

## Program Description for: **NEW YORK**

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**Date Completed:** 8/10/05

**Date Updated:** 08/29/08

**State or Region:** New York

**Area of Use:** MOLST is consistent with PHL§2977(3) and is used in all counties and all settings statewide.

**The Form:** The **Medical Orders for Life-Sustaining Treatment (MOLST)** is a Medical Order Sheet, signed by a licensed New York State physician. MOLST form completion is based on effective communication of patient wishes using the 8-Step MOLST Protocol, documentation of medical orders on a brightly colored pink form, and a promise by health care professionals to honor these wishes. MOLST complements the use of traditional advance directives (New York State Health Care Proxy and Living Will) for all individuals.

A “**Supplemental**” **Documentation Form for ADULTS** must be completed for adult patients/residents who lack capacity to consent to a DNR order, as required by New York State Public Health Law.

A “**Supplemental**” **Documentation Form for MINORS** must be completed for patients/residents under the age of 18 who are not married and are not parents.

*Actionable medical orders* are placed on the MOLST form.

The form is reviewed and renewed periodically, as required by New York State and Federal Laws or regulations, and/or if:

- The patient/resident is transferred from one care setting or care level to another, or
- There is a substantial change in patient/resident health status (improvement or deterioration), or
- The patient/resident treatment preferences change

**Program Status:**  No Program (possibly state contacts)  
 Developing Program  
 Endorsed by National POLST Paradigm Initiative Task Force

**Name of program / form:** **Medical Orders for Life-Sustaining Treatment (MOLST)**

Yes	No	Optional	<b>POSSIBLE POLST PARADIGM COMPONENTS</b>
X			1. Form has a uniform, standardized color
X			2. Decisions reflected in the form are medical orders that must be followed by emergency personnel in the field and emergency rooms.
X			3. The form accompanies the patient across care settings
X			4. CPR / DNR section
X			5. Levels of interventions for #3
X			6. Levels of interventions for #4
X			7. Feeding Tube
X			8. Antibiotics
	X		9. Basis for orders
	X		10. Person completing form
X			11. Physician / NP / PA signature
X			12. Physician / NP / PA name & office number
X			13. Patient / Legal agent signature
X			14. Designation of legal agent name and number

X		15. Space for review
	X	16. Statement about leeway ( <i>is the patient's surrogate provided authority to interpret the goals and preference at the time decisions are made?</i> )

#### EXTENT OF USE:

**Start year:** 2003

**Settings of skills:** Hospitals, long-term care facilities (nursing homes, assisted living, enriched housing), PACE Programs, physician offices, hospices, EMS

**Range of use:** Hospitals, nursing homes, PACE programs and hospices are early adopters. Now seen throughout the community including physician offices, assisted living facilities, and some home care use.

**Use by those under 18yrs:** There is a "Supplemental" Documentation Form for MINORS, patients/residents under the age of 18, who are not married and are not parents. Actionable medical orders are placed on the MOLST form.

**Distributed per month:** An average of 15,000 MOLST forms are distributed monthly free of charge by Excellus BlueCross BlueShield. Subsequent to approval of the MOLST by the NYSDOH, 161,008 MOLST forms were distributed by Excellus BlueCross BlueShield between November 2005 and December 2007.

#### HISTORY:

The MOLST Program is a project of the [Community-Wide End-of-life/Palliative Care Initiative](#) (Initiative), a community collaborative that focuses on implementation of a set of broad end-of-life/palliative care projects that result in quality improvements in the lives of those facing death.

- [View information on the Initiative.](#)
- [View outcomes of the Initiative.](#)

Through [leadership](#) and administrative support for the Initiative provided by Excellus BlueCross BlueShield, the Initiative, originally based in Rochester, has spread through the Health Plan service region in Upstate New York. With the MOLST Program, the reach of the Initiative extends across New York State. The success of the Program is attributable to partnerships with the New York State Department of Health, statewide professional associations, particularly the Medical Society of the State of New York, and healthcare and community collaborative partnerships throughout New York State.

Six key steps were employed in the development and implementation of the Initiative and its projects like the MOLST Program:

1. Define Vision, Mission, Values
2. Employ results-oriented approach
3. Design effective, inclusive coalition membership
4. Create effective leadership
5. Demonstrate strong commitment to purpose
6. Monitor performance

The MOLST Program began with creation of a [MOLST Creation Workgroup](#) in Fall 2001. The form was completed in November 2003. MOLST was adapted from Oregon's POLST and integrates NYS Public Health Law. Implementation began on a voluntary basis in Rochester health care facilities shortly thereafter. A broader regional launch in January 2004 resulted in expansion to surrounding counties.

As a result of discussion of the MOLST program at the Education for Physicians on End-of-life Care (EPEC) conferences sponsored twice annually in Upstate New York by Excellus BlueCross BlueShield, [EPEC faculty](#) and participants advocated for implementation in other regions in Upstate New York. Community consensus on the use of the MOLST program in Onondaga County was achieved in September 2004 and implementation of MOLST began in hospitals and long-term care facilities in Spring 2005. Interest in initiating the program has been raised in Utica, Cooperstown, Buffalo and other areas of Western New York and is currently underway. Expanding awareness of the MOLST program in Downstate New York is a result of professional collaborations in state organizations, through the Internet and Web sites and through attendance at the [Honoring Patient Preferences, The Role of Medical Orders for Life-Sustaining Treatment \(MOLST\) Conference](#) held in November 2005 in Rochester and collaborative work of the New York State Department of Health and the Greater New York Hospital Association.

As regional adoption ensued, simultaneous collaboration with NYSDOH began in March 2004. As a result, a revised form consistent with New York State Law was approved by the New York State Department of Health (NYSDOH) for use as an institutional DNR in ALL health care facilities throughout New York State in October 2005. NYSDOH sent a Dear Administrator Letter (DAL) on January 17, 2006 confirming its approval. [View the DAL Letter.](#) This approval did

not require legislative action but achieved significant growth in the MOLST Program across the state.

With passage of the MOLST Pilot Project Legislation (PHL § 2977(13)) (2005) and the Chapter Amendment (2006), New York State Department of Health (NYSDOH) approved the MOLST for use in the community as a Nonhospital Do Not Resuscitate (DNR) and Do Not Intubate (DNI) in Monroe & Onondaga counties. A Monroe and Onondaga Counties MOLST Community Implementation Team (M & O TEAM), led by Dr. Bomba with administrative support from Excellus BlueCross BlueShield, was formed to oversee the pilot. A detailed work plan and timeline was prepared and commitment to the development of several final products was confirmed. [View the M & O Team.](#)

Target performance outcome measures were established including:

- 1) New York State will amend public health law and make MOLST permanent and statewide
- 2) Patient preferences will be honored at the end-of-life.

Several process measures were created. Data sources were identified. Regular reporting of the data to the M & O Team and the New York State Department of Health was operationalized.

In addition to collaboration with the New York State Department of Health (NYSDOH), the MOLST Community Implementation Team partnered with the Medical Society of the State of New York (MSSNY), the Healthcare Association of New York State, New York State Health Facilities Association Ins (NYSHFA), the New York Association of Homes and Services for the Aging (NYASHA), the Hospice and Palliative Care Association of New York State (HPCANY), New York State Office for the Aging (NYSOFA), New York State Society on Aging (NYSSA), New York State Bar Association (NYSBA), the Greater New York Hospital Association (GNYHA), and other professional associations, health care facilities, systems and agencies across NYS. [View a full list of collaborators.](#)

A successful MOLST Pilot Project resulted in Governor David Paterson signing into law a bill that made MOLST permanent and statewide, thereby changing the scope of practice for EMS across New York State. MOLST is consistent with PHL§2977(3) and cannot be altered. MOLST has been reviewed annually since 2005, complies with New York State Public Health Law, and has been adapted to meet clinical needs. [View the press release.](#)

#### **BARRIES OVERCOME:**

Nonhospital DNR Law before MOLST (PHL § 2977) dictated a DNR order must be on “standard form” issued by the Department of Health; by contrast, a hospital-based DNR order can be on any form. The “standard form” is a one page form with little detail beyond instruction not to resuscitate. Further, the Nonhospital DNR can be honored ONLY if patient is in FULL cardiopulmonary arrest. If the patient is NOT in full cardiac or respiratory arrest, FULL treatment must be provided. DNI was NOT covered in Nonhospital DNR law.

The MOLST Pilot Project Legislation (PHL § 2977(13)) permitted the New York State Department of Health to authorize using the MOLST form in lieu of the Nonhospital DNR in Monroe and Onondaga Counties. The “standard form” did NOT need to be used in pilot counties. The Regional Pilot in Monroe and Onondaga Counties was approved by NYSDOH in October 2005.

Because DNI was not covered in Nonhospital DNR Law (Public Health Law § 2977), passage of the 2006 Chapter Amendment permitted EMS to honor Do Not Intubate (DNI) instructions prior to full cardiopulmonary arrest in Monroe and Onondaga Counties during the MOLST Community Pilot. The law provided for a carve-out for persons with Mental Retardation (MR) and Developmental Disabilities (DD) without capacity. Public Health (PH) DNR law for persons with MR/DD without capacity remained the same as it would be without MOLST. Persons with MR/DD with capacity could complete a MOLST form.

In Pilot counties, EMS personnel followed orders on the MOLST form for individuals living in Monroe and Onondaga counties. For individuals living in Monroe and Onondaga counties, a completed MOLST form could replace the NYS Nonhospital DNR form. For individuals living outside Monroe and Onondaga counties, the NYS Nonhospital DNR form had to be completed in addition to the MOLST. A MOLST form provided “clear and convincing evidence” to EMS Medical Control outside Monroe and Onondaga counties.

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#### **STATE LAW AND REGULATIONS:**

MOLST is consistent with PHL§2977(3) and can be used in all settings statewide. [View pertinent legislation and regulation.](#)

In the absence of a completed NYS Health Care Proxy that documents the appointed surrogate decision-maker or “Agent”, surrogate decision- making applies only to cardiopulmonary resuscitation (DNR legislation), as per NYS Law.

## **POLST IN THE HEALTH CARE SETTING:**

### **Policies (hospitals, nursing homes, EMS, etc.):**

Use of the MOLST form has been integrated into policies and procedures regarding advance care planning at area hospitals and long-term care facilities. Permission has been granted to share sample policies and procedures with other systems throughout the state. [View samples of policies and procedures.](#)

### **Management:**

The Community-Wide End-of-life/Palliative Care Initiative provides oversight of the MOLST Program. Statewide development and implementation efforts have been spearheaded by Dr. Pat Bomba, with Excellus BlueCross BlueShield generously providing support for legislative advocacy and administrative support for operations, including development, distribution and fulfillment of MOLST support materials and resources, education and training, quality improvement, monitoring performance and sharing best practices & lessons learned.

MOLST resources can be ordered online by using the [order form](#). The process for ordering MOLST materials has been enhanced as the program has grown and is moving to online ordering.

### **Training for health care professionals:**

To support statewide implementation and training needs, several final products were developed, including, but not limited to:

- [MOLST Training Center](#)
- [MOLST Training Videos with online CME/CE credits](#)
- [Tube Feeding Guidelines](#) developed by the [PEGS Workgroup](#)
- [Community Conversations on Compassionate Care \(CCCC\) Video](#)
- Advance Care Planning Clinical Pathways
  - [Life Expectancy >1 Year](#)
  - [Life Expectancy <1 Year](#)

Funding for production of the MOLST DVD and enhancement of the community web site [www.CompassionandSupport.org](http://www.CompassionandSupport.org) was obtained through the Medical Society of the State of New York and Excellus BlueCross BlueShield Community Initiatives.

The [MOLST DVD](#) was produced to educate and empower patients and families and serve as a standardized training tool for professionals. The MOLST DVD is a statewide initiative presented by the Medical Society of the State of New York and Excellus BlueCross BlueShield in collaboration with the New York State Department of Health and the Monroe and Onondaga Counties MOLST Community Implementation Team. Development was led by the [MOLST DVD and Web-based Tools Subcommittee](#).

### **The MOLST DVD includes 2 videos and 3 refresher videos:**

- “Writing Your Final Chapter: Know Your Choices...Share Your Wishes” is designed to inform patients, families and professionals about MOLST.
- “Honoring Patient Preferences: The Role of Medical Orders for Life-Sustaining Treatment (MOLST) in New York State,” an educational video for professionals, provides the core curriculum on MOLST.

Healthcare professionals can earn a maximum of 2.0 free educational credit hours by viewing both videos and completing the MOLST DVD posttest. Follow the simple steps on the [MOLST Training Video page](#).

Professionals are encouraged to share the MOLST DVD with seriously ill patients and their families. The videos and additional information can also be viewed at [www.CompassionandSupport.org](http://www.CompassionandSupport.org), specifically at the [MOLST Training Center](#).

Subsequent to passage of the MOLST legislation, a new web page was launched for statewide [EMS MOLST Training](#).

There are many resources available in the Web site’s [section for Professionals](#), the [Resource Directory](#), and the [References](#) section. Professionals stay informed via the [News & Events](#) and [Current News](#). Upcoming opportunities are available at [Current Events](#); [online registration](#) is available for Initiative events.

### **Training for the public and patients:**

The CompassionandSupport Web site is a community Web site dedicated to educating and empowering patients, families and professionals on advance care planning, MOLST, palliative care, pain management and hospice care and related topics. The Web site was developed in 2001 to overcome functional health illiteracy, and was enhanced in 2007. View the [Patients & Families section](#) of the Web site.

The award-winning video, [“Writing Your Final Chapter: Know Your Choices...Share Your Wishes”](#) is designed to inform patients,

families and professionals about the MOLST Program.

To complement educational efforts on the MOLST Program, the [Community Conversations on Compassionate Care \(CCCC\) video](#) was produced. The [CCCC video](#) is a video that aims to motivate healthy individuals to complete traditional advance directives. The program uniquely combines a storytelling approach with “Five Easy Steps” based on Prochaska’s behavioral readiness theory and has been recognized by the National Quality Forum. It can now be viewed on-line at [www.CompassionandSupport.org](http://www.CompassionandSupport.org). Go to the callout area labeled CCCC video preview at the bottom of the home page of [www.CompassionandSupport.org](http://www.CompassionandSupport.org) to view a 2 minute excerpt. [View the entire CCCC video along with the Five Easy Steps here.](#)

Pertinent resources on [Advance Care Planning](#) are available in the [Resource Directory](#), along with an array of resources on related topics.

#### **CQI projects and research:**

Initially, the project primarily focused on implementation, education and expansion. Excellus BlueCross BlueShield has developed an internal tracking system to monitor the distribution and fulfillment process of MOLST forms and guidebooks. As part of the implementation process, a survey of long-term care facilities in Rochester was done in January 2005 to share implementation issues, barriers and lessons learned with long-term care facilities in Onondaga and other counties.

A MOLST Quality Audit tool was developed to assess accuracy of form completion to support the MOLST Community Pilot. [View the Quality Improvement tool.](#) Quality audits were conducted in 2006 and 2007. MOLST Quality Forums were held in both Monroe and Onondaga Counties in January 2008. [View the MOLST Quality Forum presentation.](#) Results showed improvement in accuracy of form completion for both DNR and Life-Sustaining Treatment orders. Patient or Health Care Agent consent was present 100% of the times.

With regards to the Community MOLST Pilot Project, performance measures included:

- Ability of out-of-hospital healthcare providers and first responders to correctly interpret and use the MOLST form
- Appropriate use of both Non-hospital DNR and MOLST forms by EMS regarding provision of CPR, intubation and appropriate transfer to hospital in accordance with patient wishes in Monroe and Onondaga Counties
- Regional utilization of the MOLST form and program for the appropriate cohort of patients in Pilot Counties
- MOLST training for EMS and first responders
- MOLST training per facility/organization
- MOLST utilization and degree of penetration in facility/organization/per county/region
- # MOLST forms and “Supplemental” Documentation Adult and Minor forms
- # MOLST educational booklets for health care professionals requests
- # MOLST educational brochures for patients and families requests

Identified data sources include:

- EMS Quality data
- MOLST Facility Implementation Survey data in Monroe and Onondaga Counties
- MOLST Quality Improvement data, utilizing the MOLST QI Audit Tool
- Tracking data on distribution of MOLST educational resources across New York State
- Tracking data on MOLST educational sessions, conferences, training sessions
- Google Analytics on the community web site, [www.CompassionandSupport.org](http://www.CompassionandSupport.org).

Results are shared to facilitate best practice. [View the Research results.](#)