Eliciting Documenting and Honoring Patients Preferences for Life-Sustaining Treatments

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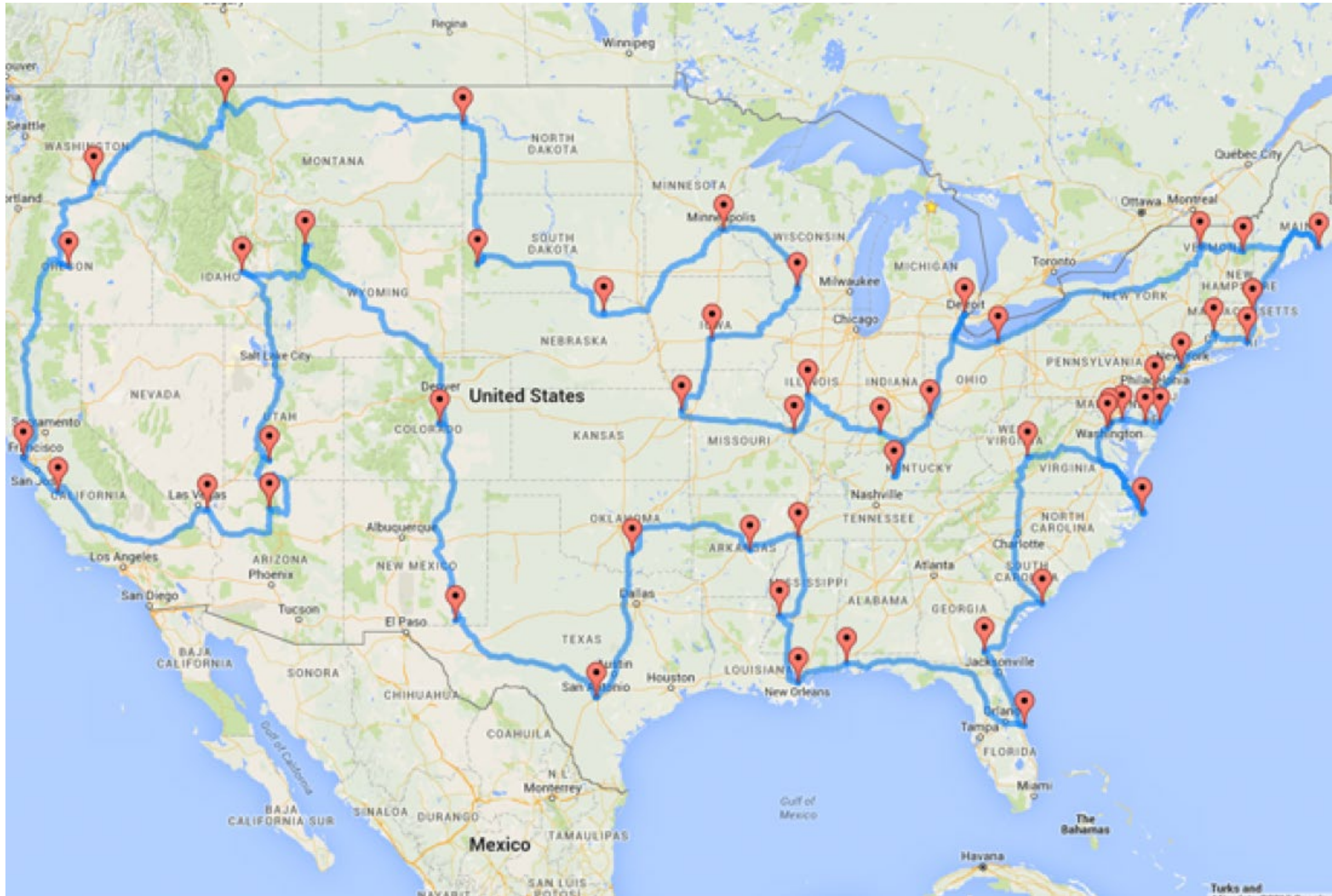
Why is change needed?

- Conversations about Life-Sustaining Treatment (LST) decisions often **initiated too late**
- **Orders** pertaining to LST **have been limited to DNR**
- **Difficult to locate documentation** of goals and LST decisions in EHR

Why aren't goals of care conversations happening earlier in the course of illness?

- Many clinicians…
  - Have never had formal training in how to conduct goals of care conversations
  - Don't feel comfortable with these discussions
  - Are concerned they take too much time

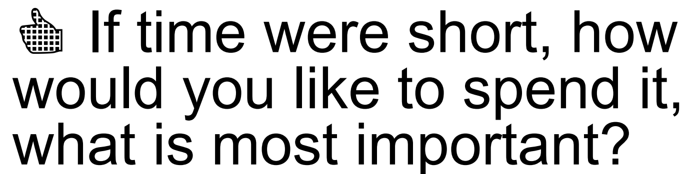
Why is change needed?

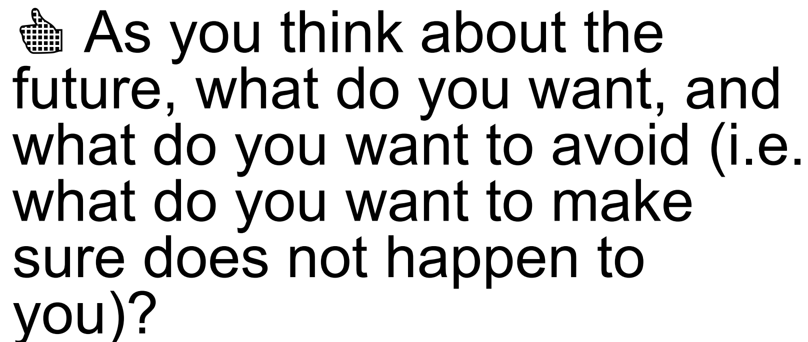


Heading in the Right Direction!

Goals are the Destinations

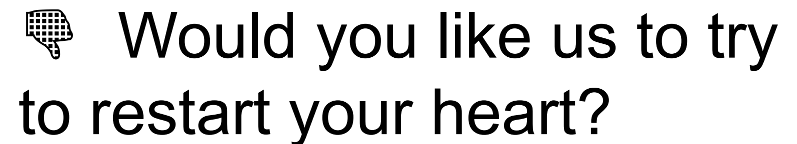
What matters most to you?

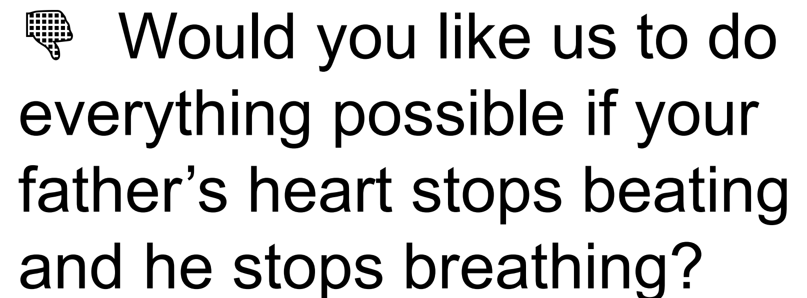

If time were short, how would you like to spend it, what is most important?


As you think about the future, what do you want, and what do you want to avoid (i.e. what do you want to make sure does not happen to you)?

Treatments are the Routes

Do you want dialysis?


Would you like us to try to restart your heart?


Would you like us to do everything possible if your father's heart stops beating and he stops breathing?

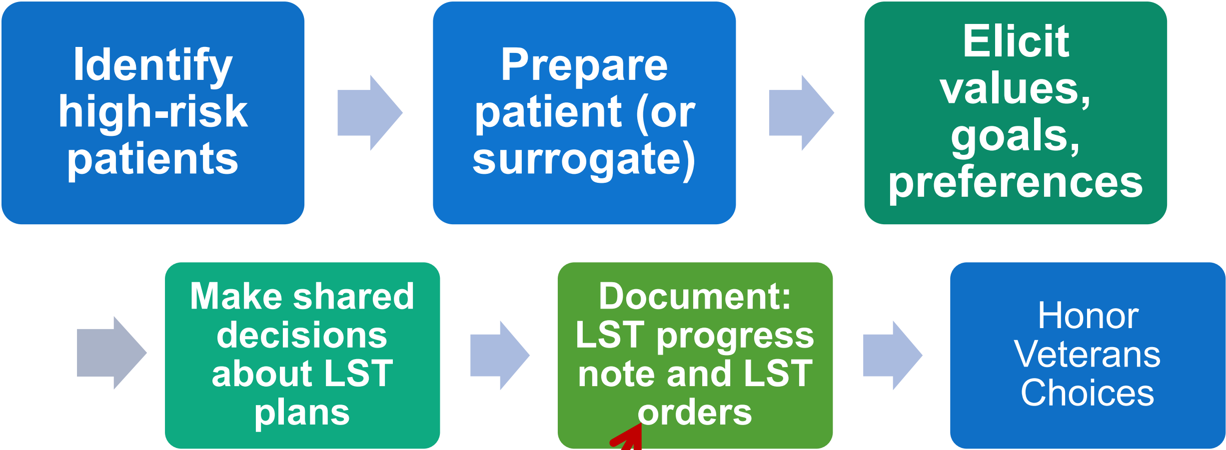
VA Life-Sustaining Treatment (LST) Decisions Initiative

National quality improvement initiative to promote personalized, proactive, patient-driven care for Veterans with serious illness

Desired outcomes:

The values, goals, and life-sustaining treatment decisions of Veterans with serious illness are proactively elicited, documented, and honored

Effective Advance Care Planning Requires a Systematic Way to:



Easily Retrievable and Durable Orders

Identify high-risk patients

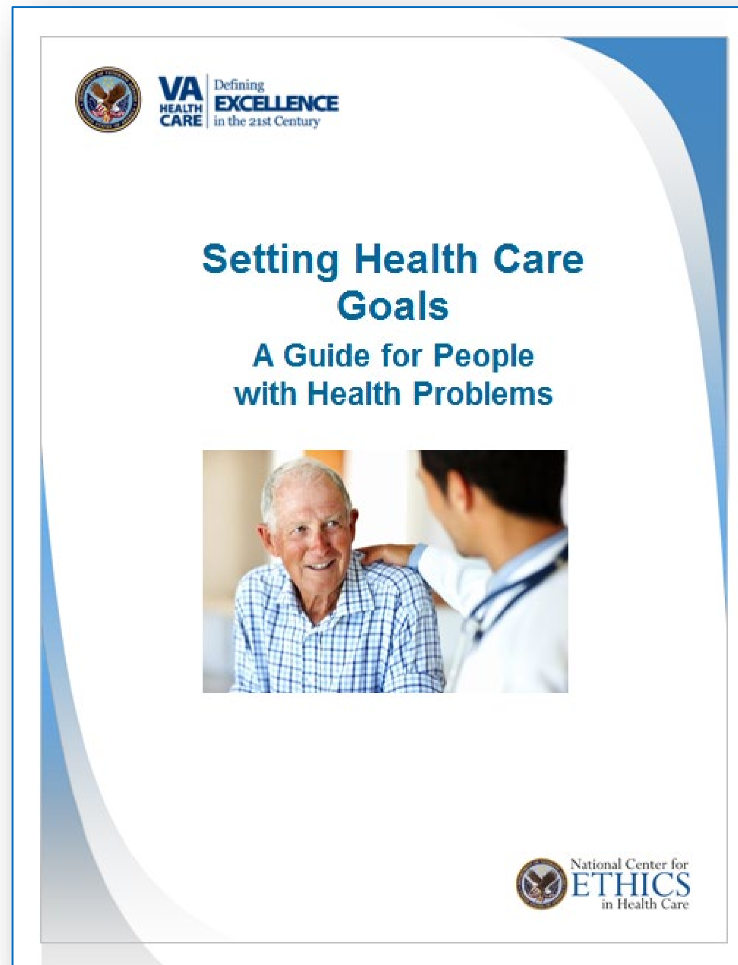
- **Use Clinical Judgment**

Clues:

- Multiple hospitalizations in the last year
- New or progressing disease
- At risk for loss of decision-making capacity
- Dependent on others for care
- Daily symptoms affecting quality of life or function

"LAST FOUR" SYNDROME:
When you know the last four digits of the patient's SSN or Medical Record number without having to look it up, the patient is probably at high risk

Prepare patient (or surrogate)



Elicit values, goals, preferences

Make shared decisions about LST plans

Goals of Care Conversations Training Programs

Tailored to scope of practice:

- **For Physicians, APRNs, and PAs**
  - Delivering Serious News (1 module)
  - Conducting Goals of Care Conversations (4 modules)
- **For Nurses, Social Workers, Psychologists, and Chaplains**
  - Skills training + module on clinic implementation

Elicit values, goals, preferences

Make shared decisions about LST plans

Goals of Care Clinic and Course

→ **Goals of the Training**:

- Improve the quality of goals of care conversations and documentation
  - Improve trainees' communication skills
  - Reduce documentation errors with LST notes and orders
- Increase the number of LST notes and orders completed in the outpatient setting
- Ensure that trainees know how to retrieve and honor LST orders
- Increase patient satisfaction with conversations

Elicit values, goals, preferences

Make shared decisions about LST plans

Goals of Care Clinic and Course

Interactive Course:

- Once a month
- Mandatory for Internal Medicine Interns
- Optional for other Learners
- Mondays 9am- 5pm
- Topics Covered:
  - Delivering Serious News
  - Discussing Prognosis
  - Eliciting Patient Goals and Values
  - Planning Care that Aligns with Goals and Values
  - Discussing Life-Sustaining Treatment

Elicit values, goals, preferences

Make shared decisions about LST plans

Goals of Care Clinic and Course

→ **Training Clinic:**

- Once a Week
- Wednesdays 12:30-5:00 pm
- Training on documentation using the VA EHR LST note and orders
- Visits with patients already scheduled to see their provider in Geriatric Clinic on Wednesdays
- Goals of Care Conversations with 2 patients
  - 1st - Modeled conversation led by specialist while trainee actively observes
  - 2nd - Supervised conversation led by trainee - specialists observes & provides feedback (after)

Document: LST progress note

LST Progress Note

VistA CPRS in use by:

File Edit View Tools Help

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Active Problems
Alcohol Abuse, In Remission (ICD-9-C
Alcohol Abuse (ICD-9-CM 305.00)
Morbid Obesity (ICD-9-CM 278.01)
* Diabetes Mellitus Type II Or Unspecifie
Liver Cancer (ICD-9-CM 155.0)

Allergies / Adverse Reactions
No Known Allergies

Postings
Life-Sustaining Treatment Jun 10,2015

Active Medications
No Active Medications Found

Clinical Reminders	Due Date
Homelessness Screening	Dec 16,99
Alcohol Use Screen (AUDIT-C)	DUE NOW
Tdap Immunization	DUE NOW

- Accessible from the VA EHR Cover Sheet
- Does not have to be re-written on each admission unless patient’s goals or preferences change

Document: LST progress note

LST Progress Note

Reminder Dialog Template: LIFE-SUSTAINING TREATMENT

LIFE-SUSTAINING TREATMENT

*1. Does the patient have capacity to make decisions about life-sustaining treatments?

- [ ] HELP ME understand decision-making capacity.

*1. Decision-Making Capacity

- ○ The patient has capacity to make decisions about life-sustaining treatments.
- ○ The patient lacks capacity to make decisions about life-sustaining treatments and has a surrogate.
- ○ The patient lacks capacity to make decisions about life-sustaining treatments and has no surrogate.

2. Who is the person authorized under VA policy to make decisions for the patient if/when the patient loses decision-making capacity?

- [ ] HELP ME identify the authorized surrogate.

- ○ Authorized surrogate if/when the patient loses decision-making capacity:
- ○ The patient has no surrogate authorized to make health care decisions if/when the patient loses decision-making capacity.

3. Have you reviewed available documents that reflect the patient's wishes regarding life-sustaining treatments? Examples: advance directives, state-authorized portable orders (e.g., POLST), life-sustaining treatment notes/orders.

- [ ] HELP ME decide which documents I must review, and when to review them with the patient (or surrogate).

- ○ No advance directive, state-authorized portable orders, or life-sustaining treatment notes/orders were available in the record or presented by the patient (or surrogate).
- ○ I reviewed with the patient (or surrogate) all active advance directive(s), state-authorized portable orders, and/or Life-Sustaining Treatment notes/orders available in the record and/or presented by the patient (or surrogate).

4. Does the patient (or surrogate) have sufficient understanding of the patient's medical condition to make informed decisions about life-sustaining treatments?

Document: LST orders

Honor Veterans Choices

LST Orders

VistA CPRS in use by:

File Edit View Action Options Tools Help

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View Orders

Active Orders (includes Pending & Recent

Delayed Transfer To Neurology (660) Orde

Write Delayed Orders

Write Orders

Cardiac Consults
Outpatient Medications
EKG WRJ

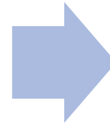
Active Orders (includes Pending & Recent Activity) - ALL SERVICES

Servi...	Order	Start / Stop	Provider	Nurse
Life Sus	>> DNR: Do not attempt CPR in the event of cardiopulmonary arrest	Start: 06/10/15 07:09	Dr. Smith	
	>> No invasive mechanical ventilation (e.g., endotracheal or tracheostomy tube) in circumstances other than cardiopulmonary arrest	Start: 06/10/15 07:09	Dr. Smith	
	>> No artificial nutrition (enteral or parenteral).	Start: 06/10/15 07:16	Dr. Smith	
	>> No transfers to the ICU except if needed for comfort.	Start: 06/10/15 07:16	Dr. Smith	
Nursing	>> OOB as able	Start: 07/12/99 15:30	Dr. Smith	
	>> Elevate head of bed	Start: 07/12/99 15:30	Dr. Smith	

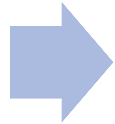
- Default to the top of the VA EHR Orders tab
- Durable – do not auto-discontinue upon discharge or transfer

VA HBPC Implementation

Orientation to the progress note and orders



Communications Skills Training



Define team member roles and responsibilities

Create Team Process Map

Roles and Responsibilities

All Clinical Staff

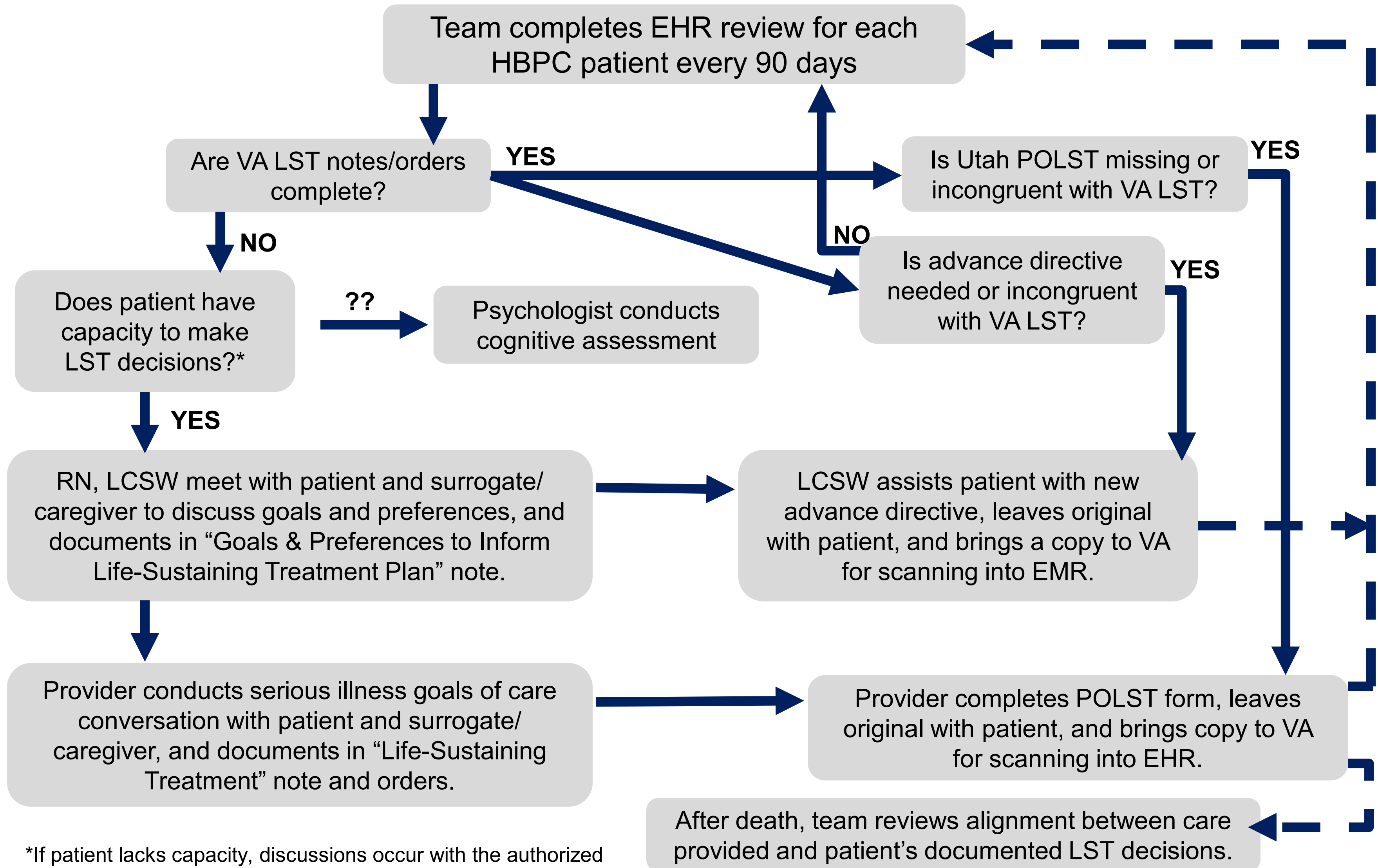
- Introduce the goals of care conversation
- Discuss role of the surrogate
- Elicit understanding of diagnosis and prognosis
- Elicit patient's values, goals
- Provide basic information about LSTs & services
- Document the conversation

Docs/APRNs/PAs ONLY

- Deliver news about diagnosis and prognosis
- Make shared decisions about LST w/pt (or surrogate)
- Complete LST orders, e.g., POLST*

LST Process Map

Salt Lake City HBPC Team



*If patient lacks capacity, discussions occur with the authorized surrogate, including the patient as much as possible.

What our HBPC team was hoping to achieve with LST implementation:

- **Provide patients with desired end-of-life care**
  - **Reduce unwanted medical interventions and hospitalizations**
- **Improve trust between patients and healthcare providers**
- **Reduce provider burnout**

Outcomes

- **100%** of HBPC Veterans have been offered a goals of care conversation
- **84%** of current HBPC Veterans accepted the offer and have a documented LST note and order in CPRS
- 100% congruence on information contained in VALST, POLST, Advance Directives – captured via audit
- Upon death review, **91%** of the 69 Veterans that died since the implementation of the initiative received end-of-life care that was consistent with their stated preferences

Delivering Serious News and Goals of Care Conversations training materials were developed and made available for public use through U.S. Department of Veterans Affairs contracts with VitalTalk [Orders VA777-14-P-0400 and VA777-16-C-0015].

Materials are available for download from
VA National Center for Ethics in Health Care at
www.ethics.va.gov/goalsofcaretraining.asp

www.ethics.va.gov/LST/ClinicalStaffResources.asp

VA

U.S. Department of Veterans Affairs
Veterans Health Administration
National Center for Ethics in Health Care

Mastering Tough Conversations

Salt Lake City Hub

June 7, 2019
8:00 AM – 4:30 PM

The Little America Hotel
500 Main St
Salt Lake City, UT 84101

This interactive course is designed for clinicians who care for seriously ill patients.
Providers from a range of specialties are encouraged to attend.
Get the tools you need to lead goals of care discussions
with seriously ill patients and their families.
This activity has been approved for up to 7 *AMA PRA Category 1 Credit™*.

Cost: $500

REGISTER AT: https://bit.ly/2TZloKu