



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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Circular Letter: DHCQ 10-02-529

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
EMCAB

FROM: John Auerbach, Commissioner, Department of Public Health
Alice Bonner, Director, Bureau of Health Care Safety and Quality
Stancel Riley, Executive Director, Board of Registration in Medicine
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Abdullah Rehayem, Director, Office of Emergency Medical Services

Handwritten signature of John Auerbach.

Handwritten signature of Alice Bonner.

DATE: February 4, 2010

Introduction:

This is to notify you of a demonstration program to implement a MOLST (Medical Orders for Life-Sustaining Treatment) process and form in select Worcester area health care settings, starting in early spring, 2010.

In its April 2008 Annual Report, the Massachusetts Health Care Quality and Cost Council ("MHCQCC") recommended that Massachusetts establish a pilot program to improve communication across health care settings regarding patient preferences about end of life treatments. In its report, the MHCQCC found widespread evidence that

many patients nearing the end of life lacked awareness of treatment options and had not discussed their preferences for treatment and care with their clinicians. Further, the MHCQCC noted that even when such discussions did occur and the clinician documented patient treatment choices in the patient's medical chart, the medical system lacked a mechanism to ensure that such documentation would be communicated and honored by clinicians across health care settings. Following this recommendation, in August, 2008, the Legislature enacted Chapter 305, Section 43 of the Acts of 2008, which, in part, requires that the Executive Office of Health and Human Services ("EOHHS") establish a pilot program to test the implementation of a POLST Paradigm program "to assist individuals in communicating end-of-life care directives across care settings in a least 1 region of the commonwealth."

Although the demonstration program will be implemented in select health care facilities located in the Worcester area, the Department of Public Health ("DPH") is circulating this announcement state-wide to provide clinicians with background information about the MOLST process, form, and the Massachusetts Medical Orders for Life-Sustaining Treatment demonstration program ("MA MOLST program").

MA MOLST Demonstration Program:

The MA MOLST Program is being coordinated and managed by the UMass Medical School-Commonwealth Medicine Center for Health Policy and Research, with oversight from a 30-member broad-based Steering Committee, chaired by representatives from DPH and the Office of Elder Affairs. The goals of the MA MOLST Program are: 1) to facilitate discussions between clinicians and their patients nearing the end of life about treatment options and preferences for care; and 2) to provide clinicians and their patients with a mechanism for translating these 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.

Modeled on a nation-wide initiative known as the POLST (Physician Orders for Life-Sustaining Treatment) Paradigm Program¹, the MA MOLST Program is similar to programs currently in effect in all or parts of twenty (20) states within this country. Such programs are grounded on well-established legal and ethical principles involving patient self-determination and a patient's right to accept or refuse medically-indicated treatments, including life-sustaining treatments. MOLST is intended for voluntary use by patients 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. Clinicians can collaborate with the patient, health care agent or guardian to complete a concise document--the MOLST form--that reflects the patient's preferences for medically-indicated treatments. When completed and signed by the patient and attending physician, nurse practitioner or physician assistant, the patient's MOLST form constitutes an actionable medical order that can be recognized and honored across treatment settings.

¹ See www.polst.org for more information.

Attached is a sample form entitled Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST) that will be used in the MA MOLST demonstration program. The front side of the form is designed to be easily accessible to all health professionals and particularly useful to EMS personnel in emergency settings. The form is similar to the form currently honored by EMS personnel under the Comfort Care/Do Not Resuscitate (“CC/DNR”) Verification protocol established by DPH’s Office of Emergency Medical Services (“OEMS”). *Please note that because the MOLST processes and form are not being implemented state-wide at this time, the CC/DNR Verification protocol will remain valid in the MOLST demonstration area and throughout the Commonwealth.*

The MOLST form contains instructions relating to three treatment options: A) cardiopulmonary resuscitation in the case of cardiac or respiratory arrest (either “do not resuscitate” or “attempt resuscitation”); B) intubation and ventilation (“do not intubate and/or ventilate” or “intubate and/or ventilate” and C) transfer to hospital (“do not transfer to hospital, unless needed for comfort” and “transfer to hospital”) and requires the signatures of both the clinician and the patient or health care agent/guardian. The back side of the MOLST form contains the patient’s preferences about other medically-indicated treatments that may be offered in a clinical setting, including respiratory support, dialysis, artificial nutrition, artificial hydration and any other preferences the patient chooses to document.

The 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 form as an appropriate way to meet the standard of care for communicating patient preferences regarding life-sustaining treatment options. Further, given the intent of the MOLST demonstration project, DPH, the Boards of Registration in Nursing and Physician Assistants and the MA Board of Registration in Medicine encourage all health professionals to honor valid MOLST forms as bona fide medical orders.

Implementation Plan:

The MA MOLST demonstration program will be implemented in the following health care settings: UMass Memorial Medical Center, St. Vincent Hospital; Shrewsbury Nursing and Rehabilitation Center; Notre Dame Long Term Care Center and Hospice; Jewish Healthcare Center and Hospice; UMass Memorial Home Health & Hospice; VNA Care Hospice; and EMS services in Worcester County. It is expected that the actual MOLST process and form will go into use within the implementation sites by late March, 2010.

In order to fully prepare for this activation, the MA MOLST Program, together with DPH staff and other EOHHS representatives are proceeding with the following steps:

- Training MOLST signatories (physicians, nurse practitioners and physician assistants) and other health professionals (nurses, EMTs, social workers, and other staff) in the demonstration sites about the MOLST process and form;

- Conducting outreach and education to other health providers and stakeholders in the greater Worcester area that may encounter patients with MOLST forms;
- Conducting outreach and education to inform potential consumers (patients, their families and caregivers) in the demonstration sites and Worcester area about the MOLST program;
- Convening a MOLST launch event for Worcester-area health professionals, consumers, and other interested stakeholders, on February 10 in Worcester;
- Posting MOLST information, resources and materials to a MOLST website (at: www.molst-ma.org) to be accessible by March 2010;
- Finalizing the design of the evaluation and quality improvement measures to be utilized to test the efficacy of the demonstration program and to make recommendations for a state-wide expansion of the MOLST process and form;
- Submitting a report to the Legislature regarding the findings of this demonstration program and recommendations for state-wide implementation of MOLST by December 2010.

Conclusion:

In closing, we want to acknowledge the tremendous amount of work that has already been accomplished to develop a MA MOLST demonstration program that is tailored to patient needs and the Massachusetts health care system. We would like to thank all those who have participated in this effort. We also would like to extend our appreciation to the demonstration sites that have agreed to implement the MOLST process and form with their patients. We thank you for your participation and for all of your work to further this important patient-centered care initiative.

ATTACHMENTS:

MA MOLST FORM-SAMPLE

MA MOLST STEERING COMMITTEE MEMBERSHIP

Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST)

www.molst-ma.org



Patient's Name

Address

Date of Birth

Gender

Print name and phone # of Patient's Primary Care Provider, if available:

- ▶ Sections D and E must be fully completed for a valid form; photocopy, fax or electronic copies of signed MOLST forms are valid.
- ▶ If a section is not completed, there is no limitation on the treatment indicated in that section.
- ▶ This form is effective immediately upon completion. Send this form with the patient at transfer or discharge.

Every Patient Should Receive Full Attention To Comfort

A Select one box	Cardiopulmonary Resuscitation: for a patient in cardiac or respiratory arrest <input type="checkbox"/> Do Not Resuscitate <input type="checkbox"/> Attempt Resuscitation	
B Select one box	Intubation and Ventilation: for a patient in respiratory distress <input type="checkbox"/> Do Not Intubate and/or Ventilate <input type="checkbox"/> Intubate and/or Ventilate	
C Select one box	Transfer To Hospital <input type="checkbox"/> Do Not Transfer to Hospital (unless needed for comfort) <input type="checkbox"/> Transfer to Hospital	
D Signature of the patient or health care agent, guardian* or parent/guardian* of a minor patient <small>*A guardian can sign to the extent permitted by Massachusetts law. Consult legal counsel with questions about a guardian's authority.</small>	Signed in section D by: (Check one box to indicate who is signing) <input type="checkbox"/> the patient, or <input type="checkbox"/> guardian* <input type="checkbox"/> health care agent <input type="checkbox"/> parent/guardian* of a minor <ul style="list-style-type: none"> ▶ If signed by patient, confirms that he/she signed of own free will and this form reflects his/her treatment preferences as expressed to Section E signer. ▶ If signed by the health care agent, guardian* or parent/guardian* of a minor patient, confirms that the form reflects the signer's assessment of the patient's wishes, or, if those wishes are unknown, the signer's assessment of the patient's best interests. 	
	Signature of patient, health care agent, guardian* or parent/guardian* of minor	
	Date of Signature	
Print name and contact number(s) for person signing Section D		
E Signature of Physician, NP or PA	Signature of Physician, Nurse Practitioner (NP) or Physician Assistant (PA) Signature confirms this form accurately reflects discussion(s) with Section D signer	
	Date of Signature	
Print name and contact number(s) for person signing Section E		

Record of Periodic Review: Upon review, if <i>no change</i> to this form is needed, the Physician, NP or PA should sign and print name and contact number(s) below:	Date reviewed with Section D signer
1.	
2.	
3.	
4.	

Patient's name: _____

HIPAA permits disclosure of MOLST to health care providers as necessary for treatment

F

Patient's Preferences for Other Medically-Indicated Treatments

Section F is valid only when signed and dated at the bottom of Section F.

Only select one circle →

Respiratory Support

- No non-invasive ventilation
 Use non-invasive ventilation
 Undecided
 Use non-invasive ventilation, but short term only
 Did not discuss

Only select one circle →

Dialysis Support

- No dialysis
 Use dialysis
 Undecided
 Use dialysis, but short term only
 Did not discuss

Only select one circle →

Artificial Nutrition

- No artificial nutrition
 Use artificial nutrition
 Undecided
 Use artificial nutrition, but short term only
 Did not discuss

Only select one circle →

Artificial Hydration

- No artificial hydration
 Use artificial hydration
 Undecided
 Use artificial hydration, but short term only
 Did not discuss

Other treatment preferences

Signature of patient or health care agent, guardian* or parent/guardian* of minor patient

Date of Signature

Print name of person signing Section F

- ▶ If signed by the patient, confirms that the patient signed of own free will and that Section F reflects his/her treatment preferences on the date signed.
- ▶ If signed by the health care agent, guardian* or parent/guardian* of a minor patient, confirms that Section F reflects the signer's assessment of the patient's preferences, or, if those preferences are unknown, the signer's assessment of the patient's best interests.

*A guardian can sign to the extent permitted by Massachusetts law. Consult legal counsel with questions about a guardian's authority.

G

Health Care Agent

Print name and contact number(s) of patient's health care agent, if agent has not signed this form.

Name _____ **Contact number** _____

Directions for Health Care Professionals

Honoring the MOLST Form

- Follow orders listed in A, B and C until there is an opportunity for a Physician, NP or PA to reassess the clinical situation.
- The patient or health care agent (if the patient lacks capacity), guardian* or parent/guardian* of a minor patient can request and receive previously refused treatment at any time.

Changing the MOLST Form

- The patient's preferences should be re-discussed periodically and the MOLST form updated whenever: the patient is transferred from one care setting or level of care to another, or there is a significant change in the patient's health status, or if the patient's treatment preferences change.
- If the review indicates:
 - **No change** to the MOLST, the Physician, NP or PA should sign and date the review panel at the bottom of page one to indicate that the form is current as of the date reviewed.
 - **Change** to the MOLST, the Physician, NP or PA must void this form by writing the word VOID in large letters across both pages of the form.
- After voiding the form, a new form should be completed. *If no new form is completed, no limitations on treatment are documented and full treatment and resuscitation may be provided.*

Completing the MOLST Form

- Complete a MOLST form after conversation(s) based on the patient's current medical condition and preferences for medically-indicated treatments at the time of signing.
- For a valid MOLST form, both Section D (patient info) and Section E (clinician info) must be fully completed

MOLST Steering Committee Members

Chairs:

Andy Epstein, RN, MPH, Special Assistant to the Commissioner, Massachusetts Department of Public Health

Ruth Palombo, PhD, MS, Assistant Secretary, Program Planning and Management, Executive Office of Elder Affairs

Members:

- Jena Adams, MPH, MOLST Project Director, UMass Medical School-Commonwealth Medicine
- Ann Marie Bayer
- Diane Bergeron, RN, MSM, VNA, Palliative Care Federation of Massachusetts
- Alice Bonner, PhD, RN, Director of Health Care Safety and Quality, MA Department of Public Health
- Lori Cavanaugh, EOHHS, MassHealth
- Christine Clements, PhD, MPH, Director of Evaluation, Evaluation and Measurement Unit, UMass Medical School-Commonwealth Medicine
- Jim Conway, MS, Sr. Vice President, Institute for Healthcare Improvement
- Zara Cooper, MD, Partners Health Care
- Rigney Cunningham, MSW, Hospice and Palliative Care Federation of Massachusetts
- Pauline Edmonds, JD, Executive Office of Elder Affairs
- Stan Eichner, JD, Director of Disability Program Development, EOHHS
- Joan George, RN, Marlborough Hospital
- Laurie Herndon, RN, MSN, GNP-BC, Director of Clinical Quality, Massachusetts Senior Care Foundation
- Dominique Kim, MPH, Palliative Care Program Manager, Partners Health Care
- Sondra Korman, JD, Deputy General Counsel, Massachusetts Department of Public Health
- Christine McCluskey, RN, Community Outreach Director, UMass Medical School-Commonwealth Medicine
- Thomas McLaughlin, ScD, Professor, Department of Pediatrics & Psychiatry; Director, Division of Clinical Research; Senior Director, Dissemination and Implementation, UMass Medical School-Commonwealth Medicine
- Peg Metzger, JD, MOLST Project Consultant
- Maria Regan, Executive Office of Elder Affairs, Office of Long Term Care, MassHealth
- Craig Schneider, PhD, Director of Health Care Policy and Research, Massachusetts Health Data Consortium
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