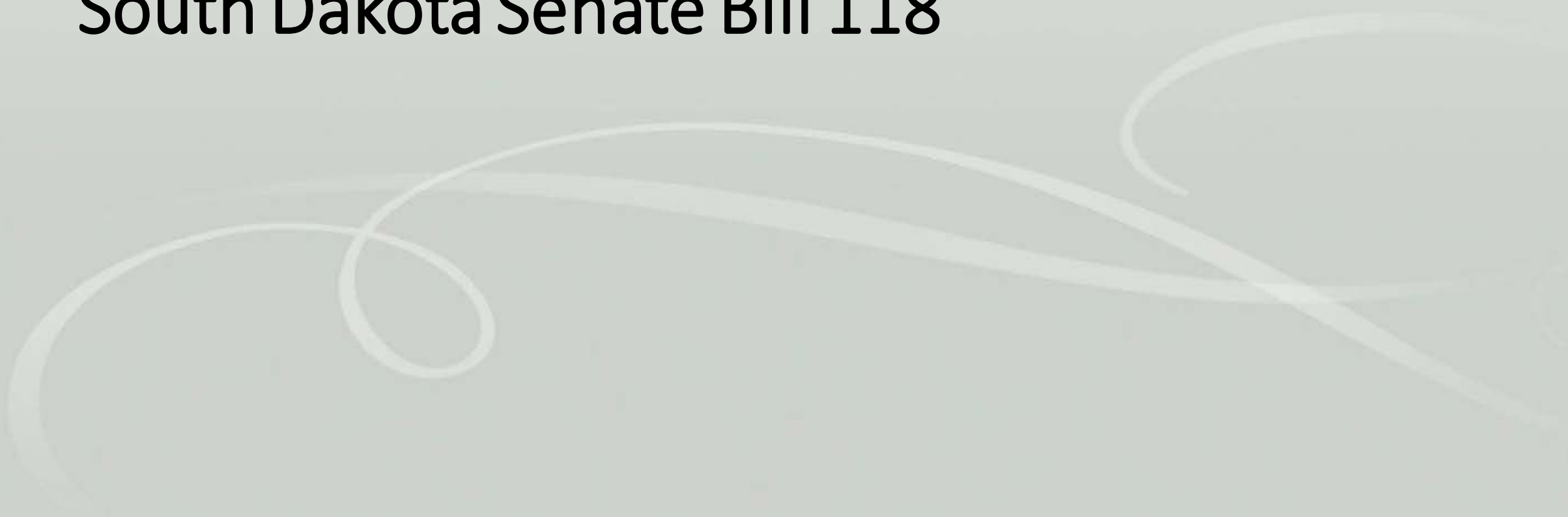


MOST: Medical Orders for Scope of Treatment

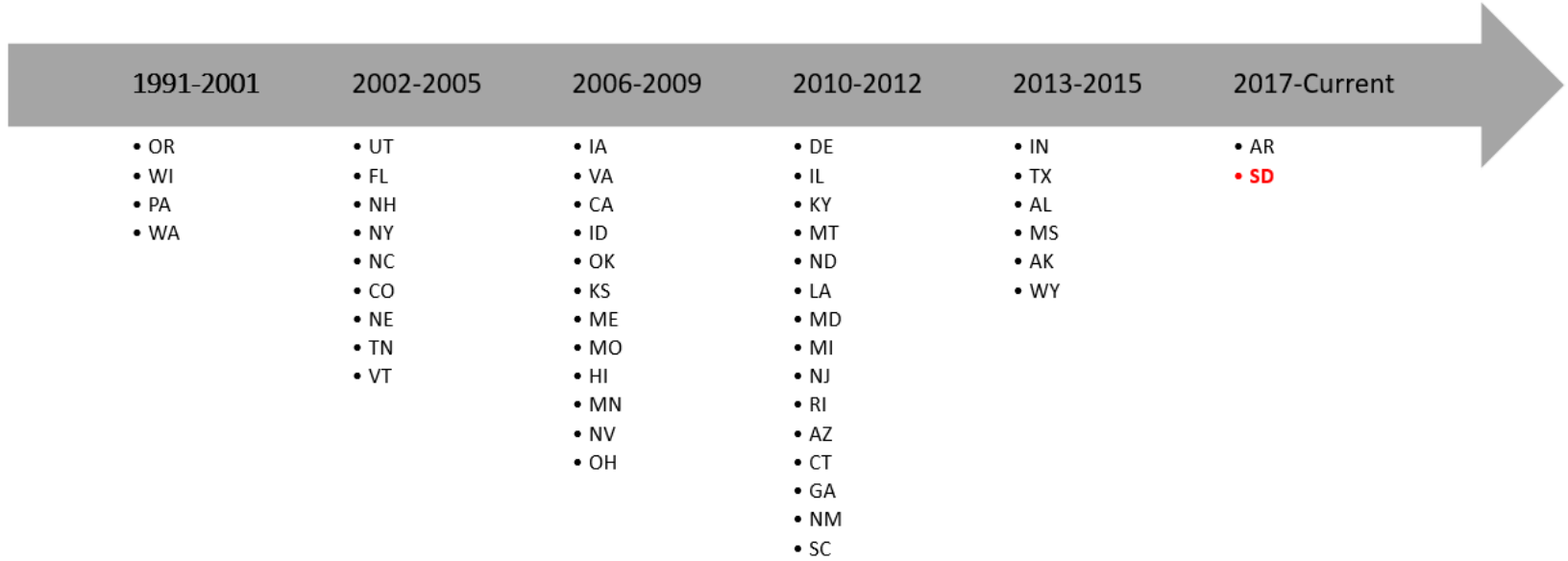
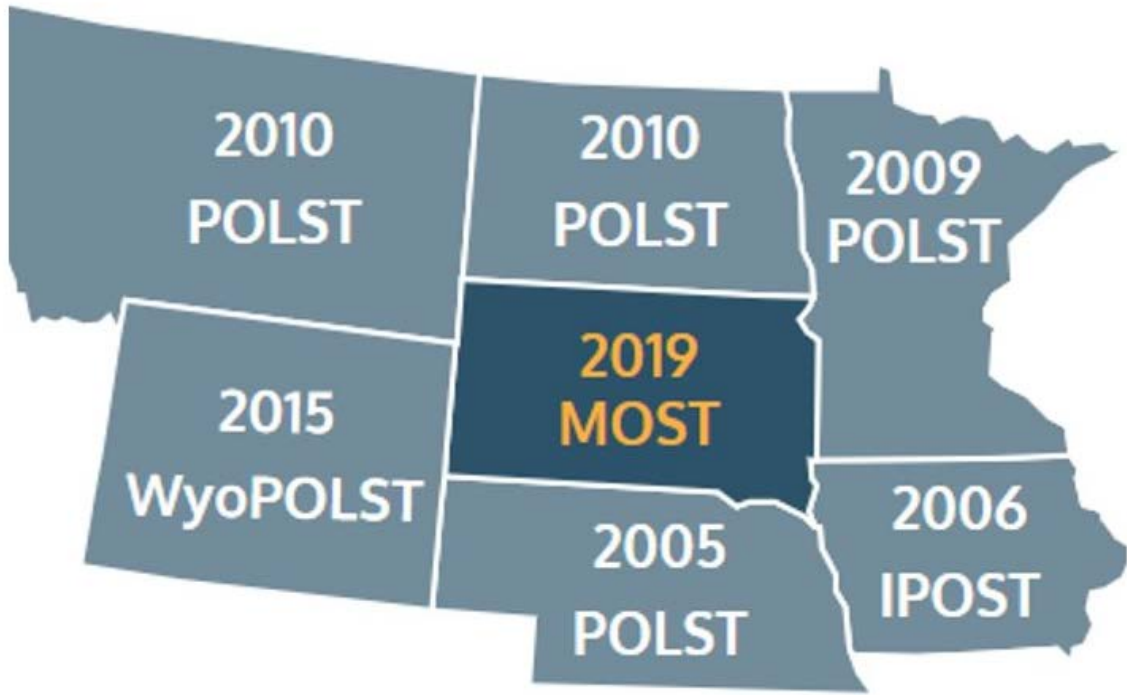
Deb Fischer-Clemens, RN, BSN, MHA

Senior Vice President, Avera Center for Public Policy

South Dakota Senate Bill 118



POLST Timeline & Surrounding State Programs



MOST Definition

"Medical order for scope of treatment," or "MOST," is a transportable medical order sheet executed by a patient who has been diagnosed with a terminal condition by the patient's medical provider and entered in the patient's medical record that provides direction to health care providers about the patient's goals and preferences regarding the use of medical interventions, including cardiopulmonary resuscitation and other life-sustaining treatment

Medical Order for Scope of Treatment

A MOST form is a portable, actionable medical order sheet that helps ensure patient treatment wishes are known and honored and helps prevent initiation of unwanted, disproportionately burdensome extraordinary treatment.

MOST is **not** an advance directive.

An **advance directive** is a legal document and mechanism for naming a durable power of attorney for healthcare (a healthcare agent) and/or a living will (providing general treatment wishes).

Medical Order for Scope of Treatment

MOST is **voluntary**.

It is shared decision-making between patients and health care professionals.

The conversation involves the patient discussing his/her values, beliefs and goals for care, and the health care provider presents the patient's diagnosis, prognosis, and treatment alternatives, including the benefits and burdens of life-sustaining treatment.

Together they reach an informed decision about desired treatment.

“ The MOST is a valuable tool that helps patients align their care with their values, and it gives physicians the authority to carry out patient instructions.”

Dr. Francine Arneson

Medical Order for Scope of Treatment

MOST is only for patients with a terminal illness/condition as defined by SD Law § 34-12D-1.

A terminal condition is:

- 1. An incurable and irreversible condition such that death is imminent if life-sustaining treatment is not administered; or**
- 2. A coma or other condition of permanent unconsciousness that will last indefinitely without significant improvement.**

The determination of “terminal condition” is made in accordance with acceptable medical standards.

Medical providers often think of patients with “terminal conditions” as those about whom the medical provider would not be surprised if they died within a year.

For these patients, their terminal condition and current health status indicate the need for standing medical orders for current, emergent, and/or future medical care.

MOST Form

HIPAA PERMITS DISCLOSURE OF SOUTH DAKOTA MOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

MEDICAL ORDERS FOR SCOPE OF TREATMENT
SOUTH DAKOTA MOST

FIRST follow these orders, **THEN** contact medical provider. This is a Medical Order Sheet based on the patient's current medical condition and wishes. Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions. The South Dakota MOST complements an advance health care directive and is not intended to replace that document.

Does patient have an advance health care directive? Yes No

PATIENT'S DIAGNOSIS OF TERMINAL CONDITION: _____ GOALS OF CARE: _____

Check One **A. CARDIOPULMONARY RESUSCITATION (CPR): PATIENT HAS NO PULSE AND IS NOT BREATHING**
 CPR/Attempt Resuscitation (requires full intervention in section B)
 DNR/Do Not Attempt Resuscitation (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in B, C, D and E

Check One **B. MEDICAL INTERVENTIONS: PATIENT HAS PULSE AND IS BREATHING, OR HAS PULSE AND IS NOT BREATHING.**
 Full Intervention: Treatment Goal: Full intervention including life support measures in the intensive care unit. In addition to treatment described in Comfort Measures and Selective Treatment below, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.
 Selective Treatment: Treatment Goal: Stabilization of medical condition. In addition to treatment described in Comfort Measures below, use medical treatment, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.
 Comfort Measures Only (Allow Natural Death): Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.
 ADDITIONAL ORDERS: (e.g. dialysis, etc.)

Check One in Each Column **C. ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION: ALWAYS OFFER FOOD AND FLUIDS BY MOUTH AS TOLERATED.**
Based on the Provider's medical judgment:

	YES	NO
1. Will artificially administered nutrition and hydration be unable to prolong life?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will artificially administered nutrition and hydration be more burdensome than beneficial?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will artificially administered nutrition and hydration cause significant physical discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has patient previously expressed a desire to forgo artificially administered nutrition and hydration by tube?	<input type="checkbox"/>	<input type="checkbox"/>

In order for artificially administered nutrition and hydration to be withheld, there must be a "YES" answer to one or more of questions 1-4 above.

Check One **D. INFORMED CONSENT DISCUSSION:** _____ had an informed consent discussion with patient or authorized representative.
 Name of Medical Provider (MD, DO, NP or PA) _____
 DISCUSSED WITH: Patient Authorized Representative (Name of Representative) _____

Check All That Apply **The basis for these orders is:**
 Patient's declaration (can be verbal or nonverbal).
 Patient's Authorized Representative (patient without capacity).
 Patient's Advance Directive (if indicated, patient has completed an additional document that provides guidance for treatment measures if he /she loses medical decision-making capacity).
 Resuscitation would be medically non-beneficial.
 This form is voluntary and the signatures below indicate that the medical orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interests of the patient who is the subject of the document.

 PRINT MEDICAL PROVIDER NAME MEDICAL PROVIDER SIGNATURE (MANDATORY) MEDICAL PROVIDER PHONE DATE (MANDATORY)

 PRINT PATIENT OR REPRESENTATIVE NAME PATIENT OR REPRESENTATIVE SIGNATURE (MANDATORY) DATE (MANDATORY)

 REPRESENTATIVE RELATIONSHIP REPRESENTATIVE ADDRESS REPRESENTATIVE PHONE NUMBER

ENSURE PATIENT HAS THE CURRENT FORM.
 PHOTOCOPIES AND FAXES OF SIGNED AND DATED SD MOST FORMS ARE LEGAL AND VALID.

INFORMATION FOR HEALTH CARE PROVIDERS

COMPLETING SOUTH DAKOTA MOST

- Must be completed by a physician, nurse practitioner or physician assistant based on patient's preferences and/or best interests, and medical indications.
- South Dakota MOST must be signed and dated by a MD, DO, NP or PA to be valid.
- South Dakota MOST must be signed by the patient or the patient's authorized representative.
- Use of original form is strongly encouraged. Photocopies and faxes of signed and dated South Dakota MOST are legal and valid.

USING SOUTH DAKOTA MOST (Additional information available at: www.sdmost.org)

- Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions.
- Artificial nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial, would cause significant physical discomfort, or patient had previously expressed a personal desire to forgo artificial nutrition by tube.
- The determination of burden refers to the provision of artificial nutrition or hydration itself and not the quality of continued life of the patient.
- A patient with capacity may revoke the South Dakota MOST at any time and request alternate treatment. Additionally, an authorized representative may revoke the MOST only if the MOST was executed by the authorized representative.
- If there is a conflict between the patient's MOST document and the patient's written directives in any previously executed and unrevoked durable power of attorney or living will, the health care provider will treat the patient in accordance with the instructions in the MOST.

The duty of medicine is to care for patients even when they cannot be cured. Physicians, nurse practitioners and physician assistants, and their patients must evaluate the use of technology at their disposal based on available information. Judgments about the use of technology to maintain life must reflect the inherent dignity of the patient and the purpose of medical care. Everyone is to be treated with dignity and respect.

REVIEWING SOUTH DAKOTA MOST

It is recommended that this South Dakota MOST be reviewed periodically, such as when the patient is transferred from one care setting or care level to another, or there is a substantial change in the patient's health status. A patient may revoke a MOST at any time by:

- Destroying or defacing the MOST with the intent to revoke;
- A written revocation of the MOST, signed and dated by the patient; or
- An oral expression of the intent to revoke the MOST, in the presence of a witness 18 years of age or older who signs and dates in writing, confirming that such expression of intent was made.

NOTE: An authorized representative may not revoke a MOST unless the MOST was executed by the authorized representative. Any such revocation by the authorized representative must be in writing.

A revocation is effective upon communication to the health care provider. A health care provider who is informed of a revocation shall record the date and time of the notification of revocation in the patient's medical record.

A new South Dakota MOST form should be completed if the patient wishes to make any substantive change to treatment goal(s) (e.g. reversal of prior directive). When completing a new form, the old form must be properly voided and retained in the medical record. To void the South Dakota MOST form, draw line through sections A through D and write "VOID" in large letters. This must be signed and dated.

REVIEW OF THIS SOUTH DAKOTA MOST FORM

REVIEW DATE AND TIME	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided and New Form Completed

ENSURE PATIENT HAS THE CURRENT FORM.
 PHOTOCOPIES AND FAXES OF SIGNED AND DATED SD MOST FORMS ARE LEGAL AND VALID.

MOST Instructions

A MOST form must be completed by a physician, nurse practitioner or physician assistant based on patient's preferences and/or best interests, and medical indications.

South Dakota MOST must be signed and dated by a MD, DO, NP or PA to be valid.

South Dakota MOST must be signed by the patient or the patient's authorized representative.

Use of original form is strongly encouraged. Photocopies and faxes of signed and dated South Dakota MOST forms are legal and valid.

Medical Provider Responsibilities

A "**Medical provider**" is a physician, physician assistant or certified nurse practitioner designated by a patient or the patient's authorized representative, to have responsibility for the patient's health care.

If there is a conflict between a patient's MOST and a patient's oral directives, or any written directives in an advance health care directive, the medical provider shall treat the patient in accordance with the most recent instruction.

Patients should be aware that a MOST may override the directives contained in their Power Of Attorney or living will if executed prior to the MOST.

Medical Provider Responsibilities (continued)

Any medical provider who receives a valid MOST shall make the document part of the patient's medical record.

A document executed in another state or jurisdiction that meets the requirements for a valid medical order for scope of treatment in that state or jurisdiction is valid in this state.

Medical Provider Responsibilities (Continued)

Any medical provider who has actual knowledge of a patient's MOST shall treat the patient in accordance with the preferences indicated in the MOST.

A medical provider who refuses to comply with the provisions of a duly executed MOST shall:

(1) Not prevent the transfer of the patient to another medical provider who is willing to comply with the MOST;

and

(2) Continue providing care for the patient until the transfer is completed.

Patient Revocation

A patient who wishes to revoke their MOST must do so by communicating their wishes to their medical provider.

A revocation is effective upon communication to the medical provider.

A medical provider who is informed of a revocation shall follow their organization's medical record policies on how to void a MOST form.

MOST Form - Heading & Explanation

HIPAA PERMITS DISCLOSURE OF SOUTH DAKOTA MOST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

MEDICAL ORDERS FOR SCOPE OF TREATMENT

SOUTH DAKOTA MOST

FIRST follow these orders, **THEN** contact medical provider. This is a Medical Order Sheet based on the patient's current medical condition and wishes. Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions. The South Dakota MOST complements an advance health care directive and is not intended to replace that document.

Does patient have an advance health care directive? Yes No

PATIENT'S DIAGNOSIS OF TERMINAL CONDITION:

GOALS OF CARE:

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

DATE OF BIRTH _____
(mm/dd/yyyy)

Section A: Code Status

Check One	A. CARDIOPULMONARY RESUCITATION (CPR): <u>PATIENT HAS NO PULSE AND IS NOT BREATHING</u> <input type="checkbox"/> CPR/Attempt Resuscitation (requires full intervention in section B) <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C, D and E
----------------------	---

Section B: Medical Interventions

Check One	<p>B. MEDICAL INTERVENTIONS: <u>PATIENT HAS PULSE AND IS BREATHING, OR HAS PULSE AND IS NOT BREATHING.</u></p> <p><input type="checkbox"/> <u>Full Intervention:</u> Treatment Goal: Full intervention including life support measures in the intensive care unit. In addition to treatment described in Comfort Measures and Selective Treatment below, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated to meet medical needs.</p> <p><input type="checkbox"/> <u>Selective Treatment:</u> Treatment Goal: Stabilization of medical condition. In addition to treatment described in Comfort Measures below, use medical treatment, IV fluids (hydration) and cardiac monitor as indicated to stabilize medical condition. May use basic airway management techniques and non-invasive positive-airway pressure. Do not intubate. Transfer to hospital if indicated to manage medical needs or comfort. Avoid intensive care if possible.</p> <p><input type="checkbox"/> <u>Comfort Measures Only (Allow Natural Death):</u> Treatment Goal: Maximize comfort through symptom management. Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer to hospital only if comfort needs cannot be met in current location.</p> <p>ADDITIONAL ORDERS: (e.g. dialysis, etc.)</p> <hr/> <hr/> <hr/>
--------------	---

Section C: Nutrition & Hydration

Check One in Each Column	C. ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION:		
	<u>ALWAYS OFFER FOOD AND FLUIDS BY MOUTH AS TOLERATED.</u>		
	<u>Based on the Provider's medical judgment:</u>		
		YES	NO
	1. <u>Will artificially administered nutrition and hydration be unable to prolong life?</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Will artificially administered nutrition and hydration be more burdensome than beneficial?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
3. <u>Will artificially administered nutrition and hydration cause significant physical discomfort?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <u>Has patient previously expressed a desire to forgo artificially administered nutrition and hydration by tube?</u>	<input type="checkbox"/>	<input type="checkbox"/>	
In order for artificially administered nutrition and hydration to be withheld, there must be a "YES" answer to one or more of questions 1-4 above.			

Section D: Informed Consent

<p>Check One</p>	<p>D. INFORMED CONSENT DISCUSSION:</p> <p>_____ had an informed consent discussion with patient or authorized representative. Name of Medical Provider (MD, DO, NP or PA)</p> <p>DISCUSSED WITH: <input type="checkbox"/> Patient <input type="checkbox"/> Authorized Representative _____ (Name of Representative)</p>
----------------------	--

MOST Form – Basis & Signatures

<p>Check All That Apply</p>	<p>The basis for these orders is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient's declaration (can be verbal or nonverbal). <input type="checkbox"/> Patient's Authorized Representative (patient without capacity). <input type="checkbox"/> Patient's Advance Directive (if indicated, patient has completed an additional document that provides guidance for treatment measures if he /she loses medical decision-making capacity). <input type="checkbox"/> Resuscitation would be medically non-beneficial. 		
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>This form is voluntary and the signatures below indicate that the medical orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interests of the patient who is the subject of the document.</p> </div>			
<p>_____ PRINT MEDICAL PROVIDER NAME</p>	<p>_____ MEDICAL PROVIDER SIGNATURE (MANDATORY)</p>	<p>_____ MEDICAL PROVIDER PHONE</p>	<p>_____ DATE (MANDATORY)</p>
<p>_____ PRINT PATIENT OR REPRESENTATIVE NAME</p>	<p>_____ PATIENT OR REPRESENTATIVE SIGNATURE (MANDATORY)</p>		<p>_____ DATE (MANDATORY)</p>
<p>_____ REPRESENTATIVE RELATIONSHIP</p>	<p>_____ REPRESENTATIVE ADDRESS</p>	<p>_____ REPRESENTATIVE PHONE NUMBER</p>	

ENSURE PATIENT HAS THE CURRENT FORM

**PHOTOCOPIES AND FAXES
OF SIGNED AND DATED SD MOST FORMS
ARE LEGAL AND VALID**

Using South Dakota MOST

Any section that does not include an indication of the patient's or authorized representative's preference, is a directive to health care providers to use all necessary and appropriate medical interventions.

Artificial nutrition and hydration is optional when it cannot reasonably be expected to prolong life, would be more burdensome than beneficial, would cause significant physical discomfort, or patient had previously expressed a personal desire to forgo artificial nutrition by tube.

The determination of burden refers to the provision of artificial nutrition or hydration itself and not the quality of continued life of the patient.

Using South Dakota MOST

A patient with capacity may revoke the South Dakota MOST at any time and request alternate treatment. Additionally, an authorized representative may revoke the MOST only if the MOST was executed by the authorized representative.

If there is a conflict between a patient's MOST and a patient's oral directives, or any written directives in an advance health care directive, the medical provider shall treat the patient in accordance with the most recent instruction.

The duty of medicine is to care for patients even when they cannot be cured.

Physicians, nurse practitioners and physician assistants, and their patients must evaluate the use of technology at their disposal based on available information.

Judgments about the use of technology to maintain life must reflect the inherent dignity of the patient and the purpose of medical care.

Everyone is to be treated with dignity and respect.

“A MOST is not about how patients want to die – it’s about how patients wish to live. It is a response to ensuring effective, patient-focused care and treatment throughout a terminal condition and during the end of life.”

Mary Hill

Summary of SD MOST

- ✓ It is an advance care planning tool.
- ✓ Although a MOST is **NOT** an advance directive, a MOST:
 - complements the patient's advance directive(s);
 - is not intended to replace a patient's advance directive(s); and
 - translates the patient's wishes expressed in advance directives into actionable medical orders.
- ✓ A MOST is a portable, actionable medical order sheet. In this way, it is like the SD Comfort One order. However, a MOST covers more treatment choices than the SD Comfort One order.

Q: Does a MOST form replace a portable Do Not Resuscitate (DNR) order such as Comfort One?

A: No, a portable DNR tells health care providers and EMS only that the patient does NOT want to be resuscitated, a MOST is for patients with a terminal illness and includes decisions regarding code status and other types and forms of treatment

Q: Does a MOST replace a portable Do Not Resuscitate (DNR) order?

A: No, a DNR order tells health care providers in a hospital setting that the patient does NOT to be resuscitated; a MOST is for patients with a terminal illness and includes decisions regarding code status and other types and forms of treatment

- ✓ A MOST is only for patients who have a terminal condition as defined by SD law.
- ✓ A MOST is created through relationship and dialogue between the medical provider and patient or patient representative. It involves the patient discussing his/her values, beliefs and goals for care.
- ✓ In order to be valid, a MOST must be signed by both the medical provider and patient or patient representative.
- ✓ A MOST articulates the manner in which a patient would like to live during the course of his or her terminal condition by stating the patient's goals and wishes.

- ✓ A MOST helps ensure the provision of reverent care and appropriate medical treatment that support the patient's goals and wishes throughout the patient's life and during the process of natural death.
- ✓ A MOST helps prevent the use of medical interventions that are unwanted, ineffective, burdensome and/or do not support the patient's goals and wishes.
- ✓ A MOST is voluntary and should never be mandatory.

- ✓ A patient who has created a MOST may amend or revoke the MOST at any time.
- ✓ A MOST allows patients to make decisions consistent with the United States Conference of Catholic Bishops *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*.

- ✓ A MOST allows all patients to make medically and legally appropriate decisions consistent with their religious traditions, values, beliefs and goals.
- ✓ A MOST requires that all measures to improve the patient's comfort—including food and fluid by mouth as tolerated—are always provided.

- ✓ The patient may have both a living will and a MOST. The living will is an advance directive expressing the patient's wishes about the use of life-sustaining treatment in the event of a terminal condition. The MOST can translate the wishes expressed in a living will into an actionable medical order. Furthermore, the MOST encourages dialogue about and actionable medical orders for treatments in addition to life-sustaining treatment.

Meditech 5.67

Purpose

The IMO problem of “Medical orders for life-sustaining treatment” (MOLST) form in chart (Z78.9)” will now be added to a patient chart per new regulations put in place July 1st 2019.

This summarizes the location of this IMO problem and the partnering scan form that will populate the Legal Indicator of the patient chart to make the knowledge of a patient having a Medical Order for Life Sustaining Treatment known across the care continuum.


Problem List

DOB: 7/7/67 51 M Multiple / Multiple / Multiple

Allergy/AdvReac: Iodinated Contrast- Oral and IV Dye, Penicillins
Manage Patient Problems

Active Problems | My Problems | Visit Problems | Past Problems | External Data

	Problems	HCC RAF	Status	Onset	Current Visit	Add to My
-	Medical					
<input type="checkbox"/>	Edema		Acute		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hyperlipidemia				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Diabetes mellitus	0.104			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ankle fracture, left				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hypertension				<input type="checkbox"/>	<input type="checkbox"/>
-	Surgical					
<input type="checkbox"/>	History of tonsillectomy				<input type="checkbox"/>	<input type="checkbox"/>
-	Family History					
<input type="checkbox"/>	Family history of colon cancer				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Family history of diabetes mellitus				<input type="checkbox"/>	<input type="checkbox"/>
-	Social History					
<input type="checkbox"/>	Medical orders for life-sustaining treatment (MOLST) form in chart				<input type="checkbox"/>	<input type="checkbox"/>



- Record List
- Other Chart
- Open All Visits
- New Note
- Summary
- Practice Notes
- Med List
- Problem List**
- Health History
- Vitals
- Health Maintenance
- Special Panels
- Laboratory
- Microbiology
- Blood Bank
- Pathology
- Imaging
- Other Reports

Legal Indicator

Selecting Advance Directive will open the Advance Directive-History list. Selecting the camera icon instead will open the most recent scanned form.

DOB: 7/7/67 51 M Multiple / Multiple / Multiple

Allergy/AdvReac: Iodinated Contrast- Oral and IV Dye, Penicillins
Summary - Risk/Legal

Summary List Diagnoses Indicators **Risk/Legal** Demographics
Providers Contacts Insurances Abstract

Advance Directive 7/2/19
Legal Scanned Document 3/21/16

Record List
Other Chart
Open All Visits
New Note
Summary
Practice Notes
Med List
Problem List
Health History
Vitals
Health Maintenance
Special Panels

DOB: 7/7/67 51 M Multiple / Multiple / Multiple

Allergy/AdvReac: Iodinated Contrast- Oral and IV Dye, Penicillins
Advance Directive - History

Date	Time	Report	Status	Image
7/2/19	08:00	MOST/POLST/IPOST	Scanned	
3/23/16	15:28	Advanced Directives	Imported	

Record List
Other Chart
Open All Visits
New Note
Summary
Practice Notes
Med List
Problem List
Health History
Vitals

Meditech Expanse

Purpose

The Special Indicator previously called 'Advanced Directive' has been retitled 'Advance Care Planning'. A new option of Medical Order for Scope of Treatment (abbreviated 'med ord scope of trmt') has been added per new regulations put in place July 1st 2019.

This summarizes the location of this special indicator and the partnering scan form that will populate the Legal Indicator of the patient chart to make the knowledge of a patient having a Medical Order for Life Sustaining Treatment known across the care continuum.

Special Indicator (Web): Chart View/Widget:

The screenshot displays a medical chart interface for a patient named George Rauschtest. The interface includes a top navigation bar with icons for Return To, Home, Workload, Chart, Document, Orders, Sign, Compose, More, and Suspend. Below the navigation bar is a grid of tabs for different chart sections: Diagnostics, Provider Notes, Nurse/Allied Health, Medications, History & Problems, Administrative, Other Clinical, and Health Mgmt. The 'Summary' tab is selected and highlighted in yellow. Below the tabs is a 'Summary' section with a list of widgets. The 'Special Indicators' widget is highlighted with a red box. The right sidebar shows patient information, a 'Resus Status Not Addressed' warning, a search bar, and a list of widgets including 'Allergies' and 'Special Indicators'.

Return To **Home** **Workload** **Chart** **Document** **Orders** **Sign** **Compose** **More** **Suspend**

Diagnostics **Provider Notes** **Nurse/Allied Health** **Medications**
History & Problems **Administrative** **Other Clinical** **Health Mgmt**
Summary **Activity** **Flowsheets** **Health Mgmt**

Summary

- Provider Notes Last 24 Hrs
- Patient Widget
- Patient Demographics
- Medical Summary
- Visits
- Legal Indicators
- PFSH
- Patient Registrar

- My Widget
- Lab Results Last Value Most Recent
- Health Management
- Documents Most Recent
- Scanned Documents
- Goals and Barriers
- Dose Management
- Implantable Devices

Rauschtest, George
77, M · 04/04/1942
MRN# OF00064470

Resus Status Not Addressed
No Hx Avail

Search Chart

Allergies
No Data to Display

Special Indicators
Advance Care Planning

Special Indicator (Web): Widget Overlay Details

Special Indicators

Rauschtest,George (c) 77 M 04/04/1942 Allergy/Adv: Not Recorded Close

Indicator	Last Edited By	Last Edit Date/Time
▼ Advance Care Planning	Lemke,Diana R	07/03/19 09:36 ×

Registration Staff have indicated patient has Advance Care Planning documentation on file. The document(s) can be found under the Legal/Indicators tab of the EMR Summary Panel.

*Advance Care Planning: ×

Scanned Date:

Comments:

Legal Indicator (Web):

Legal Indicators Widget in Chart Summary Tab


The screenshot displays a medical chart summary interface. At the top, there is a navigation bar with icons for 'Return To', 'Home', 'Workload', 'Chart', 'Document', 'Orders', 'Sign', 'Compose', 'More', 'Settings', and 'Suspend'. Below this is a grid of tabs for different chart sections: Diagnostics, Provider Notes, Nurse/Allied Health, Medications, History & Problems, Administrative, Other Clinical, and Health Mgmt. The 'Summary' tab is selected and highlighted with a red box. Under the 'Summary' tab, the 'Legal Indicators' widget is expanded and highlighted with a red box. It contains a table of legal documents:

Comfort One/DNR		07/01/19
Living Will		07/01/18
Power of Attorney (POA)-Healthcare		05/01/18
Power of Attorney (POA)-Financial		01/01/19
MOST/POLST/IPOST		07/02/19

Below the table is a 'PFSH' link. To the right of the 'Legal Indicators' widget is a 'My Widget' section with links to 'Lab Results Last Value', 'Health Management', 'Documents', 'Scanned Documents', 'Goals and Barriers', and 'Dose Management'. On the far right, the patient's information is displayed: 'Rauschtest, George', '77, M - 04/04/1942', 'MRN# 0F00064470'. Below this, it states 'Resus Status Not Addressed' and 'No Hx Avail'. There is also a 'Search Chart' field and sections for 'Allergies' (No Data to Display) and 'Special Indicators' (Advance Care Planning).

Legal Indicator (Web): Chart Search

The screenshot displays a medical chart search interface. At the top, there is a navigation bar with icons for Return To, Home, Workload, Chart, Document, Orders, Sign, Compose, More, and Suspend. Below this is a category menu with tabs for Diagnostics, Provider Notes, Nurse/Allied Health, Medications, History & Problems, Administrative, Other Clinical, Health Mgmt, Summary, Activity, Flowsheets, and Health Mgmt. The main content area shows a search for 'most' with a dropdown menu listing 'MOST/POLST/IPOST Scans'. A modal window titled 'MOST/POLST/IPOST' is open, showing a table with the following data:

Date	Status	Comment	Display Name
07/02/19 08:00	Scanned		MOST/POLST/IPOST

Legal Indicator (Web): Legal Accordion in Chart Administrative Tab

The screenshot displays a medical chart interface for a patient named George Rauschtest. The top navigation bar includes options like 'Return To', 'Home', 'Workload', 'Chart', 'Document', 'Orders', 'Sign', 'Compose', 'More', and 'Suspend'. The chart is organized into several tabs: Diagnostics, Provider Notes, Nurse/Allied Health, Medications, History & Problems, Administrative (highlighted with a red box), Other Clinical, Summary, Activity, Flowsheets, and Health Mgmt. The Administrative tab is expanded, showing a 'Legal' accordion (also highlighted with a red box) which is currently open. Below the accordion, a message states: 'The information shown below represents the most recent responses that exist in the medical record, across all visits.' A 'Resuscitation Status' section shows 'Resus Status Not Addressed No Hx Avail'. A table with columns 'DATE' and 'SCANNED FORM' contains one entry: '07/02/19 08:00' and 'MOST/POLST/IPOST'. A 'Record-level Scanned Reports' section is also visible, with a red box highlighting the entry '07/02/19 08:00 MOST/POLST/IPOST' and a document icon. The right sidebar shows patient information: 'Rauschtest, George', '77, M · 04/04/1942', 'MRN# OF00064470', and 'Resus Status Not Addressed No Hx Avail'. Below this are sections for 'Allergies', 'Special Indicators', and 'Problems', all showing 'No Data to Display'.

Administrative

Administrative

Legal

Select Visits

The information shown below represents the most recent responses that exist in the medical record, across all visits.

Resuscitation Status **Resus Status Not Addressed** No Hx Avail

DATE	SCANNED FORM
07/02/19 08:00	MOST/POLST/IPOST

Record-level Scanned Reports

07/02/19 08:00 MOST/POLST/IPOST

Rauschtest, George
77, M · 04/04/1942
MRN# OF00064470

Resus Status Not Addressed
No Hx Avail

Search Chart

Allergies
No Data to Display

Special Indicators
Advance Care Planning

Problems
No Data to Display

Special Indicator (Desktop): Summary

Rauschtest, George *Recue Status Not Ordered* No Hx Avail SH6000007595 SH00064151
77 M 04/04/1942 Allergy/Adv: Not Recorded T10005796
ADM IN SH.MSU SH.562-1

[Clinical](#) [Legal/Indicators](#) [Demographics](#) [Appointments](#) [Auth/Referrals](#) [Surgeries](#) [Care Team](#)

Special Indicator <small>Edit</small>	Last Edited By	Last Edit Dt/Tm
[-] Advance Care Planning	Lemke,Diana R	07/03/19 09:36

Registration Staff have indicated patient has Advance Care Planning documentation on file. The document(s) can be found under the Legal/Indicators tab of the EMR Summary Panel.

Advance Care Planning:
med ord life sus trmt

Scanned Date: 07/02/19
Comments:

Status Board
Select Visits
Summary
Review Visit
Patient Msgs

Special Indicator (Desktop): Clinical Data

Rauschtest, George Resus Status Not Ordered No Hx Avail SH6000007595 SH00064151
77 M 04/04/1942 Allergy/Adv: Not Recorded T10005796
ADM IN SH.MSU SH.562-1

Main Additional Dietary Allergies Home Medications Patient Pharmacies **Special Indicators** Unit Info

Special Indicator Edit	Last Edited By	Last Edit Dt/Tm
[-] Advance Care Planning	Lemke, Diana R	07/03/19 09:36

Registration Staff have indicated patient has Advance Care Planning documentation on file. The document(s) can be found under the Legal/Indicators tab of the EMR Summary Panel.

Advance Care Planning:
med ord life sus trmt

Scanned Date: 07/02/19
Comments:

Status Board
Select Visits
Summary
Review Visit
Patient Msgs
New Results
Clinical Panels
Vital Signs
I & O
Medications
Laboratory
Microbiology
Blood Bank
Oncology
Reports
Patient Care
Notes
Refresh EMR
Orders
Amb Orders
Clinical Data
Snapshot

Legal Indicator (Desktop): Summary

Rauschtest,George (c) Resus Status: No Hx Avail Multiple AQ00601685
77 M 04/04/1942 Allergy/Adv: Not Recorded T10005796

Clinical **Legal/Indicators** Demographics Appointments Auth/Referrals Surgeries Care Team

Selected Visit: **All Visits**

The information shown below represents the most recent responses that exist in the medical record, across all visits.

Resuscitation Status: Resus Status No Hx Avail

Summary

Review Visit
Patient Msgs
New Results
Clinical Panels
Vital Signs
I & O
Medications
Laboratory
Microbiology
Blood Bank
Oncology
Reports
Patient Care
Notes
Refresh EMR

Orders
Amb Orders

Clinical Data
Snapshot
Specialty Care
Care Plan
Worklist
MAR
Write Note
TAR
Discharge Plan

Displaying Scanned Data from 05/01/18 to 07/02/19

Date	Report Name
07/02/19 08:00	MOST/POLST/IPOST
07/01/19 08:00	CARDIAC OUS/DNR
01/01/19 08:00	Power of Attorney (POA)-Financial
07/01/18 08:00	LIVING WILL
05/01/18 08:00	Power of Attorney (POA)-Healthcare

Scanned Data

CPT Coding for Advance Care Planning

- 99497: First 30 minutes of face to face discussion and explanation with patient, as well as form completion
- 99498: Each additional 30 minutes of face to face discussion and explanation with patient, as well as form completion (list separately)

KnowledgeNet

KnowledgeNet

Search KnowledgeNet



Mission
Resources

Human
Resources

Education &
Development

IT Support
Resources

Avera Medical
Group

Home > Avera Medical Group > Guidelines and Algorithms

TEXT SIZER A A A

Avera Medical
Group

Guidelines and
Algorithms →

About Avera Medical
Group

AMG Leadership

AMG Updates

Guidelines and Algorithms

Avera guidelines and algorithms are systematically developed to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Our extensive listing of clinical practice resources depicts multidisciplinary best practices for care delivery to assist in cancer screening, diagnostic evaluation, treatment, management of clinical symptoms.

Antimicrobial Stewardship Treatment Pathways & Info +

Avera@Home +



AMG Resources

- Find a physician (avera.org)
- AMG's Strategic Plan 2019
- Provider Star Ratings

KnowledgeNet

Kidney	+
LiveNOW	+
Lymph	+
Malnutrition	+
Measles	+
Medical Orders for Scope of Treatment (MOST)	-
<ul style="list-style-type: none">• Advance Directives and Medical Orders brochure• MOST form• MOST FAQ• MOST tip sheets for MEDITECH 5.67 and Expanse• Video featuring Sister Lynn Marie Welbig• Video featuring Dr. Francine Arneson	
Obstetrics and Gynecology	+
Orthopedics	+
Pain Management	+

- Give It A Shot Physician Resource Page
- Find Home Health, Hospice and Home Medical Equipment for Patients
- Avera Controlled Substance Prescribing Agreement (English)
- Avera Controlled Substance Prescribing Agreement (Spanish)
- AMG Campaign for Responsible Prescribing of Controlled Substances
- Avera Pain Management Patient Education
- Avera Healthy Weight Initiative Patient Education
- Recognizing Sepsis in the Outpatient Setting
- Certified Lifestyle Medicine Program

Questions?

Thank you!