



*Caution – It is not advisable to use MOLST policy written for other institutions, especially policies from out of state. Each institution needs to develop its own MOLST policy as appropriate within the context of state, local and institutional clinical practice.*

## PURPOSE

The purpose of this policy is to define a process for skilled nursing facilities to follow when a resident is admitted with a Medical Orders for Life Sustaining Treatment (MOLST). This policy also outlines procedures regarding the completion of a MOLST form by a resident and the steps necessary when reviewing or revising a MOLST form.

## PREAMBLE

The Medical Orders for Life-Sustaining Treatment (MOLST) form should be executed as part of the health care planning process and preliminary advance care planning conversations. The MOLST form is a medical order form that converts an individual's wishes regarding life-sustaining treatment into Medical Orders. It is designed to be a statewide mechanism for an individual to communicate his or her wishes about a range of life-sustaining and resuscitative measures. It is designed to be a portable, valid and immediately actionable medical order consistent with the individual's wishes and current medical condition, which shall be honored across treatment settings.

The MOLST form:

- Is a standardized form that is clearly identifiable<sup>(1)</sup>
- Is used voluntarily and can be revised or revoked by an individual with decision-making capacity at any time;
- Is recognized as a medical order;
- Is recognized and honored across treatment settings;
- Is an expansion of the Massachusetts Comfort Care/Do Not Resuscitate verification protocol, although MOLST is more comprehensive in that it addresses preferences to accept or refuse other life-sustaining treatment in addition to resuscitative measures; and
- Should be made available for residents who wish to execute a MOLST form while in the nursing facility.

A health care provider is not required to initiate the completion of a MOLST form, but is required to treat an individual in accordance with a MOLST form. This does not apply if the MOLST requires medically ineffective health care or health care contrary to generally accepted health care standards.<sup>(2)</sup>

A legally recognized health care agent or guardian <sup>(3)</sup> may execute, revise or revoke the MOLST form for a resident only if the resident lacks decision-making capacity. This policy does not address the criteria or process for determining or appointing a legally recognized health care agent, nor does it address the criteria or process for determining decision-making capacity.<sup>(4)</sup> Legal counsel should be consulted with questions about a health care agent's or guardian's authority.

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(1) The official MOLST form for Massachusetts can be seen e at: [www.molst-ma.org](http://www.molst-ma.org). A photocopy of the form is also valid.

(2) A clinician may conduct an evaluation of the individual and, if possible, in consultation with the individual, or individual's legally recognized health care agent, issue a new order consistent with current information available about the individual's health status and goals of care.

(3) Legally recognized health care agent is the person's agent as designated by the Massachusetts healthcare proxy form or by another legal definition. A guardian can sign or revoke a patient's MOLST form to the extent permitted by Massachusetts law. Consult legal counsel with questions about a guardian's authority.

(4) Skilled nursing facilities should refer to MA law regarding determination of capacity and of a legally recognized health care agent or guardian.

While a health care provider (5) such as a nurse or social worker can explain the MOLST form to the resident and or the resident's legally recognized health care agent, a clinician is responsible for discussing the efficacy or appropriateness of the treatment options with the resident, or if the resident lacks decision-making capacity the resident's health care agent.

Once the MOLST form is completed, it must be signed by the resident, or if the resident lacks decision-making capacity the resident's legally recognized health care agent, AND the attending clinician.

MOLST is most suitable for voluntary use by residents approaching the end of life due to a serious medical condition, including but not limited to: chronic progressive disease (including dementia); life-threatening injury or illness; medical frailty; or any resident whose doctor would discuss DNR status with the resident or would not be surprised if the resident were to die during the next year.

Completion of a MOLST form should reflect a prior process of careful decision-making by the resident, or if the resident lacks decision-making capacity the resident's legally recognized health care agent, in consultation with the clinician about the resident's medical condition, prognoses, values and goals of care.

## **SKILLED NURSING FACILITY SAMPLE PROCEDURES**

### **I. Resident Admitted with a Completed MOLST Form**

1. The admitting nurse will note the existence of the MOLST form on the admission assessment and review the form for completeness (e.g. signed by resident or legally recognized healthcare agent, and by a clinician) and confirm with the resident, if possible, or the resident's legally recognized health care agent, that the MOLST form in hand had not been revoked or superseded by a subsequent MOLST form. A completed, fully executed MOLST is a valid medical order, and is immediately actionable.
2. Once reviewed, the MOLST should be copied, and the current original form placed in the front of the resident's chart, along with the resident's advance directive if he/she has one. As the resident moves from one health care setting to another, the original MOLST should always accompany the resident.
3. Add the MOLST form to the resident's inventory to ensure that when the resident is discharged or transferred, the current original MOLST will be sent with the resident.
4. The order to "Follow MOLST instructions" will be added to the resident's admitting orders for clinician review. It is the attending clinician's responsibility to review this order with respect to the resident's wishes and goals of care, within 72 hours of admission whenever possible. The clinician will complete the review process by signing an order in the chart stating, "Follow MOLST instructions." Thereafter, the orders will be renewed and reassessed on a periodic basis and as warranted by a change in the resident's health status, medical condition or preferences.
5. The MOLST will be honored during the initial comprehensive assessment period (14 days) even if the attending clinician has not yet formally reviewed the form. If "Do Not Attempt Resuscitation" is indicated on the MOLST, follow the facility procedure for communication and documentation of DNR/DNAR.
6. MOLST may replace the "Comfort Care/Do Not Resuscitate" verification protocol, if consistent with facility policy.
7. If the MOLST conflicts with the resident's previously-expressed health care instructions, then, to the extent of the conflict, the most recent expression of the resident's wishes governs. (*See "Conflict Resolution" for additional guidance.*)
8. A qualified health care provider(7), preferably a registered nurse or social worker, may conduct an initial review of the MOLST with the resident, or if the resident lacks decision-making capacity the legally recognized health care agent, within the first required 14-day assessment period as part of the comprehensive assessment and care planning process.

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(5) "Clinician" means a licensed physician, nurse practitioner or physician assistant.

(6) Note: Individual skilled nursing facilities may adapt the model procedures in accordance with their existing structures and related policies.

(7) "Qualified" means that they have had training in the purpose and use of the MOLST form, and on the facility's policy regarding implementing or reviewing the MOLST, including how to respond to questions from the resident and/or the resident's legally recognized health care agent regarding the specific interventions described on the MOLST. And see 6 above regarding "health care provider."

9. If the resident, or when the resident lacks decision-making capacity the legally recognized health care agent, expresses concern about the MOLST form, or if there has been a change in the resident's condition or wishes, then the attending clinician or medical director will be notified as soon as possible to discuss the potential changes with the resident, or if the resident lacks decision-making capacity the legally recognized agent.

10. The initial review and discussion about continuing, revising or revoking the MOLST should be documented in the medical record. This documentation should include the time and date of the discussion, the parties involved, the essence of the conversation, and plans for follow-up action if needed.

## **II. Reviewing/Revising the MOLST**

1. The MOLST will be reviewed by the facility interdisciplinary team during the quarterly care planning conference, anytime there is a significant change (8) in the resident's condition, and at any time that the resident, or if the resident lacks decision-making capacity the legally designated health care agent, requests it.

2. At any time, a resident with decision-making capacity can revoke the MOLST form or change his/her mind about his/her treatment preferences either verbally or in writing, or after consultation with the resident's clinician, by completing a new MOLST form. The new MOLST form must be signed by the clinician and the resident and the revoked MOLST must be voided.

3. If a resident decides to revoke MOLST, the resident's clinician should be notified and changes to the medical orders should be obtained as soon as possible to ensure that the resident's wishes are accurately reflected in the plan of care.(9)

4. If the resident lacks decision-making capacity and the legally recognized health care agent wants to consider revising or revoking the MOLST form, he/she must consult the resident's clinician before any change is made to the resident's MOLST form (10). The legally recognized health care agent, together with the clinician, may revise the MOLST as long as it is consistent with the known desires of and in the best interest of the resident.

5. All discussions about revising or revoking the MOLST should be documented in the resident's medical record. This documentation should include the time and date of the discussion, the parties involved, the essence of the conversation, and plans for follow-up action if needed.

6. To void MOLST, draw a line through the both sides of the form and write "VOID" in large letters. The original MOLST marked "VOID" should be signed and dated. Advise the resident and/or his or her family members or health care agent to destroy all photocopies of outdated MOLST forms.

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(8) "Significant change" as defined by the facility's Resident Assessment Instrument

(9) Legally recognized health care agent is the person's agent as designated by the Massachusetts healthcare proxy form or by another legal definition. A guardian can sign or revoke a patient's MOLST form to the extent permitted by Massachusetts law. Consult legal counsel with questions about a guardian's authority.

(10) The legally recognized health care agent of an individual without capacity shall consult the clinician who is, at that time, the individual's treating clinician prior to making a request to modify that individual's MOLST form.

### **III. Initiating a MOLST**

1. If a resident (or if the resident lacks decision-making capacity, the legally recognized health care agent) wishes to complete a MOLST form during the resident's stay, provide a MOLST form for the clinician and the resident or the resident's legally designated health care agent to discuss, fill out and sign. Notify the resident's clinician or the medical director that the resident, or the legally designated health care agent (if the resident lacks decision-making capacity), wishes to discuss the treatment options on the MOLST.
2. The clinician should discuss the benefits, burdens, efficacy and appropriateness of treatment and medical interventions with the resident, or if the resident lacks decision-making capacity the resident's the legally recognized health care agent. A health care provider such as a nurse or social worker can explain the MOLST form to the resident and/or the resident's legally recognized health care agent; however, the clinician is responsible for discussing treatment options with the resident and/or the resident's legally recognized health care agent.
3. Follow facility procedures for issues brought to clinician's attention to ensure follow-up on a resident's request for MOLST.
4. Make a copy of the completed MOLST form. Mark it as "COPY" with the date the copy was made. File the copy in the appropriate section of the medical record. The current original MOLST form is considered the resident's property and will be transferred with the resident upon discharge, so the copy is the only record that will remain with the facility.
5. Add the MOLST form to the resident's inventory to ensure that the current original form is sent with the resident upon transfer or discharge from the facility.
6. Place the current original MOLST form at the front of the resident's physical chart.

### **IV. MOLST and the Medical Record (11)**

1. The most current MOLST in its original format should be the first page of the medical record.
2. If the resident is transferred or discharged from the facility, the current original MOLST must accompany the resident.
3. A fully executed, dated copy of the MOLST, marked "COPY," should be retained in the medical record in the appropriate section of the medical record.
4. All voided versions of the MOLST, clearly marked "VOID," will be retained in the medical record.
5. Whenever the MOLST is reviewed, revised, and/or revoked, this will be documented in the medical record by the clinician and/or the health care provider(s) involved.
6. For facilities with electronic health records, the MOLST should be scanned in and placed in the appropriate section of the health care record per facility policy.

### **V. Conflict Resolution**

If the MOLST conflicts with the resident's other health care instructions, then, to the extent of the conflict, the most recent expression of the resident's wishes govern. If there are any conflicts or ethical concerns about the MOLST orders, appropriate facility resources – e.g., ethics committees, care conferences, legal, risk management or other administrative and medical staff resources – may be utilized to address the conflict.

During conflict resolution, consideration should always be given to: a) the attending clinician's assessment of the resident's current health status and the medical indications for care or treatment; b) the determination by the clinician as to whether the care or treatment specified by MOLST is medically ineffective, non-beneficial, or contrary to generally accepted health care standards; and c) the resident's most recently expressed preferences for treatment and the resident's treatment goals.

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(11) Facilities should decide the most appropriate filing system for MOLST depending on their specific medical records system and modify this model policy accordingly. The main considerations are: 1) that the most current MOLST be available in a location of prominence in order to increase awareness of its existence and promote compliance, and 2) that the current original MOLST must travel with the resident, so obtaining and filing of a copy is critical.