![Description: DPH-Color_normal[1]]()**MINUTES**

**MOLST Advisory Committee Meeting**

**January 14, 2020**

**Department of Public Health**

**410 Capitol Avenue, Room 2F**

**Presiding**: Barbara Cass – Public Health Department – Health Care Quality and Safety Branch

**Present**: Dr. Steven Wolf, Dr. Sherry Ng (via phone), Dr. Cynthia Sullivan, Mr. Jim McGaughey, Mr. Carl Shiessl, Dr. Barbara Jacobs, Ms. Carol Dietz, Ms. Mary Horan (via phone), Ms. Tracy Wodatch, Mr. Jonathan Weber

**Absent:** Ms. Cathy Ludlum, Dr. Richard Kamin, The Honorable Judge John McGrath

**Invited Guest**: Ms. Katie Dziedzic, APRN – Palliative Care – Hartford Hospital was introduced to the group by Barbara Jacobs. Ms. Dziedzic has experience with MOLST in a hospital setting. She has been recommended to the Advisory and is willing to serve.

**MOLST Advisory Committee**

1. The minutes of all MOLST meetings will be posted on the DPH MOLST website.
2. Agenda items for future meetings will be requested by email.
3. Ms. Cass announced she planned to contact the New Britain EMS system to see if they are willing to have one of their providers serve on the Advisory Committee in the EMS provider position that is currently vacant.

**Legally Authorized Representative (LAR)**

Dr. Jacobs briefly presented the contextual features of an adult patient’s narrative in which discussion of a MOLST with his/her conservative could be in the patient’s best interests; incapacitation, chronic progressive frailty, life-limiting illness, no known end-of-life preferences, no living will, no appointment of a health care representative, no next-of-kin. The group discussed the history behind the current definition of *“legally authorized representative”* (minor patient’s parent, guardian appointed by the Probate Court, health care representative). Because of the legislative history, concerns cited by the Department of Developmental Services, and the intention of MOLST to formalize a patient’s wishes about end-of-life care effectuated as MD/PA/APRN medical orders – it was agreed by the group that the definition of LAR will stand as is along with the witness requirement which were requirements of the legislature.

At this point during the meeting, Ms. Cass announced that the lawyer (Sean Rutchick) who previously helped in drafting the MOLST program has relocated from DPH to the Attorney General’s office in the Health Division. It was suggested that Ms. Cass contact him to determine whether he may be willing to be part of the Legislative subcommittee.

**Update on MOLST Training**

Dr. Sullivan reported that she had educated providers about MOLST through The Coalition to Improve End-of-Life Care. Ms. Cass reported that twenty-two (22) physicians and/or mid-level practitioners had completed the online CT Train program but suggested that this number is not accurate since hospital systems may be doing their own training through their streaming systems.

Danny White of DPH is available to help hospitals configure their health streaming educational programming to accommodate MOLST. Ms. Cass will connect with him to facilitate this process as well as ask of his interest in perhaps joining the Provider Training subcommittee.

**Outreach**

1. Ms. Dziedzic shared her experience with MOLST at Hartford Hospital. She suggested that the in-patient environment in an acute care hospital is not the ideal target for potential benefit from MOLST planning. However, other areas like short-term rehabilitation, out-patient services like oncology, or clinics that serve patients with e.g., heart failure, chronic respiratory conditions like COPD, may have a more appropriate target audience.
2. Ms. Wodatch also mentioned the increasing number of elderly persons with chronic progressive frailty conditions who reside in long term care facilities. Dr. Jacobs mentioned how one agency who has multiple facilities in the state thought it would be a reasonable practice to use the MOLST form as a way to document each patient’s end-of-life preferences. Both she and Mr. McGaughey cautioned that such a practice would not be in line with the voluntariness requirement of MOLST.
3. It was suggested that the CT Medical Directors Association be contacted as a possible way to target physicians for MOLST training.

**Subcommittees**

There are currently seven (7) subcommittees:

1. Website Review & Updates
2. Provider Training & Outreach
3. MOLST Form Management and Distribution
4. Quality Assurance & Performance Improvement
5. Provider Implementation
6. Legislative
7. Consumer Outreach

Whether or not the MOLST Advisory Committee and it subcommittees ought to complete an annual report was discussed. It is not required by law to do so. Mr. Shiessl suggested it could serve as an accuracy tool with a QA/PI function. Dr. O’Sullivan suggested that after eight years of the MOLST program we should have a public record and that the state of Massachusetts has very useful annual reports. Ms. Cass suggested that reports serve to celebrate and record the work that has been done. All agreed that such reports need to be succinct with pre-determined functionality.

It was agreed that the next meeting will focus on these subcommittees with a discussion of their goals and membership.

**The next meeting is scheduled for April 14th from 9:00 am to 10:00 am.**

Respectfully submitted by,

Barbara Bennett Jacobs, MPH, PhD, RN, HEC-C