**MOLST FACILITY QUESTIONNAIRE**

Thank you in advance for completing this brief survey on Medical Orders for Life-Sustaining Treatment (MOLST). We are gathering information from facilities to evaluate the spread of the MOLST program throughout the community. This will enable us to collect and report quality data during the MOLST Pilot sponsored by the New York State Department of Health. This is an essential step in advancing the MOLST form and program statewide.

### GENERAL MOLST INFORMATION

| Facility Name: |  |
| Facility Address/ City/ Zip: |  |
| Facility Type: | ☐ Hospice ☐ LTC ☐ Hospital ☐ Homecare ☐ Other  |

Have you implemented MOLST in your facility?

- ☐ Have not implemented
- ☐ < 6 months
- ☐ 6 mo.- 1 year
- ☐ 1-2 years
- ☐ > 2 years

If you have not implemented - When are you planning to implement MOLST in your facility?

- ☐ < 3 months
- ☐ < 6 months
- ☐ 6 mo.- 1 year
- ☐ 1-2 years

- ☐ Not planning

What are the barriers? ____________________________________________

Has your facility included use of the MOLST form within your current advance directives/ DNR policy?

- ☐ Yes
- ☐ No

What forms do you use to ensure patient wishes are followed regarding life sustaining treatments? (Please check all that apply)

- ☐ NYS Health Care Proxy
- ☐ DNR
- ☐ MOLST
- ☐ Living Will
- ☐ Facility Form

Who typically does advance care planning with patients/ residents?

- ☐ Physician
- ☐ NP/ PA
- ☐ Social Service
- ☐ Nursing
- ☐ Care Managers

### MOLST IMPLEMENTATION AND TRAINING

How widely is MOLST implemented in your facility?

- ☐ Entire Facility
- ☐ Specific Department
- ☐ Specific Unit/Floor
- ☐ None

If specific departments/units, which ones? ____________________________

What percent of the facility has MOLST already been implemented?

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

What is the total percent of the facility that MOLST is planned to be implemented?

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%

How have you implemented MOLST in your facility?

- ☐ Training seminar
- ☐ Facility communications
- ☐ Provide professional educational material
- ☐ Mandatory curriculum
- ☐ Web/Online training
- ☐ Provide patient/resident educational material

What training materials are you using?

- ☐ MOLST conference training materials
- ☐ Web download materials
- ☐ Facility materials
- ☐ Other

Who is being trained?

- ☐ All Staff
- ☐ Physician
- ☐ NP/ PA
- ☐ Nurses
- ☐ Social Workers
- ☐ Care Managers
- ☐ Secretaries
- ☐ Clergy
- ☐ Admissions
- ☐ Other

Who is the MOLST “champion” or point person for your facility?

Name: ____________________________

Email Address: ____________________________

Additional information on the MOLST program can be found at [www.compassionandsupport.org](http://www.compassionandsupport.org). Send all completed Questionnaire’s to:

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