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 the Life-Sustaining Treatment Decisions Initiative (LSTDI), practitioners throughout all care delivery settings in VHA are required to hold Goals of Care (GoC) conversations with seriously ill Veterans and their families, and to document these findings in CPRS using the life-sustaining treatment template, and to develop care plans consistent with the goals expressed by the Veterans and their families. VHA facilities were required to have this initiative fully implemented by July 2018. The overall goal of our QUERI project is to support the Veteran-centered implementation of the LSTDI specifically in Community Living Centers (CLCs) and in Home Based Primary Care (HBPC). Veterans in these settings are often vulnerable and frail, and may face critical decisions about their care.

Long-Term Care QUERI (LTC) is accomplishing its overall goal through the following specific aims:

- Assess variation in practice measures related to implementation of the LSTDI in CLCs and HBPC programs over time nationally.
- Design, implement, and test tools to improve performance, including:
  - Feedback reports to provide information on progress in those key measures, and
  - Learning collaboratives to support action-planning to address performance gaps.
- Use measures derived from two widely-used implementation research frameworks to assess barriers and facilitators to implementing the LSTDI.
- Use audit with feedback interventions coupled with action planning through learning collaboratives, and conduct rapid tests of different designs within these strategies to overcome barriers to implementing the LSTDI in CLCs and HBPC.

Methodology
LTC-QUERI has 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. QUERI investigators 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)
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 VISN partners.