



Review Date: _____

MOLST QUALITY CHART REVIEW

MOLST QUALITY AUDIT TOOL: ACCURACY OF FORM COMPLETION

We are collecting data to evaluate the accurate completion of the MOLST form throughout the community. To achieve a consistent evaluation process, we are requesting that this tool be used to audit completion of the MOLST forms. Thank you for your support.

Please return copies of completed audit forms to: Patricia Bomba M.D., 165 Court Street, Rochester, NY 14647.

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY

General	MOLST Form Present:	<input type="checkbox"/> No If present: <input type="checkbox"/> Original Pink Form <input type="checkbox"/> Photocopy <input type="checkbox"/> Fax <input type="checkbox"/> Other _____
	Facility type: (Check all that apply)	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> PACE <input type="checkbox"/> Assisted Living <input type="checkbox"/> Enriched Housing <input type="checkbox"/> Adult Home <input type="checkbox"/> Physician Office
	Location of form:	<input type="checkbox"/> Front of Chart <input type="checkbox"/> Protective Sleeve <input type="checkbox"/> MD Orders <input type="checkbox"/> Special Section <input type="checkbox"/> Other _____
	Has the form been modified in any way?	<input type="checkbox"/> No <input type="checkbox"/> If Yes: <input type="checkbox"/> Bar Code <input type="checkbox"/> Words Crossed Out <input type="checkbox"/> Patient Identifier <input type="checkbox"/> Logo <input type="checkbox"/> Other _____

MOLST SECTION RESUSCITATION INSTRUCTIONS AND ADVANCE DIRECTIVES

A	Resuscitation orders:	<input type="checkbox"/> DNR <input type="checkbox"/> Full CPR <input type="checkbox"/> No orders
B	DNR (CPR) consent of patient: (Check all that apply)	<input type="checkbox"/> Patient/Resident Signature <input type="checkbox"/> Verbal Consent <input type="checkbox"/> Date <input type="checkbox"/> Witness Signature OR <input type="checkbox"/> HCA/Surrogate Signature (pt <i>lacks</i> capacity) <input type="checkbox"/> Verbal Consent <input type="checkbox"/> Date <input type="checkbox"/> Witness Signature <input type="checkbox"/> Supplemental Documentation Form is attached (patient <i>lacks</i> capacity)
C	Physician signature for section A & B: (Check all that apply)	<input type="checkbox"/> Physician Signature <input type="checkbox"/> Date <input type="checkbox"/> Physician License# <input type="checkbox"/> Physician Phone/Pager#
D	Does the person have any Advance Directives?	<input type="checkbox"/> None <input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Living Will <input type="checkbox"/> Other written or oral advance directive If yes, is a copy in the chart? <input type="checkbox"/> Yes <input type="checkbox"/> No

ORDERS FOR OTHER LIFE-SUSTAINING TREATMENT AND FUTURE HOSPITALIZATIONS

E	Additional Treatment Guidelines:	<input type="checkbox"/> None Checked Interventions <input type="checkbox"/> Limited Medical <input type="checkbox"/> MD Signature & Dated <input type="checkbox"/> Comfort Measures Only <input type="checkbox"/> No Limitations
	Other orders or Instructions: (Review each of the subsections and check if completed)	<input type="checkbox"/> None Checked <input type="checkbox"/> Antibiotics <input type="checkbox"/> Additional Intubation and Ventilation Instructions <input type="checkbox"/> MD Signature & Dated <input type="checkbox"/> Future Hospitalization/Transfer <input type="checkbox"/> Other instructions <input type="checkbox"/> Artificially Administered Fluids and Nutrition <input type="checkbox"/> Consent Signature & Dated

RENEW/ REVIEW INSTRUCTIONS

F	Review of MOLST form	Is the patient identifier on the MOLST Renew/Review section? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Has the MOLST form ever been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, how many times?
		Appropriate physician signatures? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL COMMENTS

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