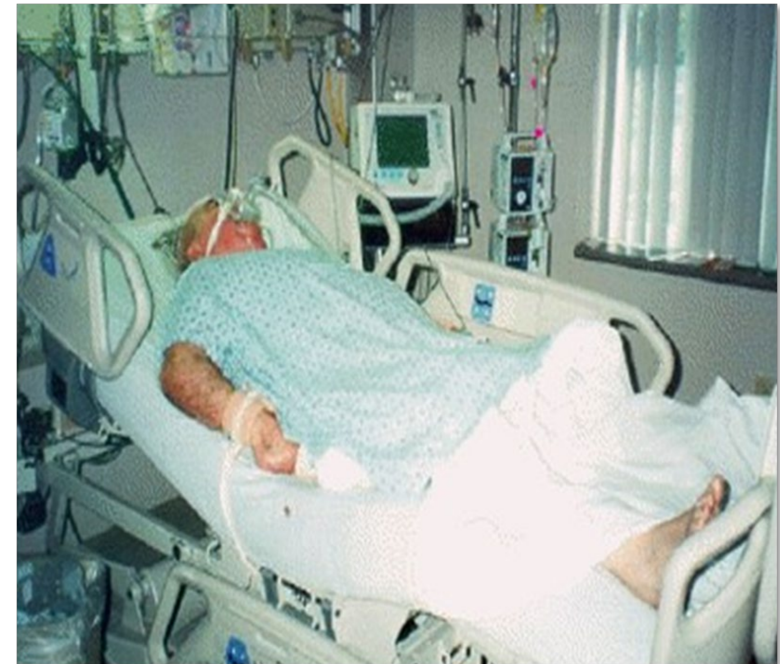
Check all advance directives known to have been completed:

☐ Health Care Proxy ☐ Living Will ☐ Organ Donation ☐ Documentation of Oral Advance Directive

***If this decision is being made by a 1750-b surrogate, a physician must sign the MOLST.**

Section E: Respiratory Support
Cardiac or Pulmonary Insufficiency

- Survival rates depend on:
  - Factors present at start of ventilator support
  - Development of complications
  - Patient management in ICU
  - Patients with advanced illness/frailty: high risk
- 2012 Study 1019 patients: Six-month mortality rates*
  - 51% in very old patients
  - 67% for DNI patients
  - 77% in case of NIV failure and endotracheal intubation
- Trial period
  - determine if there is benefit based on the patient's current goals for care



*Schortgen, F., Follin, A., Piccari, L., Roche-Campo, F., Carteaux, G., Taillandier-Heriche, E., . . . Brochard, L. (2012). Results of Noninvasive Ventilation in Very Old Patients. Annals of Intensive Care, 2(5). doi:10.1186/2110-5820-2-5

DOH-5003 MOLST Form

Section E: Instructions for Intubation & Mechanical Ventilation

Cardiac and/or Respiratory Insufficiency

- Instructions for Respiratory Support: Noninvasive, Intubation and Mechanical Ventilation
  - A patient may not want to be intubated nor use Noninvasive Positive Airway Ventilation (NPAV) to connect to a ventilator
  - A patient may accept a trial of NPAV (e.g., BIPAP or CPAP) & if the trial fails, Do Not Intubate (DNI)
  - A patient may accept a trial of NPAV or a trial of intubation & mechanical ventilation
  - A patient may accept Intubation and Long-term Mechanical Ventilation, as long as it is medically needed.

Instructions for Intubation and Mechanical Ventilation *Check one:*

☐ **Do not intubate (DNI)** Do not place a tube down the patient's throat or connect to a breathing machine that pumps air into and out of lungs. Treatments are available for symptoms of shortness of breath, such as oxygen and morphine. (This box should ***not*** be checked if full CPR is checked in Section A.)

☐ **A trial period** *Check one or both:*

☐ **Intubation and mechanical ventilation**

☐ **Noninvasive ventilation (e.g. BIPAP), if the health care professional agrees that it is appropriate**

☐ **Intubation and long-term mechanical ventilation, if needed** Place a tube down the patient's throat and connect to a breathing machine as long as it is medically needed.

DOH-5003 MOLST Form
Section E: Hospitalization/Transfer Preferences

- A patient who does not wish to go back to the hospital needs
  - Palliative care plan
  - 24/7 plan for assessment and management of pain and symptoms
  - Provision of basic care needs in the current setting
  - Caregiver education, support and respite
- Assessment is required to determine "if hospitalization is necessary"

Future Hospitalization/Transfer *Check one:*

☐ Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.

☐ Send to the hospital, if necessary, based on MOLST orders.

DOH-5003 MOLST Form
Section E: Artificially Administered Fluids and Nutrition
Food and fluids are always offered as tolerated

Feeding Tubes

- No feeding tube
- A trail of feeding tube
- Long-term feeding tube, if needed

Long Term Feeding Tube Guidelines

IV Fluids

- No IV fluids
- A trial of IV fluids

Artificially Administered Fluids and Nutrition When a patient can no longer eat or drink, liquid food or fluids can be given by a tube inserted in the stomach or fluids can be given by a small plastic tube (catheter) inserted directly into the vein. If a patient chooses not to have either a feeding tube or IV fluids, food and fluids are offered as tolerated using careful hand feeding. **Additional procedures may be needed as indicated on page 4.**

Check one each for feeding tube and IV fluids:

- ☐ **No feeding tube**
- ☐ **A trial period of feeding tube**
- ☐ **Long-term feeding tube, if needed**

- ☐ **No IV fluids**
- ☐ **A trial period of IV fluids**

Long Term Feeding Tube Guidelines

Monroe County Medical Society Community-wide Guidelines

Benefits/Burdens of Tube Feeding/PEG Placement for Adults

	Dysphagic Stroke (Patients with previous good quality of life, high functional status[1] and minimal co-morbidities)	Dysphagic Stroke (Patients with decreased level of consciousness, multiple co-morbidities, poor functional status[1] prior to CVA)	Neurodegenerative Disease [e.g., Amyotrophic Lateral Sclerosis (ALS)]	Persistent Vegetative State (PVS)	Frailty (Patients with multiple co-morbidities, poor functional status, failure to thrive and pressure ulcers[2])	Advanced Dementia (Patients needing help with daily care, having trouble communicating, and/or incontinent)	Advanced Cancer (Age is the significant predictor of need in advanced head and neck cancer)[4]	Advanced Organ Failure (Patients with CHF, renal or liver failure, COPD, anorexia-cachexia syndrome)
Prolongs Life	*Likely*	*Likely in the short term* Not likely in the long term	*Likely*	*Likely*	Not Likely	Not Likely	Not Likely	Not Likely
Improves Quality of Life and/or Functional Status	up to 25% regain swallowing capabilities	Not Likely	Uncertain	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely
Enables Potentially Curative Therapy/Reverses the Disease Process	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely

This grid reflects only certain conditions. Some examples of other conditions where direct enteral feeding would be indicated include radical neck dissections, esophageal stenosis and motility diseases, post intra-thoracic esophageal surgery and safer nutrition when the alternative would be parenteral hyperalimentation.

Benefits of PEG placement rather than feeding orally:

- For dysphagic stroke patients in previous good health, patients with ALS, and patients in a persistent vegetative state, may prolong life
- For dysphagic stroke patients in previous poor health, may prolong life in the short-term (days to weeks)
- Enables family members/caregivers to maintain hope for future improvement
- Enables family members/caregivers to avoid guilt/conflict associate with choosing other treatment options
- Allows family/caregivers additional time to adjust to possibility of impending death

Burdens of PEG placement rather than feeding orally:

- 75% of stroke patients previously in good health not likely to have improved quality of life and/or functional status
- PVS patients not likely to have improved quality of life and/or functional status
- Possible patient agitation resulting in use of restraints
- Risk of aspiration pneumonia is the same or greater than that of patient being handfed
- Stroke patients previously in poor health, frail patients, and patients w/advanced dementia, cancer or organ failure have been reported to experience side effects: PEG site irritation or leaking (21%), diarrhea (22%), nausea (13%) and vomiting (20%)

Benefits of feeding orally rather than inserting a PEG:

- Patient able to enjoy the taste of food
- Patient has greater opportunity for social interaction
- Patient's wishes and circumstances can be taken into consideration as pertains to pace, timing and volume of feeding

Burdens of feeding orally rather than inserting a PEG:

- Requires longer period of time to feed a patient
- Patient/family worry about "not doing everything in their power" to address the feeding problem and/or "starving patient"
- Patient/family feel that in not choosing that option that could possibly prolong life, they are hastening death

This information is based predominately on a consensus of current expert opinion. It is not exhaustive. There are always patients who prove exceptions to the rule.

1. Functional Status refers to Activities of Daily Living. For more information on the CFS visit http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm) A poor functional status means full or partial dependency in bathing, dressing, toileting, feeding, ambulation, or transfers.
2. Matched residents with and without a PEG insertion showed comparable sociodemographic characteristic, rates of feeding tube risk factors, and mortality. Adjusted for risk factors, hospitalized NH residents receiving a PEG tube were 2.27 times more likely to develop a new pressure ulcer (95% CI, 1.95-2.65). Conversely, those with a pressure ulcer were less likely to have the ulcer heal when they had a PEG tube inserted (OR 0.70 [95% CI, 0.55-0.89]). Teno JM, Gozalo P, Mitchell SL, Kuo S, Fulton AT, Mor V. Feeding Tubes and the Prevention or Healing of Pressure Ulcers. Archives of internal medicine. 2012;172(9):697-701. doi:10.1001/archinternmed.2012.1200.
3. Callahan CM, Haag KM, Weinberger M, et.al. Outcomes of Percutaneous Endoscopic Gastrostomy among Older Adults in a Community Setting. J Am Geriatr Soc. 2000 Sep; 48(9):1048-5
4. Sachdev, S., Refaat, T., Bacchus, I.D. et al. Age most significant predictor of requiring enteral feeding in head-and-neck cancer patients. Radiat Oncol 10, 93 (2015).

DOH-5003 MOLST Form
Section E: Antibiotics

- Do not use antibiotics
- Determine use or limitations of antibiotics when infection occurs
- Use Antibiotics to treat infections

Antibiotics *Check one:*

☐ **Do not use antibiotics.** Use other comfort measures to relieve symptoms.

☐ **Determine use or limitation of antibiotics when infection occurs.**

☐ **Use antibiotics** to treat infections, if medically indicated.

DOH-5003 MOLST Form
Section E: Other Instructions

- **Other Instructions include Other Medical Orders** (in addition to dialysis and transfusion, other medical orders may include instructions re: implantable defibrillators, chemotherapy, etc.)
- Include information regarding the patient's goals for care to determine duration of a trial period as discussed with the physician or NP or PA.
  - **Live Longer, Preserve Functional Status or Comfort**
- If nothing else discussed and there are no trials, write None.

Other Instructions about starting or stopping treatments discussed with the doctor or nurse practitioner or about other treatments not listed above (dialysis, transfusions, etc.).

Defining a Trial Period

- A trial of life-sustaining treatment may be ordered if the physician or NP or PA agrees it is medically appropriate.
- A trial is used to determine if there is benefit to the patient. A trial is based on the patient’s current goals for care.
- If a life-sustaining treatment is started but turns out not to be helpful and does not meet the patient’s goals for care, treatment can be stopped.
- Additional procedures may be needed for patients with developmental disabilities (see page 4).

Trials of LST in Persons with IDD Who Lack Capacity

- Whether or not a new checklist is required following an unsuccessful trial of LST depends on the parameters of the trial, as specified in Step 2 of the checklist.
- If Step 2 of the checklist has provided that a trial for LST is **to end after a specific period of time or the occurrence of a specific event**, it may not be necessary to complete a new checklist following the trial.
- If a trial period is **open ended**, and the authorized surrogate subsequently decides to request withdrawal of the LST, a new checklist would be required.

DOH-5003 MOLST Form
Section E: Treatment Guidelines

*No matter what is chosen, **All** Patients receive comfort measures.*

- ❑ **Comfort Measures Only** This is a decision to not receive any life-sustaining treatment. **Primary goal is comfort.**
- ❑ **Limited Medical Interventions** The patient will receive all necessary medical treatments, except those not allowed by MOLST, and Comfort Measures. **Primary goal is preserving functional status.**
- ❑ **No Limitations on Medical Interventions** The patient will receive all necessary medical treatments as ordered on MOLST, and Comfort Measures. **Primary goal is living longer.**

SECTION E Orders For Other Life-Sustaining Treatment and Future Hospitalization When the Patient has a Pulse and the Patient is Breathing

Life-sustaining treatment may be ordered for a trial period to determine if there is benefit to the patient. **If a life-sustaining treatment is started, but turns out not to be helpful, the treatment can be stopped. Before stopping treatment, additional procedures may be needed as indicated on page 4.**

Treatment Guidelines No matter what else is chosen, the patient will be treated with dignity and respect, and health care providers will offer comfort measures. *Check one:*

- ☐ **Comfort measures only** Comfort measures are medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering. Reasonable measures will be made to offer food and fluids by mouth. Medication, turning in bed, wound care and other measures will be used to relieve pain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as needed for comfort.
- ☐ **Limited medical interventions** The patient will receive medication by mouth or through a vein, heart monitoring and all other necessary treatment, based on MOLST orders.
- ☐ **No limitations on medical interventions** The patient will receive all needed treatments.

DOH-5003 MOLST Form
Section E: Consent for Life-Sustaining Treatment

- Identify who made the decision. Print name of decision-maker.
- Verbal consent permissible; check box. Date/time order.
- **Two witnesses to the Discussion are always recommended.**
  - Witness signatures are not required.
- The physician or NP or PA who signs the orders may be a witness.
  - If it is documented that the attending physician or NP or PA witnessed the consent, the attending physician or NP or PA just needs to sign the order and print name as a witness.

Consent for Life-Sustaining Treatment Orders (Section E) (Same as Section B, which is the consent for Section A)

SIGNATURE ☐ Check if verbal consent (Leave signature line blank) DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME PRINT SECOND WITNESS NAME

Who made the decision? ☐ Patient ☐ Health Care Agent ☐ Based on clear and convincing evidence of patient's wishes ☐ Public Health Law Surrogate ☐ Minor's Parent/Guardian ☐ §1750-b Surrogate

DOH-5003 MOLST Form
Section E: Physician Signature

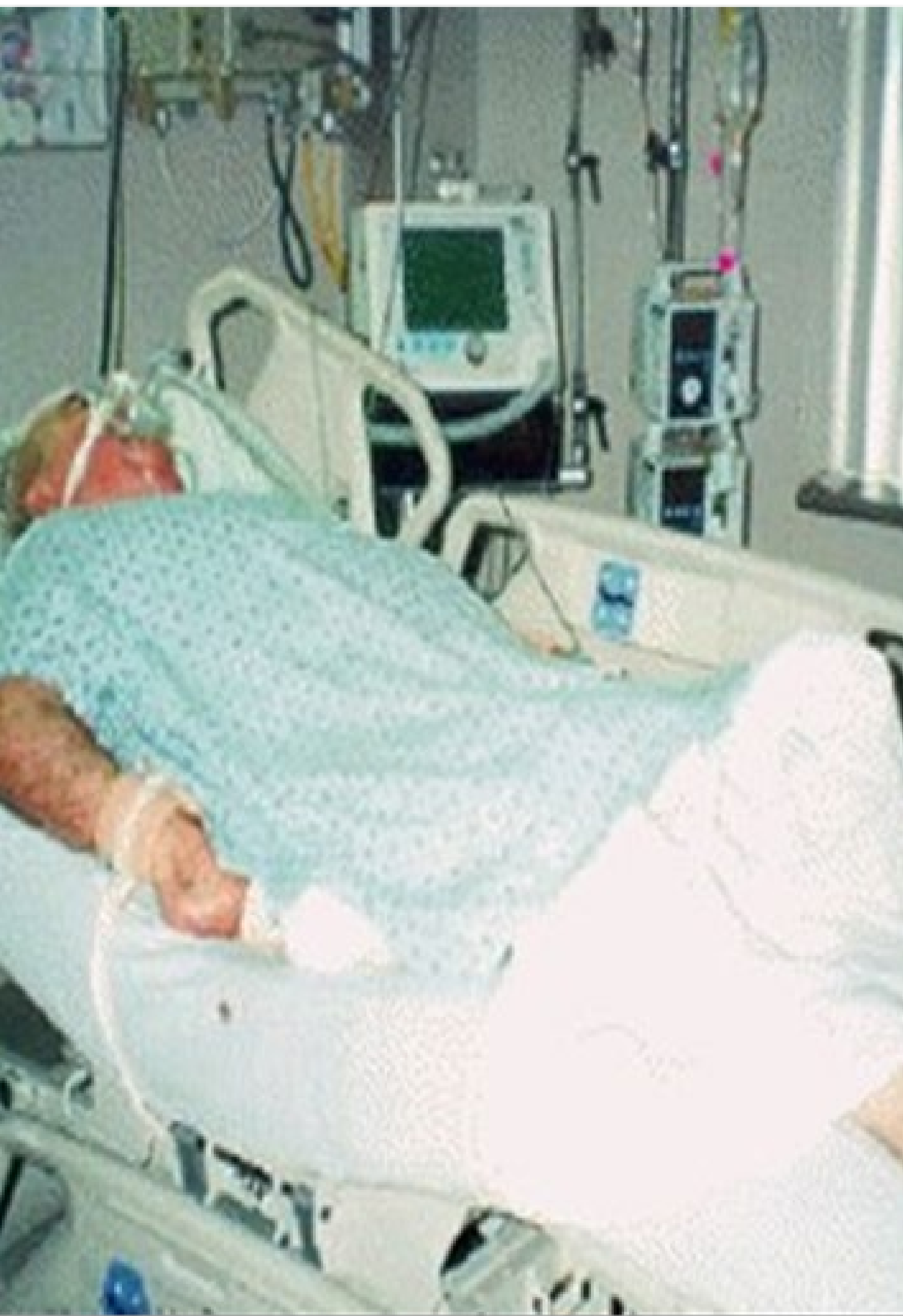
- Physician or NP or PA signature, name and date/time
- Statement clarifying **only** a physician can sign a MOLST of the decision-maker is a §SCPA 1750-b surrogate. The physician is accountable for the §SCPA 1750-b process.

Physician or Nurse Practitioner Signature for Section E

PHYSICIAN OR NURSE PRACTITIONER SIGNATURE*	PRINT PHYSICIAN OR NURSE PRACTITIONER NAME	DATE/TIME

***If this decision is being made by a 1750-b surrogate, a physician must sign the MOLST.**

DOH-5003 (12/18) p 2 of 4 **This MOLST form has been approved by the NYSDOH for use in all settings.**



MOLST Discussion in ICU and Follow-up

- MOLST discussion in the ICU often focuses on resuscitation and respiratory support; other treatment decision options may not be discussed.
- If a patient or decision-maker reaches a decision, the physician or NP or PA should cross out the portion of the form with the treatment option(s) for which there is no decision and write "Decision Deferred" next to those treatment option(s).
- "Decision Deferred" is *not* truly a deferred decision. It means the LST was not discussed, and the patient will receive standard medical care - full treatment for the other choices on the MOLST. Inform the patient or decision maker.
- Follow-up MOLST discussion & update MOLST before discharge!

Section F: Review and Renew MOLST

- The physician or NP or PA must review, sign & date the MOLST form from time to time, in accordance with policies & procedures, but at least every 90 days

- The physician or NP or PA must also review, sign & date the MOLST form if any of these apply:
  - If the patient moves from one location to another to receive care
  - If the patient has a major change in health status (for better or worse)
  - If the patient or decision-maker (Health Care Agent, FHCDA or §1750-b Surrogate, Parent or Guardian) changes their mind about a treatment decision they made

SECTION F **Review and Renewal of MOLST Orders on this MOLST Form**

The physician or nurse practitioner must review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (for better or worse); or
- If the patient or other decision-maker changes his or her mind about treatment.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, NH, Physician's or Nurse Practitioner's Office)	Outcome of Review
			☐ No change ☐ Form voided, new form completed ☐ Form voided, **no** new form

Section F: Review and Renew MOLST

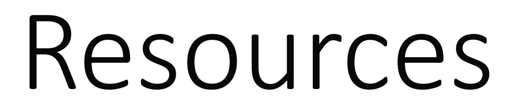
- If the patient loses capacity, the decision-maker cannot override decisions the patient has made regarding withholding life-sustaining treatment.
- But a decision-maker can modify decisions the patient made on the MOLST to receive full treatment, if due to significant changes in the patient's health status and prognosis, the choices on the MOLST would no longer reflect the patient's values, beliefs and goals for care.
- <u>**MOLST orders remain valid and must be followed**</u>, even if MOLST has not been reviewed within the 90-day period.

NYSDOH Releasing a Revised MOLST Form

- **Revision**
  - follows the multi-year NYSDOH RFI process
  - opportunities for improvement & clarification from relevant stakeholders, including patients & families
- **Clinical edits**
  - gathered from its heavy use during COVID-19
  - Feedback from physicians, NPs, PAs, EMS, and other clinicians who use MOLST/eMOLST every day
- **At a high level, the RFI process revealed**
  - many clinicians experience the current MOLST as complex and wordy
  - emergent orders could be captured more simply
  - clarification needed in the respiratory support section
  - patients want to have a clearer "do not hospitalize" option
- **Exact launch date is uncertain**
  - NYSDOH working collaboratively with the MOLST Statewide Implementation Team and eMOLST to ensure a careful transition takes place
  - Communication and education to be available to clinicians, administrative leaders, patients, & families
- **For updates as they become available**, please visit the NYSDOH MOLST web page & MOLST.org

Key Points

- Shared decision making is required for each item on the MOLST.
- MOLST requires recognizing and discussing risks and benefits of each medical order considering patient's CURRENT health status, prognosis, values and goals for care.
- MOLST is the result of a thoughtful MOLST discussion or series of discussions and NOT merely a form to be completed.
- MOLST is a set of medical orders and needs to be reviewed and renewed periodically.
- Additional revisions to DOH MOLST (12/18) are required to reflect changes in PHL – PA authority/accountability as of June 17, 2020.
- Recommended clinical changes in language to improve quality and reduce patient harm are under review.
- Clinical changes, including need to add MOLST Instructions, are a direct result of feedback from MOLST users since 2010.


Resources

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Web Resources

- Thoughtful MOLST Discussions: 8-Step MOLST Protocol
- NYSDOH MOLST web page
- DOH MOLST General Instructions for Adults
- MOLST Form and individual web pages have additional references
  - Resuscitation Preferences
  - Respiratory Support
  - Future Hospitalization/Transfer
  - Feeding Tubes (Long Term Feeding Tube Guidelines)
  - Antibiotics
  - Dialysis
  - Other Instructions
  - Review and Renew