



- *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.*
- Establish MOLST policy in accordance with existing institutional policy-development procedures
- Engage support from and/or delegate MOLST policy development to personnel that is already familiar with policy development within the institution
- Engage and involve administrative leadership and committees in MOLST policy development
- Engage appropriate medical staff leadership and committees in MOLST policy development (medical staff bylaws or rules and regulation should be reviewed and revised if necessary)
- Refer to specific and related policies on matters such as:
 - Honoring medical orders;
 - Determination of decision making capacity and of a legally recognized health care decision maker (health care proxy);
 - Limitations on treatment/DNR/DNI;
 - Informed consent;
 - Withdrawal of treatment;
 - Goals of care discussions, etc.
- Identify and update existing related policies to accommodate MOLST
- Determine how key personnel will be informed and trained about the new MOLST policy
- Refer to *Sample* MOLST policies in Tool Kit as examples (*see “caution above”*)

¹ Adapted from *Model Policies for General Acute Care Hospitals and Skilled Nursing Facilities*, California Coalition for Compassion (www.capolst.org/_pdf/professionals/POLST_PolicyCoverMemo.pdf)