Upcoming Meetings-2018

- Division Chief **July 12 (cancelled),** Aug 9, Sept 6*(first Thursday), Oct 11, Nov 8, Dec-No Meeting
- Department Meeting- Aug 23, Oct 25, Nov 29*(5th Thursday)

HOLD THE DATE!

2018 DOM Research Day
Saturday
September 29, 2018
Northwest Auditorium/
Covel Commons

PATIENT SAFETY REMINDER:

ALL STAFF HAVE A RESPONSIBILITY AND DUTY TO REPORT PATIENT SAFETY EVENTS AND UNSAFE CONDITIONS

Report events that "Don't go like they are supposed to" *

****Report Close Calls and Near Misses****

****Report unsafe patient conditions****

Joint Patient Safety Reporting (JPSR) System:
https://patientsafety.csd.disa.mil/

Patient Safety Event Reporting contains information that is "confidential and privileged" and protected under 38 U.S.C. 5705

Patient Safety Event Reports can be submitted ANONYMOUSLY

Examples:

- Medication errors/close calls
- Patient falls
- Missing patients
- Patient misidentification/near misses
- Equipment failures
- Supply events
- Instrument defects
- Environmental concerns

Thank you for your continued efforts in supporting Patient Safety ☺

2018 Housestaff Teaching Awards

- **Outpatient Teaching Award** (2)
  - *Sara Naylor (VA)*
  - Allison Diamant
- **Inpatient Teaching Award** (2)
  - Estebes Hernandez
  - *Satya Patel (VA)*

Farewell to our Chief Medical Residents 2017-18

- Michael Ayoub – Hospitalist UCLA
- Yihan Chen – Primary Care UCLA
- Kelley Chuang – Hospitalist WLA VA
- David Dai – Pulmonary CC fellowship UCLA
- Mark Duncan – Hospitalist U Colorado
- Delani Gunawardena – Primary Care UC Davis
- Daniel Kozman – Primary Care UCLA

VA/UCLA Faculty Group

- Opportunity for DOM faculty with joint UCLA/VA positions to discuss resources, enhance collaborations, lower barriers to research effort at both sites.
- Led byTannaz Moin MD, MBA, MSHS
- tmoin@mednet.ucla.edu
- If you want to be added to the list, send an email to Brittney Nelson bnnelson@mednet.ucla

DoM VA Admin. Team

Jill Narciso, MSO
jnarciso@mednet.ucla.edu
x. 44165 M - W;
818-895-9394 Th & F

Responsibilities:
Oversees entire admin. team at the VA, staff hires, zees, start ups, reports and DMPG balances, oversees fund-management

Jackie Pious-Gaines,
Academic Coordinator
jpgaines@mednet.ucla.edu
x. 49478

Responsibilities:
TNS, academic appointments and titles, anything Academic Personnel-related

Brittney Nelson,
Administrative Assistant
bnnelson@mednet.ucla.edu

Responsibilities:
Administrative Support for Chief's office, Dr. Brent's schedule management, VA website updates

TBD,
Purchaser

Responsibilities:
Handles all orders, travel reimbursements, deposits, and gift card requests; will assist with fund management activity

New VA Fund Managers

Contact Info.

Aida Alvarez
x. 48765
alalvarez@mednet.ucla.edu

Amisha Singh
x. 44173
alsingh@mednet.ucla.edu

Tina Bulchand
x. 49190
msbulchand@mednet.ucla.edu

What does a fund manager do?

- Assists with UCLA grant proposals, including finalizing budgets
- Distributes funds to other UCLA Co-Is and other institutions
- Sets up and helps pay subawards
- Assists with grant-related reports like ERS and closeouts
- Reconciles accounts and checks balances

Scotte Hartronft, MD, MBA
Chief of Staff
Professor of Medicine
Associate Dean
David Geffen School of Medicine at UCLA

Preceptorship
Teaching Opportunities
VA Faculty

June 28, 2018

Robert K. Oye, MD
Director, Clinical Skills Thread
Department of Medicine
David Geffen School of Medicine at UCLA

Competencies to be Achieved

Clinical Skills (each session)

- Perform a relevant and appropriate history and examination in the context of the clinical situation.
- Begin to develop skills to diagnose common conditions and to recognize the uncommon.

Communication Skills

- Be able to evaluate both written (consultations, medical records, etc.) and oral communications and apply this to the medical problem.
- Show effective professional communication to patients, staff and colleagues.
- Write appropriate notes and request feedback

Competencies to be Achieved

Intellectual Skills

- Be able to demonstrate an approach to solving clinical problems.
- Pursue self-directed learning on topics encountered in the clinic.

Knowledge

- Be able to apply, interpret and add to the knowledge of previous years.
- Be able to integrate knowledge and to transfer it from one field to another.

Attitude

- Exhibit appropriate behavior and interactions with peers, patients and professionals.

Clinical Skills Preceptorships

- Key element of UCLA Students Clinical Development
- UCLA Preclinical Students have limited direct pt contact
- Small group instruction in Doctoring and Physical Exam
- Work with Standardized Pts, Fellow students, Simulation mannikins
- Preceptorship important introduction to authentic clinical settings and actual patients.
- Direct patient contact, taking hx and examining pts.
- Observation of faculty/pt interactions, Role models
- DOM Support, Drs. Brent and Weinreb

VA is a highly desirable preceptor site

Very Desirable Patient Population for Students.

Patients generally welcome participation of students (if appropriately selected)

Learn about systems of care

Convenient Location

Challenges: Onboarding Process, EMR use.

2017-2018 VA First Year Preceptors

- Arreola-Owen, Olivia
- º Basrai, Zahir
- Bean-Mayberry, Bevanne
- Frenchman, Meghana
- Geft, Atara
- Hashemi, Leila
- º Jacobs, Scott
- Naylor, Sara
- Nissenbaum, Robert
- Orshansky, Greg
- Pham, Phuong-Mai
- Romanova, Maria
- Tcheung, Lueng
- Zhao, Lisa

● First Year Preceptor

º 1st & 2nd Year Preceptor

2017-2018 VA Second Year Preceptors

- Cantor, Emily
- Celadon, Manuel
- Hame, Sharon
- Harris, Christina
- Hassan, Benjamin
- Helali, Jonathan
- Hsiao, Jonie
- Izquierdo, Adriana
- Kaneshiro, Casey
- Kashefi, Mehran
- Lee, Carol
- Lee, Gina
- Lemus, Miguel
- Martin, Gladys
- Patel, Satya
- Parker, Elaine
- Peter, Shanon
- Rokhsar, Soleyman
- Tsing, Pamela
- Vaghaiwalla, Behram
- Vazirani, Sondra
- Wu, Simon

o 2nd Year Preceptor

2017-2018 Second-Year Preceptor Schedule
8 sessions; 1 or 2 students, October to March
Tuesday or Wednesday or Thursday
1:30 to 4:30 p.m. per your office hours

	Tuesday	Wednesday	Thursday
Visit 1	October 2	October 3	October 4
Visit 2	October 23	October 24	October 25
Visit 3	November 13	November 14	November 15
Visit 4	November 27	November 28	November 29
Visit 5 (Holiday Schedule)	January 4* (Friday)	January 2	January 3
Visit 6	January 29	January 30	January 31
Visit 7	February 12	February 13	February 14
Visit 8	February 26	February 27	February 28

David Geffen School of Medicine

2018-2019 TEACHING OPPORTUNITIES FOR UCLA FACULTY

Please review for information on teaching opportunities at the David Geffen School of Medicine and your clinical site.
To sign up, complete the online form at http://users.medsch.ucla.edu/teaching_opps_form.php
Contact the Center for Educational Development Research (310-267-5800) for additional information.

Teaching Opportunities at Your Site

First Year Preceptor
Preceptors are clinicians either from Family Medicine or General Internal Medicine, who guide one or two first year students twice a month. Student accompany preceptors as they see patients in an examining room or private area in their office or clinic. Students should also have an opportunity to interview and examine patients under preceptor supervision.

- 8 Session; 1 or 2 students, January – May
- Tuesday or Wednesday or Thursday
- 1:30pm –5:30pm per your office hours

Blaire Chapman: BlaireChapman@mednet.ucla.edu

Second Year Preceptor
Preceptors are clinicians from Family Medicine or General Internal Medicine, who take second year students into their clinical practices approximately twice a month to provide "hands-on" opportunities to practice skills in physical examination, history-taking, and oral presentation.

- 9 Sessions; 1 or 2 students, October – March
- Tuesday or Wednesday or Thursday
- 1:30pm – 4:30pm per your office hours

Blaire Chapman: BlaireChapman@mednet.ucla.edu

Third Year Preceptor
During the third year students have an opportunity to explore career choices with an emphasis on building clinical skills and understanding the practice demands and rewards of different specialties. They choose a specialty in which to work for half or all the academic year.

- 7 or 14 afternoon sessions, twice a month
- August – December and/or January –June
- Either Tuesday or Thursday; 1:30pm – 4:30pm
- Students covered under UCLA malpractice insurance

Rene Fuller: RFuller@mednet.ucla.edu

Please complete the Medical Student Teaching Interest Sign Up Form. Your completed form will be forwarded to the appropriate course coordinator(s) who will follow up with you. Share this information with interested colleagues. We sincerely appreciate your support of our educational program.

Each department has specific teaching requirements for volunteer faculty members based on student contact hours. If you are interested in teaching UCLA medical students but do not have a faculty appointment, please complete the Teaching Interest Sign Up Form and then contact the department of your medical specialty for detailed information.

Status Report on Departmental Programs and Activities

- Emergency Department-Dr. Neil Patel
- Hospitalists-Dr. Michael Ong
- Primary Care-Dr. Neil Paige
- Internal Medicine Housestaff-Dr. Neil Paige

VA Chief Medical Residents

- Jennifer Jones*
- Tyler Larsen*
- Lizzie Aby
- Natasha Cuk
- Dean Ehrlich

Flex Day Policy

- Given the inflexible nature of residency scheduling and in an effort to allow some slight flexibility in resident schedules, we allow residents to borrow days against their vacation, up to 2 days per academic year.
- These days are repayed by the residents on their vacation via our Jeopardy system.
- Flex days may only be taken during elective, consult, or +1 (clinic) days.
- We require residents to give us 60 days advance notice.

Step 3 Scheduling

- Interns are required to sit for Step 3 examination to be licensed and to be promoted to PGY-2
- Due to the fact that we have many busy inpatient services and primary care clinics to staff, interns have very limited options of when they can take the examination.
- This unfortunately requires them to be excused from consultative or subspecialty rotations or clinics in order to take the examination

Fellowship Interviews

- Upcoming late August through early November
- We allow residents to be excused from consult or outpatient rotations, up to 10 days, for interviews

Important Dates

- Fall Retreat: 9/28/18
- Spring Retreat: 4/24/19 to 4/26/19
- Graduation: evening of 6/1/19

VA LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
National Center for Ethics in Health Care

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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

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Why is change needed?

- **Conversations about goals and LST decisions often initiated too late** – after a medical crisis or loss of decision-making capacity
- **Difficult to locate CPRS documentation** of the patient's goals of care and LST decisions
- **Currently, VA orders pertaining to LST are limited to CPR** – no orders to reflect decisions about feeding tubes, mechanical ventilation, dialysis, others

The LST Decisions Initiative is a national quality improvement effort to address these concerns.

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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

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LST Decisions Initiative

- New National VHA Policy
  VHA Handbook 1004.03, *Life-Sustaining Treatment Decisions: Eliciting, Documenting, and Honoring Patients' Values, Goals, and Preferences*
- New LST Progress Note Template
  - For documenting goals of care conversations
- New LST Order Set
  - For documenting life-sustaining treatment decisions
- Training and Tools
  - To support new practices

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Prior to national release, LST processes and tools were implemented, tested and improved at four VA Health Care Systems:

- Lovell Federal Health Care Center, North Chicago
- VA Black Hills Health Care System, Ft. Meade and Hot Springs, SD
- VA Salt Lake City Health Care System
- William S. Middleton Memorial VA Hospital, Madison, WI

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VHA Handbook 1004.03 (LST Handbook)

- Standardizes processes related to:
  - **Conducting** goals of care conversations with high risk patients
  - **Documenting** goals of care and LST decisions in CPRS
  - **Honoring** LST decisions
- Also addresses:
  - Establishing LST plans for patients who lack decision-making capacity and do not have a surrogate
  - Resolving conflicts regarding LST treatment
  - Conscientious objection
  - VA prohibition against assisted suicide and euthanasia
- Facilities have **18 months** from the date of publication to establish facility policy and implement new practices

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Proactive Goals of Care Conversations

Patients – "high risk"

- At risk for a life-threatening clinical event within the next 1-2 years
  - Goal is to identify 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)
- Patients who express the desire to limit life-sustaining treatment

Roles of 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

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New CPRS Documentation Tools

LST Progress Note

- Documents 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 PA), without need for follow-up attending orders*

*Supervision documented through addendum to LST progress note

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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.

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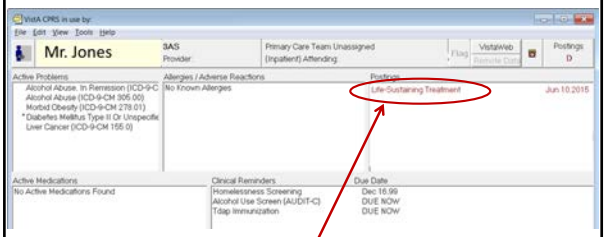
LST Progress Note



- 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

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LST Orders

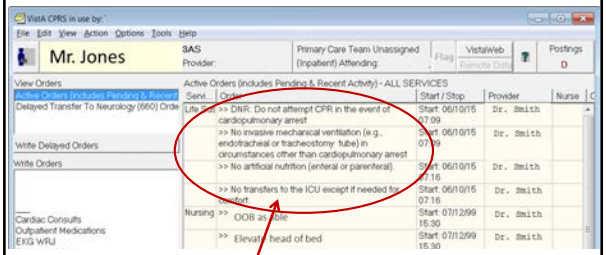
- In circumstances *other than* cardiopulmonary arrest:
  - Full scope of treatment
  - No life-sustaining treatment
  - Limit life-sustaining treatment as follows: (specify)

    (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)

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

40

LST Orders



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

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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

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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 (ICU- 48 hours, Wards -within 72 hours)

43

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 (ICU- 48 hours, Wards -within 72 hours)
  - Upon admission to the CLC (within 7 business days)

44

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 (ICU- 48 hours, Wards -within 72 hours)
  - Upon admission to the CLC (within 7 business days)
  - Upon palliative care consultation (within 72 hours inpatient, 2nd visit outpatient)

45

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 (ICU- 48 hours, Wards -within 72 hours)
  - Upon admission to the CLC (within 7 business days)
  - Upon palliative care consultation (within 72 hours inpatient, 2nd visit outpatient)
  - Prior to referral to hospice

46

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 (ICU- 48 hours, Wards -within 72 hours)
  - Upon admission to the CLC (within 7 business days)
  - Upon palliative care consultation (within 72 hours inpatient, 2nd visit outpatient)
  - 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 (except in emergencies → Note to be entered after)

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Other Triggering Events for Goals of Care Conversations:

- **For patients <u>with</u> 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), unless consistent LST orders are already in place

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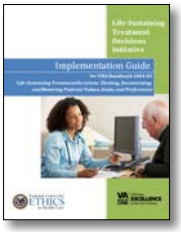
Training and Tools

- To support **health care facilities** in implementing VHA Handbook 1004.03

  Implementation Guide, staff education resources, monitoring tools, FAQs, monthly Implementation support calls



vaww.ethics.va.gov/LST/ImplementationResources.asp

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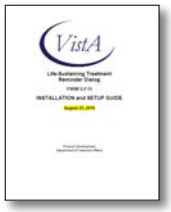
Training and Tools

- To support **Clinical Applications Coordinators** and **Health Informaticists** who install new LST progress notes and orders in CPRS
  - Installation Guide, FAQs, monthly technical support calls



vaww.ethics.va.gov/LST/CACHISResources.asp

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Training and Tools

- To support **clinical staff** who provide care for patients with serious illness
  - Goals of Care Conversations pocket cards, worksheets, videos, online modules, podcasts, Sim Learn modules, face-to-face training, patient education materials, FAQs

vaww.ethics.va.gov/LST/ClinicalStaffResources.asp

LIFE-SUSTAINING TREATMENT DECISION INITIATIVE (LSTDI) VA | U.S. Department of Veterans Affairs

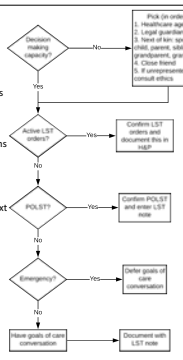
INFORMATION FOR INPATIENT PROVIDERS

Why was it created?
- To promote personalized, proactive, patient-driven care for veterans with serious illness by eliciting, documenting, and honoring their values, goals, and preference

What does this mean for inpatient providers?
- Senior residents or attendings are expected to have goals of care conversations and document wishes using the Life-Sustaining Treatment (LST) Note
- LST Note will generate durable LST orders for veterans who wish to have limitations of LST. LST orders will NOT expire.
- No orders will be generated for veterans who wish to receive all indicated forms of LST. Full code orders will no longer exist.

When should LST Note be written for hospitalized patients?
- Whenever a patient/surrogate expresses the desire to limit LST
- If patient is "high risk" (at risk for a life-threatening clinical event within the next 1-2 years)
  - Within 48 hours for patients admitted to ICU
  - Within 72 hours for high risk patients admitted to non-ICU bed

When should LST Note and Orders be reviewed?
- Upon admission
- With significant change in condition or goals of care
- Prior to a high-risk procedure including:
  - General anesthesia
  - Initiation of hemodialysis
  - Cardiac catheterization
  - Electrophysiology studies



VA GLA Life-Sustaining Treatment Decision Initiative Advisory Board
https://www.ethics.va.gov/LST.asp

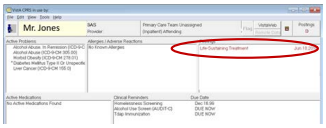
LIFE-SUSTAINING TREATMENT DECISION INITIATIVE (LSTDI) VA | U.S. Department of Veterans Affairs

INFORMATION FOR INPATIENT AND CLC NURSES

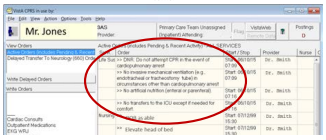
What is changing:
- There is a new note and order set that will replace old DNR notes and orders
- It will provide clear instructions regarding goals of care
- If a patient is full code, there will **NOT** be a "Full Code" order
- Orders do NOT expire
- Orders are portable (outpatient and inpatient)
- Only "high-risk" patients will need this note and order set completed
  - Within 48 hours for patients admitted to ICU
  - Within 72 hours for high-risk patients admitted to non-ICU bed
  - "High-risk" patients will be identified by the treating teams
- Please look out for a "DNR with exception" order. This means that the patient desires resuscitation **ONLY** in the timeframe described in the order
  - Example: DNR with exception ONLY attempt CPR during cholecystectomy and while in the recovery room

What YOU can do to help your patients:
- Please notify the provider if:
  - Your patient comes in with a POLST form
  - If the LST orders are inconsistent with the patient's wishes
  - If your patient has questions about life-sustaining treatment
- To document a conversation about your patient's wishes, please enter this information in a *"Goals and Preferences to Inform LST Plan"* note (this WILL NOT generate LST orders)

CPRS Example



Above is a CPRS cover sheet. Please check the "Postings" section in the upper right hand corner



Above is a CPRS orders tab. The orders default to the TOP of the orders tab.

If you have any questions, please contact your nurse manager

VA GLA Life-Sustaining Treatment Decision Initiative Advisory Board
https://www.ethics.va.gov/LST.asp

LIFE-SUSTAINING TREATMENT DECISION INITIATIVE (LSTDI)

INFORMATION FOR THE SURGEON AND PROCEDURALIST

VA | U.S. Department of Veterans Affairs

What is LSTDI?
LSTDI is a mandated policy across the VA to discuss, document and honor goals of care for Veterans with serious illness. **All orders to limit life sustaining treatment (LST), including DNR orders, must be written using LST Note.**

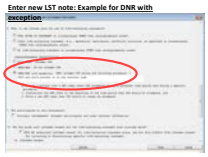
How does LSTDI affect providers who perform procedures?
Certain procedures trigger a review of LST Note and Orders. This incudes:
- Surgeries involving general anesthesia,
- Initiation of hemodialysis
- Cardiac catheterization
- Electrophysiology studies
- Other procedures with a high risk of cardiopulmonary arrest

When a patient presents *with existing LST orders*
1. Review and discuss the existing LST orders with patient or surrogate
2. If a decision is made to change the LST orders, discontinue the current LST orders
3. Enter a new LST note to reflect goals of care:
   a. If the veteran desires to be Full Code during procedure, select "DNR with exception"
      i. Enter time frame for peri-operative code reversal (ie, "DNR with exception: Only attempt CPR during Left ORIF and while patient is in recovery room.")
   b. If the veteran wishes to receive CPR/LST beyond recovery room, DO NOT SELECT DNR with exception order. Select Full code status.

Example in CPRS

Discontinue current DNR orders

Enter new LST note: Example for DNR with exception



Notice that even though the free text was placed in the order set, it DOES NOT get auto-populated to this window. You will have to re-write "ORIF and while patient is in the recovery room."

VA GLA Life-Sustaining Treatment Decision Initiative Advisory Board

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Goals of Care Conversations Communication Skills Training

- For **MDs/APRNs/PAs**
  - Teaches skills required to deliver serious news, conduct goals of care conversations, and make shared decisions with high-risk patients about life-sustaining treatments.
- For **RNs, Social Workers, Psychologists, Chaplains**
  - Teaches skills required to proactively identify high-risk patients, prepare them for goals of care conversations, and conduct discussions about the patient's values, goals, surrogate, and preferences for services and treatments. Includes team-based strategies for successfully incorporating goals of care conversations into routine clinical practice.

For a list of trainers in your facility:
vaww.ethics.va.gov/GoalsofCareTraining/Trainers.pdf

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Monitoring and Quality Improvement

- **LST Report**
  - Tracks completion of goals of care conversations documented in LST progress notes across the facility
  - Helps monitor LST implementation and identify targets for improvement

https://vhaaacweb3.vha.med.va.gov/lst

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Life-Sustaining Treatment Decisions Initiative

Website:
vaww.ethics.va.gov/LST.asp

Contact:
vhaethics@va.gov

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
National Center for Ethics in Health Care

http://dgsomdiversity.ucla.edu/

David Geffen School of Medicine

UCLA Health