

Title 10

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 07 HOSPITALS

Chapter 01 Acute General Hospitals and Special Hospitals

Authority: Health-General Article, §§19-307.2, 19-308, 19-308.6, 19-308.8, 19-318—19-320,
19-323, and 19-349.1;

Insurance Article, Title 4, Subtitle 4; Public Safety Article, §14-110.1; Annotated Code of
Maryland

10.07.01.01

.01 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1)—(6) (text unchanged)

(7) *“Authorized decision maker” means the health care agent, guardian of the person, or surrogate decision maker who is making health care decisions on behalf of a patient in accordance with the Health Care Decisions Act, Health-General Article, §§5-601—5-618, Annotated Code of Maryland.*

[(6-1)] (8)—[(18)] (21) (text unchanged)

(22) *“Medical Orders for Life Sustaining Treatment (MOLST) form” means the form required to be developed pursuant to Health-General Article, §5-608.1, Annotated Code of Maryland.*

[(19)] (23) (text unchanged)

[(20)] (24) “[Nonaccredited] *Non-accredited* hospital” means a:

(a) Hospital not accredited by The Joint Commission or other accreditation organization approved by the Department; or

(b) Special rehabilitation hospital not accredited by The Joint Commission.

[(21)] (25) "[Nonelective] *Non-elective*", when applied to admission or to a health care service, means an admission or service that cannot be delayed without substantial risk to the health of the individual.

(26) "*Palliative care*" means specialized medical care for individuals with serious illnesses or conditions that:

(a) *Is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness or condition, whatever the diagnosis;*

(b) *Has the goal of improving quality of life for the patient, the patient's family, and other caregivers;*

(c) *Is provided at any age and at any stage in a serious illness or condition; and*

(d) *May be provided along with curative treatment.*

(27) "*Palliative care program*" means an interdisciplinary team that provides palliative care services.

[(22)] (28)—[(29)] (37) (text unchanged)

.31 Hospital Palliative Care Programs

A. Acute General Hospitals and Special Hospitals-Chronic Care with 50 or more beds shall establish an active hospital-wide palliative care program that provides consultation services to patients suffering from pain and symptoms due to serious illnesses or conditions.

B. The hospital shall:

(1) Promote the palliative care program;

(2) Provide information and referrals to patients and families when appropriate regarding the availability of palliative care services; and

(3) Inform patients of their right to request a palliative care consultation.

C. Staffing.

(1) The hospital shall designate a qualified interdisciplinary care team with training in palliative care.

(2) The hospital shall ensure:

(a) A qualified health care professional coordinates the activities of the palliative care program with the palliative care patient's interdisciplinary care team;

(b) Staff is appropriately trained, credentialed, and/or certified in their area of expertise;

(c) Staff receives continuing training and education; and

(d) Written policies and procedures for the hospital palliative care program are established, implemented, maintained, and updated periodically.

D. Palliative Care Education and Training. The hospital shall provide and document training to all staff with privileges about:

(1) Services provided by the palliative care program;

(2) Domains of palliative care; and

(3) Legal requirements for:

(a) Health care decisions; and

(b) MOLST as referenced in COMAR 10.01.21.

E. Interdisciplinary Plan of Care

(1) The hospital shall develop a written interdisciplinary plan of care for each palliative care patient. The written plan of care shall reflect current standards of practice.

(2) The hospital shall review the plan of care and revise as necessary to meet the needs of the palliative care patient.

(3) The palliative care program shall regularly conduct care conferences to review the plan of care with:

(a) The patient;

(b) The patient's family;

(c) The health care professional; and

(d) Other interdisciplinary team members.

(4) Contents. The palliative care patient's plan of care shall include at a minimum:

(a) Initial assessments conducted by the interdisciplinary palliative care team;

(b) Psychological needs assessment;

(c) Treatment goals;

(d) Choice of treatment options;

(e) Preferred care setting;

(f) Preferred site of death and after death arrangements;

(g) Grief and bereavement plan; and

(h) Assessment of cultural and legal needs.

(5) Collaboration. The hospital shall document and provide palliative care services in collaboration with the attending physician and other health care staff managing the patient's care.

(6) Continuity of Care. The hospital shall coordinate services to ensure continuity of care for the palliative care patient. The hospital shall:

(a) Transfer the pertinent parts of the medical record, medical orders, and plan of care with the palliative care patient upon transfer or discharge;

(b) Ensure that MOLST forms are completed according to COMAR 10.01.21;

- (c) Convert a palliative care patient's treatment goals into medical orders as appropriate; and*
- (d) Have reporting mechanisms to keep all staff informed and updated about care changes and treatment goals.*

F. Palliative Care Services.

(1) The hospital shall counsel the palliative care patient or their authorized decision maker regarding:

- (a) Health options;*
- (b) Pain management options;*
- (c) Prognosis;*
- (d) Risk and benefits of treatment;*
- (e) Availability of grief and bereavement services;*
- (f) Psychological services;*
- (f) Availability of spiritual care counseling through the hospital or outpatient providers; and*
- (g) Hospice services.*

(2) Referrals. The palliative care program shall make and document appropriate and timely referrals to:

- (a) Inpatient or outpatient bereavement providers;*
- (b) Psychological services for the palliative care patient and the patient's family;*
- (c) Inpatient or outpatient spiritual care services; and*
- (d) Hospice when appropriate or upon request of the patient or the patient's authorized surrogate decision maker.*

(3) Pain and Symptom Management. The hospital shall:

(a) Conduct and document pain and symptom assessments using available standardized scales to appropriately manage a palliative care patient's symptoms;

(b) Provide adequate and appropriate dosage of analgesics and sedatives to meet the needs of the palliative care patient; and

(c) Educate the patient and the patient's family about the use of opioids during end-of-life care.

(4) Other Services. The hospital shall provide to palliative care patients, their families, and their unlicensed caregivers:

(a) Education and support about how to safely care for the patient at home or in an alternate residential setting as appropriate; and

(b) Information, education, and training materials that are culturally and linguistically appropriate and meet the needs of the patient.

(5) Imminent Death. The palliative care team shall document and counsel the patient, the authorized decision maker, the patient's family, and the interdisciplinary care team about the active dying phase and imminent death as appropriate.

(6) Hospice. The palliative care program shall document the counseling and referral of patients to hospice in the medical record.

(7) MOLST. The hospital shall comply with the procedures and requirements of the Medical Orders for Life-Sustaining Treatment Form, which is incorporated by reference at COMAR 10.07.21.

(8) Interpreter services. The hospital shall ensure interpreter services are available and accessible to the palliative care program.

G. Advance Directives.

(1) The hospital shall recognize the authority of:

(a) An advance directive established in compliance with Health-General Article, §5-602, Annotated Code of Maryland; and

(b) An authorized decision maker.

(2) The hospital shall ensure that any provided advance directive and authorized decision maker designation are in the patient's medical record, including the electronic medical record.

(3) The hospital shall promote advance care planning and the completion of advance directives through community outreach activities.

H. Ethics Committee. The hospital shall allow staff, patients and the patient's family in the palliative care program access to an ethics committee to address ethical conflicts at the end of life.

I. Quality Improvement. The palliative care program shall take part in the hospital's quality improvement and performance improvement activities to the extent required by state and federal statute.

J. Departmental Oversight. The Department shall have access to all data maintained through the hospital's palliative care program to determine the hospital's compliance with State and Federal Regulations.