EMS MOLST Implementation

This is a one page summary of the suggested steps and/or processes to implement MOLST in any County or Region in New York State. This is not meant to discuss the detail of each step, as that is outlined elsewhere. Rather, this may serve as a template or guideline for the implementation of MOLST for EMS, 911, and first responders in New York State. It represents our work in Monroe County and may be applicable in entirety or in part to other regions/counties.

1. Create a multi-disciplinary team to look at the feasibility of MOLST. At a minimum, The EMS members of this team should consist of the System EMS Medical Director, Regional EMS Council Chair or designee and County EMS Coordinators. 911 centers, law enforcement and fire agencies should also be considered.

2. REMAC and the Regional Council should be advised of the beginning of the process and be updated frequently as to the progress of the feasibility project.

3. REMAC and REMSCO should approve the implementation of MOLST in their area.

4. A specific protocol shall be approved by REMAC related to MOLST in the field which shall include the appropriate utilization of Medical Control if necessary. Current protocols do exist in Monroe County.

5. Training is the key component to the success of the project and it may be useful to review training already developed for EMS and first responders elsewhere in the State. Training should be geared to the different levels of emergency response (first responders, 911 operators, police and the separate levels of EMT’s).

6. Quality assurance programs need to be reviewed/adjusted to include appropriate MOLST encounters in the pre-hospital setting. This QA information is useful in guiding future training and gauging success.

7. Training of medical control physicians in MOLST is essential.

8. Include EMS Regions where possible to limit confusion. Implementation by Region instead of by county simplifies training, roll-out, system-wide QAI and protocol development.

9. Use works developed elsewhere to reduce the effort of developing training, protocols, QAI. The information will need local tweaking; however, much of it is applicable across NYS.

10. Create a “contact list” of people who may have done this elsewhere and are willing to provide information and guidance as an area looks to implement MOLST.