



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK
GOVERNOR

WIMBORNE P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

Circular Letter: DHCQ 12-3-560

TO: Acute Care Hospitals Chief Executive Officers
Emergency Department Directors and Chief Nursing Officers
Long Term Care Facility Administrators, Medical Directors and
Directors of Nursing
Licensed Ambulance Services
EMS Accredited Training Institutions
EMS Regions I-V
Affiliate Hospital Medical Directors
EMCAB

FROM: John Auerbach, Commissioner, Department of Public Health
Madeleine Biondolillo, MD, Director, Bureau of Health Care Safety and Quality
Stancel Riley, MD, Executive Director, Board of Registration in Medicine
Jean Pontikas, Director, Division of Health Profession Licensure
Rula Harb, Executive Director, Board of Registration in Nursing
Sally Graham, Executive Director, Board of Registration of Physician Assistants
Abdullah Rehayem, Director, Office of Emergency Medical Services

DATE: March 20, 2012

Introduction:

This is to notify you that statewide expansion of MOLST (Medical Orders for Life-Sustaining Treatment) will begin on April 1, 2012. As more fully detailed in a February 4, 2010 Circular Letter issued to clinicians and healthcare facilities statewide (DHCQ 10-02-529), MOLST was initially implemented as a Demonstration Program in select facilities in the Worcester area.

The statewide expansion of MOLST fulfills the recommendation of the Massachusetts Expert Panel on End of Life Care that MOLST be made available throughout Massachusetts by 2014.

The MOLST form to be used during the statewide expansion is attached. Further, hyperlinks to the following relevant documents are included at the end of this memorandum:

- MOLST Form (for statewide expansion);
- Circular Letter: DHCQ 10-02-529, 2/2/10;
- Patient-Centered Care and Human Mortality: The Urgency of Health Systems Reforms to Ensure Respect for Patients' Wishes and Accountability for Excellence in Care (Report and Recommendations of the Massachusetts Expert Panel on End-of-Life Care, October 2010);
- MOLST Demonstration Program: Recommendations for Statewide Expansion (Pilot Results 2011);
- EMS Statewide Treatment Protocol Appendix B (revised effective March 1, 2012 specifically authorizing EMTs to honor MOLST orders;

For further information regarding the MOLST Demonstration Project and MOLST in general, please refer to the following website: <http://www.molst-ma.org>

About MOLST in Massachusetts:

MOLST is a standardized process and form for discussing, documenting, and communicating "Medical Orders for Life-Sustaining Treatment" across health care settings in Massachusetts. MOLST is based on the ethical principle of respect for patient autonomy and the legal principle of patient self-determination. The goals of the MA MOLST Program are to:

- 1) encourage discussions between clinicians and their patients nearing the end of life about treatment options and patients' preferences for care; and
- 2) provide clinicians and their patients with a mechanism for translating patients' preferences into portable signed medical orders (through the use of a MOLST form) which travel with the patient and can be honored across health care settings.

MOLST is intended for voluntary use by patients of any age who are nearing the end of life due to serious advancing medical conditions, including but not limited to life-threatening diseases, chronic progressive diseases, life-threatening injuries or medical frailty. MOLST enables physicians, nurse practitioners and/or physician assistants to collaborate with the patient, the patient's health care agent or, to the extent permitted by Massachusetts law, the patient's guardian, to complete a MOLST form reflecting the patient's preferences for medically-indicated life-sustaining treatments. When completed and signed by the patient (or patient's authorized representative for an incapacitated patient) and the clinician, the patient's MOLST form constitutes an actionable medical order that can be recognized and honored across health care settings.

The MOLST process puts into action the premise that patients nearing the end of life have the right to accept or refuse medically-indicated treatments, including life-sustaining treatment, by documenting discussions between a patient and a clinician about the patient's treatment preferences as medical orders that are immediately actionable. As noted in the February 4, 2010 Circular Letter, the Department of Public Health (DPH), the Boards of Registration in Nursing and Physician Assistants and the MA Board of Registration in Medicine support the use of the MOLST process and MOLST form and encourage all health care professional to honor valid MOLST forms as bona fide medical orders.

In anticipation of the statewide expansion of MOLST, the DPH Office of Emergency Medical Services has revised Appendix B to the Statewide Treatment Protocols to specifically authorize all EMS personnel to accept and honor a patient's MOLST form in the pre-hospital emergency setting. While the healthcare system transitions to the use of MOLST, EMS personnel will also recognize and honor Comfort Care/Do Not Resuscitate (CC/DNR) orders. Throughout the months of January and February, "Train the Trainer" sessions have been held for ambulance services to ensure that their EMTs receive training on the revised Appendix B and on MOLST for EMS.

The MOLST Form

The attached sample form entitled Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST) will be used during the expansion period. This form has been revised to reflect feedback that was received during the MA MOLST Demonstration program. Page 1 of the MOLST form can be valid independently from Page 2.

Page 1 of the MOLST form contains medical orders relating to three treatment options:

- a) Cardiopulmonary Resuscitation in the case of cardiac or respiratory arrest (either "do not resuscitate" or "attempt resuscitation");
- b) Ventilation for a person in respiratory distress (either "do not intubate and ventilate" or "intubate and ventilate" and either "do not use non-invasive ventilation (e.g. CPAP)" or "use non-invasive ventilation (e.g. CPAP)"), and
- c) Transfer to Hospital ("do not transfer to hospital, unless needed for comfort" and "transfer to hospital").

For Page 1 to be valid, it is required that Sections D and E (signature of clinician and patient) must be completely filled in and legible.

Page 2 contains the patient's preferences for other medically-indicated life-sustaining treatments that may be appropriately offered in a clinical setting, including respiratory support, dialysis, artificial nutrition, artificial hydration and any other preferences the patient chooses to document. The form allows for documentation of preferences for or against the indicated treatment and also for documentation that the treatment has either not been discussed or that the patient is undecided. This is intended to facilitate further discussion if and when new clinicians

become involved. For Page 2 to be valid, it is required that Sections G and H (signatures of clinician and patient) must be completely filled in and legible.

Conclusion:

In closing, we want to acknowledge the tremendous amount of work that was accomplished in the Worcester-area demonstration sites and thank the many clinicians, patients and families who have worked to assure that the health care system is tailored to the needs of patients nearing the end of life. Their efforts have been patient-centered in the most fundamental ways and we commend them as MOLST is now expanded to other parts of the Commonwealth.

ATTACHMENTS:

- MOLST Form (for statewide expansion);



final MOLST
expansion form with s

- Circular Letter: DHCQ 10-02-529, 2/2/10;
<http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/dhcq-1002529.pdf>
- Patient-Centered Care and Human Mortality: The Urgency of Health Systems Reforms to Ensure Respect for Patients' Wishes and Accountability for Excellence in Care (Report and Recommendations of the Massachusetts Expert Panel on End-of-Life Care, October 2010); <http://www.mass.gov/hqcc/patient-centered-care-and-human-mortality-.html>
- MOLST Demonstration Program: Recommendations for Statewide Expansion (Pilot Results 2011);
<http://www.mass.gov/eohhs/docs/dph/quality/healthcare/molst-final-results-2011.pdf>
- EMS Statewide Treatment Protocol Appendix B (revised effective March 1, 2012 specifically authorizing EMTs to honor MOLST orders;



APPENDIX
B-REVISED-3-13-12-F