

**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 Safety 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, Pediatrics, Generalists, Geriatrics, Critical Care, Psychiatry
- 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