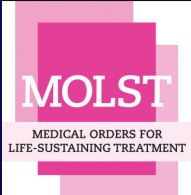


Community Implementation of the Medical Orders for Life-Sustaining Treatment (MOLST) to Improve Advance Care Directives

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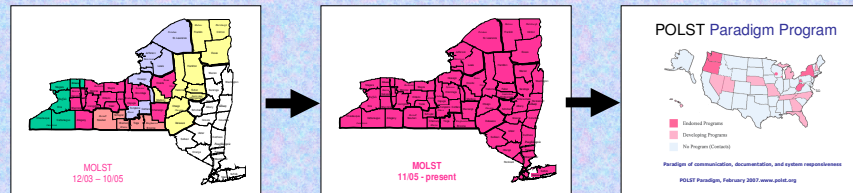
INTRODUCTION

Defining and communicating treatment preferences is an important aspect of quality health care for those with advancing chronic illness or limited life expectancy. The Medical Orders for Life Sustaining Treatment (MOLST) was modeled after the Physician Orders for Life Sustaining Treatment (POLST) paradigm. MOLST takes a person's end-of-life care wishes and transforms them into actionable medical orders recognized across clinical care settings. New York State legislation created a MOLST community pilot in Monroe and Onondaga counties that allows emergency medical service (EMS) providers to honor all MOLST documented advance directives, thereby changing the scope of practice for EMS in New York. The objective of this study was to understand early penetration of the MOLST community initiative across healthcare settings and identify facility types associated with efficiency in program implementation.

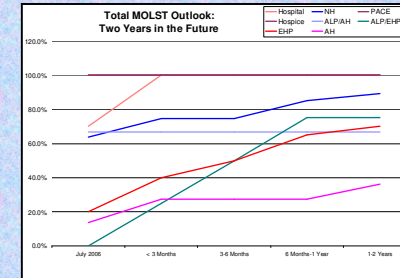
MOLST Summary Points

- Created November 2003 as a community-wide initiative
- Adapted from Oregon's POLST paradigm
- Bright **PINK** color is easily identifiable in medical record
- Travels with patient across health care settings
- Combines DNR, DNI, and decision regarding other Life-Sustaining Treatments
- Form revised in October 2005
- Incorporates NY State law for advance directives
- Collaboration with NY State Department of Health
- Approved Inpatient/Nursing Home DNR form
- 2 County Pilot (Monroe and Onondaga) for EMS to honor documented non-Hospital DNR and DNI

Implementation Success Across New York State and POLST Paradigm



Future Projections



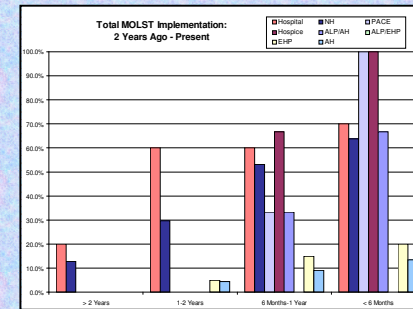
METHODS

March 2006:

MOLST Facility Survey distributed to 115 facilities in the pilot counties that provide acute and long-term care services.

RESULTS

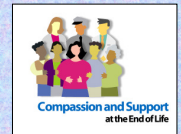
- Response rate of 97.4% (n=112) with 52 facilities (46%) already implemented MOLST
- Overall, 75.9% of respondents had implemented or were planning to implement MOLST
- Hospitals and nursing homes were first facilities to implement
- Time required for implementation varied significantly across facilities, with less adult homes and assisted/enriched living programs planning on adoption of MOLST



The 8 types of facilities: Adult Home (AH), Assisted Living Program/Adult Home (ALP/AH), Assisted Living Program/Enriched Housing Program (ALP/EHP), Enriched Housing Program (EHP), Hospice, Hospital, Nursing Home, and PACE program.

CONCLUSION

There is widespread interest in improving communication of end-of-life care wishes across the health care system. Our survey suggests that efficient implementation of end-of-life/palliative care initiatives can be achieved, but are most challenging in adult homes and assisted or enriched living facilities. These sites may benefit from additional support and training.



MOLST FRONT PAGE: DNR

MOLST Additional Directives