



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

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[CompassionAndSupport.org](http://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

[CompassionAndSupport.org](http://CompassionAndSupport.org)  
[CaringInfo.org](http://CaringInfo.org)

### 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

[CompassionAndSupport.org](http://CompassionAndSupport.org)  
[POLST.org](http://POLST.org)

# MOLST: End-of-life Care Transitions Program



Hospital



LTC



Office



# History of MOLST/eMOLST Program



## NEW YORK STATE DEPARTMENT OF HEALTH Medical Orders for Life-Sustaining Treatment (MOLST)

**THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.**

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_  Male  Female #MOLST NUMBER (THIS IS NOT AN eMOLST FORM) \_\_\_\_\_

### 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.

### SECTION B Consent for Resuscitation Instructions (Section A)

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.

\_\_\_\_\_  
SIGNATURE  Check if verbal consent (Leave signature line blank) DATE/TIME \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF DECISION-MAKER

\_\_\_\_\_  
PRINT FIRST WITNESS NAME

\_\_\_\_\_  
PRINT SECOND WITNESS NAME

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

### SECTION C Physician Signature for Sections A and B

\_\_\_\_\_  
PHYSICIAN SIGNATURE PRINT PHYSICIAN NAME DATE/TIME \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN LICENSE NUMBER

\_\_\_\_\_  
PHYSICIAN PHONE/PAGER NUMBER

### SECTION D Advance Directives

Check all advance directives known to have been completed:

Health Care Proxy  Living Will  Organ Donation  Documentation of Oral Advance Directive

DOH-5003 (6/10) Page 1 of 4

HIPAA permits disclosure of MOLST to other health care professionals & electronic registry as necessary for treatment.

- 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
- FHCD, effective June 1, 2010
- eMOLST Preview: October 19, 2010
- PCIA, effective February 9, 2011
- PCAA, effective September 27, 2011
- Hospice added to FHCD, September 19, 2011

# Digital Transformation

## Defining eMOLST vs. eMOLST Registry



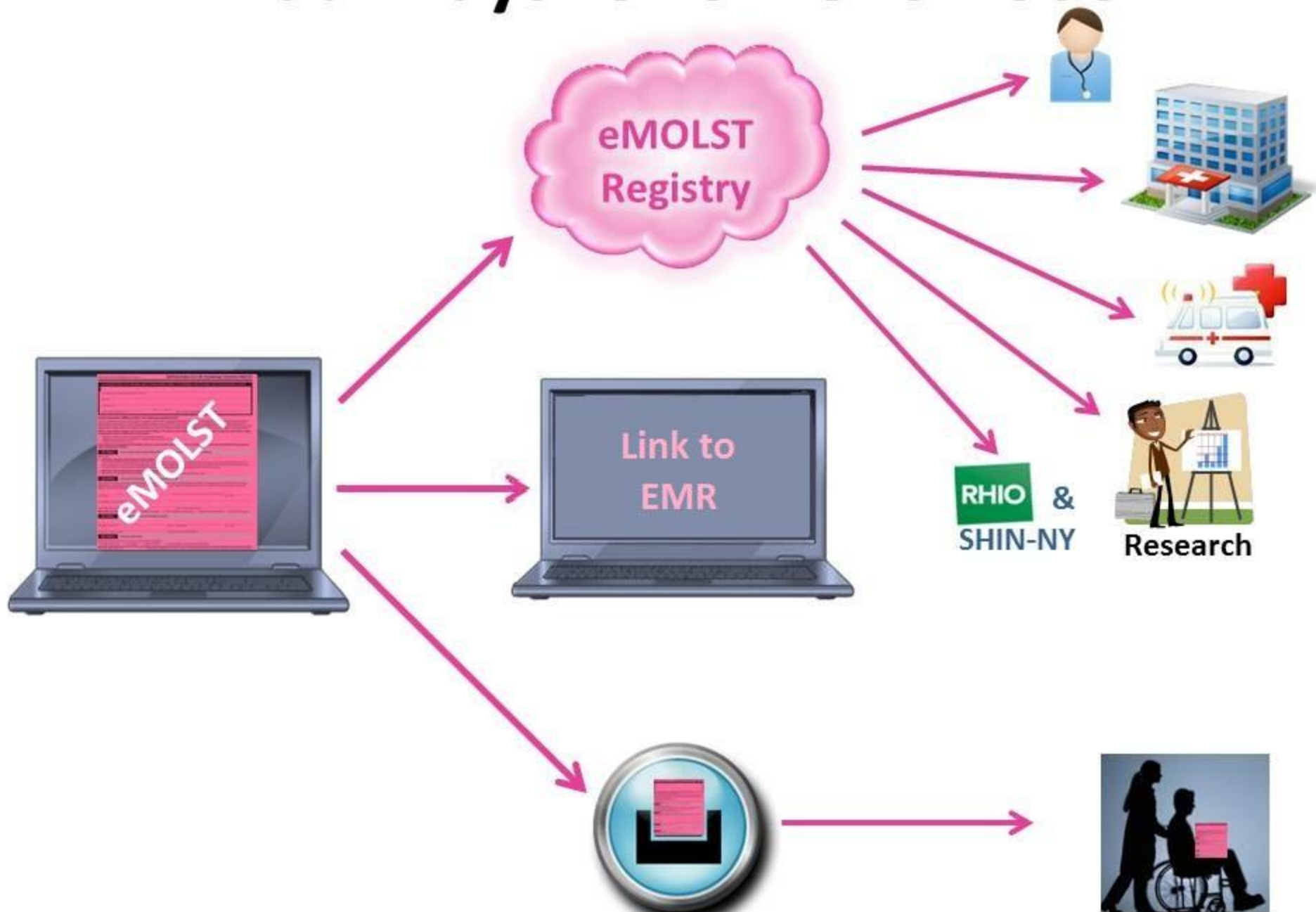
- eMOLST

- 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 NYSPLH 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 NYSPLH 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



NEW YORK STATE DEPARTMENT OF HEALTH  
**Medical Orders for Life-Sustaining Treatment (MOLST)**

**THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.**

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ Male  Female  ADULT NUMBER (THIS IS NOT AN ADULT FORM) \_\_\_\_\_

**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 tubes 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.

**SECTION B Consent for Resuscitation Instructions (Section A)**  
 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.

SIGNATURE \_\_\_\_\_  Check if verbal consent (Leave signature line blank) DATE/TIME \_\_\_\_\_  
 PRINT NAME OF DECISION MAKER \_\_\_\_\_  
 PRINT FIRST NAME \_\_\_\_\_ PRINT SECOND NAME \_\_\_\_\_  
**Who made the decision?**  Patient  Health Care Agent  Public Health Law Surrogate  Minor's Parent/Guardian  § 1750-b Surrogate

**SECTION C Physician Signature for Sections A and B**  
 PHYSICIAN SIGNATURE \_\_\_\_\_ PRINT PHYSICIAN NAME \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
 PHYSICIAN LICENSE NUMBER \_\_\_\_\_ PHYSICIAN PHONE/FAX NUMBER \_\_\_\_\_

**SECTION D Advance Directives**  
 Check all advance directives known to have been completed:  
 Health Care Proxy  Living Will  Organ Donation  Documentation of Oral Advance Directive

DON-5083 (6/10) Page 4 of 4 NAPA permits disclosure of MOLST to other health care professionals & electronic registry as necessary for treatment.

**MOLST** MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT  
**Chart Documentation Form**  
 Align with Legal Requirements Checklist #1  
 Adult patients with medical decision-making capacity  
 (For use in any setting)

Complete each step, check the appropriate lines and complete required documentation, as indicated. Completion of this form serves as documentation of both the conversation and the legal requirements and should remain in the medical record. Use of this form is optional.

**Step 1: Assess health status and prognosis.**  
 a. Current Health Status (For example, see the Palliative Performance Scale) **Check one**  
 \_\_\_ Full function; self-care full; walks normal  
 \_\_\_ Reduced function; self-care full to occasional  
 \_\_\_ Mostly lie, sit or in bed, considerable assist  
 \_\_\_ Bed-bound; total care; reduced smile; rest  
 \_\_\_ Bed-bound; total care; minimal smile and bed  
 b. Estimated Prognosis **Check one**  
 \_\_\_ Days to weeks \_\_\_ Weeks to 3 months \_\_\_ 3+ months

**Step 2: Check all advance directives known**  
 \_\_\_ Health Care Proxy \_\_\_ Living Will \_\_\_ Organ Donation  
**Step 3: If there is no health care proxy, see**  
*Any patient should be consulted or consulted if a*  
 Document the result of patient counseling, if any:  
 \_\_\_ Patient retains the capacity to choose a health care proxy.  
 \_\_\_ Patient retains the capacity to choose a health care proxy.

**Step 4: Determine the patient's medical decision-making capacity.**  
 Patient has the ability to understand and Life-Sustaining Treatment orders, including orders, and to reach an informed decision.  
 (If the patient lacks medical decision-making capacity, see the legal requirements checklist.)

**Step 5: Identify the decision-maker.**  
 \_\_\_ Patient is the decision-maker.  
 December 1, 2010

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_  
 GENDER:  M  F  U

Last Name/Print Name/Initial of Patient \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 \_\_\_ Hospital (see Glossary for definition)  
 \_\_\_ Nursing Home (see Glossary for definition)  
 \_\_\_ Community (see Glossary for definition)

**Step 7: Be sure you have selected the appropriate MOLST chart documentation form that aligns with the correct legal requirements checklist, based on who makes the decision and the setting. Check one:**  
 This is the MOLST chart documentation form that aligns with Checklist # 1 (for patients who have medical decision-making capacity). If this is the appropriate MOLST chart documentation form, proceed to Step 8 below. If this is the wrong form, find and complete the correct form. All checklists can be found on the Department of Health's website at: [http://www.nyhealth.gov/professionals/patients/patient\\_rights/molst/](http://www.nyhealth.gov/professionals/patients/patient_rights/molst/). All MOLST chart documentation forms and checklists can be found on the Companion and [http://www.companionjournal.com/links/for\\_professionals/patient\\_decision\\_making](http://www.companionjournal.com/links/for_professionals/patient_decision_making).

- \_\_\_ **Checklist #1** - Adult patients with medical decision-making capacity (any setting)
- \_\_\_ **Checklist #2** - Adult patients without medical decision-making capacity who 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 Health Law Surrogate (surrogate selected from the surrogate list or available)
- \_\_\_ **Checklist #4** - Adult hospital or nursing home patients without medical decision-making capacity who do not have a health care proxy and for whom surrogate list is available
- \_\_\_ **Checklist #5** - Adult patients without medical decision-making capacity who health care proxy, and MOLST form is being completed in a hospital or nursing home

**Step 8: Discuss goals for care with the patient.**  
 Review what the patient/family knows and wants to know about the patient's condition. Provide new information about patient's condition/prognosis. Explore common understandings. Determine next steps needed to resolve any differences. Briefly summarize content of discussion with the patient and the patient's goals for care.

**Step 9: Patient has given informed consent.**  
 \_\_\_ Patient has been fully informed about his or her medical condition and the risks, benefits, and alternatives to, possible life-sustaining treatment. Patient has understood, withdrawn or delayed certain life-sustaining treatment, for what reasons.  
 December 1, 2010

**MOLST** MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT  
**Chart Documentation Form**  
 Align with Legal Requirements Checklist #1  
 Adult patients with medical decision-making capacity  
 (For use in any setting)

Complete each step, check the appropriate lines and complete required documentation, as indicated. Completion of this form serves as documentation of both the conversation and the legal requirements and should remain in the medical record. Use of this form is optional.

- Step 10: Witness requirements are met. Check one:**  
 Two witnesses are always recommended. The physician who signs the orders may be a witness. To document that the attending physician witnessed the consent, the attending physician just needs to sign the order and print his/her name as a witness. Witness signatures are not required – pointing the witness' names is sufficient.  
 \_\_\_ Patient has consented in writing.  
 \_\_\_ Patient is in a hospital or nursing home, the patient consented verbally, and two witnesses 18 years of age or older (at least one of whom is a health or social services practitioner affiliated with the hospital or nursing home) witnessed the consent.  
 \_\_\_ Patient is in the community, patient consented verbally, and the attending physician witnessed the consent.
- Step 11: Physician Signature**  
 \_\_\_ The attending physician signed the MOLST form.
- Step 12: Notify director of mental hygiene facility and Mental Hygiene Legal Services (MHLS).**  
 \_\_\_ For patients who are residents in, or are transferred from, a mental hygiene facility, the attending physician has notified the director of the facility and MHLS of the determination that the resident has medical decision-making capacity and the resident has MOLST orders.
- Step 13: Notify director of correctional facility.**  
 \_\_\_ For adult patients who are inmates in, or are transferred from, a correctional facility, the attending physician has notified the director of the correctional facility of the determination that the inmate has medical decision-making capacity and the inmate has MOLST orders.

Total time spent in counseling and in meeting clinical and legal requirements \_\_\_\_\_ minutes  
 Start time(s) / Stop time(s) \_\_\_\_\_  
 Attending Physician Signature \_\_\_\_\_  
 Print Name of Physician Signature \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Physician NPI \_\_\_\_\_  
 December 1, 2010



Align with NYSDOH Checklists

## WELCOME TO eMOLST

Please enter your username and password.

**User name:**

**Password:**

[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](mailto:patricia.bomba@lifethc.com)) and Katie Orem ([katie.orem@excellus.com](mailto: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](http://CompassionAndSupport.org).

**Learn how to use eMOLST by watching our [eLearnings on YouTube](#).**



**MEDICAL ORDERS FOR  
LIFE-SUSTAINING TREATMENT**  
A POLST Paradigm Program

**Katie Orem**

Geriatrics & Palliative Care Program Manager; eMOLST Administrator  
 Current Location: EBCBS Fake Hospital  
 Excellus BCBS - NPI# 1253456789

## MY PATIENTS

### LIST OF MY PATIENTS

SEARCH:

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

### Search for a Patient

First Name:

Last Name:

Gender:  ▼

Date of Birth:

### Lookup by eMOLST Number

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

eMOLST Number:

### NOTIFICATIONS

SEARCH:

DATE/TIME	eMOLST NUMBER	MESSAGE
09/20/2013 18:16	585-7LWVV-7K6H	korem2.excellus signed new eMOLST orders for Goofy Dog
09/20/2013 10:53	585-T53LL-7K6H	pbomba1.excellus signed new eMOLST orders for Mickey Mouse



**MEDICAL ORDERS FOR  
LIFE-SUSTAINING TREATMENT**  
A POLST Paradigm Program

**Katie Orem**

Geriatrics & Palliative Care Program Manager; eMOLST Administrator  
 Current Location: EBCBS Fake Hospital  
 Excellus BCBS - NPI# 1253456789

## PATIENT SUMMARY



**Goofy Dog**

eMOLST# 585-7LWVV-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

SEARCH:

ACTIVITY	DATE/TIME	PRACTITIONER
Form completed and signed	09/20/2013 18:16	korem2.excellus



## Goofy Dog

eMOLST# 585-7LWVV-7K6H

### 1 | DISCUSSION



- Patient is minor and has developmental disability: no
- Patient is a minor: no
- : false
- : 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:

Who made the decision?

- Patient  Health Care Agent  Public Health Law Surrogate  Minor's Parent/Guardian  
 §1750-b Surrogate

Name of first witness:

Name of second witness:

## Consent for Life-Sustaining Treatment Orders

Name of decision-maker:

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:

Name of second witness:

SAVE & EXIT



SAVE & CONTINUE



- Attending Physician Capacity Determination: Entered
- Due to mental illness: No
- Concurring Capacity Determination: A health or social services practitioner
- Document the cause and extent of the patient's incapacity: Entered
- Notify the Patient: Notice of the determination has not been given to the patient
- Identify and notify the appropriate Public Health Law surrogate: Identified, Notified
- Surrogate class: Patient's actively involved close friend
- Surrogate has given informed consent: Surrogate has been fully informed, Surrogate has consented, Surrogate's decision is patient-centered
- The surrogate's decision complies with the following clinical standards: (ii)
- Special requirements for declining artificial nutrition and hydration: Checked
- Special requirements for declining artificial nutrition and hydration: In a nursing home
- Ethics Committee Review: Entered
- The concurring physician's determination is documented: Entered
- Witness Requirements are met: The surrogate consented verbally
- If the surrogate is a close friend, verify the age and relationship: Verified
- Close friend name: Donald Duck
- I acknowledge that typing my name above will serve as my electronic signature.: I agree
- I am familiar with these matters regarding the patient as a result of: Entered

## 6 | SIGNATURE



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:**



EXIT



SIGN eMOLST FORM



## 7 | PRINT



**THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.**

Dog, Goofy

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT

22 Cornhill Terrace

ADDRESS

Rochester, New York 14608

CITY/STATE/ZIP

01/01/1901

DATE OF BIRTH (MM/DD/YYYY)

Male  Female

585-7LWVV-7K6H

eMOLST NUMBER

### 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



+ Begin with most recent orders selected

+ Begin with no orders selected

2 | SIGNATURE

3 | PRINT



## Compassion and Support at the End of Life



### Patients & Families

[CLICK HERE](#)

### Professionals

[CLICK HERE](#)

## In This Section

- Advance Care Planning
- MOLST
- MOLST Training Center
  - Frequently Asked Questions
  - 8-Step MOLST Protocol
  - MOLST Chart Documentation Forms for Adult Patients
  - MOLST LIFE Pack
  - eMOLST
  - MOLST and FHCDA Webinar Series
  - EMS MOLST Training
  - Resources for MOLST Trainers
  - Order Free Educational Materials
  - Provider Training
  - MOLST Updates
  - MOLST Videos
  - Implementation Resources
  - New York State Legislation
  - Ethics Review Committee
  - Quality Improvement
  - Capacity Determination
  - Case-Based Discussions
  - CPR
  - Share a MOLST Case Study
  - Feeding Tubes/PEGS

## 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. CDFs 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.

The New York eMOLST Registry is an electronic database centrally housing MOLST forms and CDFs to allow 24/7 access in an emergency.

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.

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

### Getting Started with eMOLST at Your Organization

- [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 New York
- [eMOLST Enrollment Template](#) - please complete this and send to [katie.orem@excellus.com](mailto:katie.orem@excellus.com)
- [eMOLST Paper Conversion Template](#)