CalvertHealth®

Maryland MOLST Training

Practitioner Orientation

Health Care Decisions Act effective 10/1993

- The act applies in all healthcare settings
- Practitioners are not subject to criminal prosecution, civil liability, or deemed to have engaged in unprofessional conduct by withholding/withdrawing health care in the accordance with the HCDA

Please review the following website for additional information and tools:
https://www.marylandattorneygeneral.gov/Pages/HealthPolicy/hcda.aspx

Decision Maker

- Capacity to make health care decisions:
  - patients are presumed to have the capacity to make decisions until two physicians certify in writing that the individual is no longer capable to make decisions regarding their healthcare, or a court has appointed a legal guardian to make health care decisions.
  - Examination of the patient by one physician must take place within 2 hours of writing the certification.
  - If the patient is unconscious or unable to communicate by any means, a certification from only one physician is required.
- If there is not a health care agent, MD law specifies who becomes the surrogate decision maker:
  - Guardian
  - Spouse or domestic partner
  - Adult Child
  - Parent
  - Adult sibling
  - Friend or other relative

Surrogate Authority

- All surrogates within the same category have the same authority, and they all must reach the same agreement regarding life-sustaining interventions.
- If there is a disagreement among surrogates with the same authority, a practitioner may not withhold/withdraw life-sustaining procedures.
- Disagreements should be referred to the patient care advisory committee.
- Documenting in the EHR the process for determining the surrogate is required. If the patient is transferred to another facility, ensure the contact information for the surrogate is sent to the facility.

Qualifying Conditions

Withdrawal of Life-Sustaining Treatments when using a surrogate:

- Certification of incapacity must be in place
- Certification of patient's condition:
  - **Terminal**
  - **End-stage**
  - **Persistent vegetative state**
- Or, certification from two physicians that a treatment will be medically ineffective

Advanced Directives:

- Written or electronic document, or oral directive
- Appoints a health care agent and determines when that agent can make decisions
- States the wishes of the patient regarding medical treatments when they are no longer able to make decisions

Living Wills:

- Document containing information regarding future medical treatments and health care decisions
- Contains "If" and "Then" language regarding care

A health care agent or surrogate cannot make or revoke an advanced directive

Medical Orders for Life-Sustaining Treatment (MOLST)

- MOLST is a standardized medical order form for life-sustaining treatments and options for CPR
- MOLST is valid in all health care settings and out in the community
- Certification of the MOLST order is based on a discussion and informed consent between a physician and the patient, surrogate, or health care agent
- A patient, surrogate or health care agent has the right to decline a discussion regarding life-sustaining treatments

- **Please visit: https://app.smartsheet.com/b/publish?EQBCT=184ea510a456427fa6311a2997d6cd92 for more information.**

Practitioner Responsibilities

- MOLST orders can be signed by licensed physicians, nurse practitioners, and physician assistants
- The practitioner that signs the MOLST order form is responsible for completely additional orders
- Make sure the orders are consistent
- MOLST orders are not valid until signed by a practitioner
- MOLST orders should be reviewed at the following times:
  - Annually
  - Patient transfer or discharge
  - Patient change in health status o r loss of capacity
  - When a patient changes their wishes
- To revise or change a MOLST order, void the existing form by writing "VOID" across the page, complete and sign a new form. Retain voided orders in the patient's medical record.

MOLST Completion Requirements

- MOLST orders must be completed or reviewed when a patient is admitted to:
  - Nursing home or assisted-living facility
  - Home health agency
  - Hospice
  - Kidney dialysis center
  - Hospital
- Inpatients who are transferred to another facility must have a completed MOLST form.