



MOLST New York EMS QA/QI Program

History:

MOLST began as a community wide collaborative effort to develop a method that would ensure that patient wishes were known and honored across the health care system at the end of life. Through the efforts of many individuals and groups, a pilot program was created that included legislation that allowed the MOLST form to replace the currently accept NYS DOH DNR form. The MOLST not only addresses the issue of DNR but also gives direction to providers regarding different modalities of care for patients. These directions are actual medical orders given by a licensed physician that can be followed by all health care providers.

Objectives:

There are two distinct objectives to be measured in this phase of the MOLST program.

- 1) Is the MOLST form identified and available?
- 2) Is the MOLST form being followed?

(As an addition to item 1, a tool to identify the facility that MOLST was found should be used to help quantify the saturation of the form.)

Method:

As part of a pilot study, data gathered for MOLST will be a voluntary participation program. Providers receiving the education on the use of MOLST will be informed on the importance of data and encouraged to participate in this program.

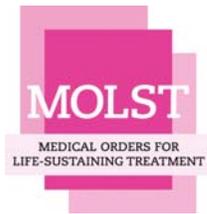
- 1) Electronic Patient Charting
 - a. A data collection point can be added to the electronic patient charting program.
 - i. This data collection point will identify:
 1. Was a MOLST form identified?

2. Was the MOLST form complete?
3. What type of facility was the patient picked up from, i.e. home, assisted living, extended care facility, office, hospital?
4. Was the MOLST honored?
 - a. if not why –
 - i. not applicable (condition of patient did not warrant use of MOLST)
 - ii. conflict with people on scene
 - iii. medical control
 - iv. other

2) Paper Patient Charting

- a. An additional survey form would be filled out and forwarded to a central reporting location. (form attached)

- 3) All Patient Care Reports (100%) that identify the use of MOLST in decision making regarding care of the patient will be reviewed by the Regional QA program.



NYS MOLST PILOT PROJECT QA SURVEY

PCR Number _____ Date _____

Patient Pick Up: Hospital Home Assisted Living Long Term Care
 Hospice Other

Name and Address of Facility

Was MOLST identified? Yes No

Was MOLST complete? Yes No

Was MOLST honored? Yes No

If answer above was No why –

- Patient condition not applicable
- Conflict on scene with patient/family
- Medical Control
- Other

Comments

EMT # _____