

## **MOLST Workflow**

For MOLST forms that already exist in the patient's chart:

1. Lead Clinician continues to review chart and indicates on problem list AND communicates with RN if MOLST has been completed
2. In addition, RN to review charts of all patients as they are checked in to see if they have a MOLST
3. If a MOLST is found, it will be printed off by RN on pink paper
  - a. It will then be placed in a marked folder on the lead LPN desk in the provider office. This is to ensure the MOLST is accessible for all involved in care in the event RN/LPN is in a room during an emergency/911 call.
4. Provider reviews the MOLST with patient during the visit (if possible depending on the acuity of the patient's condition)
  - a. If MOLST exists but needs to be updated:
    - i. Provider will complete new MOLST with patient in the room
    - ii. Provider will enter MOLST order and code status into the chart using the "CHA AMB CODE STATUS" smartset (even for patients who are full code who complete a MOLST)
    - iii. BEFORE THE PATIENT LEAVES:
      1. Provider will hand completed MOLST to MA
      2. MA will scan the MOLST form, using the "contaminated" scanner, into Epic immediately and give the original back to the provider to give to the patient
5. If dispo to ED, the MOLST will be given along with the AMPL for EMS or for receiving hospital if going by personal vehicle
6. If dispo to home, MOLST can be offered to patient so they have a copy on hand, or can be shredded

Patient for whom a new MOLST is completed in Respiratory Clinic:

1. Provider will complete new MOLST with patient in the room
2. Provider will enter MOLST order and code status into the chart using the "CHA AMB CODE STATUS" smartset (even for patients who are full code who complete a MOLST)
3. BEFORE THE PATIENT LEAVES:
  - a. Provider will hand completed MOLST to MA
  - b. MA will scan the MOLST form, using the "contaminated" scanner, into Epic immediately and give the original back to the provider to give to the patient