

Goals of Care Conversations with High Risk Patients – Potential Roles and Responsibilities

Using this table as a guide, choose the PACT team member who will be responsible for each element.

Preparing for Goals of Care Conversations		RN	SW	MD/APRN/PA
Identify high risk Veterans				
If decision-making capacity is in question, perform or obtain assessment				
If patient lacks decision-making capacity, identify authorized surrogate per policy/law				
Elicit understanding of diagnosis/prognosis				
Inform the Veteran (or surrogate) about diagnosis/prognosis, provide time for questions, ensure understanding				
Educate Veteran (or surrogate) about goals of care conversations				
Schedule a time for the goals of care conversation, including Veteran’s trusted support system if possible				
Conducting Goals of Care Conversations		RN	SW	MD/APRN/PA
If the conversation takes place with the Veteran (and ideally, their support system)...	If the conversation takes place with the surrogate...			
Explain role of the surrogate, and inform Veteran who would be authorized to serve as surrogate per law/policy	Explain the surrogate’s role in decision making			
If the Veteran chooses a different surrogate, assist in completing a VA and/or state-authorized Durable Power of Attorney for Health Care	Review documents reflecting the Veteran’s wishes			
Elicit understanding of diagnosis/prognosis	Elicit understanding of diagnosis/prognosis			
If needed, inform about diagnosis/prognosis, provide time for questions, ensure understanding	If needed, inform about diagnosis/prognosis, provide time for questions, ensure understanding			
Elicit Veteran’s values	Elicit Veteran’s values			
Elicit Veteran’s goals of care	Elicit Veteran’s goals of care			
Make shared decisions with the Veteran about services to support goals of care	Make shared decisions with the surrogate about services to support goals of care			
Make shared decisions with the Veteran for a medical treatment plan to support goals of care	Make shared decisions with the surrogate for a medical treatment plan to support goals of care			
Complete LST progress note and orders	Complete LST progress note and orders			
Assist Veteran in completing VA and/or state-authorized Living Will				
Fill out state-authorized portable order (e.g., POLST)	Fill out state-authorized portable order (e.g., POLST)			
Sign state-authorized portable orders (e.g., POLST)	Sign state-authorized portable orders (e.g., POLST)			

NOTE: Customize your plan to match the skills and availability of staff. The Clinical Associate may manage scheduling or mail patient education materials. Mental Health staff may be available to assess decision-making capacity, discuss the surrogate, or elicit the Veteran’s values and goals.