



# *The Critical Role of EMS in Community Implementation of MOLST*

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*Honoring Patient Preferences, The Role Of MOLST, November 11-12, 2005*

# EMS Executive Group

- In Addition . . .
- Manish Shah, MD - Strong ED and EMS Medical Director
- Paul Bishop - Faculty MCC Public Safety Training
- Rich Rosotti - Chair MLREMS and RRFD
- Mark Tornstrom - R/M EMS

# Objectives

- Restate the 911/EMS system and the process of decision-making by pre-hospital care providers as it relates to end of life issues
- Identify and follow the MOLST document in an out-of-hospital setting
- Define the role of Medical Control as it relates to patient care and the MOLST document

# The Change and Challenge for EMS

- Currently - All or Nothing
- Will Allow Opportunities for Medics to Adhere to Patient Wishes
- Long Overdue
- The Different Phases and Faces of an EMS  
First Repose

# Implementation Process

- MLREMS and State DOH (EMS)
- REMAC (EMS) Develop Protocol
- Fire (Fire Bureau) and Police (LEC)
- Address Varied Training Needs (MCC)
- Data Collection
- Feedback and Review

# Implementation Team

- County EMS Medical Director
- MCC PSTF
- Large EMS Agencies/Volunteer Agencies
- Fire Bureau/Agencies
- LEC
- REMAC
- County EMS

# Process

- Develop Implementation Committee
- Determine Timeline
- Select Lead EMS Agency to Provide Data
- Develop Training
- Method of Training - ETIN?
- Select QA Methodology and Processes
- Be Flexible

# Challenges . . .

- Who Keeps Form
- Training Thousands of First Responders
- Statewide?
- In Canada?
- Outside Monroe and Onondaga Counties
- Location of Form
- Physician Training of EMS
- MOLST Versus DNR - Form and Bracelet
- Consequence of Calling 911
- And - the Biggest . . . .

# Biggest Issue

- “Do Nothing” . . . . .EMS and first responders are always rushing to save lives and improve outcomes . . . We are action oriented. This process, even with proper training will be a difficult adjustment for many.
- Recognizing importance of comfort measures...oxygen, suction, manual treatment of airway obstruction... as “Doing something”.

# Case Scenario #1 \*

- 911 Called for Non-responsive Cancer Patient
- Arrive on Scene - Spouse Searching for DNR
- Care Begins Against Spouse Wishes
- Unresponsive - low BP, Low Respiration's and Poor O2 Sat.

*\* Based on actual field case*

# Case Scenario #1

- Oxygen, Assisted Respiration, IV - w/ BG Check
- BG below 40
- Still No DNR
- Chair Incident as Dextrose Given
- Patient Becomes AOx3
- Patient Witness Spouse Behavior

# Case Scenario #1

- Patient Verbally Revokes His DNR

## Case Scenario # 2 \*

- 73 Y/O Male Come in From Barn Chores . . . .
- 911 Called - Phone Cord Won't Reach
- BLS First Response With ALS From Nearby Town
- The Works - Defib - IV - ET Meds . . .
- The Question What Hospital?????

*\* Based on actual field case*

# Case Scenario # 2

- The Answer . . . .
- The Phone Call . . .
- Medical Control . . . .
- The END . . . .
- The Funeral Director and The Clergy
- The Wife . . . And

# Case Scenario # 2

- The Patient - Got His Wish Only Because
- The Family Knew the System . . . Impossible Otherwise
- The Right Thing
- The Honorable Thing

# Summary

Not the End - Just the Beginning . . .