Improving Goal-Concordant Care: Increasing LST Note Completion in High-Risk Veterans at VA San Diego

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Background:

The delivery of goal-concordant care is a priority within the Veterans Health Administration (VHA). As part of a national initiative, the VHA published the Life Sustaining Treatment (LST) handbook to ensure that Veterans' values, goals, and decisions regarding life-sustaining interventions are proactively discussed, documented, and respected. A critical component of this initiative is the LST Note, which documents patient preferences regarding resuscitation, intubation, mechanical ventilation, and other life-sustaining treatments. Accurate and timely completion of these notes ensures that care aligns with patients' wishes, particularly in situations where they are unable to communicate their decisions directly. Compliance with this initiative has been shown to reduce health care utilization, enhance goal concordant care and is associated with more favorable ratings of end-of-life care by family members.

At VA San Diego, the LST note completion rate for high-risk patients admitted to internal medicine services—defined as those with a Care Assessment Needs [CAN] score ≥ 98 —was 42%, below the national average of 50%. To address this gap, a multidisciplinary quality improvement (QI) initiative was launched with the goal of increasing LST note completion.

Methods:

Baseline data were collected over 10 weeks using the VHA Support Service Center Documentation of Goals of Care and LST Notes and the CAN Dashboard. The primary outcome was the percentage of high-risk patients (CAN ≥ 98) with completed LST notes during their admission. The intervention was primarily targeted at resident physicians and attendings physicians on teach teams. Interventions included: (1) weekly notifications to clinical teams identifying eligible patients (2) monthly resident education on LST documentation and dissemination of pocket cards summarizing best practices, and (3) creation of “CAN Score” note for veterans with CAN ≥ 98 with notes coded to pull into the Physician Admission H&P Template to identify if an active LST note is on file, and if not, prompt for completion. The goal of these interventions is to increase LST completion to 50% by May 2025, with the goal to foster earlier goals of care conversations and ensure veterans’ care aligns with their values and preferences in the face of serious illness.

Results:

During the 18-week intervention period, the average LST note completion rate increased to 53%. Weekly data were analyzed using a statistical process control p-chart, revealing a shift in the control limits post-intervention, indicating a more consistent and improved process (Figure 1). The intervention period will continue for an additional four weeks, followed by four weeks of post-intervention monitoring to assess sustainability.

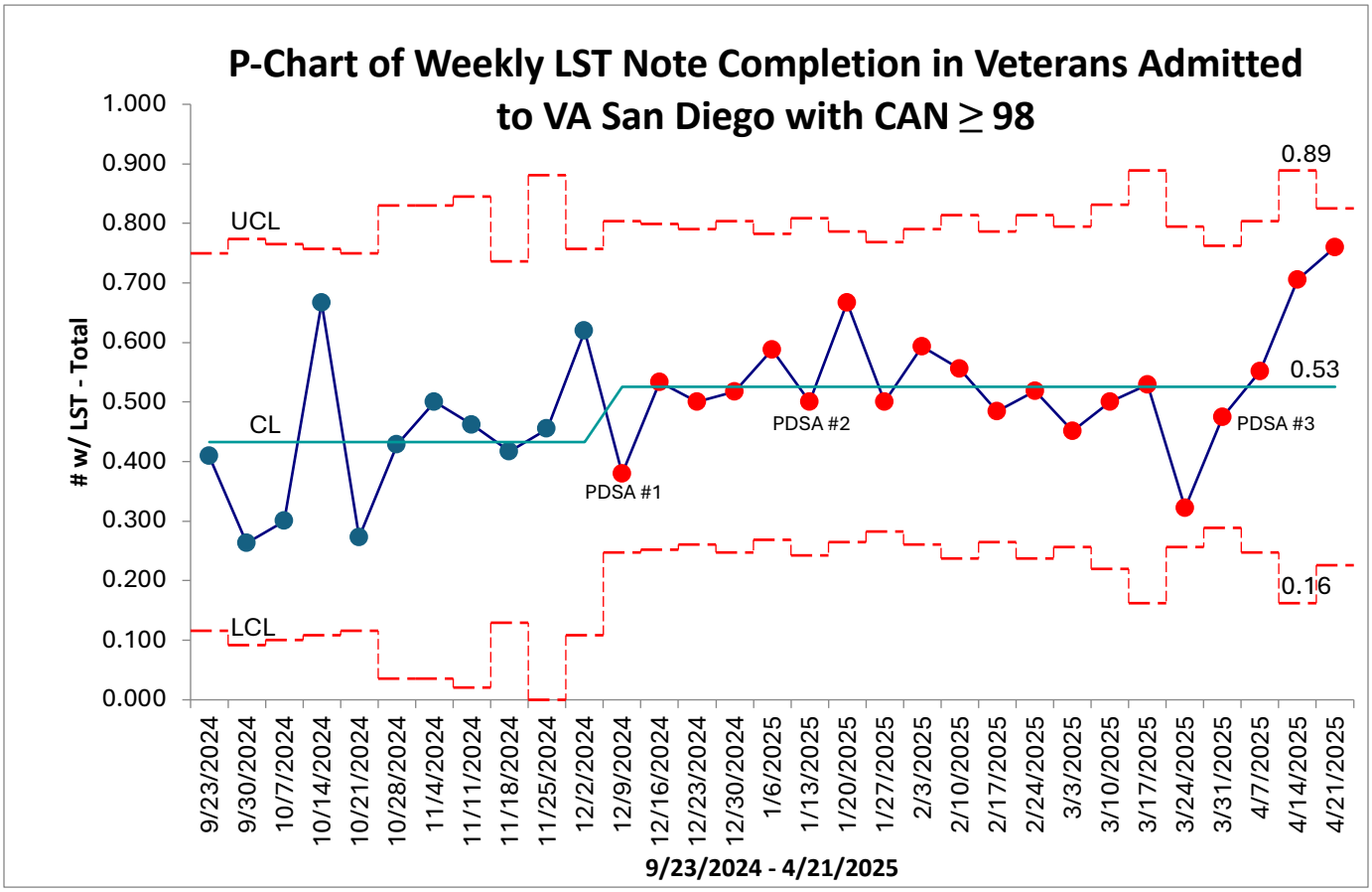

Figure 1

Discussion:

Results demonstrate that targeted education and structured reminders led to a measurable improvement in LST note completion among high-risk Veterans (CAN ≥ 98). Following the implementation of three interventions, the average weekly completion rate increased from 43% to 53%, with peak performance reaching 76% in the final weeks. Control chart analysis revealed a sustained process shift after intervention #1 and further gains following intervention #3, which integrated CAN score documentation and LST prompting into the CPRS workflow to facilitate timely documentation. Engagement of additional stakeholders, including attending physicians on non-teach teams, emerged as an important factor in promoting consistent completion. Future efforts will focus on sustaining gains, enhancing stakeholder involvement, and evaluating scalability across other VA facilities.

References:

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