

Honoring Patient Preferences, the Role of MOLST (Medical Orders for Life-Sustaining Treatment)

PRE TEST

1. Completion of the MOLST form is recommended for
 - a) Anyone eligible for or residing in long-term care
 - b) Anyone interested in further defining their care wishes
 - c) Anyone choosing to limit interventions
 - d) Anyone who might die within the next year
 - e) Anyone choosing to allow natural death
 - f) a and c
 - g) a, c and e
 - h) All of the above
2. What percent of Americans have Advance Directives?
 - a) 20%
 - b) 30%
 - c) 40%
 - d) 50%
3. A legal Health Care Proxy must
 - a) Be signed, dated, and witnessed by 2 individuals, age 18 or older
 - b) Be signed, dated, and notarized and/or completed by an attorney
 - c) Must indicate that the Agent knows the wishes of the person regarding artificial hydration and nutrition.
 - d) a and b
 - e) a and c
 - f) a, b and c
4. A MOLST form can be completed by a physician with
 - a) A patient with capacity
 - b) A Health Care Agent
 - c) A patient without capacity
 - d) A patient without capacity only with clear and convincing evidence
 - e) a and b
 - f) a, b and c
 - g) a, b and d
5. The MOLST form is an actionable medical order.
 - a) True
 - b) False

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6. Advance Care Planning is appropriate
 - a) For all adults
 - b) For the subset of adults with life-limiting illness
 - c) For all adults and for the subset of adults with life-limiting illness
7. The MOLST form and Program is appropriate
 - a) For all adults
 - b) For the subset of adults with life-limiting illness
 - c) For all adults and for the subset of adults with life-limiting illness
8. Key principles of Advance Care Planning include:
 - a) Focuses on conversation
 - b) Addresses surrogate decision-making
 - c) Addresses end-of-life preferences
 - d) a and b
 - e) b and c
 - f) a, b and c
9. An Agent identified in the Health Care Proxy automatically has access to medical records of a patient who retains capacity.
 - a) True
 - b) False
10. Once done, there is no need to review a Health Care Proxy.
 - a) True
 - b) False
11. A MOLST form replaces the New York State Nonhospital DNR
 - a) True
 - b) False
12. With the community-wide implementation pilot, the MOLST form will replace the New York State Nonhospital DNR in
 - a) Monroe County
 - b) Onondaga County
 - c) Erie County
 - d) All counties
 - e) a and b
 - f) a and c
 - g) a, b and c

...created by Excellus BlueCross BlueShield for the community-wide implementation of MOLST.

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13. With adequate training, the MOLST form and Program can be used in all hospitals and long-term care facilities in New York State.
 - a) True
 - b) False
14. What decisions can family make for an individual without capacity and without a Health Care Agent with clear and convincing evidence?
 - a) DNR
 - b) DNI
 - c) All other life-sustaining treatment
 - d) a
 - e) a and b
 - f) a, b and c
15. What decisions can family make for an individual without capacity and without a Health Care Agent without clear and convincing evidence?
 - a) DNR
 - b) DNI
 - c) All other life-sustaining treatment
 - d) a
 - e) a and b
 - f) a, b and c
16. Photocopies of signed MOLST forms are legal and valid.
 - a) True
 - b) False
17. Faxes of signed MOLST forms are not legal and valid.
 - a) True
 - b) False
18. The average survival rate of CPR after in-hospital arrests is
 - a) 15%
 - b) 30%
 - c) 40%
 - d) 50%
 - e) 66%

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19. The average survival rate of CPR after in-hospital arrests on TV is
- a) 15%
 - b) 30%
 - c) 40%
 - d) 50%
 - e) 66%
20. The average survival rate of CPR after in-hospital arrests of frail elders is
- a) 0-5%
 - b) 6-10%
 - c) 11-15%
 - d) 16-20%
 - e) 21-25%
 - f) 26-30%
 - g) 31-35%
 - h) 36-40%
 - i) 41-45%
21. Predictors of good outcomes after in-hospital arrests
- a) Duration of <5 minutes
 - b) ICU
 - c) Unwitnessed arrest
 - d) Asystole
 - e) a only
 - f) a and b only
 - g) a, b and c
 - h) a, b, c and d
22. Predictors of poor outcomes after in-hospital arrests
- a) Unwitnessed arrest
 - b) Asystole
 - c) Electrical-mechanical dissociation
 - d) >15 minutes CPR
 - e) Metastatic cancer
 - f) Multiple chronic diseases
 - g) Sepsis
 - h) All of the above

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23. As part of the community-wide implementation pilot, an EMS who is presented a MOLST document to guide patient wishes related to medical treatment is permitted to honor the requests outlined in the MOLST document without Medical Control.
- a) True
 - b) False
24. A NON-Hospital DNR order remains valid even if it has not been reviewed within the appropriate time period.
- a) True
 - b) False
25. A MOLST form, like a NON-Hospital DNR order, remains valid even if it has not been reviewed within the appropriate time period.
- a) True
 - b) False
26. A traditional Advance Directive has a direct and relatively immediate impact on a patient's course of care.
- a) True
 - b) False
27. Traditional Advance Directives such as living wills may have the following limitations:
- a) They are not readily available in emergency situations
 - b) Any person over the age of 18 can complete an advance direction to guide future health care decisions
 - c) They only guide care in narrowly defined situations and must be interpreted by treating physicians
 - d) a and c
 - e) All of the above
28. A POLST paradigm form should improve patient care at the end of life by providing means of discussing goals of care and transferring physician's orders across care settings.
- a) True
 - b) False
29. POLST paradigm forms are appropriate planning tools for:
- a) Healthy adults
 - b) Seriously ill patients
 - c) Nursing home residents
 - d) a and c
 - e) b and c

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30. Of the following, which are the two most common diagnoses associated with PEG placement?
- a) Cancer
 - b) Dementia
 - c) Neurodegenerative illness
 - d) Stroke
 - e) b and d
 - f) All of the above
31. For a patient with aspiration pneumonia secondary to dysphagia, survival is improved following PEG placement.
- a) True
 - b) False
32. In a patient with advanced dementia, dysphagia, loss of interest in eating and weight loss, their nutritional status is improved after PEG placement.
- a) True
 - b) False
33. For patients who have PEGs placed at Rochester General Hospital, 30 day mortality rates are:
- a) 5%
 - b) 10%
 - c) 20%
 - d) 30%
 - e) 50%
34. For Medicare patients who have PEGs placed, the one year mortality rate is:
- a) 10%
 - b) 20%
 - c) 40%
 - d) 60%
 - e) 80%
35. Of patients at Rochester General Hospital and Strong Memorial Hospital who have a PEG placed, what percentage return to their home at discharge?
- a) 10%
 - b) 20%
 - c) 30%
 - d) 40%
 - e) 50%

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36. Of patients at Rochester General Hospital and Strong Memorial Hospital who have a PEG placed, what percentage is discharged to a nursing home?
- a) 10%
 - b) 20%
 - c) 30%
 - d) 40%
 - e) 50%
37. Which of the following disciplines within the nursing home should be involved in the development of policies and procedures regarding MOLST implementation:
- a) Medical Practitioners (MD, NP, PA)
 - b) Social Work
 - c) Director of Nursing
 - d) Administration
 - e) All of the above
38. An 84 year-old woman is a new admission to the nursing home and the social worker notes that she has no prior Advance Directive documentation. The facility has fully implemented the MOLST and has appropriate policies regarding its use. Which of the following is TRUE regarding the use of the MOLST in this setting:
- a) The resident can sign the form if she has capacity
 - b) Any person over the age of 18 can witness the documentation
 - c) The nurse practitioner can sign in place of the physician
 - d) Both a and b
 - e) None of the above
39. A 72 year-old woman falls in the nursing home resulting in a hip fracture. Preparations are being made for transportation to the hospital by ambulance. She has a Health Care Proxy and an original pink MOLST documentation in the medical record. Which of the following is effective in transferring Advance Directive information to the hospital:
- a) Send the original MOLST and retain a copy in the chart
 - b) Photocopy the MOLST on appropriate pink paper and send with the resident
 - c) Send a copy of the completed Health Care Proxy
 - d) Both a and b
 - e) All of the above

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40. A 79 year-old male nursing home resident suffered a stroke and now lacks capacity to complete Advance Directives. He was admitted 4 years ago to the facility and has a prior completed DNR and a health care proxy that appoints his daughter as the surrogate decision-maker. The nursing home has now fully implemented the MOLST. Which of the following is TRUE regarding completion of the MOLST for this resident:
- a) The resident's prior DNR is no longer valid
 - b) The daughter (HCP) can consent on the MOLST by phone or in writing
 - c) The physician can decide for the patient and complete the MOLST
 - d) The resident needs to sign the MOLST
 - e) None of the above
- Mr. Briggs has developed amyotrophic lateral sclerosis (ALS). He is wheelchair-bound and having difficulty eating, bathing, and toileting independently. He has decided that under the current circumstances, he does not want cardiopulmonary resuscitation (CPR).
41. Of the following documents, which is the most important for Mr. Briggs to complete to ensure he does not receive CPR?
- a) Do-Not-Resuscitate
 - b) Durable Power of Attorney
 - c) Health Care Proxy
 - d) Letter of Intent
 - e) Living Will
42. What kind of document should be completed to ensure Mr. Briggs does not receive these treatments in case he loses the ability to speak for himself in the future?
- a) Health Care Proxy
 - b) Do-Not-Resuscitate
 - c) Do Not Intubate
 - d) Letter of Intent
 - e) Power of Attorney
43. When considering stopping any potentially life-prolonging treatment for a patient with full mental capacity, or instituting any treatment that may potentially hasten death as a foreseen side effect, what would be the most important ethical dimension?
- a) Doctrine of double effect
 - b) Duty to do no harm
 - c) Duty to relieve suffering
 - d) Patient voluntary consent
 - e) Whether assistance is active or passive

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Ms. Jay is a 50 year old woman who undergoes upper endoscopy because of epigastric pain, nausea, and weight loss. A large gastric ulcer is identified.

44. Given the history and findings, the physician thinks there is a 50% chance of cancer and a 50% chance of a benign ulcer. Ms. Jay has generally wanted to be well-informed about her health care. She asks her physician, "Do you think it could be cancer?" What would be the best response given what you know about this patient?
- a) Let's wait until after the pathology comes back.
 - b) You may have a serious condition.
 - c) Most patients with this condition do reasonably well.
 - d) The endoscopy showed an ulcer, though we are not sure what kind.
 - e) Yes, it is possible it could be cancer.
45. Because Ms. Jay's disease was found to be metastatic to her liver, usual treatments are ineffective. After extensive discussions with her doctor, she chooses an experimental protocol with the hope that she may respond. What is most accurate about her associated options and obligations?
- a) She can simultaneously be enrolled in Medicare-sponsored hospice
 - b) She can stop it for any reason she chooses
 - c) She cannot receive palliative care until she has completed the protocol
 - d) She is obligated to complete the initial protocol
 - e) She must forgo alternative or complementary therapies
46. One month later, Ms. Jay's disease is progressing, and she now wants to stop aggressive disease-directed therapy and enter a hospice program. She is still dependent on intravenous fluids, and has no other source of fluid or nutrition. After discussion with patient and family, Ms. Jay is enrolled in a Medicare-sponsored hospice program. What statement about artificial hydration/nutrition and enrolling in a Medicare-sponsored hospice program is most accurate?
- a) Avoid because they aggravate suffering and prolong dying
 - b) Consider a therapeutic trial to see if they enhance her quality of life
 - c) Do not offer because they are incompatible with hospice regulations
 - d) Once they are started, they cannot be stopped
 - e) Recommend to give patient and family a sense that something is being done
47. After a month on hospice, Ms. Jay is highly symptomatic (nausea, vomiting, pain) and is prepared to die. She wants to die sooner rather than later, and requests that the IV fluids be stopped (she has no other way to eat or drink). The best initial course would be to:
- a) Call clergy in her tradition to advise the health care team
 - b) Encourage her to continue, and not choose death
 - c) Meet with patient and family, and explore the patient's reasoning
 - d) Obtain ethics and legal consults to get guidance
 - e) Stop treatment as she has suffered enough

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48. Of the following statements, which is most accurate about the delivery of bad news?
- a) All patients should be told the truth as soon as you know it
 - b) Families should never be told before the patient is told
 - c) Most patients want to know the truth
 - d) Patients retain considerable information from these encounters
 - e) Patients value compassion more than honesty
49. What state is POLST used in?
- a) New York
 - b) West Virginia
 - c) Oregon
 - d) Florida
50. What are two desired outcomes of implementing the MOLST in Home Care and Hospice?
- a) All patients in Home Care and Hospice have a completed MOLST.
 - b) All patients in Home Care and Hospice have medical wishes that are honored.
 - c) a only
 - d) b only
 - e) a and b