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

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

COVID-19: Why it Matters
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

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**

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**
  o Symptom Management Protocols: medications and starting doses for common symptoms
  o Stepwise Protocols for Crisis Symptom Management
  o COVID-19 Clinical Resources
• **Caregiving Tips**