
Practical Use of the Medical Orders For Scope of Treatment (MOST) Form by Garry Snipes, MD

MOST (Medical Orders for Scope of Treatment) is a new self-determination process and form just passed into law by the North Carolina legislation.

The last issue of this newsletter reviewed the background of the passage of legislation authorizing the MOST form. This created a new (but non-exclusive) process for establishing advance directives that allow residents of North Carolina to direct treatment in the form of an actionable order from the primary care physician or mid-level provider. The MOST document addresses key aspects of care including cardiopulmonary resuscitation; artificial nutrition and hydration; levels and location of care; and use of antibiotics.

Attached is a copy of MOST, and a brief description of its use follows.

Targeting patients for completion of MOST

The decisions addressed by MOST are most relevant to those with advanced illness. Therefore, the target population for completing the MOST form would be:

- Patients with terminal illness
- Those with advanced chronic, degenerative disease
- Patients likely to die within the next year
- The frail elderly
- Anyone wishing to further define their healthcare wishes.

Completing MOST

Fortunately for healthcare providers in North Carolina, the many individuals involved in the design of the MOST process and the form were diligent in their work and utilized the experience of other states. The end product is well conceived, intuitive and self-explanatory. I would urge practitioners to read the instructions on the form which guide its completion and make the process clear.

Helpful tips to guide the process:

- The multiple advance decisions covered by MOST are complex. Although it is not required that a physician or mid-level provider conduct the discussion necessary for completion, this is a physician order, and so the education involved must be done by someone who is well-trained and able to discuss such topics as location and intensity of care, antibiotics, and the administration of IV fluids. If the form is fully utilized, I would anticipate this discussion being somewhat lengthy, and while this could be looked at as a barrier to its utilization, this process has proven valuable in other states and is well worth the effort to train a capable person for this task.
- MOST is best completed in a non-emergency situation. When a valid MOST is available to providers in an emergency, the orders would be followed and any necessary review should occur afterwards.
- In order for MOST to be valid, the form must be signed by the authorizing medical provider, as well as the patient or patient representative if the patient is lacking decisional capacity (unlike other advance directives or "transfer DNR" forms).
- Since MOST is a portable physician order, the original form must be sent with the patient when transferring from one healthcare setting to another. Copies may and should be retained at the originating care setting to verify the existence of the original, in case of loss.
- In order for MOST to remain valid, it must be reviewed and either confirmed or updated annually. Other than the required annual update, some situations in which review would be appropriate include

(over)

At Hospice of the Carolina Foothills

WHO

- Jean Eckert
Executive Director
- Garry Snipes, MD
Medical Director
- Sharon Maddox, RN, MPH
Director of Patient Care Services
- Wendy McEntire, CMSW, LMSW
Director of Bereavement Services
- Doug Brooks, RN
Admissions Coordinator
- Meg Hoke, LMSW
Palliative Care Program Coordinator
- Maureen Murphy
Program Liaison

WHERE



WHAT

Hospice Stats:
January - March 2008

Number of Patients served:	132
Average Length of Stay in days:	107
Where served:	
Patient's home:	52%
Nursing home:	47%
North Carolina	61%
South Carolina	39%
Total Staff & Volunteer Visits:	6612
Deaths in Polk County:	54
We served 61%:	33



MOST: A better method...

the time of a significant change in health status, or a change in preference by the patient or designated proxy.

- A valid MOST form must be the "pulsar pink" printed form provided by the state of NC and should be posted either on the front of the patient's chart or near the bed. In the home, the original MOST should be clearly visible in a conspicuous place such as on the refrigerator or at the patient's bedside.

We can help your patients with MOST

Hospice staff such as myself and medical social workers are willing to meet with your patients and have the initial discussion about MOST. Your patient would return to your office for finalizing the document with signatures—yours and theirs. To make an appointment with us for your patient, call 828.894.7016 and speak with Thomasena Miller.

We have MOST forms!

We have a large supply of MOST forms and will happily share with you. Contact Thomasena Miller in the Palliative Care office at 894.7016 or tmiller@hocf.org.



PALLIATIVE CARE UPDATE

- We have offered Palliative Care consultative services to you and your patients since March 2006. In the past two years, we have served 315 of your patients and their families. During the first quarter of 2008, we served 92 patients from 18 referring primary healthcare providers.
- We are going to expand the Palliative Care program to include the services of a nurse practitioner, and are currently interviewing for this position.

HOSPICE HOUSE UPDATE



Construction is scheduled for completion by December 2008

