

## Philosophy of advance care planning documents in the pandemic

It is always best to have documents that meet all legal or legislative requirements that represent patient goals and values in regard to their health. And, if it is not possible to meet all the usual requirements, it is urgent that clinicians document conversations and obtain as much information on forms healthcare providers recognize. It can be helpful to have a family member or friend on the call as a "witness." This should be documented on the form. The absence of a "witness" should not delay the conversation. Given these unsettled and uncertain times, patients should be encouraged to discuss the outcome of these discussions with their families and friends so that they understand those choices and can be supportive.

### General workflow:

1. Have conversation with patient or healthcare proxy *only when the patient does not have capacity*.
2. Document conversation as a serious illness conversation
3. Complete as much of any form as possible
4. Arrange to have the form sent to Partners HIM (as below)

**Completing HCP form:** Review Health Care Proxy (HCP) form in the Advance Care Planning (ACP) module with patient. If patient needs to update the information or has no form on file, complete HCP form with the assistance of electronic communication or without. This pathway presumes that the patient has decisional capacity.

### Remotely Completing HCP Form with electronic communication

1. Send a PDF attachment to an email. Or instruct patient to download a form from <https://www.molst-ma.org/forms/the-massachusetts-health-care-proxy-form> website.
2. The patient should complete the form, sign and have 2 witnesses sign.
3. The patient should send the completed document to Partners HIM, detailed below

### Remotely completing HCP without electronic communication

1. Fill in the names and contact information in the HCP form as directed by the patient.
2. The clinician should sign on the patient signature line and indicate "signed at the request of [patient name] due to COVID-19"
  - Although *not* legally binding, this form should be scanned into Epic as below as additional documentation
3. To be *legally* completed, 2 witnesses, from any role group or patient's contacts, would need to receive the provider signed form by email or fax, contact the patient, confirm the form was correct and sign as witnesses.
4. When the HCP is completed send to Partners HIM, detailed below

### Completing a MOLST which reflects patient preferences regarding life sustaining interventions:

It is best practice **NOT** to fill out a Full Code MOLST. A MOLST in the patient header can give the impression there are limits placed on life sustaining treatments. And, having a formal, signed document can create a barrier for patients, their families and caregivers to change if the medical situation and goals change.

*For the duration of the Emergency declaration by the governor, the Massachusetts Department of Public Health has suspended the requirement of a written signature on a MOLST form, allowing for verbal consent.*

### Remotely Completing MOLST Form

The provider will document the conversation in the Serious Illness Conversation (SIC) section of the ACP module including preferences for life sustaining treatments as outlined in the MOLST form.

**If a witness is available**

1. The provider will sign on the patient signature line and note “signed at the request of [patient name] due to COVID-19”
2. Witness will sign document. This is a legally binding MOLST form.
3. The provider or designated staff will send to Partners HIM as below.
4. Order code status in Epic (see tip sheet [location] for instructions)
5. HIM to indicate in the comments "COVID verbally consented."
6. Send MOLST to patient to have in their home. When they receive it, they can also sign the form.

**If a witness is NOT available**

The provider will print two copies of the MOLST form, document the patient preferences on both forms and sign both forms on the provider signature line.

**Copy #1:** *For the purpose of having this immediately available in the electronic medical record:*

1. The clinician will sign on the patient signature line and note “signed at the request of [patient name] due to COVID-19.”
2. The clinician will then send this copy of the MOLST form with the “signed at the request of” language to Partners HIM as below.
3. HIM to indicate in the comments "COVID verbally consented."

**Copy #2:**

The clinician will send the second copy with the BLANK patient signature line to the patient via patient gateway, email (send secure in the subject line) or postal mail ***for patient to sign and post in their home*** in the event EMS is called to the home or to bring with them to healthcare facilities.

**To have HCP or MOLST forms scanned into Epic, staff should:**

- Fax the document to 833-SCAN-ACP or;
- Email the document to 8337226227@faxcom.partners.org
- Patients can mail forms to:

Partners Health Information Management

Attn: Record Management

121 Innerbelt Road, Suite 110

Somerville, MA 02143

**To print MOLST form**

Epic advance care planning module → Print MOLST

OR

<http://molst-ma.org/sites/molst-ma.org/files/MOLST%20Form%20and%20Instructions%208.10.13%20FINAL.pdf>

To print HCP form

[http://www.massmed.org/patient-care/health-topics/health-care-proxies-and-end-of-life-care/massachusetts-health-care-proxy---information,-instructions-and-form-\(pdf\)/](http://www.massmed.org/patient-care/health-topics/health-care-proxies-and-end-of-life-care/massachusetts-health-care-proxy---information,-instructions-and-form-(pdf)/)