MOLST Implementation Task Checklist Steps 1-3



STEP ONE - PREPARATION

TASK 1: IDENTIFY INSTITUTIONAL CHAMPION(S)

Approach likely groups with interest in MOLST, e.g. Palliative Care; Ethics Committee;
 Committees/initiatives with similar goals (e.g. STAAR, INTERACT, Project IMPACT); Quality and Patient Safely Improvement Groups

TASK 2: ESTABLISH INSTITUTIONAL READINESS

- Meet with key institutional leaders to educate and gain support
 - CEO, CNO, CMO, CQO, CIO
 - Directors of Nursing, Medicine, Social Work, Care Management, others as needed
- Designate institutional contact person(s) and responsible entity to develop MOLST
 - Palliative Care Program
 - Ethics Committee
 - Office of Clinical Quality Improvement
- Determine Institutional Capacity to Implement MOLST
 - Champion identified and available
 - Institutional contact/administrative support available
 - Project Management support available
 - Institutional Reporting relationship determined
- Consider Conducting an Institutional Needs Assessment with: Patients, Families, Clinicians, Administrators, Nurses, Others

TASK 3: ESTABLISH INSTITUTIONAL TASK FORCE

Include essential clinical, administrative, health information technology, ethics and policy representatives, as well as patient/family representatives. Consider representatives from these categories to include from other sites (e.g. other locations of your institution, or other institutions that send or receive patients to/from your institution).

Leadership – Chief Medical Officer or representative; Chief Nursing Officer or representative; Chief
Quality Officer or representative; Chief Information Officer or representative
Physicians – Medical, Hospitalists, Specialists, Emergency Medicine, Pediatrics, Generalists,
Geriatrics, Critical Care, Psychiatry, Dialysis
Nursing - Critical Care, Palliative Care, Medical/Surgical, Pediatric
Care Coordination/Case Management/Social work
Pastoral Care/Chaplaincy
Health Information Management
Risk Management/Legal services
Ethicist
Patient/Family representatives

STEP TWO – DEVELOPMENT

TASK 1:	CONVENE INSTITUTIONAL TASK FORCE (Clinical Champions)
	Schedule and facilitate regular working meetings
	Review and discuss considerations for MOLST implementation
	Develop an implementation work plan with tasks and timelines
	Delegate tasks to Task Force members or others as appropriate with clearly defined accountability (e.g. who will do what by when)
	Maintain communication among and participation of key representatives
TASK 2:	DEVELOP INSTITUTIONAL POLICY & PROCEDURE (Clinical Champion and/or Designee)
	Review Sample MOLST Policies
	Identify Existing Institutional Policy Related to MOLST, e.g.
	 Medical Decision Making policy
	 Advance Care planning/Health Care Proxy policy
	 Limitations on life sustaining treatments policy (DNR, DNI policy)
	 Informed Consent Policy
	 Surrogate Decision Maker policy
	 Withdrawal of Treatment policy
	 Goals of Care discussion policy
	Develop Institutional MOLST Policy & Procedure
	Submit for Review Process as Appropriate
	Finalize Policy & Procedure
	Alert Workforce of Policy & Procedure
TASK 3:	DEVELOP INSTITUTIONAL EDUCATION & TRAINING PLAN (Clinical Champion and/or Designee)
	Identify key audiences, e.g.
	 Clinician Form signers: Physicians, Nurse Practitioners, Physician Assistants
	 Other clinical care providers: Nurse, Therapists, etc.
	 Emergency Medical Services
	Other non-clinical patient care providers
	Identify trainer(s) and train the trainers if appropriate
	Implement education and training activities
	Manage training logistics
	Track training hours and participants

STEP THREE – LAUNCH

TASK 1:	IDENTIFY BASELINE DATA ELEMENTS
	Review tool 3-2 Examples of Baseline Data Determine what data elements the institution already collects that may pertain to MOLST Consider other types of data that would be important and/or possible to collect Put mechanisms in place to collect baseline data to the extent possible
TASK 2:	PREPARE FOR LAUNCH (the date MOLST forms will go into use with patients)
Downlo	ldentify locale(s) for Launch
	Communicate Launch plan throughout the institution Communicate Launch date and information to other stakeholders and institutions
	Confirm that key staff are trained about MOLST
	Alert personnel about who to contact in case of MOLST questions or concerns Make MOLST blank forms readily available for use Prepare and make patient and family education materials readily available for use
TASK 3:	MOLST LAUNCH
	Respond in a timely manner to questions, concerns or issues that arise about MOLST use Communicate with the MOLST Program Office as needed with questions or concerns Encourage and support MOLST uptake and use Acknowledge and celebrate the accomplishment Launching MOLST with the MOLST Task Force If MOLST is being launched in stages, continue preparation activities in other sites

MOLST Implementation Tool Kit TOOLS



1-1	Step 1 – Preparation Task Checklist
1-2	MOLST video
1-3	MOLST Clinical Champion Role Description
1-4	Clinical Champion Orientation Materials
1-5	Institutional Readiness Meetings
1-6	Key Membership for MOLST Task Force
2-1	Step 2 – Development Task Checklist
2-2	Glossary of Terms Related to Planning for Advanced Illness
2-3	Considerations for MOLST Implementation
2-4	MOLST Implementation Sample Work Plan
2-5	Recommendations for MOLST Policy Development
2-6	Sample MOLST Policy for Acute Care Hospitals
2-7	Sample MOLST Policy for Skilled Nursing Facilities
2-7A	Sample MOLST Policy for Home Health Care or Hospice
2-8	MOLST Training Resources
2-9	MOLST Training Plan Template
2-10	Sample Training and Outreach Log
2-11	Checklist for Clinician Signers of MOLST
3-1	Step 3 – Launch Checklist
3-2	Examples of Baseline Data
3-3	Get the Massachusetts MOLST Form
3-4	Questions to Consider Before Launch
3-5	Sample Notification of MOLST Launch
3-6	Patient and Family Education Resources
3-7	Small Ways to Help MOLST Work