MOLST
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT
A POLST Paradigm Program

Project ECHO®
Excellus New York

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ECHO® MOLST: Honoring Preferences at End-of-life

Care Plan Strategies: Support MOLST and Prevent Unwanted Life-Sustaining Treatment

COVID-19: Why it Matters

Project ECHO®
Excellus New York

Presenter

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Learning Objectives

- Describe a patient-centered care plan with 24/7 support for MOLST/eMOLST orders to prevent unwanted life-sustaining treatment & hospitalization, considering COVID-19
- Recognize the need for caregiver education, support and self-care
- Apply self-care strategies to prevent burnout

Palliative Care

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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 bearing in mind COVID-19

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

Care Settings

- Hospital
- Nursing Home
- Assisted Living
- Adult Home
- Patient's Home
- Caregiver's Home
- Group Home

What's Different & Needed With COVID-19

- PPE, testing, and staffing needs
- Medications needed for palliation
- Social Distancing
- Limitations on visitation
- 24/7 Assessment
- Impossible to provide hands-on care for ADLs and maintain social distancing
- Disparities
- Healthcare and informal caregivers
- Psychosocial and grief support

Pain and Symptom Management

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

Principles of Humanitarianism

- Save lives and prevent/alleviate human suffering
  - Resuscitation
  - Respiratory Support
  - Hospitalization

Resuscitation Preferences

- How we talk about DNR orders is important
  - "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, prognosis, & COVID-19
  - 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%

Statistics From Multiple Articles Prior to 2010

Survival Rates Post CPR

- 2014 study of inpatient Medicare data (1994-2005) identified 358,682 CPR recipients*
  - Medicare beneficiaries aged ≥ 67 years
  - grouped by severity of six chronic diseases—COPD, CHF, CKD, malignancy, diabetes, & cirrhosis
  - 7.2% CPR recipients without chronic disease, discharged home, survived at least 6 months without readmission
  - ≤ 2.0% recipients with advanced COPD, CHF, malignancy & cirrhosis (P < .001) met these criteria*
  - ≤ 2.0% advanced frailty**

*Stapleton, R., Ehlenbach, W., Deyo, R., and Curtis, J.R. (2014, Nov.) Long-term Outcomes After In-Hospital CPR in Older Adults With Chronic Illness. Chest, 146(5): 1214–1225.

*Wharton, C., King, E., & MacDuff, A. (2019). Frailty is Associated with Adverse Outcome from In-Hospital CPR, 143, 208-211. doi: 10.1016/j.resuscitation.2019.07.021

Respiratory Support

When a Patient has a Pulse and is Breathing

- If a patient chooses Do Not Intubate (DNI) and Do Not Use Noninvasive Ventilation (e.g. BIPAP)
  - Available treatment for dyspnea is critical
  - 24/7 patient assessment & 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 with visitation limitations
  - Identify and remove potential barriers
- For those who want to be hospitalized

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 Tube Feeding/PEG Tube Guidelines 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 medically indicated) 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
- Issues with Social Distancing

Caregiver Education and Support

- Care plan: How to provide care based on patient need
- What MOLST/eMOLST means
- What to do with a MOLST/eMOLST 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 virtual family meeting or call, before MOLST discussion
- Result: Deep engagement
  - Sense of energy
  - Personal involvement
  - Efficacy

Commitment to Self Care

- Take care of yourself
- Remind others to care for themselves
- Be present
- Speak from your heart
- Lend your energy and your wisdom
- Act in way that helps others to do the same.

Key Points

- Patients need for a palliative care plan available 24/7 that supports MOLST in order to prevent unwanted life-sustaining treatment
- Patients and families deserve an extra layer of support, effective coordination of the care plan and communication of what to do in an emergency
- Informal and professional caregivers need support to prevent burnout
- Challenges are being met with innovation during COVID-19

References

- Pain Guidelines
- Symptom Management
- CAPC COVID-19 Response Resources
  - Symptom Management Protocols: medications and starting doses for common symptoms
  - Stepwise Protocols for Crisis Symptom Management
  - COVID-19 Clinical Resources
- 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