Overview
The National Center for Ethics in Health Care released Handbook 1004.3, “Life Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patients’ Values, Goals and Preferences” in January 2017. Through this handbook, practitioners throughout all care delivery settings in VHA will be required to hold Goals of Care (GoC) conversations with seriously ill Veterans and their families, to document these findings in CPRS in the life-sustaining treatment template, and to develop care plans consistent with the goals expressed by the Veterans and their families. VHA facilities are expected to have this initiative fully implemented by July 2018. The overall goal of our QUERI project is to support the Veteran centered implementation of Goals of Care Conversations specifically in Community Living Centers (CLCs) and in Home Based Primary Care (HBPC). Veterans in these settings are often vulnerable, frail and may face critical decisions about their care. We are accomplishing our overall impact goal through the following specific aims:

- Assess variation in practice measures related to implementation of Goals of Care (GoC) conversations in CLCs and HBPC programs over time nationally.
- Design, implement, and test tools to improve performance, including:
  - Tools for feedback reports to provide information on progress in those key measures, and
  - Tools for learning collaboratives to support action-planning to address performance gaps.
- Use measures derived from two widely-used implementation research frameworks (the Consolidated Framework for Implementation Research and the Theoretical Domains Framework) in order to assess barriers and facilitators to implementing GoC conversations.
- Use audit with feedback interventions coupled with action planning through learning collaboratives, conduct rapid tests of different designs within these strategies to overcome barriers to implementing GoC conversations in CLCs and HBPC.

Methodology
We are using audit with feedback and learning collaboratives to generate action planning. We have used the Organizational Readiness to Change Assessment (ORCA) survey instrument together with interviews and focus groups conducted using the Consolidated Framework for Implementation Research (CFIR) and the Theoretical Domains Framework (TDF) to assess barriers and facilitators to implementing goals of care conversations. We will tailor the implementation strategies based on findings.

Findings and Anticipated Impact
We anticipate that this program will have an impact on Veterans’ health and the VA Healthcare System. GoC conversations with Veterans and their families ensure that the treatment they are receiving is concordant with the Veterans preferences. For example, a Veteran may express their preference for receiving care in the CLC rather than being hospitalized for acute care problems. As Veterans receive care in accordance with their preferences, we anticipate improved patient care experiences and satisfaction.

Operations Partner(s)
Our operational partners in this program are the VA Central Office Geriatrics and Extended Care Policy and Planning and VACO GEC Operations, the National Center for Ethics in Health Care, the Office of Nursing Services, and our VISN partners.

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