



# VA LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE

**VA**



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

Veterans Health Administration  
National Center for Ethics in Health Care

# VA Life-Sustaining Treatment 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

# LST Decisions Initiative

- Promotes proactive, high quality goals of care conversations with high risk patients
- Promotes improved documentation of goals of care and life-sustaining treatment decisions



# Proactive Goals of Care Conversations

## Patients – “high risk”

- At risk for a life-threatening clinical event within the next 1-2 years
- Prior to medical crisis, in the outpatient setting whenever possible
- Can be identified through clinical judgment (“surprise” question) and objective screening tools (e.g., CAN\* scores in Primary Care)
- Or patients who express the desire to limit life-sustaining treatment

## Clinicians who care for high-risk patients

- Multiple disciplines: discuss values, goals, preferences with patients and surrogates
- Physicians, residents, APRNs, and PAs: confirm LST plan and write LST progress notes/orders

\* CAN = Care Assessment Need: indicates risk of hospitalization or death

# New CPRS Documentation Tools



## LST Progress Note

- To document goals of care conversations
- Accessible from CPRS Cover Sheet
- Launches LST orders

## LST Orders

- Regarding a range of LSTs (not just DNR)
- At the top of the list on the CPRS Orders tab in 'Default' view
- Can be written for patients in any care setting
- Durable – do not auto-discontinue when patient changes location of care
- Can be written by physicians, residents, APRNs and PAs, without need for follow-up attending orders\*

\*Supervision documented through co-signature or addendum to LST progress note

# LST Progress Note Template

- Patient's **capacity** to make decisions about life-sustaining treatments\*
- **Surrogate** information
- Whether **documents reflecting patient's wishes** (e.g., advance directives, state-authorized portable orders) were available and reviewed
- Patient's (or surrogate's) **understanding** of medical condition/prognosis
- **Goals of care**\*
- **Plan for use life-sustaining treatments**
  - In the event of cardiopulmonary arrest\* (CPR)
  - In circumstances other than cardiopulmonary arrest (e.g., mechanical ventilation, feeding tubes, transfers to hospital/ICU)
- **Consent** for plan\*

Template designed to launch matching LST orders

\*Required fields; others are optional.

# LST Progress Note

Vista CPRS in use by:

File Edit View Tools Help

Mr. Jones 3AS Primary Care Team Unassigned (Inpatient) Attending: Flag VistaWeb Remote Data Postings D

Active Problems	Allergies / Adverse Reactions	Postings
Alcohol Abuse, In Remission (ICD-9-CM 305.00) Alcohol Abuse (ICD-9-CM 305.00) Morbid Obesity (ICD-9-CM 278.01) *Diabetes Mellitus Type II Or Unspecified Liver Cancer (ICD-9-CM 155.0)	No Known Allergies	Life-Sustaining Treatment Jun 10, 2015

Active Medications	Clinical Reminders	Due Date
No Active Medications Found	Homelessness Screening	Dec 16, 99
	Alcohol Use Screen (AUDIT-C)	DUE NOW
	Tdap Immunization	DUE NOW

- Accessible from the CPRS Cover Sheet
- Does not have to be re-written on each admission if there are no changes to patient's goals or preferences

# LST Orders

- In circumstances other than cardiopulmonary arrest:
  - Full scope of treatment
  - No life-sustaining treatment
  - Limit life-sustaining treatment as follows: (specify)  
(for indicating limits to artificial nutrition, artificial hydration, mechanical ventilation, other life-sustaining treatments, transfers to the hospital or ICU)
- In the event of cardiopulmonary arrest:
  - DNR: Do not attempt CPR.
  - DNR with exception: ONLY attempt CPR during the following procedure: (specify)

Facilities can use acronym “DNR” or “DNAR”

For use when the patient would not want CPR *unless* they experienced a cardiopulmonary arrest during a specific planned procedure (e.g., surgery, dialysis)



# LST Orders

VistA CPRS in use by: [icon] [min] [max] [close]

File Edit View Action Options Tools Help

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

Servi...	Order	Start / Stop	Provider	Nurse	C
Life S...	>> 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		

Write Delayed Orders

Write Orders

Cardiac Consults  
Outpatient Medications  
EKG WRJ

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

When should a goals of care conversation be initiated for a high-risk patient who does not have an active LST Progress Note or LST Orders?

- **When clinically appropriate, including:**
  - In Primary Care/Home Based Primary Care, within 6 months after coming under the care of the PCP as a high-risk patient, or at the earliest opportunity if the prognosis is less than 6 months
  - Upon admission to an inpatient unit
  - Upon admission to the CLC
  - Upon palliative care consultation
  - Prior to referral to hospice
  - Prior to initiating or discontinuing a treatment intended to prolong the patient's life when the patient would be expected to die soon without the treatment

# Other Triggering Events for Goals of Care Conversations:

- **For patients with active LST Orders:**
  - When there is evidence the orders no longer represent the patients wishes
  - Prior to a procedure involving general anesthesia, initiation of hemodialysis, cardiac catheterization, electrophysiology studies, or any procedure that poses a high risk of serious arrhythmia or cardiopulmonary arrest
- **For any patient:**
  - Prior to writing a Do Not Resuscitate Order or any other LST order
  - When the patient (or surrogate) expresses a desire to discuss limiting or not limiting LST
  - When the patient (or surrogate) presents with a state-authorized portable order for life-sustaining treatment (e.g., POLST, MOST), unless consistent LST orders are already in place

# Proactively Identifying High Risk Patients



- How can high-risk patients be identified?
- If patient is admitted, who needs LST notes and who doesn't?

Helpful  
Tips

- Use clinical judgment (the surprise question) or objective measures (CAN scores, ePrognosis, end-stage disease)
- Who needs GOCCs and LST notes? High-risk patients and those who want to limit LST
- Resource:  
<http://vaww.ethics.va.gov/ETHICS/LST/IdentifyingHighRiskPatients.pptx>