



# 10 Things to Know about MOST

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CENTER FOR IMPROVING  
**VALUE** IN HEALTH CARE

# Housekeeping

- Please keep your lines muted
- If there is time at the end, we will take questions
- Webinar is being recorded and will be available on the CIVHC website
- Additional trainings and the MOST forms are located here: <https://www.civhc.org/programs-and-services/most-program/>





# Background

- Established by legislation in Colorado in 2010
- Revised in 2015
- Administratively housed at CIVHC (since 2018)
- Colorado representatives to the National POLST Plenary Assembly (<https://polst.org/>)
  - Alissa Schramm, BS, MS, CMC, CSA
  - Hillary Lum, MD, PhD



# 10 Things to Know about MOST

**1. MOST is more than just a form... (it's a tool that translates conversations into Medical Orders).**

- MOST is a vehicle to talk about an individual's **PREFERENCES** for care.
- The conversation should discuss goals of care and consider current diagnosis, prognosis, and treatment options.

# COLORADO MOST FORM

- Colorado MOST form available at: <https://www.civhc.org/wp-content/uploads/2018/10/MOST-Form-2018.pdf>
- C.R.S. 15-18.7: Directives Concerning Medical Orders for Scope of Treatment

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED			
<b>Colorado Medical Orders for Scope of Treatment (MOST)</b> • FIRST follow these orders, THEN contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) for further orders if indicated. • These Medical Orders are based on the person's medical condition & wishes. • If Section A or B is not completed, full treatment for that section is implied. • May only be completed by, or on behalf of, a person 18 years of age or older. • Everyone shall be treated with dignity and respect.		Legal Last Name	
		Legal First Name/Middle Name	
		Date of Birth	Sex
		Hair Color	Eye Color
		Race/Ethnicity	
<i>In preparing these orders, please inquire whether patient has executed a living will or other advance directive. (If yes and available, review for consistency with these orders and update as needed. (See additional instructions on page 2.)</i>			
<b>A</b> Check one box only	<b>CARDIOPULMONARY RESUSCITATION (CPR)</b> <span style="float: right;">***Person has no pulse and is not breathing.***</span> <input type="checkbox"/> Yes CPR: Attempt Resuscitation <input type="checkbox"/> No CPR: Do Not Attempt Resuscitation <small>NOTE: Selecting "Yes CPR" requires choosing "Full Treatment" in Section B. When not in cardiopulmonary arrest, follow orders in Section B.</small>		
	<b>B</b> Check one box only <b>MEDICAL INTERVENTIONS</b> <span style="float: right;">***Person has pulse and/or is breathing.***</span> <input type="checkbox"/> Full Treatment—primary goal to prolong life by all medically effective means: <small>In addition to treatment described in Selective Treatment and Comfort-focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardiovascular as indicated. Transfer to hospital if indicated. Includes intensive care.</small> <input type="checkbox"/> Selective Treatment—goal to treat medical conditions while avoiding burdensome measures: <small>In addition to treatment described in Comfort-focused Treatment below, use IV antibiotics and IV fluids as indicated. Do not intubate. May use noninvasive positive airway pressure. Transfer to hospital if indicated. Avoid intensive care.</small> <input type="checkbox"/> Comfort-focused Treatment—primary goal to maximize comfort: <small>Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.</small> Additional Orders:		
<b>C</b> Check one box only	<b>ARTIFICIALLY ADMINISTERED NUTRITION</b> <span style="float: right;">Always offer food &amp; water by mouth if possible.</span> <small>Any surrogate legal decision maker (Medical Durable Power of Attorney (MDPOA), Proxy-by-Statute, guardian, or other) must follow directions in the patient's living will, if any. Not completing this section does not imply any one of the choices—further discussion is required. NOTE: Special rules for Proxy-by-Statute apply; see reverse side ("Completing the MOST form") for details.</small> <input type="checkbox"/> Artificial nutrition by tube long term/permanent if indicated. <input type="checkbox"/> Artificial nutrition by tube short term/temporary only. (May state term & goal in "Additional Orders") <input type="checkbox"/> No artificial nutrition by tube. Additional Orders:		
	<b>D</b> <b>DISCUSSED WITH</b> (check all that apply): <input type="checkbox"/> Patient <input type="checkbox"/> Proxy-by-Statute (per C.R.S. 15-18.5-103(3)) <input type="checkbox"/> Agent under Medical Durable Power of Attorney <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____		
<b>SIGNATURES OF PROVIDER AND PATIENT, AGENT, GUARDIAN, OR PROXY-BY-STATUTE AND DATE (MANDATORY)</b> <small>Significant thought has been given to these instructions. Preferences have been discussed and expressed to a healthcare professional. This document reflects those treatment preferences, which may also be documented in a Medical Durable Power of Attorney, CPR Directive, living will, or other advance directive (attached if available). To the extent that previously completed advance directives do not conflict with these Medical Orders for Scope of Treatment, they shall remain in full force and effect.</small> <small>If signed by surrogate legal decision maker, preferences expressed must reflect patient's wishes as best understood by surrogate.</small>			
Patient/Legal Decision Maker Signature (Mandatory)		Name (Print)	Date Signed (Mandatory; Month of previous MOST form)
Physician / APN / PA Signature (Mandatory)		Print Physician / APN / PA Name, Address, and Phone Number	Date Signed (Mandatory)
Colorado License #:			
<small>HPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY            Authority for this form and process is granted by C.R.S. 15-18.7 Directives Concerning Medical Orders for Scope of Treatment, enacted 2016.</small>			



# 10 Things to Know about MOST

## 2. MOST form is NOT an advance directive.

### Advance Directive:

- Identifies a health care agent
- Provides an idea of what treatments the patient would like to receive

- MOST is a Medical Order Set.
- Medical orders are immediately effective.
- MOST form should align with advance directives.

[Read more about POLST compared to Advance Directives:](https://polst.org/compared-with-advance-directives-pdf)  
<https://polst.org/compared-with-advance-directives-pdf>



# 10 Things to Know about MOST

**3. MOST form is  
NOT for everyone.**

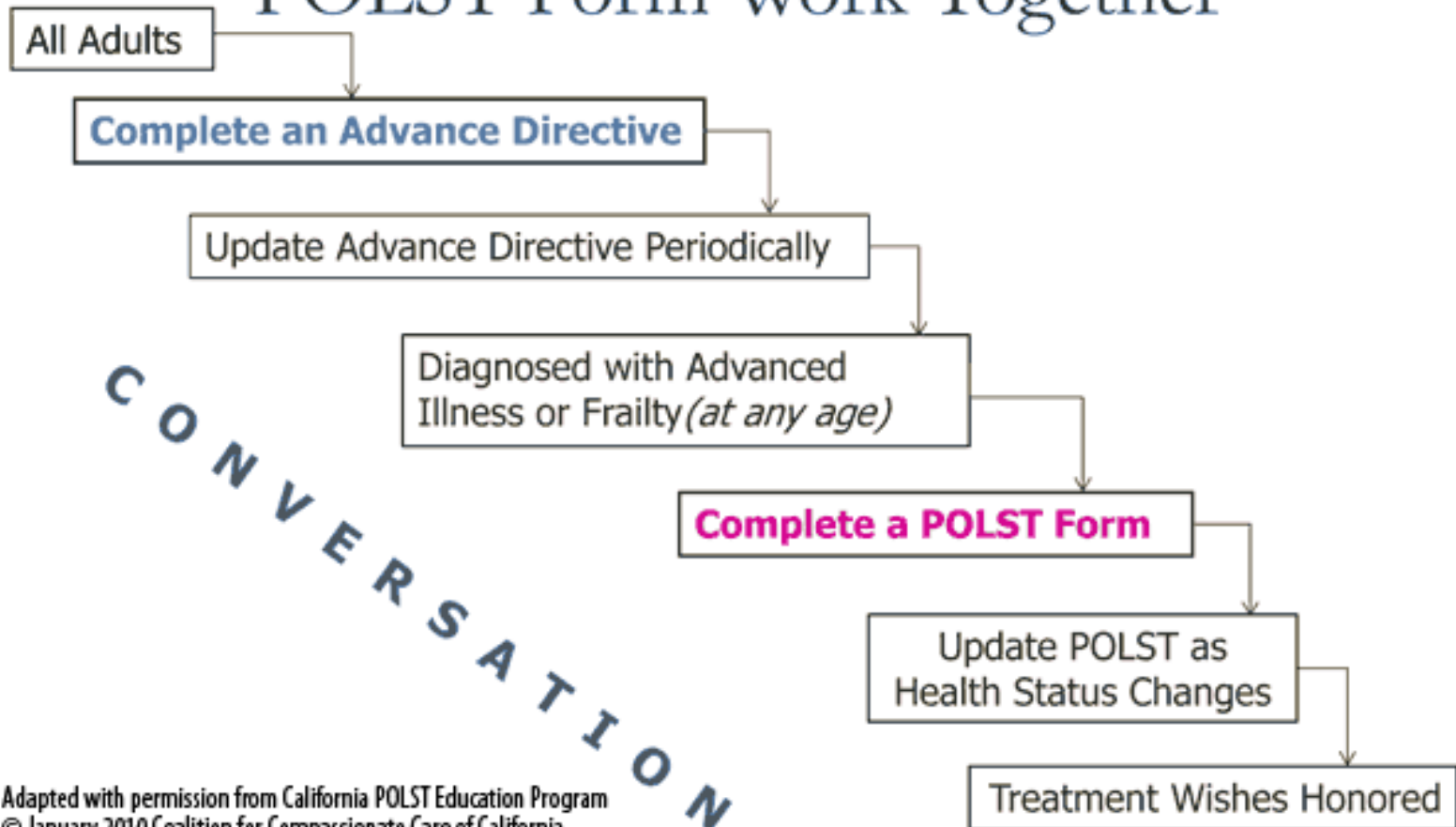
**MOST form is for patients at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.**

[Read more about for whom POLST is appropriate:  
https://polst.org/appropriate-use-pdf](https://polst.org/appropriate-use-pdf)



# 10 Things to Know about MOST

## How An Advance Directive and POLST Form Work Together



Adapted with permission from California POLST Education Program  
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# 10 Things to Know about MOST

**4. MOST form does not have to be the original to be valid.**

- Photocopy, fax, or electronic images of the signed MOST form are legal.
- Green paper is strongly encouraged but not required.





# 10 Things to Know about MOST

**5. MOST form does not have to be entirely filled in to be valid.**

- It is OK if Section A, Section B, or Section C is left blank.
- If a section is left blank, full treatment is implied.



**YES, CPR= FULL TREATMENT**



# 10 Things to Know about MOST

**6. Healthcare professionals and EMS must follow the MOST form.**

- **MOST is a portable, out-of-hospital medical order set that must be honored in all settings.**
- **Providers should follow valid MOST forms from other states as well.**





# 10 Things to Know about MOST

**7. Doctors, APNs or PAs can sign the completed form, and others can help with the process.**

- **Trained healthcare professionals, such as social workers and chaplains, can help with conversations and completing the form.**
- **A physician, advanced practice nurse, or physician assistant must sign.**





# 10 Things to Know about MOST

**8. Verbal orders for the MOST form can be given.**

**Verbal orders are acceptable with follow-up signature, aligned with facility policy, but not to exceed 30 days.**





# 10 Things to Know about MOST

**9. MOST form should be reviewed routinely, and changed as appropriate.**

- MOST forms need to be voluntarily updated.
- Patients or decision makers can review and revise the MOST form in consultation with healthcare providers.





# 10 Things to Know about MOST

**10. Residents are not required to complete a MOST form for an assisted living residence or nursing home.**

- Having a MOST form is always **VOLUNTARY**.
- MOST forms cannot be required upon admission.
- A new MOST is also **NOT** required if the resident moves into a new care setting.





# Additional Resources

- Additional Information on the MOST:  
<https://www.civhc.org/programs-and-services/most-program/>
- The MOST form: <https://www.civhc.org/wp-content/uploads/2018/10/MOST-Form-2018.pdf>
- National POLST: <https://polst.org/>
- Additional Information on Advance Care Planning:
  - <https://coloradocareplanning.org/colorado-advance-care-planning-organizations/>
  - [www.larimeradvancecare.org](http://www.larimeradvancecare.org)





# Thank you!

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