



Increasing Life Sustaining Treatment Orders in HBPC

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VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Geriatric Research, Education, and Clinical Centers

Setting

Satellite Home Based Primary Care (HBPC) office with interdisciplinary team members

Background

After review of Computerized Patient Record System (CPRS), it was noted that very few Veterans on provider’s panel have Life Sustaining Treatment Orders (LSTO) on file:

Baseline: 10/43 Veterans over 65 years old 23% have LSTO on file

Project Team

- Elke D. Baker, APRN
Primary Care Provider and Project Lead
- Imelda Singer, RN
PACT care manager
- Christine Chang MD, AGSF
Quality Improvement Coach
- June Leland, MD
HBPC Medical Director & local supporter of project

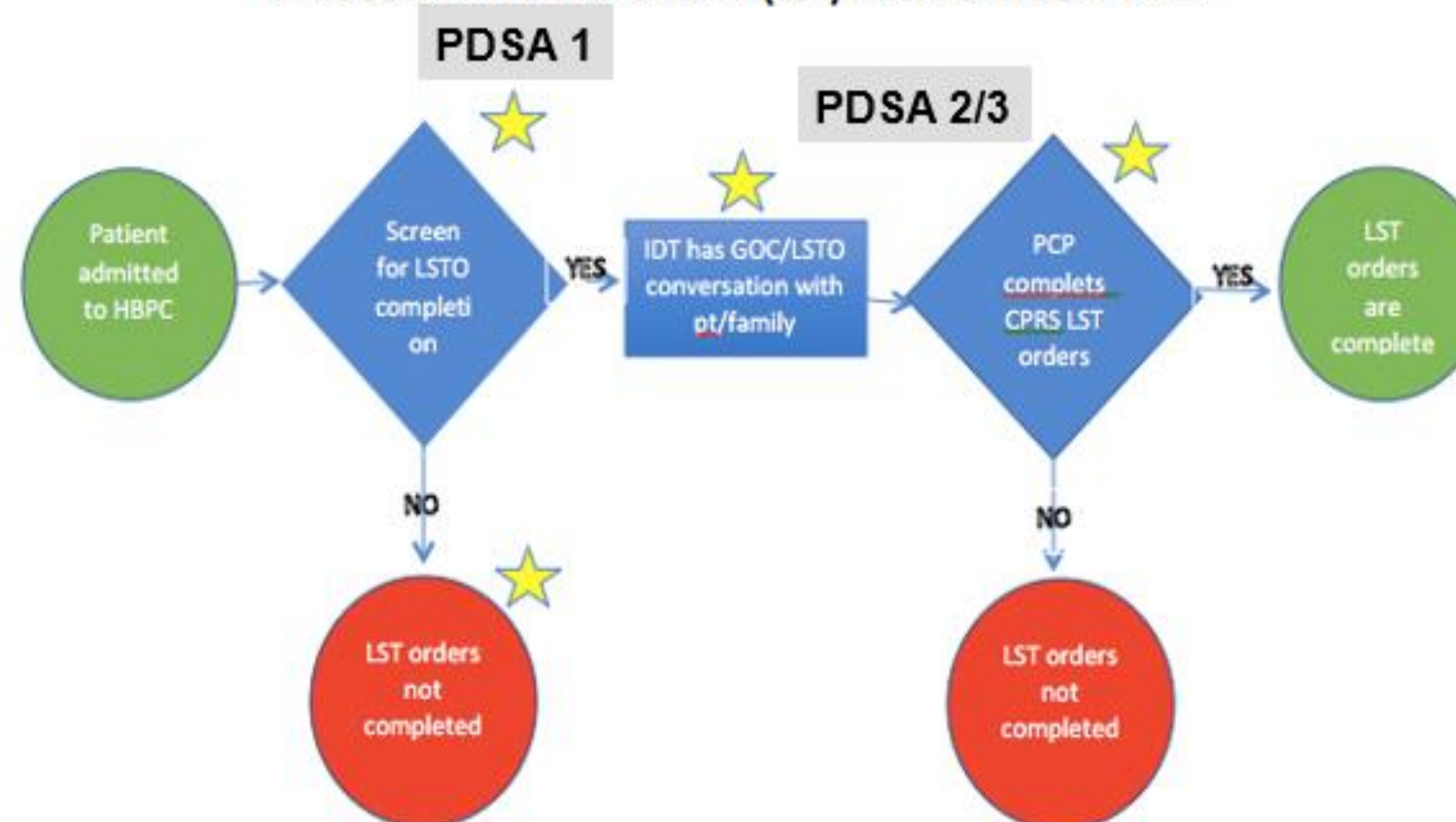
Aims

Working as an interprofessional team, we will increase the number of completed LSTO on this providers panel from 23% to 100% by January 10, 2020.

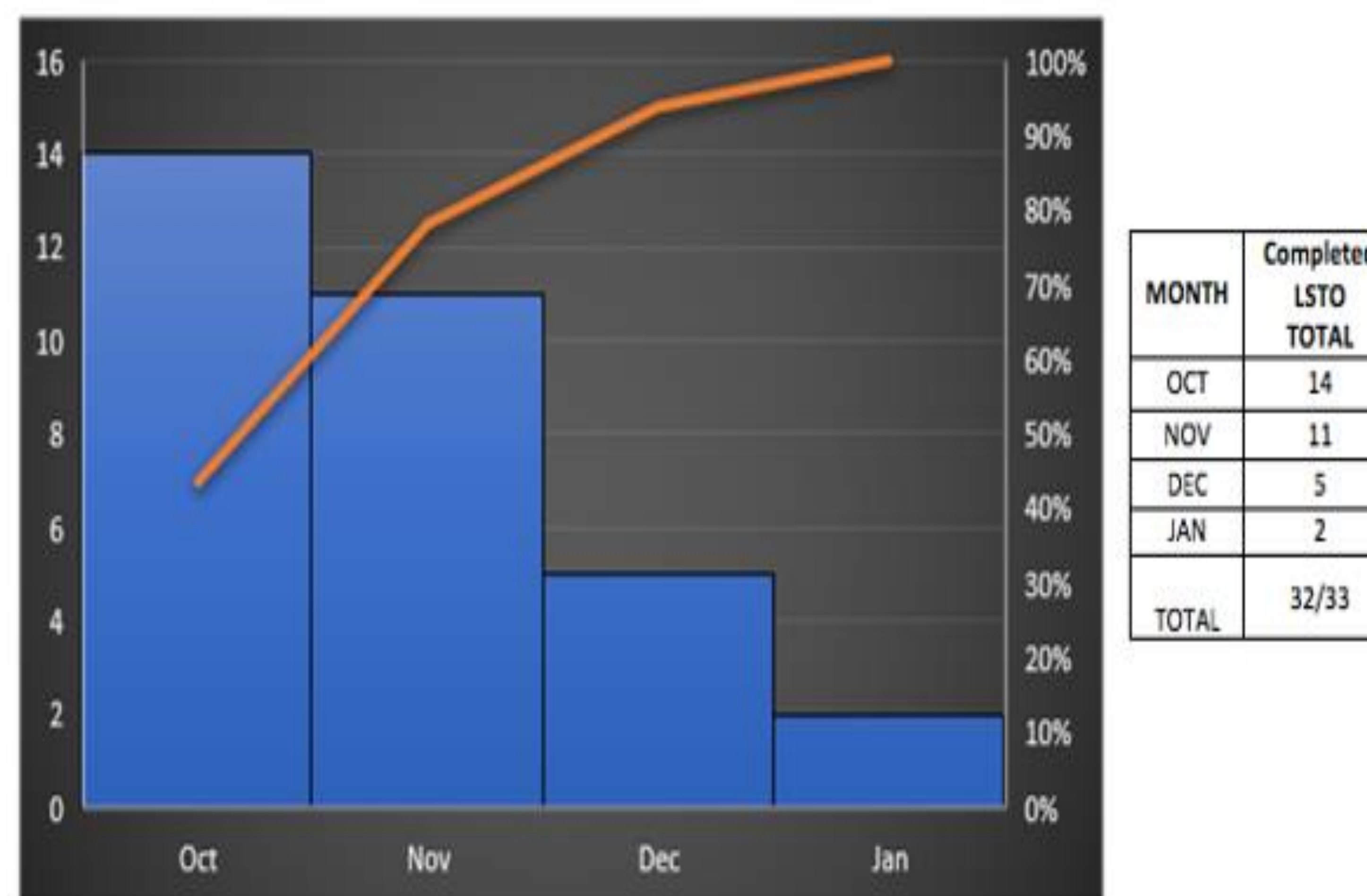
Methods/Interventions

- PDSA #1: Assess if LSTO are on file for each Veteran on provider’s panel
- PDSA #2: If Veteran/HCS decline to complete LSTO, set a specific date (within 4 weeks) to re-discuss
- PDSA #3: Review current LSTO with Veteran/Healthcare Surrogate (HCS) annually and/or with changes in health status

LIFE SUSTAINING TREATMENT (LST) DECISION FLOW MAP



RESULTS



Discussion

- The clinical impact of increasing Go Care Consults (CCs) with patient/caregiver/family and completing LSTO on patients with serious and chronic dx such as COPD, CHF, and ESRD results in improved pt. centered utilization of health care resources while preserving patient dignity and quality of care.
- It facilitates a therapeutic relationship with the provider and other team members discussing end-of life care issues.
- Honoring patient’s wishes for goals of care improves multi-disciplinary team work by sharing and working towards patient’s goals.
- The potential future impact gained from completing LSTO on HBPC patients >65 yo with serious medical comorbidities should become evident over time and with continuous progression of patient’s disease. The projected outcome is decreased hospitalizations due to prior goals of care discussions and decrease in futile treatments in advanced disease.

Relevance to Geriatric Veterans

- Discussing goals of Care and LSTO with Veterans or HCSs is a very important part of providing quality medical care.
- It can be very cathartic for the Veteran to discuss LSTO and it relieves the burden on the HCS should the veteran lose medical decision making capacity in the future
- The response from Veterans and HCSs alike was positive and often resulted in meaningful conversations with families
- The projected outcome of completing LSTO is decreased hospitalizations due to prior goals of care discussions and decrease in futile treatments in advanced disease.

Future Work

- The QI project of increasing LSTO in HBPC will be shared at the Integrated Ethics Council Meeting 1/22/20 and with all other HBPC providers in subsequent meetings.
- Discussion of the process and sharing implementation of LSTO with other providers is expected to result in increased completion of LSTO for veterans