



MOLST Statewide Implementation Team Consultation Workgroup

Tuesday, June 22, 2010

9:00 – 10:00 a.m.

Conference Call Instructions
Dial-in number: 1-800-747-5150
Passcode: 2384514

MINUTES

Meeting Goal: To initiate the MOLST Statewide Implementation Team Consultation Workgroup

Goals of the MOLST Statewide Implementation Team Consultation Workgroup

- Review and revise current advance care planning policies and procedures (including advance directive and MOLST orders) to ensure effective integration of procedures and decision-making standards set forth in FHCDA to support NYSDOH implementation of the FHCDA and revision of the MOLST.
- Share a template that can be used in hospitals, nursing homes and the community setting.
- Provide updates during monthly Statewide Community Implementation Team Meetings.

- I. Welcome and Introductions.....Cindy Bileschi and Karen Charles
a) Cindy Bileschi welcomed members and participants introduced themselves.
- II. Review of workgroup goals..... Cindy Bileschi and Karen Charles
a) Cindy reviewed meeting and goals for the Consultation Workgroup. Cindy and Karen have agreed to represent this workgroup on the National POLST Task Force and will share the work of this workgroup with the Task Force. Agendas and meeting minutes will be posted on the Professional page on CompassionAndSupport.org.
- III. Update on FHCDA and MOLST Instructions and Checklists for Adult Patients and Open Forum.....Dr. Pat Bomba
a) Dr. Bomba provided an update on the status of the development of checklists. Chart documentation tool and payment form have been integrated. CMS requirements for time based documentation have been addressed in the revised forms. The checklist forms will help from a clinical and legal perspective. They provide a roadmap. Completion of the appropriate MOLST Chart Documentation Form serves as documentation of both the conversation and the legal requirements and should remain in the medical record. Use of these forms is optional.
b) **Question:** Some users want to keep 2 physician signatures for witnessing determination of capacity. Is this OK? **Answer** is yes. We anticipate a lot of work in training regarding determination of capacity. The HCP law has not changed. It requires 2 physician witness signatures.
c) **Question** was asked regarding Checklist #3, step #9 on page 4 and step #12: if allow the surrogate to withhold, do you still need 2 physicians?
Answer: FHCDA allows for a health or social service practitioner to determine that a patient lacks medical decision-making capacity; the practitioner must be competent to do so, based on his/her experience and training. However, patient-centered and clinical decision standards still must be decided by two physicians. Facilities may continue to have two physicians determine medical decision-making capacity as a transitional phase until practitioners are trained. Nursing Homes will need to get up to speed.
Question: How will it be determined that people are qualified?? **Answer:** Training on capacity determination is needed. These cases will also need Ethics Committee review. It is suggested we continue to encourage patients to get a Health Care Proxy.
d) **Question:** Will there be a standardized training program? **Answer:** Some training materials are currently located on the CompassionAndSupport.org website. There could be a task force to update the materials. (Donnie is willing)

e) **Question:** What is the timeframe for filling out a MOLST, What is acceptable? **Answer:** Responses by nursing home participants on the call = St. Ann's: initial evaluation for all new residents on day 1; St. Johns: within 24 hours there is an initial evaluation focusing on HCP.

f) **Question:** Ethics review committees, what are the requirements? Education? Description?

Answer: The committee must include at least 5 members: 3 members must be health or social service workers, 1 member must be a physician not involved in the decision, 1 member must be a nurse, 1 person must be a person with out any governance, employment or contractual relationship - consumer (can possibly use an ombudsman.) The need for Ethics Committee review is why FHCD was not extended to the community. Pat will be discussing with DOH.

One of the nursing homes is working with a 5 person group to meet weekly, with a larger committee which will meet each month or every other month as needed.

g) Simon identified that we may have problems with the roadmap. Concern was voiced that people may not implement the checklist completely. The checklist stays in the medical record. The MOLST form travels alone with out the checklist. You do not need to print the checklist on pink paper.

h) **Question:** Checklist #1 patient with capacity, step 4 patient's medical decision-making capacity, can this be streamlined? **Answer:** part of the process is to assess. **Comment:** Takes too long for physicians, there are too many steps. Simon stated the documents are great, they will probably do these electronically. It was suggested to place a statement on the "Chart Documentation Forms" that completion of this form completes medical record documentation. Pat asked participants to review the forms and provide feedback to her.

IV. Development of policies and procedures.....Cindy Bileschi (hospitals) and Karen Charles (nursing homes)
a) Status: St. Johns: has completed; RGH: in process; St. Ann's: waiting for tool

V. Next Steps and Accountabilities.....Cindy Bileschi and Karen Charles

a) All to send copies of policies to Pat for posting on CompassionAndSupport.org website. Sample implementation resources are found in the Implementation Resources web page in the [MOLST Training Center](#) on www.CompassionAndSupport.org.

b) Pat to have final documentation checklist form by 7/1/10

c) Ellen will send meeting reminder

- Future 2010 Meetings: group agreed to meet monthly initially, on the 4th Tuesday of the month at 9am.