



## **Statement on MOLST Form Changes Accepted 8/17/20**

As healthcare providers in the out of hospital environment, one of our primary goals is the provision of patient centered care – providing patients with the care they need, in the right setting and in alignment with their goals and values. This is particularly important at the end of life, and during the COVID-19 pandemic, the immense value of thoughtful end-of-life discussions and documentation of medical orders on the DOH MOLST Form was recognized by health systems in all settings across our state. Maximizing access to the information contained within the MOLST form as well as the interpretability of this information amongst healthcare providers in emergency settings, including EMS, is of critical importance.

In March of 2020, The MOLST Statewide Implementation Team recommended a series of clinical changes to the MOLST form (see attached). These changes are based on feedback from physicians, other clinicians, and health system leaders from across New York State that use MOLST. The primary goal of these changes was to make the patient's wishes about three key items relevant to emergency decisions – resuscitation, respiratory support, and hospitalization – the most easily accessible by moving them to Page 1 of the MOLST form. Clinicians further recommended that page 2 of the form be dedicated to other life-sustaining treatments that are not provided emergently including PEG tubes, IV fluids, antibiotics, dialysis and space to write other instructions. These would benefit paramedicine providers who would have easier access to the information they need to provide care in line with patient wishes. The recommendations from these clinicians were validated during the COVID-19 crisis, where emergency providers needed this critical information, especially patient preference with regards to respiratory support, to rapidly determine the best course of intervention.

Many parts of healthcare changed almost overnight with COVID-19. The important role of MOLST in honoring patients' end-of-life preferences in all care settings was highlighted. It is time to incorporate these recommended clinical changes to the NYSDOH MOLST Form so that patient preferences on end of life care can be honored.

We thank the leadership and members of the Statewide MOLST Implementation Team for their efforts and urge that these recommended changes be accepted and implemented as soon as possible.