



TALK ABOUT YOUR CARE.

What is eMOLST?



It is not easy, but it is important to take the time to talk with others about the medical treatments you would want near the end of life or in the event of an accident. If you never bring up the topic and you were unexpectedly incapacitated and unable to speak for yourself, your medical wishes would never be known. The best way to make your medical wishes known is to create an advance care directive and MOLST form and share it with your family and doctor.

What is an Advance Care Directive?

An advance care directive is actually two documents (the Living Will and Health Care Proxy) that enables you to plan and communicate your end of life wishes. When you create your advance care directive, you are being proactive about your medical care and sparing loved ones from having to make difficult medical decisions in a time of crisis.

What is an Electronic Medical Order for Life Sustaining Treatment (eMOLST) form?

The MOLST form is a **complement** to an advance directive. The MOLST form contains specific and actionable medical orders that transition with the patient across health care settings. Health care proxies and living wills/advance directives typically contain general instructions of care and **cannot** be followed by EMS providers in an emergency. The eMOLST is an electronic form completion and process documentation system for the MOLST form that is accessible at www.NYSeMOLSTregistry.com; eMOLST also serves as NY's MOLST registry. **Call your primary health care provider today to fill out your eMOLST form.**

Why do eMOLST?

- SAFE – build in quality controls for correct orders; incongruous medical orders.
- EFFECTIVE – enables providers to follow clinical steps and meet legal requirements.
- PATIENT CENTERED – goals for care guide choice of interventions.
- TIMELY – web based; assures accessibility across care transitions, including documentation of discussion.
- EFFICIENT – more time for discussion; less time for documentation, while ensuring accuracy.
- EQUITABLE – integrates needs of adults, minors, developmentally disabled who lack medical decision making capacity; can be used in all clinical care settings.

Did you know?

- 25% of Medicare costs are incurred in the last year of life.
- Studies have shown 80% of Americans would prefer to die at home, if possible. Despite this, 60% of Americans die in hospitals, 20% in nursing homes, and only 20% at home.
- Only 40% of patients who receive CPR after experiencing cardiac arrest in a hospital survive after being resuscitated and only 10% to 20% survive long enough to be discharged.
- Patients who receive a percutaneous feeding tube have a 30-day mortality risk of 18%–24% and a 1-year mortality risk of 50%–63%.

How can I start the conversation?

the conversation project

You can visit: www.theconversationproject.org

