



ECHO[®] MOLST: Honoring Preferences at End-of-life Care Plan Strategies: Support MOLST and Prevent Unwanted Life-Sustaining Treatment



Presenter

Patricia A. Bomba, MD, MACP

Vice President & Medical Director, Excellus BlueCross BlueShield

Chair, MOLST Statewide Implementation Team; eMOLST Program Director

Founding Member, National POLST Paradigm

Lead, ECHO MOLST

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
- Recognize the need for caregiver education, support and self-care
- Apply self-care strategies to prevent burnout



Palliative Care

MOLST

MEDICAL ORDERS FOR
LIFE-SUSTAINING TREATMENT

A POLST Paradigm Program

Interdisciplinary care

- aims to relieve suffering and improve quality of life for patients with advanced illness and their families
- offered simultaneously with all other appropriate medical treatment from the time of diagnosis
- focuses on quality of life and provides an extra layer of support for patients and families

Three Key Pillars with Psychosocial & Spiritual Support

- Advance Care Planning and Goals for Care
 - Step 1: Community Conversations on Compassionate Care*
 - Step 2: Medical Orders for Life-Sustaining Treatment (MOLST)*
- Pain and Symptom Management
- Caregiver Support



*A Project of the Community-Wide End-of-life/Palliative Care Initiative

Pain and Symptom Management

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

Resuscitation Preferences

- How we talk about DNR orders is important
 - Patient-centered goals for care based on current health status & prognosis should guide choice of interventions
 - “The message behind the term ‘do not resuscitate’ 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 and prognosis is critical
 - Ensure family and loved ones understand

⁺Charlie Sabatino, American Bar Association Commission on Law and Aging

Survival Rates Post CPR

- Average rate of success (overall) 15%
- Ventricular fibrillation after MI 26-46%
- Drug reaction or overdose 22-28%
- Acute stroke 0-3%
- End stage liver disease 0-3%
- Dementia requiring long-term care 0-3%
- Coma (traumatic or non-traumatic) 0-3%
- Unsuccessful out-of-hospital CPR 0-3%
- Acute and chronic renal failure 0-10%
- Elderly patients Same as general population
- Frail elderly patients 0-5%
- Bedfast patients with metastatic cancer who are spending fifty percent of their time in bed 0-3%
- Multiple (2 or more) organ system failure with no improvement after 3 consecutive days in the ICU 0-3%

Respiratory Support

When a Patient has a Pulse and is Breathing

- If a patient chooses Do Not Intubate (DNI) and Do Not Use Noninvasive Positive Airway, treatment for dyspnea is necessary
- 24/7 patient assessment and treatment in place for acute respiratory insufficiency
 - Oxygen
 - Morphine

Future Hospitalization and Transfer

- For patients who do not 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

Artificially Administered Fluids and Nutrition

- IV Fluids
 - If patient wishes to receive IV fluids but not return to the hospital, are IV fluids an option in their site of care?
- Long Term Feeding Tube Placement
 - Discussion needs to focus on patient goals and the disease state
 - Follow [Guidelines on Tube Feeding/Percutaneous Endoscopic Gastrostomy \(PEG\) Tubes for Adults](#)
- If patient does not want IV fluids or feeding tube
 - Food and fluids are offered as tolerated using careful hand feeding

Antibiotics

- If patient wishes to receive antibiotics but not return to the hospital
 - 24/7 patient assessment & ability to treat in place
 - Are IV antibiotics (if appropriate) available as an option in their site of care?
 - What other comfort measures are available to relieve symptoms?

Options for 24/7 Treatment in Place

- Hospice and Palliative Care Programs
- 24/7 “wrap-around” services aimed to treat in place
- Telemedicine
- Paramedicine

Caregiver Education and Support

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

Burnout

- Characteristics
 - Emotional exhaustion
 - Depersonalization
 - Sense of personal ineffectiveness
- Feeling burnout means we are no longer able to feel positive energy consistently

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

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 provided through effective coordination of the care plan and communication of what to do in an emergency
- Informal and professional caregivers need support to prevent burnout

References

- [Pain Guidelines](#)
- [Symptom Management](#)
- [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>