

MOLST LTC IMPLEMENTATION PROCESS

I. Establish a MOLST Task Force

- A. Designate MOLST Champion
- B. Include members from ICCP team/Nursing, Social Work, Recreation Therapy, Rehab, Staff Education, Medical and Quality.
- C. Designate weekly or bi-weekly meetings until goal is accomplished.

II. Initial decisions to be made

- A. Will MOLST form be completed for new admissions only or will the entire facility convert to MOLST form at one time?
- B. Training must emphasize that two systems will be in place until the entire facility is converted to the MOLST form.
- C. The following individuals must be identified:
 - 1) The audience for MOLST education
 - 2) MOLST educators
 - 3) MOLST auditors
- D. Chart organization and new forms

III. MOLST Policy and Procedure

- A. Modify existing advance directive policy and procedure to coincide with MOLST form.
- B. Administration must approve modified policy and procedure.

IV. Staff education

- A. Educators to include staff education and medical department designee.
- B. Target audience: All members of the ICCP team including nursing, medical, social work, recreation therapy, dietary, rehab, unit secretaries.
- C. Compare and contrast present advance directive procedure with new MOLST procedure. Must emphasize that there will be two concurrent systems in place until entire facility is converted to the MOLST form.
- D. Emphasize that in Monroe and Onondaga counties, NYSDOH Non-hospital DNR Order form is not necessary as MOLST is a suitable substitute for the NYSDOH Non-hospital DNR Order.
- E. Audit every three months for the first year to assure forms are being completed appropriately.

V. Responsibility of Individual Departments

- A. Medical Records - Chart Organization, New Forms and Other Medical Records Info
 - 1) Create "Advance Directives" section with actual labeled chart divider. Organization of this section shall be as follows with each of these placed in individual plastic sleeves with appropriate label:
 - ♦ Most recent MOLST, pages 1 and 2/Do Not Remove
 - ♦ Copy of most recent MOLST, pages 1 and 2
 - ♦ Most recent MOLST renewal pages 3 and 4/Do Not Remove
 - ♦ Supplemental MOLST/Do Not Remove
 - ♦ Copy of Supplemental MOLST
 - ♦ Outside Advance Directives (i.e., HCP, Living Will)
 - ♦ Medical/Social Work Annual Review of MOLST
 - 2) Medical Records staff is responsible for ensuring most recent MOLST pages 1 and 2 are always in the chart. When notified of a resident's discharge to the hospital, medical records will make a pink copy of most recent MOLST form to place in back of chart.
 - 3) Medical Records to supply units with all MOLST forms.

Created by St. Ann's Community for the community-wide implementation of MOLST.

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B. Intake/Admissions

- 1) Every effort will be made to encourage resident/patient/family to bring copy of health care proxy form and/or advance directives on day of admission.
- 2) Distribute information on MOLST form prior to admission.

C. Social Work

- 1) Request copy of health care proxy form and/or advance directives on day of admission. Immediately file the copies in the "advance directives" tab of chart in plastic sleeve labeled "outside advance directives". If copies of these documents are unavailable on day of admission, Social Work to request copies of these documents.
- 2) If resident does not have completed advance directives and resident is able, encourage resident to complete a health care proxy form.
- 3) Review MOLST form annually with health care proxy / surrogate for residents deemed to lack capacity. If health care proxy / surrogate requests any changes, social work to notify MD/NP.

D. Medical

- 1) Admission physician to complete MOLST form with resident/patient on day of admission or review with health care proxy /surrogate if resident/patient is deemed to lack capacity.
- 2) If resident/patient lacks capacity to make health care choices, MOLST Supplemental Form for Adults will be completed. Physician will request second MD opinion.
- 3) Physician to review and sign MOLST form every 60 days.
- 4) MD/NP to review MOLST form annually if resident deemed to have capacity.

E. Unit Secretaries

- 1) Ensure that pink copy of most recent MOLST form accompanies resident/patient for all outside appointments. Ensure that most recent copy of MOLST form is in chart.
- 2) Gather MOLST forms for MD signature every 60 days. Ensure they are returned to chart that same day.

F. Recreation Therapy

- 1) Ensure that pink copy of MOLST form accompanies all residents attending recreation therapy outings.