



Date: _____

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

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|---|---|
| Facility Name: | |
| Facility Address/City/Zip: | |
| Facility Type: | <input type="checkbox"/> Hospice <input type="checkbox"/> LTC <input type="checkbox"/> Hospital <input type="checkbox"/> Homecare <input type="checkbox"/> Other _____ |
| Have you implemented MOLST in your facility? | <input type="checkbox"/> Have not implemented <input type="checkbox"/> < 6 months <input type="checkbox"/> 6 mo.- 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> >2 years |
| If you have <i>not</i> implemented - When are you planning to implement MOLST in your facility? | <input type="checkbox"/> < 3 months <input type="checkbox"/> < 6 months <input type="checkbox"/> 6 mo.- 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> Not planning What are the barriers? _____ |
| Has your facility included use of the MOLST form within your current advance directives/DNR policy? <input type="checkbox"/> Yes <input type="checkbox"/> No | What forms do you use to ensure patient wishes are followed regarding life sustaining treatments? (Please check all that apply) <input type="checkbox"/> NYS Health Care Proxy <input type="checkbox"/> DNR <input type="checkbox"/> MOLST <input type="checkbox"/> Living Will <input type="checkbox"/> Facility Form |
| Who typically does advance care planning with patients/residents? (Please check all that apply) | <input type="checkbox"/> Physician <input type="checkbox"/> NP/ PA <input type="checkbox"/> Social Service <input type="checkbox"/> Nursing <input type="checkbox"/> Care Managers |
| MOLST IMPLEMENTATION AND TRAINING | |
| How widely is MOLST implemented in your facility? | <input type="checkbox"/> Entire Facility <input type="checkbox"/> Specific Department <input type="checkbox"/> Specific Unit/Floor <input type="checkbox"/> None _____ If specific departments/units, which ones? _____ |
| What percent of the facility has MOLST already been implemented? | <input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% |
| What is the total percent of the facility that MOLST is planned to be implemented? | <input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-99% <input type="checkbox"/> 100% |
| How have you implemented MOLST in your facility? (Please check all that apply) | <input type="checkbox"/> Training seminar <input type="checkbox"/> Facility communications <input type="checkbox"/> Provide professional educational material <input type="checkbox"/> Mandatory curriculum <input type="checkbox"/> Web/Online training <input type="checkbox"/> Provide patient/resident educational material |
| What training materials are you using? (Please check all that apply) | <input type="checkbox"/> MOLST conference training materials <input type="checkbox"/> Web download materials <input type="checkbox"/> Facility materials <input type="checkbox"/> Other _____ |
| Who is being trained? (Please check all that apply) | <input type="checkbox"/> All Staff <input type="checkbox"/> Physician <input type="checkbox"/> NP/ PA <input type="checkbox"/> Nurses <input type="checkbox"/> Social Workers <input type="checkbox"/> Care Managers <input type="checkbox"/> Secretaries <input type="checkbox"/> Clergy <input type="checkbox"/> Admissions <input type="checkbox"/> 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. Send all completed Questionnaire's to:

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