MARYLAND MOLST STUDY FREQUENTLY ASKED QUESTIONS

1. What is MOLST?
MOLST (Medical Orders for Life-Sustaining Treatment) is a medical order form documenting a patient’s preferences for life-sustaining treatment. The form is valid across health care settings, meaning that health care professionals in those settings must follow the order (or write a new order, if indicated).

2. What does this MOLST study involve?
This study involves conducting chart reviews of selected patients/residents from Maryland health care facilities. A contact person at each facility will complete a maximum of 30 adult patient/resident chart reviews using a study chart review tool. We are surveying Maryland adult, non-psychiatric hospitals, nursing homes, assisted living facilities, home health agencies, hospice agencies, and dialysis centers.

3. Why are you doing this study?
Many states have implemented MOLST/POLST to improve communication surrounding end-of-life care. MOLST/POLST is one step among many to improve end-of-life decision-making. This first phase of research will tell us how MOLST is being used in Maryland, including: hospital compliance rates with the MOLST-on-discharge obligation, whether there is evidence of some process underlying completion of the MOLST form, whether the form is consistent with a patient/resident’s advance directive, and whether it is complementing or replacing advance directive completion. This study will inform future research, such as identifying barriers to appropriate use of the form and how to address those barriers.

4. Does this study need IRB approval?
This study was reviewed by the University of Maryland Institutional Review Board. They determined that it did not meet the criteria for human subjects research (since there are no patient/resident identifiers disclosed through the chart reviews). Therefore, it does not require IRB approval.

5. Will sharing the patient data on the chart reviews be HIPAA-compliant?
The chart reviews for this study do not collect patient/resident identifiers or any of the 18 Health Insurance Portability and Accountability Act (HIPAA) elements. Therefore, any facility participating in this study will be compliant with HIPAA regulations. Of note, age over 89 is one HIPAA element, so chart reviews censor patients who are 90 years and older to avoid the need for a HIPAA authorization or waiver.

6. Where can I get more information about Maryland MOLST?
See [http://marylandmolst.org/](http://marylandmolst.org/) for more information about Maryland MOLST. Also, MHECN has video proceedings of two MOLST training workshops available at [http://www.law.umd.edu/mhecn](http://www.law.umd.edu/mhecn) (click on Conferences & scroll to bottom).
7. What happens if we find facility medical charts that have errors related to MOLST?
Similar to any quality improvement initiative, the purpose of this study is to identify any shortcomings with how MOLST is being used in Maryland, so that we can improve the process. We do not expect facilities to return chart reviews that demonstrate perfect compliance with MOLST. It’s important that you complete the chart reviews for the medical charts “as is,” not “as they should be.” PLEASE DO NOT ALTER MOLST FORMS SENT TO US (other than redacting identifiers). We will NOT share facility-specific data with anyone outside the research team, including the Office of Health Care Quality, which is funding this study.

8. How should we pick which charts to review?
Please follow the directions in the facility training packet explaining how to select which patients’/residents’ charts to review. For example, hospitals with 300 or more beds will review charts for the last 10 deaths of adults admitted to the hospital for non-trauma, non-OB, non-psych admissions, and the last 20 discharges of the same type of patients to home care, hospice, nursing home, or assisted living. Each hospital has its own method of tracking patient deaths and discharges. However this is done, the list of most recent deaths and discharges should be reviewed at the time your facility’s chart review for this study is initiated to ensure appropriate patient/resident chart selection. It’s important to minimize selection bias. For example, please don’t select charts to review using non-study-determined criteria.

9. How might “terminal illness,” “end-stage condition,” “persistent vegetative state,” and “decisional incapacity” be documented?
These conditions might be formally documented in a patient’s/resident’s medical using a form that two physicians sign certifying that a patient lacks decision-making capacity or is in an end-stage or terminal condition. More often, there is simply a notation in the medical record by a clinician (for example, a nurse, physician, social worker, or physician’s assistant) that the patient “lacks the ability to understand the consequences of a decision to have surgery” or “has advanced metastatic cancer” or “should consider hospice.”

10. What kind of documentation might there be summarizing the discussion informing how a MOLST form was completed?
If a patient/resident had a MOLST form completed during his/her stay at the facility, was there any note written in the chart about the conversation that informed those orders? Was a MOLST worksheet completed and kept on record? This information will help quantify how commonly clinicians completing a MOLST form for a patient/resident document the process underlying the orders in the patient’s/resident’s chart.

If you have any other questions, please contact Anita Tarzian at atarzian@law.umaryland.edu, (443) 794-4344 (cell).