CORE ELEMENTS OF New York's MOLST/eMOLST EDUCATION

Proper implementation of New York (NY)'s MOLST and eMOLST Program over the long term requires education - and a plan for continual education - about NY's MOLST and eMOLST Program. Education assures consistency and quality use of MOLST and eMOLST within New York. A plan for continual education includes periodic review and helps ensure any revisions, updates or clarifications that may need to be communicated can be done so easily. It is the responsibility of the MOLST Statewide Implementation Team to develop education materials and to train leaders to educate on New York's MOLST and eMOLST Program. These core elements are not listed in priority order and are adapted from Core Elements of POLST Education.

I. Identify Stakeholders To Train (Who can then serve as trainers)
    a. Health Care Professionals: physicians; NPs and PAs; nurses; social workers; CNAs
    b. EMS System: EMS personnel; Call Centers; Medical Control; emergency department personnel; First Responders (Fire & Police)
    c. Faith Based Leaders, Spiritual Care Providers, Chaplains
    d. Health System (hospitals, nursing homes, home care & hospice, physician offices, assisted living facilities and other community clinical care sites): ombudsmen; institutional administration, ancillary staff, health plans,
    e. Patients, families, caregivers, health care agents, surrogates, patient advocacy and community organizations
    f. Other Professionals: attorneys, judges, financial planners, legislators, state leaders

II. Core Curriculum – training aligns with target audience needs, based on clinical and/or administrative role
    a. **MOLST Basics** (Target Audience: Everyone needs a basic awareness and understanding of NY MOLST)
        i. Advance care planning as a communication process, a key pillar of palliative care
            1. Key pillars include
                a. Advance Care Planning and patient-centered goals for care
                b. Pain and symptom management
                c. Caregiver support
                d. Overlying psychosocial, emotional, religious and spiritual elements
        ii. Differences between MOLST and Advance Directives
        iii. Define MOLST population

iv. Why MOLST?
v. National POLST Model; define MOLST vs. POLST
vi. The 8-Step MOLST Process- conversation and shared, informed medical decision making between health care professionals and patients/families
vii. Define MOLST form elements
viii. Define value of eMOLST: improves quality and patient safety; reduces harm and achieves the triple aim

b. **MOLST Discussion** (Target Audience: Clinicians involved in thoughtful advance care planning discussions and creation of NYMOLST/eMOLST)
   i. Basic understanding of NYMOLST (Level 1)
   ii. Self-assessment of potential barriers and health care proxy readiness
   iii. Participation in advance care planning process and discussion for self, with family and providers
   iv. Roles and responsibilities of team members
   v. Shared, informed medical decision-making
   vi. Effective communication skills (skills training)
   vii. Establishing person-centered goals for care
   viii. Capacity determination
   ix. Understanding of benefits & burdens of life-sustaining treatment (CPR, intubation & mechanical ventilation, feeding tubes, etc.)
   x. Benefits and burdens of life-sustaining treatment for persons appropriate for NYMOLST (CPR, feeding tubes, etc.)
   xi. Ethical framework and legal requirements under NYSPHL (with or without a NYMOLST) based on who makes the decision and where it is made
   xii. Elements of care plan needed to support MOLST
   xiii. Impact of culture, faith (MOLST is consistent with an individual's values, beliefs & goals for care
   xiv. Conflict resolution
   xv. Practical Issues: review & renew; FAQs, etc.
   xvi. MOLST Cases
   xvii. Trained in using eMOLST

c. **MOLST Care Plan** (Target Audience: Clinicians, particularly nurses involved in creating care plan to support NYMOLST orders)
   i. Develop a person-centered care plan to support NYMOLST orders

d. **MOLST in "Action"** (Target Audience: Health care professionals who operationalize MOLST when a patient has an acute event)

    i. Read and respond to the orders on the MOLST
    ii. Communicate with and support person & family with appropriate language
    iii. Operationalize care plan when MOLST is triggered
    iv. Ensure NYMOLST is included in transfer paperwork if a care transition occurs

e. **MOLST Master Trainers** (Target Audience: Clinician Educators, who possess competency in MOLST knowledge & communication skills, have participated in their own ACP and can teach others - ? & certify - communication skills)
    i. Access to all standardized curriculum
    ii. Committed to a community-wide approach to advance care planning

f. MOLST Physician/Clinician and System Champions
    i. Recognize value of system change
    ii. Revise policies & procedures to align advance care planning, advance directives, MOLST, NYSPHL (Health Care Proxy Law, FHCDA) palliative care (PCIA, PCAA)
    iii. Lead QA/QI projects

g. MOLST Physicians/Clinicians who serve unique Populations
    i. Pediatric populations (MOLST for Minor Patients)
        1. When is MOLST appropriate: Guidelines for Types of Minor Patients Appropriate for Thoughtful MOLST Discussions
        2. MOLST form
        3. NYSDOH MOLST Checklist and Chart Documentation Form (CDF)
        4. MOLST FAQs
        5. MOLST cases
    ii. Persons with disabilities who lack capacity to make decisions
        1. When is MOLST appropriate
        2. MOLST form
        3. OPWDD MOLST Checklist
        4. Notifications
        5. MOLST FAQs
        6. MOLST cases
    iii. Persons who lack capacity and without a surrogate decision maker
        1. NYSDOH MOLST Checklist #4
    iv. Persons for whom English is a second language
    v. Persons with lower literacy levels

III. Training Modalities (available or to be created).
   a. In Person Presentations
      i. Community Opportunities (e.g. community advocacy group, faith communities, retirement communities, assisted living facilities, health fairs)
      ii. Health Care Facilities- hospitals, long term care facilities, home care and hospice
         1. Consider events aimed at administration, residents, and/or resident family members
      iii. Professional Conferences, Workshops, Continuing Education Sessions
   b. Train-the-Trainer Conferences (binders, DVDs, flash drives, website, etc.)
   c. One-on-One Skills Training
   d. Online- webinars, eNewsletter, MOLST Updates, emails, social media, website, just in time training
   e. Printed- advance care planning booklet, brochures, flyers, pamphlets
   f. Videos, CompassionAndSupport Video Library; CompassionAndSupport YouTube Channel (some available on DVD)
      i. "Writing Your Final Chapter: Know Your Choices. Share Your Wishes."
      ii. Stories focused on the person and the impact on the person and their family
      iii. Illustrating process: e.g. Thoughtful MOLST Discussions
   g. eMOLST Training site

IV. Educational Resources
   a. Need to match needs of stakeholders/community trying to educate
      i. Literacy level
      ii. Education level
      iii. Messaging
   b. Translations into Spanish; funding for other languages used within community
   c. Ensure easy accessibility of materials (CompassionAndSupport.org website)
   d. Plan for updating resources as needed (future funding sources required for each educational material created)

V. Look for Opportunities to Integrate MOLST in Current Systems
   a. Care Transition Interventions
   b. Palliative Care
   c. Advance Care Planning
   d. Electronic Medical Record Systems
   e. Quality and Patient Safety
   f. Risk Management

g. Compliance with NYSPHL
h. Reducing Avoidable Hospitalizations/Readmissions/ED visits by Reducing Unwanted Hospitalizations
i. Accountable Care Organizations and Innovative Payment Models
j. New York's Delivery System Reform Incentive Payment (DSRIP)

VI. MOLST Organizational Home
   a. Primary responsibility for quality of programs, educational resources, standardization of the form and revision of resources when needed
   b. Designated staff or volunteers to maintain, update educational programs
   c. Promote availability of standardized educational resources in collaboration with partners (professional associations, faith communities, community advocacy groups, etc.) through usual communication vehicles (educational sessions, professional meetings, newsletters, social media, etc.)
   d. Have process for dissemination of standardized educational resources and training opportunities
   e. Maintain relationships with state agencies and organizations to spread awareness and gain support

VII. Measure Effectiveness of Education
   a. Determine Evaluation Process/Key Success Indicators
      i. Overall course evaluation
      ii. Speaker(s) evaluation
      iii. Attendees – test knowledge, attitudes, skills
         1. Pre-test (if appropriate)/post-test
         2. Practice change
         3. Chart audits
   b. Utilize feedback to update curriculum
   c. Evaluate extent of use
      i. Number of individuals trained
      ii. Number of facilities trained
   d. Assess quality and effectiveness of the process
      i. Person/family/medical decision maker satisfaction
      ii. Are MOLST orders incompatible with medical practice (e.g. CPR and comfort measures only)?
      iii. Are MOLST orders followed and compatible with patient wishes? If not, why not? Assess opportunity for quality improvement.