

**State Advisory Council on Quality Care at the End of Life
Minutes from June 21, 2012 Meeting**

Meeting time and place: June 21, 2012, 10:00 a.m., Department of Aging, 301 West Preston Street, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Lynn McPherson; Paul Ballard (Attorney General's designee); Gail Amalia Katz(via speakerphone); Karren Pope-Onwukwe; Karen Kauffman; Gail Mansell; Mike Lachance (Department of Aging's designee); Nancy Grimm (Department of Health and Mental Hygiene's designee); Catherine Stavely; Michael Safra; Steven Levenson

Others present: Tricia Tomsko Nay; Leslie Piet; Tom Smith; Sue Vaeth; Pat Alt; Alison Turnbull; Lauren Peterson.

Chairman Ted Meyerson convened the meeting at 10:00 a.m.

Ted Meyerson raised the issue regarding the variety of advance directive forms that are being used and suggested that the Council should promote the optional advance directive form contained in the Health Care Decisions Act and available on the Attorney General's website. Karren Pope-Onwukwe noted that the 5 wishes advance directive is available free of charge from hospice organizations. Ted Meyerson noted that the optional advance directive form contained in the Health Care Decisions Act is rather lengthy.

Paul Ballard presented Timothy Keay's email asking that the Council review the revised Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Program. Tricia Tomsko Nay explained that the Maryland did not join the POLST Paradigm Program because its requirements were not compatible with Maryland MOLST requirements. Steven Levenson added that the POLST program requirements were too rigid to accommodate the Maryland program.

Ted Meyerson asked Tricia Nay to update the Council on the MOLST form. She stated that throughout the train-the-trainer process an estimated 230,000 people have been trained in the use of the MOLST form. Personnel from a wide variety of health facilities have participated in training. Steven Levenson noted that Genesis has voluntarily used the MOLST form in all its facilities and found it to be very beneficial and efficient. Paul Ballard noted that the MOLST training sessions have been a very effective way of educating many more people about the Health Care Decisions Act.

Sue Vaeth noted a lack of understanding of the MOLST form by staff at one assisted living facility. Tricia Nay responded that no matter many people are trained in the use of the MOLST form, there will be some people who will not understand the form. Tom Smith stated that the MOLST website is very helpful. Tricia Nay noted that they have developed lectures regarding how to have conversations with patients about their care as part of the MOLST training.

Gail Mansell stated that her hospital started using the MOLST form in March. She said that while the first page of the form regarding CPR is completed, the second page of the form is never completed. She expressed her hope that physician assistants would be allowed to sign the form eventually. She noted that they have had late discharges because it is had been completed late. Steven Levenson said that it will take time for practitioners to get used to completing the form. On behalf of the Council, Ted Meyerson expressed their appreciation for the work done by Tricia Nay, Steven Levenson, and Paul Ballard on the MOLST form.

Ted Meyerson then proposed an action plan to further implement the recommendations of the House Bill 30 workgroup regarding the education of practitioners and the public in end of life counseling. He proposed that continuing education courses be developed in conjunction with an organization. One course would educate health care practitioners such as social workers, nurses, physician assistants on how to have conversations with patients regarding end of life issues. Another course would be developed for patients and families regarding how to have these discussions with health care professionals. The Council approved having a subcommittee and Ted Meyerson asked Sue Vaeth of the United Seniors Foundation to put together a subcommittee to explore the issue and develop a proposal.

Ted Meyerson then asked Paul Ballard to describe the mission of the House Bill 1090 workgroup. Paul Ballard stated that House Bill 1090 would have required hospitals to establish palliative care program and require practitioners to have conversations with patients about their treatment options at the end of life. The bill did not pass. A workgroup was formed to: (1) review the findings of the House Bill 30 workgroup and determine which findings should be implemented; and (2) develop consensus on a bill with clear definitions of palliative care and hospice care that would set standards regarding: (a) the education that providers regarding their medical options; and (b) the establishment of palliative care programs in hospitals. Ted Meyerson then presented proposed definitions of palliative care and hospice care for the Council's consideration.

Various Council member suggested particular language changes to the proposed definitions but the general consensus of the Council was to recommend using standard definitions already in use, such as those used by the Center to Advance Palliative Care. Similarly, the Council generally agreed that it would make sense for hospitals' palliative care programs to meet the standards set by the Joint Commission. Gail Mansell did note that the cost of meeting Joint Commission standards would be significant for her hospital.

No further items of business having been presented, Chairman Meyerson adjourned the meeting.