

TOOL 2-3

Considerations for MOLST Implementation



PATIENT ARRIVES WITH A MOLST FORM

- Who will receive the MOLST form? Who usually admits a new patient/resident?
- Where will the patient/resident's MOLST form be kept? Where will copies be kept?
- How will patients' MOLST be reviewed and written into orders by clinicians? *Within what timeframe?*
- What if a life-sustaining treatment decision is needed before the MOLST has been written into institutional orders?
- How will a patient/resident's MOLST instructions be relayed among care staff? (E.g. treatment preferences, calling 9-1-1, etc.) *(Within the institution? Across care settings?)*
- When a patient/resident transfers to another locale/level of care, who will be responsible for sending the MOLST with them?
- Who will "champion" the MOLST process at sites/departments/units/on floors?
- How will conflicts be managed if family members or others disagree with a patient/resident's MOLST *(When the patient/resident has capacity? When the patient/resident doesn't have capacity?)*
- What barriers might prevent personnel from honoring a patient/resident's MOLST instructions? How can these be prevented?

NEW MOLST ORDERS

- Should patients/residents/caregivers/family members be generally informed about MOLST? If so, how?
- What will "trigger" clinicians to discuss MOLST with patients/residents/families/caregivers?
- To whom do patients/residents usually express preferences about life-sustaining treatment? *Family, nurses, clinicians?*
- How/where are such discussions documented? Should MOLST discussions be documented the same place?
- If the patient/resident expresses that *they want treatment*, how will this trigger a MOLST form? *(Preferences to receive treatment that is routinely given do not usually result in medical orders, but should now be documented on a MOLST form).*
- When will the actual MOLST form be filled out? Immediately upon discussion, or at discharge or transfer?
- Where will blank MOLST forms be kept? How/will original forms get printed on "hot pink" colored paper? Where will related educational materials be accessible? For health professionals? For patients/residents/family members/others?
- If MOLST is discussed, but the patient/resident decides not to use MOLST, how will this be documented?
- If a MOLST form is completed, where will it be kept? Copies? Who else will get copies (e.g. PCP?)
- How will the MOLST be periodically re-discussed with the patient/resident/health care agent? By whom?
- Will periodic reviews be built into the patient/resident's regular care?
- If patients/residents are transferred to a different care setting, how will the MOLST be sent with them?
- How will MOLST instructions be communicated among the healthcare team? *(Within the institution? Across care settings?)*

STAFF TRAINING

- Who needs MOLST training? Which staff? Which departments? Which disciplines?
- How will staff be motivated to attend? *Will training be required? Will staff be compensated? Will CEUs/CMEs be attached? Other ideas?*
- Should a "champion" be designated per site/floor to oversee the MOLST demonstration? *Who would that be? What would be their role?*
- Who should deliver MOLST training? Internally? Externally? Computer-based? Other ideas?
- What other essential, site-specific information should be included with the training?
- How will new employees be trained? Can this be built into existing new-hire training?
- If staff has questions about MOLST, where (or to whom) will they look for information or consult?