Life-Sustaining Treatment Decisions Initiative

# Implementation Guide

for VHA Handbook 1004.03 Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals, and Preferences







**U.S. Department of Veterans Affairs** 

Veterans Health Administration National Center for Ethics in Health Care

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## Introduction

The Life-Sustaining Treatment Decisions Initiative is a VA nationwide quality improvement project to improve patient-centered care for Veterans with serious illness. The project promotes proactive goals of care conversations with patients who are at high risk of a life-threatening clinical event, and provides new processes for documenting the discussion and decisions in an easy-to-find progress note and orders in CPRS. This initiative is aligned with VA ICARE values, and will help us elicit, document, and honor our patients' values, goals, and preferences as they face serious illness.

## What is the ethical basis for the Life-Sustaining Treatment Decisions Initiative (LSTDI)?

Patients with decision-making capacity have the right to accept or decline recommended medical treatments and procedures, including life-sustaining treatments (LST). Health care providers have a professional obligation to respect and honor those decisions. Patients who lack decision-making capacity have the right to have a surrogate make decisions on their behalf based on the patient's known values, goals, and preferences.

Many patients do not have an opportunity to discuss and make decisions regarding LSTs before they become critically ill or unable to speak for themselves. Practitioners are often reluctant to discuss decisions about cardiopulmonary resuscitation (CPR) and other LSTs with patients, and often postpone such discussions until a crisis occurs or until the patient is within days or even hours of death – at which time patients are often unable to participate in discussions and surrogate decision makers are highly stressed.

Living wills, also called instructional advance directives, can be useful in allowing patients to communicate general preferences in advance for care they would like to receive after losing decision-making capacity. However, most patients complete living wills without having a discussion with a health care team about their goals of care and the treatment plans that would be likely – or not likely – to support those goals. In addition, living wills are often completed far in advance of a diagnosis of serious illness, and goals of care and the potential benefits of treatment may change over the course of illness. As such, instructions provided in living wills are often too simplistic or vague to be readily translated into specific medical decisions, and living wills do not serve as orders. Instead, they need to be carefully read and discussed by health care providers and surrogates before they can be implemented, and they may be interpreted in different ways by different people. Some patients prefer not to put their wishes in writing at all, and prefer to communicate their preferences in a discussion with their

health care team. For these reasons, advance directives alone are no longer considered sufficient for patients for whom decisions about LST need to be made, such as patients with serious life-limiting medical conditions. For such high-risk patients, there is a need for an explicit discussion tailored to each individual patient (i.e., a goals of care conversation) that involves shared decision-making between the patient (or surrogate) and the health care practitioner. For these discussions to have clinical impact, they need to be translated into a plan and orders that are readily accessible in the health record.

The Life-Sustaining Treatment Decisions Initiative is designed to assist VA providers to develop and deliver treatment plans that are aligned with the values, goals, and preferences of high-risk patients.

#### What's wrong with the status quo?

Too often, conversations about goals of care and life-sustaining treatments don't happen with patients who have a serious illness until they have a medical crisis or have lost decision-making capacity. If the patient has completed an advance directive, they may have done so without the benefit of information about the likelihood that treatments would support their goals of care. In addition, advance directives serve as a general guide for decision-making after the patient has lost decision-making capacity, and may not readily translate into actionable orders for the current clinical circumstances. After the patient loses decision-making capacity, the surrogate is responsible for making health care decisions on behalf of the patient. Surrogates don't always know – or agree with – what the patient would want, and often find it stressful to make decisions when the patient cannot.

#### How does VHA Handbook 1004.03 help?

VHA Handbook 1004.03, *Life-Sustaining Treatment (LST) Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals, and Preferences* standardizes practices for ensuring that all Veterans with serious illness are proactively identified and offered a discussion about their goals of care and life-sustaining treatment decisions. The Handbook specifies practices for conducting and documenting these conversations, and establishes processes for making decisions about life-sustaining treatments when the patient lacks decision-making capacity and has no surrogate. It specifies processes for writing Life-Sustaining Treatment progress notes and orders such that they are easy to find in the medical record, and establishes policy regarding the use of naturally administered nutrition and hydration. The Handbook outlines processes for resolving inconsistencies or conflict about life-sustaining treatments. The Handbook explains the prohibition of assisted suicide and euthanasia in VA, regardless of state law, and outlines processes for managing the patient's care when staff report objections of conscience.

## What's new?

A new progress note template is available for efficiently documenting goals of care conversations and life-sustaining treatment decisions. It is accessible from the CPRS Cover Sheet, making it easy for staff to find. Also new, Life-Sustaining Treatment orders translate the patient's decisions into actionable medical orders that default to the top of the Orders tab. These orders can be written in any clinical setting by physicians, APRNs, PA, and residents, and are durable – they do not auto-discontinue as the patient moves from one clinical setting to another.

## How were new practices tested?

Following extensive review by subject matter experts and multiple rounds of usability testing with the Human Factors Lab in Nashville, new practices and tools were tested in four VA facilities: Lovell Federal Health Care Center in North Chicago, VA Black Hills Health Care System, VA Salt Lake Health Care System, and William S. Middleton Memorial VA Hospital in Madison. Staff at these facilities tested every aspect of the initiative to ensure that they helped improve care for Veterans and were user-friendly for staff. Based on their feedback, LST processes and resources were significantly revised and improved prior to national roll-out of this initiative. Most of the tips in this Implementation Guide are based on lessons learned and ideas from the dedicated staff at the VA facilities in Madison, Salt Lake City, Black Hills, and North Chicago.

## How is this Implementation Guide useful?

This step-by-step guide will help your facility implement practice changes required by VHA Handbook 1004.03. It contains links to a wide range of resources, as well as tips about implementation from VA LST demonstration sites. In addition to the resources and tips found in this guide, monthly teleconferences are available to support your facility as you work through the implementation process. The final page of this document provides links to additional resources and contact information for staff at the National Center for Ethics in Health Care who can help if you have questions.

## Thank you for your efforts to improve patient-centered care for Veterans with serious illness!

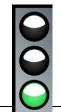
# **STEP 1: Identify a Life-Sustaining Treatment Decisions Initiative Implementation Coordinator and Alternate**

## The individuals chosen to serve as LSTDI Coordinator will:

- Make a commitment to remain in this role for at least the 18-month implementation period.
- Have approximately 1 to 4 hours per week of administrative time during the next 18 months to fulfill the duties of the position.
- Have administrative experience and strong communication and organization skills. Very strong candidates will have a background in clinical care with seriously-ill patients.
- Attend monthly 1-hour support teleconferences regarding policy implementation and best practices beginning in February 2017.
- Interact with NCEHC and other facility coordinators to facilitate policy implementation.
- Support development of local facility policy consistent with VHA Handbook 1004.03.
- Not be a Clinical Application Coordinator/Health Informative Specialists (CAC/HIS). There will be separate LSTDI responsibilities and support for CAC/HIS.

## To Do:

- ☐ Keep the National Center for Ethics in Health Care informed of any changes to the names and/or contact information of the LSTDI Coordinator and Alternate. Contact Gina Baumgartner at <u>Georgina.Baumgartner@va.gov</u>.
- □ Attend monthly LSTDI Implementation Support Teleconferences, held on the second Thursday of each month at 2 pm ET/11 am PT. LSTDI Coordinators and Alternates will receive Outlook Calendar invitations to these meetings.



To stay on track, complete STEP 1 by February 16, 2017.

## STEP 2: Secure Leadership Support

Leadership support is vital to achieving successful implementation of VHA Handbook 1004.03. Facility leaders should be informed about the key elements of the Life-Sustaining Treatment Decision Initiative and how the changes will impact Veterans and staff. Engaging the Chief of Staff and Associate Director for Patient Care Services (Nurse Executive) is particularly important due to their role in leading staff who provide clinical care for patients.

#### To Do:

- □ Present an overview of the Life-Sustaining Treatment Decisions Initiative at a leadership meeting. Leaders should be informed about:
  - ✓ The release of VHA Handbook 1004.03 (LST Handbook)
  - ✓ The purpose and key elements of the LSTDI
  - ✓ The 18-month timeline for implementing the LST Handbook
  - ✓ The importance of forming an LST Advisory Board of key stakeholders to oversee implementation and staff education (see Step 3).
  - □ Show this short video featuring staff at four VA Medical Centers who tested and implemented new practices as LST Demonstration Sites. The video is an efficient and effective way of communicating with leaders about what to expect and why this project matters to Veterans. <u>http://bcove.me/m1st429g</u>
  - □ Use this slide deck to review the key elements of the Initiative. <u>www.ethics.va.gov/LST/Overview.pptx</u>

□ Provide a copy of the LST Handbook to the leadership team.

http://www1.va.gov/vhapublications/ViewPublication.asp?pub\_ID=4308

**TIP:** Facility leaders may want to add items to their performance plans in FY2018 to capture the good work related to this initiative.



To stay on track, complete STEP 2 by March 1, 2017.

## STEP 3: Establish a Life-Sustaining Treatment Advisory Board

The LST Advisory Board will make local policy recommendations, serve as champions and staff educators, and oversee implementation of new practices. Co-chairs and members of this Advisory Board should be selected by facility leadership in consultation with the LSTDI Coordinator.

#### To Do:

Select the LST Advisory Board Chair or Co-Chairs.

**TIP:** At least one co-chair should be a clinical leader – the Chief of Staff, ADPCS, Chief of Medicine, or other clinical leader with clout, charisma, and motivation to influence clinical staff and leaders to improve care for Veterans with serious illness. At least one co-chair should have strong organizational and administrative skills.

□ Identify LST Advisory Board members.

**TIP:** Identify Advisory Board members from multiple disciplines – physicians, APRNs, PAs, social workers, nurses, chaplains, psychologists – who represent multiple specialties: primary care, palliative care, intensive care, geriatrics, hospitalists, nursing, ethics, outpatient specialty care (e.g., oncology, cardiology), and surgery. It is very important to include at least one Clinical Applications Coordinator/Health Informatics Specialist on the Advisory Board. You may want to include representatives from Education, Patient Safety, Systems Redesign, employee unions, and/or residency programs.

**TIP:** Identify people who are passionate about caring for patients with serious illness. Be sure a range of skills are represented among the members – from dynamic champions and skilled educators to attention-to-detail policy writers and thoughtful clinicians.

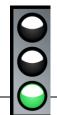
**TIP:** Key stakeholders are much more likely to actively participate on the LST Advisory Board when they have been hand-selected and personally invited by facility leaders. Work with the Director or Chief of Staff to identify members and send a "Congratulations, you have been selected" email. Here is a template you can use: <u>http://www.ethics.va.gov/LST/ModelAdvisoryBoardInvitation.docx</u> Establish a charter. This will help members understand the scope of the Board and their responsibilities.

**TIP:** Use this template based on the charter developed by VA Salt Lake City Health Care System. <u>http://www.ethics.va.gov/LST/ModelAdvisoryBoardCharter.docx</u>.

- ☐ At the first meeting, educate members about the LST Decisions Initiative and the role of the LST Advisory Board.
  - Play the LSTDI video, which features LST Advisory Board Members from four VA Medical Center LST Demonstration Sites. <u>http://bcove.me/m1st429g</u>
  - Use this slide deck to review the key elements of the Initiative. <u>www.ethics.va.gov/LST/Overview.pptx</u>
  - Review the role of Advisory Board members in overseeing implementation of VHA Handbook 1004.03:
    - ✓ Draft the facility's LST MCM to establish local practices
    - ✓ Customize the LST progress note template and orders
    - ✓ Develop plan for educating staff about new practices
    - $\checkmark$  Monitor implementation and advise on quality improvement efforts
  - □ Provide each member with a folder that contains these documents:
    - ✓ Your facility's LSTDI Advisory Board Charter
    - ✓ VHA Handbook 1004.03 <u>http://www1.va.gov/vhapublications/ViewPublication.asp?pub\_ID=4308</u>
    - Model LST Medical Center Memorandum <u>http://vaww.ethics.va.gov/LST/ModelMCM.docx</u>
    - □ LSTDI Resources to Support Implementation (see Appendix A)

**TIP:** Contact anyone who misses the first meeting to ensure they understand the purpose of the LST Advisory Board and find out if they intend to be active participants. If they don't, replace them and orient new members ASAP.

- ☐ At subsequent meetings, complete the remaining steps in this Implementation Guide.
- $\hfill\square$  Add new members as their expertise is needed.



To stay on track, complete STEP 3 by April 1, 2017.

## STEP 4: Install and Test LST Progress Note Template and Order Set

Clinical Applications Coordinators/Health Informatics Specialists (CAC/HIS) are responsible for installing the new LST progress note template and orders into the local CPRS test account. The LSTDI Advisory Board should review the options for customization and advise CACs of local modifications to the note template and orders. The Board should verifying that these CPRS tools function appropriately, first in the CPRS test account and again in the live account when use of the new tools is scheduled to begin.

A copy of the progress note text is available for review here: <u>http://vaww.ethics.va.gov/LST/CACHISResources/LST\_Template\_Text.pdf</u>

## To Do:

- Install and review the LST progress note template and orders in the CPRS Test account. CAC/HIS personnel will have 30 days to install the progress note and orders in the facility's test account upon release of the CPRS patch by OI&T. Resources to support CAC/HIS staff, including a detailed Installation Guide and information about LST Technical Support Calls, are found here: <a href="http://vaww.ethics.va.gov/LST/CACHISResources.asp">http://vaww.ethics.va.gov/LST/CACHISResources.asp</a>
- Ask your CAC/HIS to grant LST Advisory Board members access to the CPRS test account so they can review and test the LST progress note and orders.
- Decide how the LST progress note template and orders will be customized, and provide this information to your CAC/HIS:
  - **?** Which acronym will be used in note and orders to limit CPR: DNR (Do Not Resuscitate) or DNAR (Do Not Attempt Resuscitation)?
  - **?** Will the LST progress note be programmed to automatically launch LST orders?

**TIP:** Linking the LST progress note and orders is HIGHLY recommended by LST Demonstration Sites. Launching orders from the LST progress note protects patient safety by ensuring consistency between the decisions documented in the progress note and the orders. It also streamlines the documentation process for practitioners.

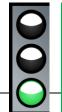
- ? Will the LST progress note template offer a menu of related consults? If so, which services (e.g., social work, palliative care, chaplain) should appear on the list?
- Will the LST progress note template offer a link to a Comfort Care order set?
  TIP: A nationally-developed Comfort Care order set has been provided for your use at <a href="http://vaww.ethics.va.gov/docs/GoCC/Build\_a\_Comfort\_Care\_Order\_Set\_for\_LST.pdf">http://vaww.ethics.va.gov/docs/GoCC/Build\_a\_Comfort\_Care\_Order\_Set\_for\_LST.pdf</a>.
- ? Which clinicians will be authorized to write addenda to the LST progress note?

**TIP:** Clinicians who are not authorized to write LST progress notes or LST orders may obtain helpful information about the patient's preferences, and it may be helpful to document this information in an addendum to the LST progress note (e.g., the surrogate decision maker's contact information, entered by a social worker). Facilities can determine which clinicians are authorized to enter addenda to LST progress notes, as defined by CPRS user classes.

□ Test the LST progress note and orders.

**TIP:** Have multiple people test the progress note and orders, clicking on every option and every text box to test their functionality. Review completed notes and orders to ensure the progress note appears as intended in Postings/CWAD box on the Cover Sheet, and the LST Orders default to the top of the list on the Orders tab.

**TIP:** Many nurses customize their view of orders so they only see Nursing orders. Coordinate with OIT to add the LST orders display group to the Nursing orders display group. Instructions are included in the Installation Manual for CACs.



To stay on track, complete STEP 4 by June 1, 2017.

## STEP 5: Establish New Progress Note to Document Goals & Preferences to Inform the LST Plan

The LST Progress Note is used exclusively by "practitioners" to document discussions about the patient's goals, preferences, and life-sustaining treatment decisions. "Practitioner" refers to those clinicians who are authorized to write LST progress notes and orders. Facilities should establish a *different* progress note title to document discussions between social workers, registered nurses, chaplains, and psychologists and patients (or their surrogates) about the patient's goals and preferences. These discussions help to inform later conversations between the patient (or surrogate) with a practitioner to establish the patient's LST plan and orders. [See VHA Handbook 1004.03 MCM template, paragraphs 9.d.(1)-(2).] This separate note title is to be used by members of the team who are not authorized to write LST orders, or by practitioners when goals of care have been discussed but LST decisions have not yet been made. It is strongly recommended that facilities use the title, "Goals & Preferences to Inform Life-Sustaining Treatment Plan" for this purpose.

## To Do:

Determine the title your facility will use for this progress note.

**TIP:** It is strongly recommended that facilities use the title, "Goals & Preferences to Inform Life-Sustaining Treatment Plan." Here's why:

- The title clearly conveys the note's content and its intended use with high-risk patients. If you use the title, "Goals & Preferences," the title could be used for any patient.
- Using the same note title across VA facilities makes it easier to search for the information in CPRS Remote Data when patients receive care in more than one VA.

Determine whether the progress note title will be associated with a template.

**TIP:** A template your facility may choose to adopt is found here: <u>http://vaww.ethics.va.gov/LST/CACHISResources/GoalsandPreferencestoInformthe</u> <u>LSTPlan.pdf</u>. Advantages to using this template include:

• It is consistent with national training curricula about how to discuss and document these issues.

- It prompts clinicians to record information that would be useful to practitioners who will make shared decisions about life-sustaining treatments with patients (or their surrogates).
- □ Determine whether this progress note will appear in the Postings/CWAD section on the CPRS Cover Sheet. This is highly recommended.

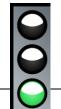
**TIP:** Practitioners who are preparing to discuss goals of care and life-sustaining treatment decisions with patients or their surrogates could significantly benefit from reviewing conversations that have already occurred with patients about their values, goals, preferences, and questions. If this progress note does not appear in Postings/CWAD, it will be more difficult and time-consuming for the practitioner to find this information in CPRS.

Ask your CAC/HIS staff to install this progress note in your CPRS test account.

**TIP:** If you choose to use the template referred to above, a TMXL file of this template has been made available to make installation easy. It is located at this website. <u>http://vaww.ethics.va.gov/LST/CACHISResources/OptionalDevelopment.asp</u>.

□ Test this progress note to make sure it works as intended.

**TIP:** Multiple people should test the template by clicking every box to make sure it functions properly and appears where it should when completed.



To stay on track, complete STEP 5 by July 1, 2017.

## STEP 6: Draft Your Facility's LST Medical Center Memorandum (MCM)

Your facility's LST MCM will replace existing facility policy related to withholding or withdrawing life-sustaining treatment, including writing Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR) orders. A crosswalk of the major differences between old and new requirements is found here: http://vaww.ethics.va.gov/LST/PolicyChanges.pdf

## To Do:

Review VHA Handbook 1004.03 (LST Handbook). <u>http://www1.va.gov/vhapublications/ViewPublication.asp?pub\_ID=4308</u>

□ Review the LST Model MCM. Sections of the Model MCM that may be customized for your facility are noted in the Comment boxes and in blue font within the text. <u>http://vaww.ethics.va.gov/ETHICS/LST/ModelMCM.docx</u>

**TIP:** VHA Handbook 1004.03 establishes the minimum standards for practices related to eliciting, documenting, and honoring Veterans' goals of care and life-sustaining treatment decisions. Your facility's policy may establish higher standards than those outlined in the LST Handbook, but not lower standards.

□ With the input of the LST Advisory Board, facility leadership, and other stakeholders, draft your facility's LST MCM. Key issues to customize within the MCM:

- ? Which acronym will your facility use: DNR (Do Not Resuscitate) or DNAR (Do Not Attempt Resuscitation)?
- **?** What are the timeframes for initiating a goals of care conversation in specific clinical settings? [See VHA Handbook 1004.03 MCM template, paragraphs 5.b.(a), 7.c., 7.d., and 7.f.]
- ? Will the Ethics Consultation Service serve as the multidisciplinary committee charged with reviewing proposed life-sustaining treatment plans for patients who lack decision-making capacity and have no surrogate? If not, the facility will need to identify either an independent standing or ad hoc committee. [See VHA Handbook 1004.03 MCM template, paragraph 8.e.]

**TIP:** One member of the multidisciplinary committee must be from the facility Ethics Consultation Service.

**?** How will the multidisciplinary committee review process be initiated? [See VHA Handbook 1004.03 MCM template, paragraph 8.d.(5).]

**TIP:** Your facility may choose to initiate the multidisciplinary committee review process through use of a CPRS Consult. A consult template has been developed that you can use or adapt. You can review it here: <u>http://vaww.ethics.va.gov/LST/CACHISResources/VALSTMultidisciplinary</u> <u>CommitteeConsult.pptx</u>. To make installation easy for your CAC/HIS staff, a TXML file of this template can be found at the following website: <u>http://vaww.ethics.va.gov/LST/CACHISResources/OptionalDevelopment.a</u> <u>Sp</u>.

- ? Following review of a proposed life-sustaining treatment plan for a patient who lacks decision-making capacity and has no surrogate, how will the findings be documented, and how will the patient's practitioner be notified? [See VHA Handbook 1004.03 MCM template, paragraphs 8.f.-h.]
- ? Which method will delegating/supervising practitioners use to document concurrence with the patient's life-sustaining treatment plan: an additional signature and addendum to the LST Progress Note, or a co-signature to the LST progress note? [See VHA Handbook 1004.03 MCM template, paragraph 9.c.(2)(a)-(b).]

**TIP:** If the supervisor co-signs the note and concurs with the plan, no addendum is required, because the co-signature indicates concurrence with the plan that is documented within the note. If the supervisor is an additional signer, an addendum is always required, whether concurring or not, to document review of the plan.

LST progress notes that are signed by a delegated practitioner and are awaiting the supervisor's co-signature appear on the Progress Notes tab immediately, but do not appear in the Postings section of the Cover Sheet until the co-signature is entered. Notes that are signed by a delegated practitioner and awaiting a supervisor's additional signature will appear immediately in Postings section and on the Progress Notes tab, but supervisors will be required to take the extra step of writing an addendum on each LST progress note to document concurrence or non-concurrence.

- ? What progress note title will be used to document discussions about the patient's goals and preferences that inform the life-sustaining treatment plan, and are conducted by clinicians who do not write LST orders? [See Step 5.]
- Which clinicians will be allowed to enter addenda to LST progress notes?
  [See VHA Handbook 1004.03 MCM template, paragraph 9.d.(2)].
- **?** What is the process for notifying the patient's primary care team when LST orders have been written? [See VHA Handbook 1004.03 MCM template, paragraph 9.f.]
- ? Who is responsible for offering the patient (or surrogate) a copy of the LST progress note? [See VHA Handbook 1004.03 MCM template, paragraphs 9.g. and 10.e.]
- Per the new policy, Advance Practice Registered Nurses (APRNs) and Physician Assistants (PAs) may write LST progress notes and orders when their scope of practice agreement or other formal delineation of job responsibilities explicitly authorizes them to do so. Supervisory relationships for these activities are no different than for other clinical duties. Be sure that these documents are updated for those practitioners who will be conducting goals of care conversations and writing LST progress notes and orders.
- □ Once the LST MCM has been drafted, submit it through your facility's concurrence process.

**TIP:** Some key stakeholders who aren't a member of the LST Advisory Board will be reviewing the LST MCM through your facility's concurrence process. Visit with them ahead of time, or ask to get on the agenda of upcoming meetings of the Clinical Executive Board, Nursing leadership boards, and other key stakeholders groups to let them know what's coming and answer questions they may have.

**TIP:** To minimize patient safety risk and staff confusion, don't release the LST MCM until staff members impacted by new practice changes have been fully informed about what to expect. See Step 7.



To stay on track, complete STEP 6 by August 1, 2017.

## STEP 7: Educate Staff

Staff education is necessary to successfully implement new practices in your facility. This section includes tips for planning staff education, and highlights educational resources that you may choose to use.

## To Do:

Develop and carry out an LST Education Plan.

- ? Which groups need training about the new progress note and orders?
- ? Which groups need training about new policy requirements?
- ? Which groups need goals of care conversations training to build their communication skills around issues of serious illness?
- **?** For each item above, how, when, and by whom will the training be delivered?
- **?** If your facility has residents who frequently rotate, how will you make sure they are educated about new processes?

**TIP:** Start with those who currently write or refer to DNR (or DNAR) orders in the patient's record. Because current practices for documenting a patient's code status will change when use of the new LST progress note and orders begins, it is imperative for inpatient and CLC/hospice staff to fully understand how to write and interpret these notes and orders.

**TIP:** Engage a small group of key stakeholders in each area of clinical specialty to think through the needs, learning styles, and teaching opportunities with their group. These key stakeholders may help to deliver training to their colleagues.

**TIP:** Self-guided education (e.g., a TMS module, videos, or PowerPoints by email) can help introduce new concepts to learners. Experience at the four LST demonstration sites indicates that it is not sufficient to ensure competence in writing (or following) LST orders or conducting goals of care conversations. Additional exposure to the material is required – through discussions in staff meetings, other presentations, skills training, and/or tools such as pocket cards and worksheets.

**TIP:** Consider whether the unions at your facility will want to weigh in on the education plan or timeline.

**TIP:** Add content about LST orders to CPR training and Code Drills.

**TIP:** Add LST education into regularly-scheduled mandatory skills training programs for nurses. Repeated face-to-face instruction with opportunity to ask questions through a regularly-scheduled educational venue has been found to be very helpful at LST Demonstration Sites.

**TIP:** Use of the LST progress note and orders can begin before all clinicians who care for patients with serious illness have completed Goals of Care Conversations skills training. Communication skills training can be rolled out in a planned, step-wise fashion as you work toward culture change associated with moving goals of care conversations upstream, earlier in the course of illness, in the outpatient setting whenever possible.

## LSTDI Education Resources, Listed By Topic

## The Life-Sustaining Treatment Decisions Initiative

- □ Video Featuring staff from VA LSTDI Demonstration Sites in Madison, Salt Lake City, Black Hills, and Lovell in North Chicago, this short video highlights new practices and how they enhance patient-centered care for patients with serious illness. (10:51) <u>http://bcove.me/ioq1pjb0</u>
- Online Module Provides an overview of the initiative, including new practices for conducting proactive goals of care conversations with high-risk patients and documenting those discussions in a new progress note template and order set. Addresses questions frequently asked by clinical staff about how new processes will impact their practice. NOTE: Offered through TMS, this program is accredited for physicians, APRNs, PAs, nurses, social workers, and psychologists.

https://www.tms.va.gov/learning/user/deeplink\_redirect.jsp?linkId=ITEM\_DETAILS& componentID=31722&componentTypeID=VA&revisionDate=1484850660000

Overview PowerPoint – Provides basic information about the initiative. <u>www.ethics.va.gov/LST/Overview.pptx</u>. For more complete information, see the online module above.

## **Communication Skills Training**

□ For Physicians, Advance Practice Nurses, and Physician Assistants – This face-to-face training program builds communication skills of practitioners who care for patients with serious illness. Includes training in delivering serious news, conducting goals of care conversations, and making shared decisions with patients and surrogates about life-sustaining treatment. To find trainers in your facility who

have attended a national train-the-trainer program, refer to this list. <u>http://vaww.ethics.va.gov/goalsofcaretraining/trainers.pdf</u>.

- □ For Nurses, Social Workers, Psychologists, and Chaplains This face-to-face multidisciplinary training builds communication skills around discussing the patient's goals, values, surrogate, and preferred treatments and services. Includes training in team-based strategies for routinely identifying high-risk patients and completing goals of care conversations. To find trainers in your facility who have attended a national train-the-trainer program (beginning April 2017), refer to this list of Goals of Care Trainers. <a href="http://www.ethics.va.gov/goalsofcaretraining/trainers.pdf">http://www.ethics.va.gov/goalsofcaretraining/trainers.pdf</a>.
- Sim LEARN Module Avatar-based communication skills training for practitioners who conduct goals of care conversations with patients with serious illness. NOTE: Use of this module requires downloading Unity Web Player software, which can be downloaded in just a few minutes with the help of IT staff. <a href="https://myees.lrn.va.gov/SimLEARN/Gaming/SitePages/Goals%20of%20Care%20C">https://myees.lrn.va.gov/SimLEARN/Gaming/SitePages/Goals%20of%20Care%20C</a> onversation.aspx. A preview of the module is available (0:41). <a href="https://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AAACmABW4\_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4915765583001">https://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AAACmABW4\_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4915765583001</a>

## **Differences Between LST Orders and Advance Directives**

Podcast – Provides information for clinical staff about the ways in which Life-Sustaining Treatment Orders, which are completed by practitioners, are different than advance directives, which are completed by patients. Features staff at VA LSTDI Demonstration Sites. (08:37).

http://vaww.ethics.va.gov/ETHICS/LST/DifferencesBetweenLSTOrdersandADs.mp3

## **Identifying High-Risk Patients**

PowerPoint – Reviews strategies for identifying high-risk patients who may be candidates for goals of care conversations, including a new tool available through a panel management software program for VA Primary Care Teams (Patient Care Assessment System (PCAS)]. This tool can be used to proactively identify high-risk patients, assign tasks to team members, and monitor completion of goals of care conversations in primary care.

http://www.ethics.va.gov/LST/IdentifyingHighRiskPatients.pptx

### **Goals of Care Conversations Webinars and Videos**

Introduction to Eliciting Values, Goals, and Preferences when Patients Have a Serious Illness – Online presentation designed for social workers, nurses, psychologists, and chaplains who care for patients with serious illness. Addresses issues related to conducting goals of care conversations (GOCCs), including proactive identification high risk patients, the steps involved in conducting a GOCC, and documenting these conversations in the electronic health record. NOTE: This program is offered through TMS and is accredited for physicians, APRNs, PAs, nurses, social workers, and psychologists. https://www.tms.va.gov/learning/user/deeplink\_redirect.jsp?linkId=ITEM\_DETAILS& componentID=31116&componentTypeID=VA&revisionDate=1478017260000

The PowerPoint associated with this program is available for review without continuing education credit.

http://www.ethics.va.gov/LST/IntroductionToElicitingValuesGoals.pdf

□ Team-Based Approaches to Eliciting Values, Goals, and Preferences when Patients Have a Serious Illness – Online presentation that addresses steps health care teams should take to successfully implement goals of care conversations in their clinics. Features innovative team-based models used in Madison, Salt Lake City, and Brooklyn VA facilities. NOTE: This program is offered through TMS and is accredited for physicians, APRNs, PAs, nurses, social workers, and psychologists. <u>https://www.tms.va.gov/learning/user/deeplink\_redirect.jsp?linkId=ITEM\_DETAILS&</u> <u>componentID=31210&componentTypeID=VA&revisionDate=1479414240000</u>.

The PowerPoint associated with this program is available for review without continuing education credit. http://www.ethics.va.gov/LST/TeamBasedApproachesToElicitingValuesGoals.pdf

□ Video: Conducting a Goals of Care Conversation with a Patient – Video of a

practitioner conducting a goals of care conversation with a patient who has a serious life-limiting illness. (20:20)

https://myees.lrn.va.gov/Watch/Video%20Center.aspx?vid=3936565795001#top

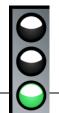
#### **Goals of Care Conversations Tools**

Pocket Card for Physicians, APRNs, and PAs – Outlines the steps for conducting a conversation with patients (or surrogates) about the patient's values, goals, and life-sustaining treatment decisions. Four pocket cards per 8.5" x 11" page; can be printed, laminated and then cut into individual pocket cards. <u>http://www.ethics.va.gov/LST/GoCCPocketCard.pdf</u> Worksheet for Physicians, APRNs, and PAs – Outlines the steps for conducting a conversation with a patient (or surrogate) about the patient's values, goals, and life-sustaining treatment decisions, and includes space for taking notes during the conversation. Two pages, 8.5" x 11".
 http://www.ethics.va.gov/LST/GoCCWorksheet.pdf

Pocket Card: Reviewing Life-Sustaining Treatments Orders (Including DNR) Prior to Procedures – Outlines the steps for reviewing and changing existing lifesustaining treatment orders with patients (or surrogates) prior to procedures involving general anesthesia, initiation of hemodialysis, cardiac catheterization, electrophysiology studies or any procedure that poses a high risk of serious arrhythmia or cardiopulmonary arrest. Four pocket cards per 8.5" x 11" page; can be printed, laminated and then cut into individual pocket cards. <u>http://www.ethics.va.gov/LST/ReviewingLSTOrdersPocketCard.pdf</u>

## Frequently Asked Questions (FAQs)

- □ FAQs for Health Care Facilities Implementing the LSTDI http://vaww.ethics.va.gov/LST/FAQ/ImplementationFAQ.asp
- □ FAQs for Clinical Staff Caring for High-Risk Patients <u>http://vaww.ethics.va.gov/lst/faq/clinicalstafffaq.asp</u>
- □ FAQs for Clinical Application Coordinators/Health Informatics Specialists Installing LST Tools in CPRS http://vaww.ethics.va.gov/LST/CACHISResources.asp



To stay on track, complete STEP 7 by Nov. 1, 2017

## **STEP 8: Launch New Practices**

When staff members have been sufficiently trained, your facility is ready to implement your local LST policy and begin using the LST progress notes and orders.

#### **Prepare:**

□ Finalize the facility's LST MCM.

Download or order copies of patient education materials.

- Setting Health Care Goals: A Guide for People with Health Problems http://vaww.ethics.va.gov/ETHICS/LST/SettingHealthCareGoals.pdf
- Information for Patients and Families about:
  - □ Feeding Tubes <u>http://www.ethics.va.gov/LST/FeedingTubeInformation.pdf</u>
  - Dialysis <u>http://www.ethics.va.gov/LST/DialysisInformation.pdf</u>
  - Mechanical Ventilation <u>http://www.ethics.va.gov/LST/MechanicalVentilationInformation.pdf</u>
  - CPR http://www.ethics.va.gov/LST/CPRInformation.pdf
- A printed booklet containing the information above can be ordered by VA staff free of charge. To order, contact your Publication Control Officer (<u>https://vaww.vha.vaco.portal.va.gov/sites/VHACOS/10B4/PCO/Lists/Station</u> %20POCs/AllItems.aspx) and provide the following information:
  - ✓ Internal Bulletin number: IB-10-962
  - ✓ Publication number: P96845
  - ✓ Title: Setting Health Care Goals: A Guide for Patients with Health Problems
  - ✓ Number of copies you'd like to order
  - ✓ Your address
- □ A single document that incorporates *Setting Health Care Goals* and information about all of the LSTs listed above can be downloaded here: <u>http://www.ethics.va.gov/LST/SettingHealthCareGoalsandLSTInformation.pdf</u>.

□ Consider attaching an informational template to the existing DNR/Code Status progress note title to remind clinicians to use the LST progress note to document

discussions about goals of care and code status. A Retired DNR Code Status Template has been developed and can be reviewed here: <u>vaww.ethics.va.gov/LST/CACHISResources/RetiredDNRCodeStatus.pdf</u>. A TXML file to make it easy for CAC/HIS staff to install this template is available here: <u>vaww.ethics.va.gov/LST/CACHISResources/OptionalDevelopment.asp</u>.

□ Schedule a date to start using the LST progress note and orders, and advertise it widely.

**TIP:** Plan to "turn on" the LST progress notes and orders at the same time in all clinical locations. Here's why:

- Once you "turn on" the LST note and orders, don't keep the old processes (notes and orders) in place. When given a choice between an old familiar process and a new process that initially takes extra effort to figure out, people usually choose the familiar process.
- □ Patient safety may be compromised if patients in the CLC, for example, have LST progress notes and orders that accompany the patient into the hospital, but inpatient staff do not yet use (or fully understand) them.

**TIP:** Staff may forget important information if you begin using the LST progress note template and orders more than a month after training has occurred – keep it fresh through the use of "count down" emails, tip sheets, and reminders in staff meetings.

Establish a plan to support inpatient clinicians during the transition from the old process to the new.

**TIP:** Identify champions from each clinical area who can answer questions as staff get used to new practices.

**TIP:** Have someone available to answer questions from staff who care for patients overnight and on weekends. A well-trained chief resident may be an excellent resource for house officers who admit patients on a weekend and need help with DNR orders.

□ Test the LST progress note and orders in the CPRS live account.

## **Begin!**



To stay on track, complete STEP 8 by Nov. 15, 2017.

## **STEP 9.** Monitor and Improve

Identify who will be responsible for monitoring implementation of LST practices at your facility. This might be your LST Advisory Board, or a subset of members. It might be your Preventive Ethics Team, or a work group established through Patient Safety or Quality Management. It also may be an activity that is pursued be each clinic or team with their own panel of patients.

#### Through the implementation process:

□ Keep facility leadership updated on progress and challenges. Work with them to set facility goals.

**TIP:** Remember, implementation may start slowly and spread unevenly. Maintain realistic expectations.

#### Soon after launching the LST progress note and orders:

- Select a subset of record and check to make sure LST progress notes and orders are being written correctly. This can be done by members of the LST Advisory Board or by nurse or physician partners in each inpatient unit. Whenever problems are detected, reach out and offer help to the person who wrote the note or order.
- □ Assess for education gaps and address them.

**TIP:** Attend staff meetings, talk to Nurse Managers, call the Chief Resident – reach out and see how things are going, especially in the areas where DNR orders are routinely written.

**TIP:** Inpatient nursing staff can be an excellent source of assistance in identifying strengths and opportunities for improvement.

#### **Thereafter:**

Assess where goals of care conversations with high-risk patients are happening.

**TIP:** The LST Report, available to VA staff on the VSSC website, allows each facility to track Goals of Care Conversations (GOCC) that are documented using the LST progress note. Data can be stratified by fiscal year and quarter, by location (community living center, inpatient, outpatient), clinic stop code or treatment

specialty, provider, and patient. This report will aid VA facilities in identifying clinical locations within the health care system where goals of care conversations are – and aren't – happening.

https://securereports2.vssc.med.va.gov/ReportServer/Pages/ReportViewer.aspx?%2 fPC%2fGoalsOfCare%2fGOCC\_MAIN&rs:Command=Render

More information about this report can be found in the LST Report Data Definitions. <u>http://vaww.vssc.med.va.gov/VSSCEnhancedProductManagement/DisplayDocumen</u> <u>t.aspx?DocumentID=6689</u>

Access to patient-specific data in this report may be obtained at <u>http://vaww.vhadataportal.med.va.gov/DataAccess/HealthcareOperations/RequestProcess</u>.

□ Develop a plan to help target clinicians move Goals of Care Conversations upstream, into the outpatient setting whenever possible.

**TIP:** Offer to come to staff meetings to discuss new practices. Assess barriers and potential strengths.

**TIP:** Offer Goals of Care Conversations training. These discussions may not be happening because clinicians have never had any formal training in how to conduct these conversations with patients and families.

**TIP:** Explore collaborative partnerships. How can Primary Care and Pulmonology, for example, work together to ensure that goals of care conversations occur with patients who have advanced COPD?

**TIP:** Engage your facility's experts in quality improvement.

□ Identify strong performers (providers, treating specialties or clinical settings) and learn from what they are doing.

**TIP:** Use the LST Report to identify early adopters, learn from them, and disseminate best practices.

□ Review the Facility Report on a quarterly basis at LST Advisory Board meetings to assess progress and update implementation goals.

□ Report progress to facility leadership.



## Resources

The National Center for Ethics in Health Care has developed information and materials to answer most questions about the Life-Sustaining Treatment Decisions Initiative and support its implementation. If you have questions, please review the resources on our website, and if you don't find what you're looking for, bring your question to the monthly Implementation Support Teleconferences. If you have an urgent question, contact us at <u>vhaethics@va.gov</u>.

## Links to key resources:

- LSTDI overview
  <u>http://vaww.ethics.va.gov/LST.asp</u>
- Frequently Asked Questions (FAQs)
  <u>http://vaww.ethics.va.gov/lst/faq.asp</u>
- VHA Handbook 1004.03, *Life-Sustaining Treatment (LST) Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals, and Preferences* <u>http://vaww.va.gov/vhapublications/ViewPublication.asp?pub\_ID=4308</u>
- Medical Center Memorandum template for VHA Handbook 1004.03
  <a href="http://vaww.ethics.va.gov/ETHICS/LST/ModelMCM.docx">http://vaww.ethics.va.gov/ETHICS/LST/ModelMCM.docx</a>
- Implementing New Practices: Resources for Health Care Facilities
  <u>http://vaww.ethics.va.gov/LST/ImplementationResources.asp</u>
- Resources for Clinical Staff Caring for High-Risk Patients
  <u>http://vaww.ethics.va.gov/LST/ClinicalStaffResources.asp</u>
- Resources for Clinical Application Coordinators/Health Informatics Specialists Installing CPRS Tools <u>http://vaww.ethics.va.gov/LST/CACHISResources.asp</u>
- Goals of Care Conversations Training Information
  <a href="http://vaww.ethics.va.gov/goalsofcaretraining.asp">http://vaww.ethics.va.gov/goalsofcaretraining.asp</a>

**Implementation Support Teleconferences** are held on the second Thursday of each month. LSTDI Coordinators and Alternates will receive Outlook Calendar invitations to these meetings.