eMOLST Aims to Improve Quality & Patient Safety to Achieve the Triple Aim

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Chair, MOLST Statewide Implementation Team & eMOLST Program Director
Leader, Community-wide End-of-life/Palliative Care Initiative
Chair, National Healthcare Decisions Day New York State Coalition

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CompassionAndSupport.org

Compassion and Support at the End of Life
CompassionAndSupport.org

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Advance Care Planning Preferred Practices
National Quality Forum

• Document the designated agent (surrogate decision maker) in a Health Care Proxy for every patient in primary, acute and long-term care and in palliative and hospice care.

• Document the patient/surrogate preferences for goals of care, treatment options, and setting of care at first assessment and at frequent intervals as condition changes.

• Convert the patient treatment goals into medical orders and ensure that the information is transferable and applicable across care settings, including long-term care, emergency medical services, and hospital, i.e., the Medical Orders for Life-Sustaining Treatment—MOLST, an endorsed POLST Paradigm Program.

• Make advance directives and surrogacy designations available across care settings; through collaboration with the RHIO and eMOLST.

• Develop and promote healthcare and community collaborations to promote advance care planning and completion of advance directives for all individuals. e.g. Respecting Choices and Community Conversations on Compassionate Care.

Advance Care Planning Process
Advance Directives vs. Actionable Medical Orders

Advance Directives

For All Adults
Community Conversations on Compassionate Care (CCCC)

• New York
  – Health Care Proxy
  – Living Will
• Organ Donation
• State-specific forms: e.g. Durable POA for Healthcare

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Actionable Medical Orders

For Those Who Are Seriously Ill or Near the End of Their Lives

Medical Orders for Life-Sustaining Treatment (MOLST) Program

• Do Not Resuscitate (DNR) Order
• Medical Orders for Life Sustaining Treatment (MOLST) NY’s Endorsed POLST
• Physician Orders for Life Sustaining Treatment (POLST) Paradigm Programs

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POLST.org

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MOLST: End-of-life Care Transitions Program

Hospital

LTC

Office

A Project of Compassion and Support, the Community-Wide End-of-life/Palliative Care Initiative
History of MOLST/eMOLST Program

- Work initiated Fall 2001
- Created November 2003
- Adapted from Oregon’s POLST
- Combines DNR, DNI, and other LST
- Incorporates NYS law
- Collaboration with NYSDOH – 3/04
- Revised 10/05; Approved Inpatient DNR form
- Legislation passed 2005; Community Pilot launched
- Chapter Amendment passed 2006
- Gov. Paterson signed bill 7/8/08
  - MOLST consistent with PHL§2977(3)
  - Permanent change in EMS scope of practice
- MOLST permanent and statewide

- HEAL 5 grant includes eMOLST, 2008
- DOH-5003 NYSDOH MOLST form, 6/10
- FHCDA, effective June 1, 2010
- eMOLST Preview: October 19, 2010
- PCIA, effective February 9, 2011
- PCAA, effective September 27, 2011
- Hospice added to FHCDA, September 19, 2011

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Digital Transformation
Defining eMOLST vs. eMOLST Registry

• eMOLST
  – Secure web-based application allows enrolled users to complete the eMOLST form and document the discussion in the correct MOLST Chart Documentation Form (CDF) and/or mandated OPWDD Checklist for Persons with Developmental Disabilities who lack capacity
  – CDFs document goals for care, discussion, ethical/legal requirements
  – Forms are created as pdf documents that can be printed for the patient and a paper-based medical record, stored in an EMR via link to eMOLST, and become part of the NYS eMOLST registry

• eMOLST Registry
  – Electronic database centrally housing MOLST forms and CDFs to allow 24/7 access in an emergency
Pathways for eMOLST Use
8-Step MOLST Protocol

1. Prepare for discussion
   - Understand patient’s health status, prognosis & ability to consent
   - Retrieve completed Advance Directives
   - Determine decision-maker and NYSPHL legal requirements, based on who makes decision and setting

2. Determine what the patient and family know
   - re: condition, prognosis

3. Explore goals, hopes and expectations

4. Suggest realistic goals

5. Respond empathetically

6. Use MOLST to guide choices and finalize patient wishes
   - Shared, informed medical decision-making
   - Conflict resolution

7. Complete and sign MOLST
   - Follow NYSPHL and document conversation

8. Review and revise periodically
MOLST Instructions and Checklists

**Ethical Framework/Legal Requirements**

- **Checklist #1** - Adult patients with medical decision-making capacity *(any setting)*
- **Checklist #2** - Adult patients without medical decision-making capacity who have a health care proxy *(any setting)*
- **Checklist #3** - Adult hospital or nursing home patients without medical decision-making capacity who do **not** have a health care proxy, and decision-maker is a Public Health Law Surrogate (surrogate selected from the surrogate list)
- **Checklist #4** - Adult hospital or nursing home patients without medical decision-making capacity who do **not** have a health care proxy **or** a Public Health Law Surrogate
- **Checklist #5** - Adult patients without medical decision-making capacity who do not have a health care proxy, and the MOLST form is being completed in the community.
- **Checklist for Minor Patients** - *(any setting)*
- **Checklist for Developmentally Disabled who lack capacity** – *(any setting)* **must** travel with the patient’s MOLST

MOLST and MOLST Chart Documentation Forms

Align with NYSDOH Checklists
WELCOME TO eMOLST

Please enter your username and password.

User name: 

Password: 

Log On  Forgot password? Need an account?

What is eMOLST?

eMOLST allows for electronic completion of the current New York State Department of Health-5003 MOLST form. By moving the MOLST form to a readily accessible electronic format and creating the New York eMOLST Registry, health care providers, including EMS, can have access to MOLST forms at all sites of care including hospitals, nursing homes and in the community. The New York eMOLST Registry is an electronic database centrally housing MOLST forms and Chart Documentation Forms (CDFs) to allow 24/7 access in an emergency.

Getting started with eMOLST

To begin using eMOLST at your organization, please contact Dr. Pat Bomba (patricia.bomba@lifethc.com) and Katie Orem (katie.orem@excellus.com).

- eMOLST Summary & Why do eMOLST?
- eMOLST Program Manual (see page 6 for the "getting started" checklist)
- eMOLST Form Completion (Clinical) Screenshots
- eMOLST Administrative Screenshots
- eMOLST Overview - 5-minute video demonstrating why it's important to implement eMOLST across NYS
- eMOLST Enrollment Template
- eMOLST Paper Conversion Template

For more information visit CompassionAndSupport.org.

Learn how to use eMOLST by watching our eLearnings on YouTube.
**MY PATIENTS**

**LIST OF MY PATIENTS**

<table>
<thead>
<tr>
<th>eMOLST NUMBER</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>DOB</th>
<th>eMOLST STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>585-7LWVV-7K6H</td>
<td>Dog</td>
<td>Goofy</td>
<td>01/01/1901</td>
<td>Review in 60 Days</td>
</tr>
<tr>
<td>585-9HQ78-7K6H</td>
<td>Duck</td>
<td>Donald</td>
<td>01/01/1901</td>
<td>Draft</td>
</tr>
<tr>
<td>585-T53LL-7K6H</td>
<td>Mouse</td>
<td>Mickey</td>
<td>01/01/1901</td>
<td>Review in 60 Days</td>
</tr>
<tr>
<td>585-XFNP6-7K6H</td>
<td>Mouse</td>
<td>Minnie</td>
<td>01/01/1901</td>
<td>No Form</td>
</tr>
</tbody>
</table>

**Search for a Patient**

- **First Name:**
- **Last Name:**
- **Gender:** Unspecified
- **Date of Birth:** mm/dd/yyyy

**Lookup by eMOLST Number**

A patient's eMOLST number can be found near the top of the paper MOLST form.

- **eMOLST Number:** XXX-XXXX-XXXX

**NOTIFICATIONS**

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>eMOLST NUMBER</th>
<th>MESSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/20/2013 18:16</td>
<td>585-7LWVV-7K6H</td>
<td>korem2.excellus signed new eMOLST orders for Goofy Dog</td>
</tr>
<tr>
<td>09/20/2013 10:53</td>
<td>585-T53LL-7K6H</td>
<td>pbomba1.excellus signed new eMOLST orders for Mickey Mouse</td>
</tr>
</tbody>
</table>
PATIENT SUMMARY

Goofy Dog
eMOLST# 585-7LWWV-7K6H

Remove from custodianship
This will remove Goofy Dog from your My Patients list, and you will be unable to access this patient’s information or eMOLST forms.

Mark as deceased
This will mark the patient as deceased, and remove the patient from your My Patients list, and you will be unable to access this patient’s information or eMOLST forms.

Current Signed eMOLST Form

Form was completed on 09/20/2013 18:16 by korem2.excellus.

View PDF

View an old, voided form

60 days to review

REVIEW/RENEW

FORM HISTORY

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DATE/TIME</th>
<th>PRACTITIONER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form completed and signed</td>
<td>09/20/2013 18:16</td>
<td>korem2.excellus</td>
</tr>
</tbody>
</table>
Goofy Dog
eMOLST# 585-7LWV-7K6H

1. DISCUSSION

- Patient is minor and has developmental disability: no
- Patient is a minor: no
- Is a minor: false
- Is a minor: false
- No proxy, living will, or oral directive, lacks capacity, has PHL surrogate, completed in community: false
- Are you converting information about this patient from a paper MOLST form or a non-hospital DNR?: Yes
- Original date of consent for resuscitation instructions: 01/01/2011
- Original date of consent for life-sustaining treatment: 02/02/2011
- Is the patient a minor?: No
- Is the patient from a Mental Hygiene Facility?: No
- Is the patient from a Correctional Facility?: No
- Does the patient have developmental disabilities without capacity?: No
- Health Status: Severely Frail
- Estimated Prognosis: 6 months to < 1 year
- New Health Care Proxy: Patient lacks capacity to choose health care agent
- Medical decision-making capacity: Lacks ability to understand orders
- Decision-Maker: Public Health Law Surrogate
- Core patient values: Not to be a burden, Quality of life, Support
- Goals of care category: Functional preservation
- Goals for Care: Entered
- Setting: Nursing Home
- Legal Requirements: Checklist #3
- No Health Care Agent or Public Health Law Surrogate and not in hospice care: no

2. RESUSCITATION INSTRUCTIONS

3. LIFE-SUSTAINING TREATMENT

4. PATIENT CONSENT

5. CHART DOCUMENTATION FORM

6. SIGNATURE

7. PRINT
Consent for Resuscitation Instructions

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law.

Name of decision-maker:  Goofy Dog

Who made the decision?
- Patient
- Health Care Agent
- Public Health Law Surrogate
- Minor’s Parent/Guardian
- §1750-b Surrogate

Name of first witness:  Donald Duck

Name of second witness:  Mickey Mouse

Consent for Life-Sustaining Treatment Orders

Name of decision-maker:  Donald Duck

Who made the decision?
- Patient
- Health Care Agent
- Public Health Law Surrogate - with clear and convincing evidence
- Public Health Law Surrogate - without clear and convincing evidence
- Minor’s Parent/Guardian
- §1750-b Surrogate

Name of first witness:  Mickey Mouse

Name of second witness:  Dr. Pat Bomba
By completing the steps and clicking the button below, you are electronically signing the Medical Orders for Life Sustaining Treatment, as summarized above. This eMOLST form contains orders for the following sections: Resuscitation Instructions, Life Sustaining Treatment.

1. Re-enter your eMOLST password: 

2. In what year did you graduate from high school? 

3. Select your secret image from the choices below:

   ![Image 1](image1.png)   ![Image 2](image2.png)   ![Image 3](image3.png)   ![Image 4](image4.png)   ![Image 5](image5.png)
Do-Not-Resuscitate (DNR) and Other Life-Sustaining Treatment (LST)

This is a medical order form that tells others the patient's wishes for life-sustaining treatment. A health care professional must complete or change the MOLST form based on the patient's current medical condition, values, wishes and MOLST Instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate. A physician must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders and changes them.

MOLST is generally for patients with serious health conditions. The patient or other decision-maker should work with the physician and consider asking the physician to fill out a MOLST form if the patient:

- Wants to avoid or receive any or all life-sustaining treatment.
- Resides in a long-term care facility or requires long-term care services.
- Might die within the next year.

If the patient has a developmental disability and does not have ability to decide, the doctor must follow special procedures and attach the appropriate legal requirements checklist.

SECTION A  Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

Check one:

☐ CPR Order: Attempt Cardio-Pulmonary Resuscitation
   CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

☑ DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)
   This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.
REVIEW AND RENEWAL OF eMOLST FORM

Goofy Dog
eMOLST# 585-7LWVV-7K6H

1 | SUMMARY OF ORDERS

Last Signed on 09/20/2013 18:16 by korem2.excellus

Resuscitation Instructions:

- Resuscitation Instructions: Do Not Attempt Resuscitation (Allow Natural Death)

Life-Sustaining Treatment:

- Treatment Guidelines: Limited Medical Interventions
- Instructions for Intubation and Mechanical Ventilation: Do Not Intubate
- Future Hospitalization/Transfer: Send to the Hospital
- Feeding Tube: None
- IV Fluids: Trial Period
- Antibiotics: Determine Use or Limitation When Infection Occurs
- Other Instructions: Entered
- Life-sustaining treatment selected: no

View PDF

NO CHANGE  VOID FORM, COMPLETE NEW FORM  VOID FORM, NO NEW FORM  EXIT

2 | SIGNATURE

+ Begin with most recent orders selected

3 | PRINT

+ Begin with no orders selected
emOLST

Electronic Medical Orders for Life-Sustaining Treatment in New York State

eMOLST is a secure web-based application that allows enrolled users to complete the emOLST form, MOLST Chart Documentation Form (CDF) and mandated OPWDD Checklist for persons with developmental disabilities who lack capacity. CDF’s document the MOLST discussion including the patient’s values, beliefs and goals for care, the ethical framework for medical decisions regarding withholding and withdrawing life-sustaining treatment, and legal requirements. Forms are created as pdf documents that can be printed for the patient and paper-based medical records, stored or linked to from an EMR, and become part of the NYS emOLST registry.

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