



Summary of Maryland “Patient’s Plan of Care: Goals and Treatment Options Explanatory Guide for Health Care Professionals”

The Maryland “Patient’s Plan of Care” (PPOC) form provides a standardized process for end-of-life care planning relevant to the patient’s *current* illness and health care status. State regulations governing the use of the PPOC form became effective October 1, 2005.

Objectives

- to help a patient or, if the patient lacks capacity, the patient’s health care agent or surrogate (“health care proxy”) to understand and discuss issues about life-sustaining treatment with a physician or other health care provider;
- to document the patient’s or health care proxy’s preferences about current or foreseeable life-sustaining treatment issues relevant to the patient’s **current illness and health care status**;
- to provide a mechanism for carrying out any existing general advance directives (including living wills) containing instructions related to the use of life-sustaining treatments in the specific clinical context;
- to serve as a basis for medical orders (for example, whether or not CPR is to be attempted) in the health care facility where the PPOC form is filled out or filed; and
- to provide information about care planning to the receiving facility and any new attending physician upon transfer to a different health care facility.

Relationship to “Living Will” type of advance directives

- **Living Will:** A living will is an instructional advance directive used to describe an individual’s preferences about life-sustaining treatments to be honored after the individual loses capacity. A living will typically describes the individual’s preferences about life-sustaining procedures in general, and is not linked to a current, specific clinical context.
- **PPOC Form:** By contrast, treatment preferences described on a PPOC form are specific and should be **directly related to the patient’s current health care status**.
- **Patient Options:** If a patient with capacity uses the PPOC form to document preferences about life-sustaining procedures, the patient may select any desired options regardless of an existing advance directive.
- **Health Care Proxy’s Responsibility:** A health care proxy’s use of the PPOC form on behalf of an incapacitated patient must be within the proxy’s legal authority and consistent with the patient’s known wishes, including any relevant instructions in an advanced directive.

Legal Requirements related to the use of the PPOC form

The Maryland Legislature added provisions for the PPOC form to the Health Care Decisions Act without repealing or amending other provisions of the Health Care Decisions Act. If a surrogate is using the PPOC form to withhold or withdraw a life-sustaining medical treatment, the patient must have been certified to be in a terminal or end-stage condition or in a persistent vegetative state. In addition,

- Effective October 1, 2005, the PPOC form must be offered to **every** newly admitted resident at a nursing home.
- A health care facility may not re-format or reword the form other than to include additional identifying information about a patient or the logo of the health care facility.
- If a PPOC form is completed by a health care proxy, the form must be consistent with any existing advance directives of the patient.
- If the PPOC is completed in a nursing home, it must be kept near the front of the patient’s medical record. The practice would be prudent in other health care facilities.
- If the patient is transferred to another health care facility, the PPOC form must be sent at the same time as the patient.
- If the patient is transferred to another health care facility, the PPOC form must be reviewed by any attending physician at the new facility to identify how documented treatment preferences should affect treatment in the receiving facility.
- If a PPOC has been filled out and the patient’s condition later changes materially, including loss of capacity, the form must be reviewed. If appropriate, the form should be rescinded and a new one prepared.

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Relationship to medical orders; immunity

- **The PPOC form is not a physician's order**, but it is to be considered when a physician (or other authorized provider) writes orders.
- Physicians and other health care providers gain legal immunity if they rely on the PPOC form to develop a care plan and related medical orders, as long as they follow proper procedures and act in good faith.

Discussing and completing the form

- **Hospital Use:** The PPOC form is useful for documenting end-of-life care planning for patients whose medical condition presents current issues about life-sustaining treatments; however, hospitals, assisted living facilities, home health agencies, and hospice programs are not required to offer the PPOC form to their patients. *The requirement is limited to nursing homes.*
- **Delegation:** The attending physician may delegate to another health care professional the task of assisting the patient or health care proxy in considering and, should the patient or health care proxy decide to do so, completing the PPOC form; however, the attending physician reviews the form before signing it and remains responsible for the process of presenting and discussing treatment options.
- **Timing:** The law does not specify a time period. Discussion should occur as promptly as possible after arrival.
- **Documentation:** Either the completed form or documentation of its refusal should appear in the medical record of all nursing home residents admitted since October 1, 2005.
- **Transfer to Nursing Home:** If a hospitalized patient completes a PPOC form and later transfers to a nursing home, the nursing home may simply ask the patient or health care proxy whether the existing PPOC form is satisfactory.
- **Execution of the PPOC Form:** The patient or the patient's health care proxy, the attending physician, and the health care provider who discussed the form with the patient or health care proxy (if other than the attending physician) will sign the form. The signatures do not require the signature of a witness.
- **"Other" Space:** In Parts C through I, there is an item for "Other," to provide space for modification or elaboration of a preprinted item, to better reflect the patient or health care proxy's decision.
- **"No Decision at this time":** If the patient or health care proxy is uncomfortable completing any part of the form, he or she can enter "No decision at this time."
- **Struck Text:** Text can be struck through when not relevant to the patient's current medical condition.

Key Points

- **HOSPITALS ARE NOT REQUIRED TO OFFER THE PPOC FORM TO THEIR PATIENTS. The requirement is limited to nursing homes. However, it may be beneficial for hospital providers to offer the PPOC form to patients to document end-of-life care preferences related to their health current health care status.**
- **THE PPOC IS NOT AN ADVANCE DIRECTIVE. The PPOC form documents treatment preferences that are specific and directly related to the patient's current health care status.**
- **THE PPOC IS NOT A PHYSICIAN'S ORDER, but it is to be considered when a physician (or other authorized provider) writes orders.**

Additional information

Additional information about completing the PPOC form can be found in the "Explanatory Guide for Health Care Professionals" on the website of the Maryland Attorney General's Office. (<http://www.oag.state.md.us/Healthpol/PPOC>).

The PPOC form is part of a broader process aimed at achieving excellence in end-of-life care. An ethical framework, entitled "Key Steps in Making and Implementing Health Care Decisions" identifies the steps for complying and giving practical meaning to the ethical principles that under lie the Health Care Decisions Act (<http://www.oag.state.md.us/Healthpol/SAC/inbdex.htm#ethics>).

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Shallenberger Ethics Lecture Series

“What have we learned from Terri Schiavo?”

The following lectures sponsored by the Johns Hopkins Ethics Committee and Consultation Service will be held in The School of Nursing Alumni Auditorium (525 N. Wolfe Street), 4-5 p.m., with question and answer period to follow.

Thursday, March 30, 2006

Rabbi Dr. Tsvi Schur, Imam Dr. Yahya N. Hendi, the Reverend Dr. Michael O. Thomas, and Fr. Phil Keane will hold a panel discussion from four different theological perspectives about the spiritual dimensions of the Terri Schiavo case, including treatment decisions, the role of religion in decision-making, and faith issues in conflict management when decisions are disputed. The Reverend Paula Teague, D. Min., Manager of Clinical Pastoral Education at The Johns Hopkins Hospital, will facilitate the panel discussion including audience questions.

Thursday, April 27, 2006

Shallenberger Lecture: Ronald Cranford, M.D., Professor of Neurology and Medical Ethicist at Hennepin County Medical Center and University of Minnesota Medical School will discuss the evolution of legal and ethical views of care for patients with PVS over the last 30 years, and then the short and long-term implications of the Terri Schiavo case on end-of-life decision making and care. Following the lecture, Marc Steiner, host of WYPR's daily Marc Steiner show, will lead a panel discussion with audience participation. **A reception will follow in the Carpenter Room.**

CEUs have been applied for through the MNA.

For additional information call Sharon Mears (410-955-0620) or e-mail smears@jhmi.edu.

2006 Risk Management Seminars

Risk Management Seminars will be held on the following dates in Hurd Hall. Contact your departmental credentials coordinator if you are unsure whether you need to attend.

- 3/11/06, 11 a.m. – 12 noon
- 4/11/06, 5:30-6:30 p.m.
- 5/16/06, 5:30-6:30 p.m.
- 6/13/06, 5:30-6:30 p.m.

If you have questions, call the Legal Department at 955-7949.

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Beryl J. Rosenstein, M.D., *Vice President, Medical Affairs*
Pamela Shafer, *Director, Medical Staff Administration*
Sharon Mears, *Editor*
410-955-0620