

Medical Orders for Scope of Treatment (MOST)

DEFINITIONS

Adult:	In British Columbia, refers to a person 19 years of age or older.
Advance Care Plan (ACP):	A summary of a capable adult's wishes or instructions. This summary may include documents such as an Advance Directive (AD) and/or Representation Agreement.
Advance Care Planning:	The ongoing discussion between the capable adult; the Most Responsible Physician (MRP) and Health Care Provider (HCP) team; family; and others regarding the adult's beliefs, values and wishes regarding health care they wish to consent to or refuse in advance of a situation when they are incapable of making health decisions. (<u>MoH My Voice Expressing My Wishes for Future Health Care Treatment Advance Care Planning Guide</u>)
Advance Directive (AD):	A written document, completed by a 'capable adult', that provides instructions directly to the health care provider about the health care treatment the adult consents to or refuses. It is effective when the capable adult becomes incapable and only applies to the health care conditions and treatments noted in the Advanced Directive. An AD that meets the requirements, as per the <u>Health Care (Consent) and Care Facility (Admission) Act</u> , supersedes the TSDM's wishes and desires regarding treatment for the adult.
Capable Adult:	All adults are presumed to be capable of making health care decisions until there is clear evidence that the adult is incapable of making a clear decision.
Comfort Care:	Refers to medical care for symptom control, psychological and spiritual support with a palliative approach to care.

Cardio-Pulmonary Resuscitation (CPR):	Refers to medical procedures used to attempt to restart a person's heart and breathing when the heart and/or lungs stop working. CPR is an aggressive procedure which may not be the right choice for everyone. If a person is healthy before breathing or the heart stops unexpectedly and if CPR begins immediately, this procedure can be successful with minimal brain injury as a result of lack of oxygen. CPR is often not suitable for people who have an advanced or deteriorating long-term medical condition.
Critical Care Interventions:	Medical interventions that attempt to extend or preserve life through aggressive treatments provided in critical care environments, i.e. ICU.
Data Entry Office (DEO):	A centralized location where MOST Forms are received and processed from across the Interior Health (IH) region to ensure the documentation is available electronically to health care providers within IH.
Defibrillation:	A device called a defibrillator is used to deliver electrical energy to the heart to attempt to restore normal contractions.
Health Care Provider (HCP):	A licensed, certified, or registered Professional to provide health care under the Health Care Professions Act and the Social Workers Act.
Health Care (Consent) and Care Facility (Admission) Act - BC:	Referred to as the <u>Consent Act</u> .
No CPR Medical Order:	A BCEHS provincial <u>form</u> that documents medical orders that reflects a person's wishes in the event that they stop breathing or their heart stops beating. Prior to the introduction of the IH MOST Form in 2015, this was the primary document used to communicate medical orders.
Intubation:	The insertion of an endotracheal tube through the mouth and into the airway to assist with breathing. This is done so that a person can be placed on a mechanical ventilator (respirator) to assist with breathing if he/she is unconscious or unable to maintain their airway for other reasons.

Medically Appropriate Care:	Health care treatment offered by a health care provider that is consistent with the adult's condition and goals of care, based on the health care provider's clinical assessment.
MOST Designation:	Standardized MRP orders that communicate the level of medical intervention.
MOST Eligibility Criteria:	<p>Intended population is:</p> <ul style="list-style-type: none">➤ Adults 19 years or older with a progressive, life limiting disease process and/or have an Advance Directive. <p>Adults who do not meet the above criteria may still have a MOST if their MRP deems appropriate.</p>
MOST Form:	An IH Form completed by the MRP that translates actionable medical orders that provide direction on code status, critical care interventions and medical interventions based on consideration of the adult's preferences as well as their current health status.
Most Responsible Practitioner (MRP):	The Physician or Nurse Practitioner whose name appears in the person's chart designated as the MRP and who has overall responsibility for directing and coordinating care.
Non-beneficial Medical Treatments:	Treatments where, in the best clinical judgment of a MRP, there is no clinical benefit or reasonable hope of recovery or improvement.
Plan of Care:	An interprofessional documentation tool that outlines the care for the adult, and reflects their needs and goals which all health care team members need to consider in their interactions with the adult.
Representation Agreements:	Two types of agreements (Section 7RA or 9RA) for a capable adult to name their representative to make health care treatment and other decisions on their behalf, if incapable. Scope of authority is dependent on the type of agreement as well as the scope of decisions laid out by the capable adult.

Substitute Decision Maker (SDM):

A capable adult with authority to make health care treatment decisions on behalf of an incapable adult. There are three types of SDMs:

1. Committee of Person/Personal Guardian

Person appointed by the court under the [Patients Property Act](#) to be the Personal Guardian of an adult. The powers of a Committee of Person, though extensive, can be limited by restrictions imposed in the court order.

2. Representative

A person 19 years or older who is named by a capable adult in a Representation Agreement to make health care treatment decisions and other decisions on their behalf when no longer capable of providing consent or refusal.

3. Temporary Substitute Decision Maker (TSDM)

In the absence of an available Representative, an adult is chosen in ranking order by the HCP as per the [Consent Act](#). The [Health Care Providers' Guide to Consent to Health Care](#) is another resource.

The selected TSDM will be qualified, willing and available to make health care treatment decisions on behalf of the incapable adult when substitute consent is needed. A TSDM appointment is time-specific and applies only to the health issue at hand, and is not authorized to make health care treatment decisions in advance of a proposed treatment being offered by the MRP.

Un-witnessed Arrests:

An arrest is considered un-witnessed when the adult is found with no vital signs, unresponsive pupils, no spontaneous attempts at respiration and no other agonal movements (e.g. attempts to swallow), and where there are no clues of any kind to indicate when the actual cessation of consciousness occurred.