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

Session 8
Care Plan Strategies

Presenter

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

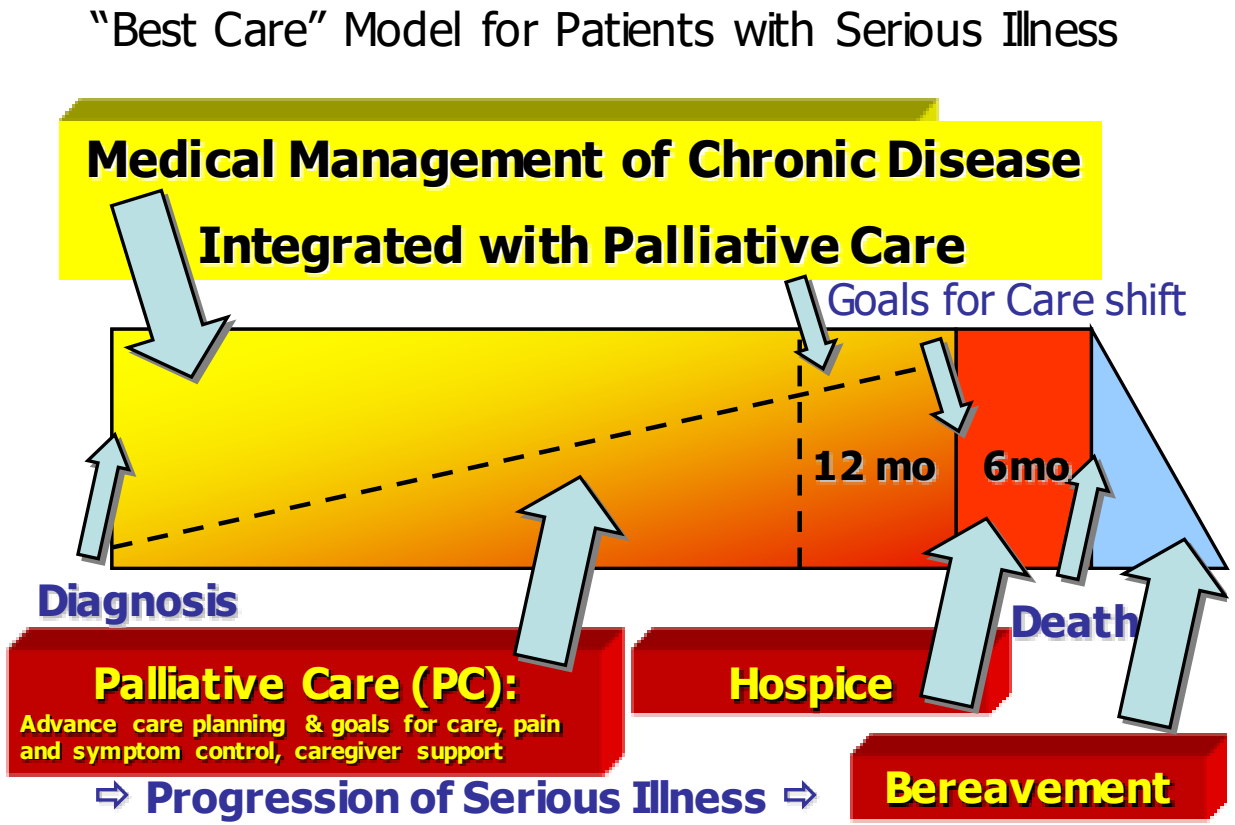
Learning Objectives

- Describe a person-centered 24/7 care plan to support MOLST and prevent unwanted life-sustaining treatment and hospitalization including:
  - pain and symptom management
  - patient care needs
  - who will assess in an emergency
- Recognize the need for caregiver education, support, self-care and respite
- Apply self-care strategies to improve resilience and prevent burnout

Palliative Care
Team based care: medical, psychosocial, spiritual, legal

Three Key Pillars

1. Advance Care Planning
   - Advance directives (HCP)
   - Medical orders (MOLST)
2. Pain and symptom management
3. Caregiver education and support



Care Plan to Support MOLST

Pain and Symptom Management

- Anxiety
- Appetite
- Confusion (Delirium)
- Constipation
- Depression
- Dyspnea
- Fatigue
- Insomnia
- Nausea and Vomiting
- Pain

Care Plan to Support MOLST
Caregiver Support

- Patient
- Family Caregiver
  - Education
  - Physical, emotional, spiritual
  - Respite
- Professional Caregivers

Person-Centered Palliative Care Plan

Supports patient preferences per MOLST and provides pain & symptom management

24/7 plan for assessment for acute medical issues

Caregiver education, support, self-care, respite

Resuscitation Preference
When a Patient Chooses DNR (DNAR) (AND)

- How we talk about DNR orders is important
  - Do Not Attempt Resuscitation (Allow Natural Death)
  - “The message behind the term ‘DNR’ is predominantly negative, suggesting an absence of treatment and care.”*
  - “The reality is that comfort care and palliative care are affirmative and, for these patients, more appropriate interventions.”*
  - Shared decision making about survival rates based on health status & prognosis is critical
- Be sure family and loved ones understand their loved one will be treated and cared for

*Charlie Sabatino (Retired), American Bar Association Commission on Law and Aging

Respiratory Support

When a Patient Chooses DNI & No Non-Invasive Positive Airway Support

Treat Dyspnea

- General Measures
  - Positioning
  - Increase air movement: fan, open window
- Medications
  - Oxygen – at EOL: often, not universally helpful; therapeutic trial
  - Morphine – will not cause “Addiction”
- 24/7 patient assessment and treatment in place for acute respiratory insufficiency

Future Hospitalization and Transfer

When a patient doesn't want to be sent to the hospital unless pain or severe symptoms cannot be otherwise controlled

- A care plan for pain and symptom management
- 24/7 patient assessment & ability to treat in place
- 24/7 caregiver support at site of care
- Identify and remove potential barriers
- Clinician communication skills when an emergency arises

Artificially Administered Fluids and Nutrition

Assess patient choice for food, fluids & site of care

If patient wishes to receive IV fluids but not return to the hospital

- Are IV fluids an option in their site of care?

If patient does not want IV fluids or feeding tube

- Food and fluids are offered as tolerated using careful hand feeding.

Antibiotics

When a patient wishes to receive antibiotics but not return to the hospital

- 24/7 patient assessment
- Ability to treat in place
- If appropriate, are IV antibiotics available as an option in patient's site of care?
- What other comfort measures are available to relieve symptoms?

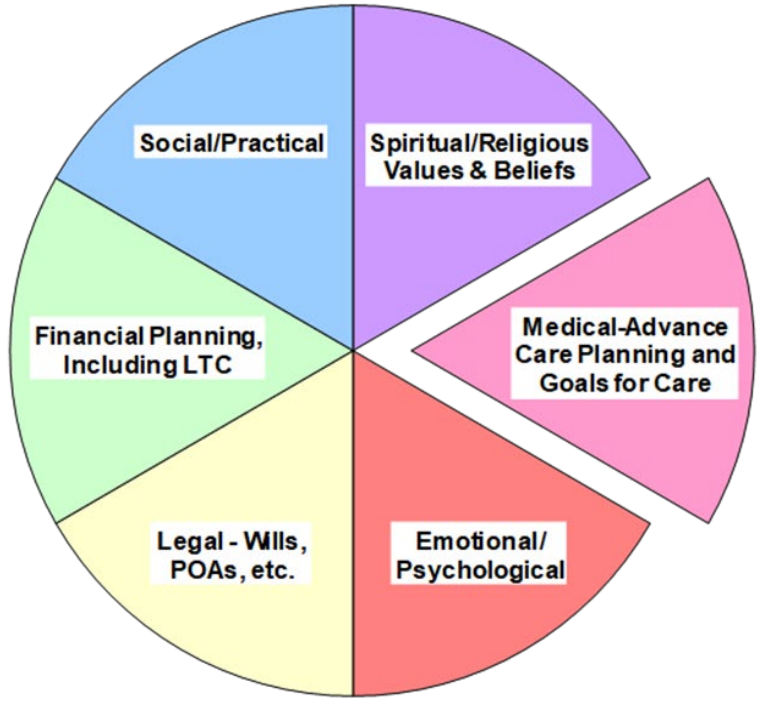
Options for 24/7 Assessment and Treatment in Place

1. Hospice and Palliative Care Programs
2. 24/7 “wrap-around” services aimed to treat in place (e.g., programs designed for Medicare Advantage members)
3. Telemedicine
4. Paramedicine

Caregiver Education and Support

- Care plan
  - How to provide care based on patient need
- MOLST
  - What MOLST means
  - What to do with a MOLST form
- Informal caregiving
  - Acknowledge major public health issue
  - Growing impact on the health-related quality of life of millions of Americans
  - Risk of burnout is high
  - “Put your oxygen mask on first”
  - Remember you are a “human being” – not a “human doing”

Caregiver Support: *Additional Practical Planning*



Community Partners in Advance Care Planning Video

Burnout

Characteristics		
Emotional exhaustion	Depersonalization	Sense of personal ineffectiveness

Feeling burnout means we are no longer able to feel positive energy consistently

Maintaining Resilience and Preventing Burnout

Choose something in your life for which to be grateful and focus on that feeling

Believe you can influence your life in a positive way

Make time to balance your life: pray, meditate or do other regular spiritual practices

Visual guided imagery and slow deep breathing in a quiet room for a few minutes between patients, before family meeting, before MOLST discussion

Result: Deep engagement

Sense of energy, Personal involvement, Efficacy

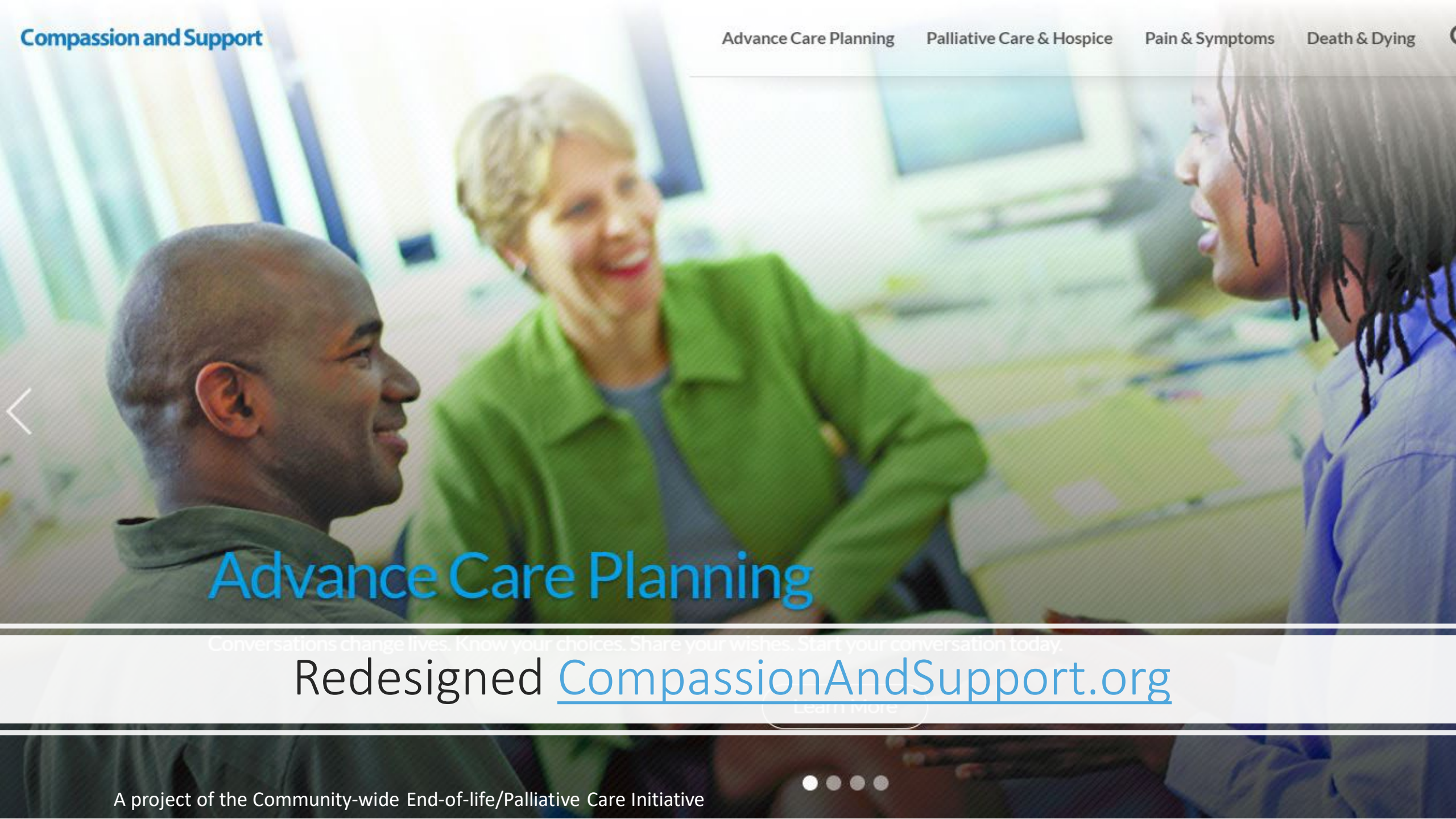
Personal Story

Value of the Care Plan

Key Points

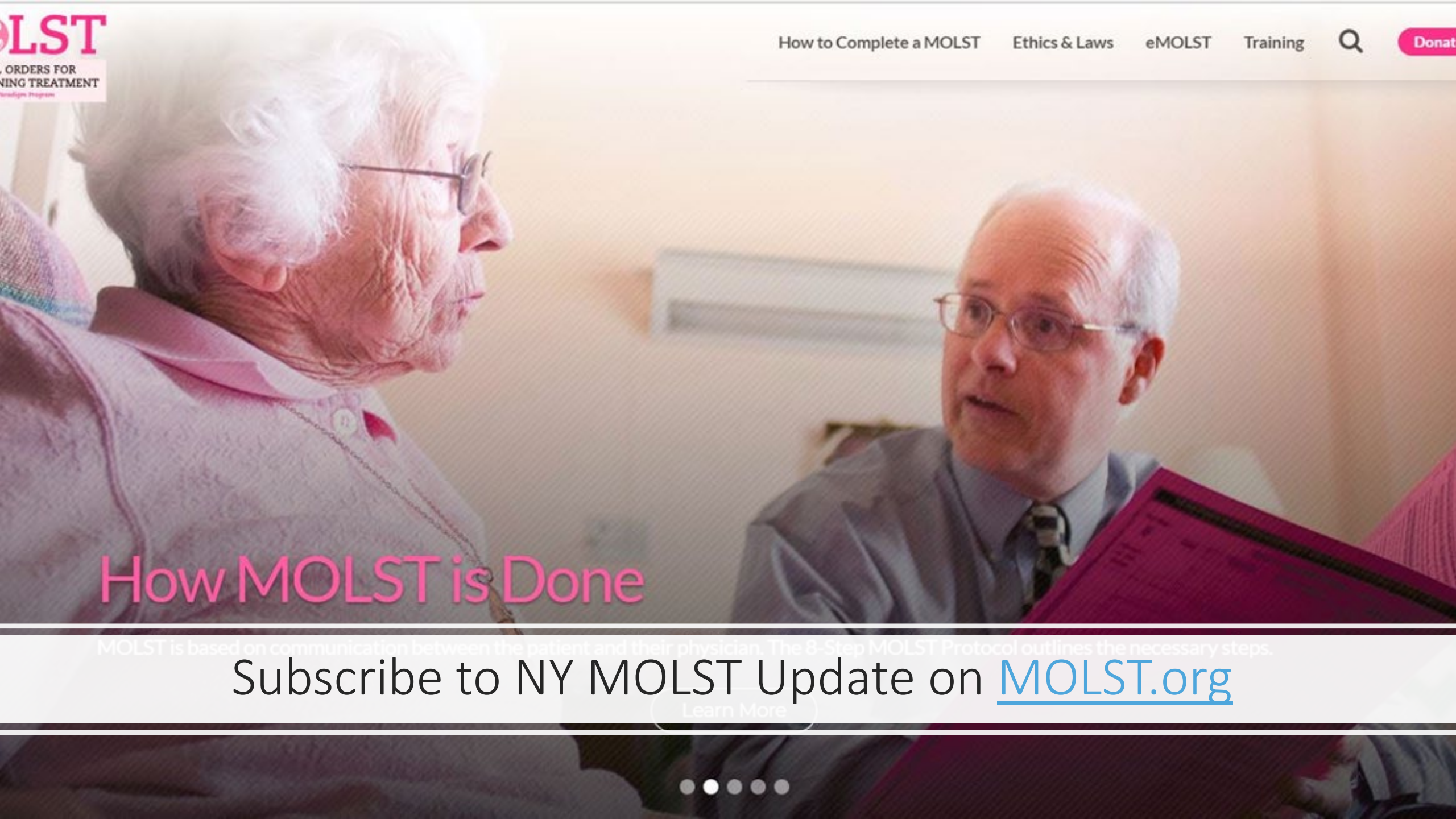
- Patients need for a palliative care plan that supports MOLST in order to prevent unwanted life-sustaining treatment
- Patients and families deserve an extra layer of support at EOL.
- Patients need a coordinated care plan.
- Families need to understand what MOLST represents and what to do in an emergency.
- Clinicians need to know how to speak with families in an emergency in order to ensure MOLST is honored.
- Informal and professional caregivers need support to practice self-care to prevent burnout.

Resources



Redesigned CompassionAndSupport.org

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



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References

- Pain Guidelines
- Symptom Management
- CAPC Toolkit with clinical education and resources, particularly:
  - Symptom Management Protocols: medications and starting doses for common symptoms
  - Stepwise Protocols for Crisis Symptom Management
  - COVID-19 Clinical Resources
- Guidelines on Tube Feeding/Percutaneous Endoscopic Gastrostomy (PEG) Tubes for Adults
- Caregiving Tips
- Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., reskovich, M. R. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Archives of Internal Medicine, 172(18), 1377–85. OPEN ACCESS PDF http://doi.org/10.1001/archinternmed.2012.3199
- More at Resources on CompassionAndSupport.org and MOLST.org

Advance Care Planning is a Plan for Living!

"You matter because you are you. You matter to the last moment of your life and we'll do all we can not only to help you die peacefully, but also to live until you die."

Dame Cicely Saunders