

Answers to Frequently Asked Questions for Assisted Living Residences (ALRs)

Introduction

Medical Orders for Life-Sustaining Treatment (MOLST) may be part of advance care planning for persons with serious advanced illness. Discussions with residents and/or their families should outline the extent to which the ALR can honor the resident's decisions as indicated on the MOLST form. Explaining how the ALR would address MOLST is part of ensuring there is no misunderstanding and the appropriate care is provided when needed. It is important to integrate MOLST into the ALR operations, including staff training and policies and procedures. As MOLST becomes established in Rhode Island as a standard of care, your ALR will be ready.

What are "Medical Orders for Life-Sustaining Treatment" (MOLST)?

MOLST is bright pink, two-sided, standardized medical form containing *valid medical orders* about life-sustaining treatment for a *person with serious advanced illness or injury from which they may not recover*. MOLST is not typically appropriate for healthy individuals.

What does the MOLST form do?

MOLST offers a way to communicate an individual's decisions about life-sustaining treatment on an easily recognizable form that can travel between care settings, is immediately actionable, and can be honored by any health care provider who follows medical orders.

How does a resident utilize a MOLST form?

The resident must *first* have discussions with health care providers about his/her medical condition, prognosis, goals of care, and benefits and burdens of treatment. Then, if the MOLST form is medically indicated and the resident wants one, the resident and a *physician, nurse practitioner or physician assistant* can fill out, date and sign the form.

Who is suitable for signing a MOLST form?

MOLST is most suitable for persons of any age with a serious, advanced medical condition including but not limited to: life threatening disease, chronic progressive disease, dementia, life threatening injury, or medical frailty (a condition associated with advanced age that is diagnosed by a clinician).

How is MOLST different from Comfort Care/Do Not Resuscitate (CC/DNR)?

MOLST is a medical order form with instructions about a range of life-sustaining measures and allows a person to accept or refuse treatment. A CC/DNR only addresses

resuscitation by emergency medical technicians (EMTs) and allows only for refusing the treatment.

What if a resident has both a CC/DNR (“Comfort Care”) form and a MOLST form?

Both forms are valid and should be kept together. For cardiac or respiratory arrest, *the most recent orders* will be followed. In other situations, the MOLST will be followed

How is MOLST different from an advance healthcare directive (AD)?

An advance directive (AD) is a general term referring to a written document for future medical care in the event that a person loses capacity to make health care decisions (i.e. becomes “incapacitated”). In Rhode Island, an AD authorized may be a health care proxy, which allows a person to name the individual to speak on his/her behalf should the person become unable to make health care decisions. MOLST is a medical order form, followed by health care professionals, that goes into effect immediately when signed. It does not depend on an individual’s future incapacity.

How will MOLST work in Assisted Living Residences (ALR)?

The MOLST form does not change the care that can be provided in an ALR. The process related to MOLST will be similar to the way DNR orders work per ALR procedure. In most cases, the ALR staff will call 9-1-1 and make sure the MOLST form is transferred with the resident. If a resident is under hospice care, the ALR’s procedure regarding hospice should be followed.

MOLST guides medical treatment in accordance with a resident’s own decisions. It does not alter statute or regulation governing admission/move-in and retention in an ALR. For example, regulations governing care and services provided in the ALR remain in place regardless of what is indicated on a MOLST form.

Who can honor the MOLST form instructions?

Governed by a residence’s policies, a nurse can work within his/her scope of practice and follow instructions on the MOLST form as appropriate (similar to following DNR orders) within the scope of care that can be delivered in the ALR. Other assisted living caregivers cannot make these determinations and must call 9-1-1 and present the MOLST form to the emergency responders.

What if the MOLST form orders something that the Assisted Living Residence cannot do?

MOLST does not change the scope of services allowed in an ALR. If the resident’s needs cannot be managed in the ALR or exceed certification, the resident can bring in ancillary help and services, or can move to another setting that can honor the resident’s decisions

and MOLST form. Certified hospice, home health care, or private duty nursing are possible service options.

Can a resident be required to sign a MOLST form?

No. Signing the MOLST form is completely *voluntary*.

What if a MOLST form conflicts with an earlier MOLST form or an earlier CC/DNR? (?)

The most recently signed and dated document is valid.

Are faxed copies and/or photocopies valid?

Yes. Bright pink paper is preferred and used to distinguish the MOLST form from other forms. However, valid MOLST forms will be honored on any color of paper, and faxed and photocopies are valid.

Where is the MOLST form kept?

The original MOLST form is considered the resident's property. Signed MOLST forms are part of the Resident Record and should be treated similar to DNR orders, health care proxies or other relevant documents.

Should the resident take the MOLST form every time they leave the building?

Yes. The MOLST form (or a copy) should also be sent with the resident to the hospital or other care settings, or at transfer.

What do we do if the hospital doesn't return the MOLST form when the resident is transferred back?

It is recommended that ALRs keep a duplicate copy when transferring a resident to the hospital. When the resident returns, it is important to ask if the MOLST form has been changed.

Can a resident change his/her mind after the MOLST form has been signed?

Yes. A resident can change the MOLST form *at any time*; a prior form can be voided and the resident can generate a new form with his/her clinician. When the MOLST form is changed, it is important to alert others with a copy of the new form.

Can a resident who lacks capacity have a MOLST form?

Yes. When a resident has been determined by the clinician to lack capacity, the clinician (MD, NP, PA) and the resident's appointed health care agent can jointly fill out and sign the MOLST form. If no health care proxy is appointed, some guardians *may* be able to make MOLST decisions on the resident's behalf, to the extent permitted by RI law. (Consult legal counsel to determine guardians' authority).