Establishing Life-Sustaining Treatment (LST) Plans for Patients Who Lack Decision-Making Capacity, Have No Surrogate, and Have No Active LST Orders

In emergency circumstances (Immediate medical care is necessary to preserve the patient’s life or avert serious impairment to the patient’s health):

Is patient presenting with valid state-authorized portable orders (SAPO), such as POLST or MOLST?

No

Provide emergency care and consult the multidisciplinary committee (MDC) within 24 hours (see below).

Yes

Act in accordance with the Veteran’s SAPO, write LST orders and consult the multidisciplinary committee (MDC) within 24 hours (see below) (see VHA Handbook 1004.04).

In non-emergency circumstances:

Request District Chief Counsel’s assistance to obtain a special guardian for health care

OR

Follow MDC review process

Health care team discusses the patient’s medical condition, prognosis

Health care team collects and discusses information about the patient’s values, goals, preferences, life plans

Health care team identifies goals of care based on team’s understanding of patient’s medical condition, prognosis, values, preferences, life plans

To the extent possible, the health care team explains the nature and purpose of the proposed plan to the patient

Health care team develops a specific proposed LST plan based on substituted judgment or, if the patient’s values and preferences are unknown, the patient’s best interests

Health care team documents the following in the patient’s health record:

1. Patient’s medical condition and prognosis;
2. Patient’s lack of capacity to make decisions about LST;
3. Thorough search for patient’s surrogate decision maker;
4. Sources of information and findings about the patient’s values/goals/preferences, or best interests;
5. Proposed goals of care; and

NOTE: MDC Consult Template may be used for documenting this information. Do not use LST progress note/orders until review process is complete, unless patient has a valid state-authorized portable order.

Health care team contacts the multidisciplinary committee for review.

CONTINUED ON NEXT PAGE
Multidisciplinary committee (MDC) receives request to review proposed LST plan. Are all of the following documented in the electronic health record?
1. Patient's medical condition and prognosis;
2. Patient's lack of capacity to make decisions about LST;
3. Thorough search for patient's surrogate decision maker;
4. Sources of information and findings about the patient's values/goals/preferences, or best interests;
5. Proposed goals of care; and

MDC functions as the patient's advocate by determining:
1. Are the proposed goals of care ethically supportable (i.e., based on clear reasoning that is consistent with the patient's values/goals/preferences, or best interests); and
2. Is the proposed LST plan consistent with the proposed goals of care?

MDC concurs with proposed LST plan and documents findings/recommendations in electronic health record.

The LST plan does not include limits to LST.

MDC notifies practitioner.

The LST plan includes limits to LST.

MDC notifies practitioner and Chief of Staff.

Chief of Staff reviews MDC findings and recommendations

Chief of Staff concurs with proposed LST plan and documents findings/recommendations in electronic health record.

MDC discusses with treatment team to develop ethically supported goals of care and an LST plan that is consistent with those goals.

Satisfactory resolution.

No satisfactory resolution.

MDC non-concurs with the proposed LST plan and documents findings/recommendations in electronic health record.

Multidisciplinary committee (MDC) receives request to review proposed LST plan. Are all of the following documented in the electronic health record?
1. Patient's medical condition and prognosis;
2. Patient's lack of capacity to make decisions about LST;
3. Thorough search for patient's surrogate decision maker;
4. Sources of information and findings about the patient's values/goals/preferences, or best interests;
5. Proposed goals of care; and

MDC functions as the patient's advocate by determining:
1. Are the proposed goals of care ethically supportable (i.e., based on clear reasoning that is consistent with the patient's values/goals/preferences, or best interests); and
2. Is the proposed LST plan consistent with the proposed goals of care?

MDC concurs with proposed LST plan and documents findings/recommendations in electronic health record.

The LST plan does not include limits to LST.

MDC notifies practitioner.

The LST plan includes limits to LST.

MDC notifies practitioner and Chief of Staff.

Chief of Staff reviews MDC findings and recommendations

Chief of Staff concurs with proposed LST plan and documents findings/recommendations in electronic health record.

MDC discusses with treatment team to develop ethically supported goals of care and an LST plan that is consistent with those goals.

Satisfactory resolution.

No satisfactory resolution.

MDC non-concurs with the proposed LST plan and documents findings/recommendations in electronic health record.

Multidisciplinary committee (MDC) receives request to review proposed LST plan. Are all of the following documented in the electronic health record?
1. Patient's medical condition and prognosis;
2. Patient's lack of capacity to make decisions about LST;
3. Thorough search for patient's surrogate decision maker;
4. Sources of information and findings about the patient's values/goals/preferences, or best interests;
5. Proposed goals of care; and

MDC functions as the patient's advocate by determining:
1. Are the proposed goals of care ethically supportable (i.e., based on clear reasoning that is consistent with the patient's values/goals/preferences, or best interests); and
2. Is the proposed LST plan consistent with the proposed goals of care?

MDC concurs with proposed LST plan and documents findings/recommendations in electronic health record.

The LST plan does not include limits to LST.

MDC notifies practitioner.

The LST plan includes limits to LST.

MDC notifies practitioner and Chief of Staff.

Chief of Staff reviews MDC findings and recommendations

Chief of Staff concurs with proposed LST plan and documents findings/recommendations in electronic health record.

MDC discusses with treatment team to develop ethically supported goals of care and an LST plan that is consistent with those goals.

Satisfactory resolution.

No satisfactory resolution.

MDC non-concurs with the proposed LST plan and documents findings/recommendations in electronic health record.

Multidisciplinary committee (MDC) receives request to review proposed LST plan. Are all of the following documented in the electronic health record?
1. Patient's medical condition and prognosis;
2. Patient's lack of capacity to make decisions about LST;
3. Thorough search for patient's surrogate decision maker;
4. Sources of information and findings about the patient's values/goals/preferences, or best interests;
5. Proposed goals of care; and

MDC functions as the patient's advocate by determining:
1. Are the proposed goals of care ethically supportable (i.e., based on clear reasoning that is consistent with the patient's values/goals/preferences, or best interests); and
2. Is the proposed LST plan consistent with the proposed goals of care?

MDC concurs with proposed LST plan and documents findings/recommendations in electronic health record.

The LST plan does not include limits to LST.

MDC notifies practitioner.

The LST plan includes limits to LST.

MDC notifies practitioner and Chief of Staff.

Chief of Staff reviews MDC findings and recommendations

Chief of Staff concurs with proposed LST plan and documents findings/recommendations in electronic health record.

MDC discusses with treatment team to develop ethically supported goals of care and an LST plan that is consistent with those goals.

Satisfactory resolution.

No satisfactory resolution.

MDC non-concurs with the proposed LST plan and documents findings/recommendations in electronic health record.

Multidisciplinary committee (MDC) receives request to review proposed LST plan. Are all of the following documented in the electronic health record?
1. Patient's medical condition and prognosis;
2. Patient's lack of capacity to make decisions about LST;
3. Thorough search for patient's surrogate decision maker;
4. Sources of information and findings about the patient's values/goals/preferences, or best interests;
5. Proposed goals of care; and

MDC functions as the patient's advocate by determining:
1. Are the proposed goals of care ethically supportable (i.e., based on clear reasoning that is consistent with the patient's values/goals/preferences, or best interests); and
2. Is the proposed LST plan consistent with the proposed goals of care?

MDC concurs with proposed LST plan and documents findings/recommendations in electronic health record.

The LST plan does not include limits to LST.

MDC notifies practitioner.

The LST plan includes limits to LST.

MDC notifies practitioner and Chief of Staff.

Chief of Staff reviews MDC findings and recommendations

Chief of Staff concurs with proposed LST plan and documents findings/recommendations in electronic health record.

MDC discusses with treatment team to develop ethically supported goals of care and an LST plan that is consistent with those goals.

Satisfactory resolution.

No satisfactory resolution.

MDC non-concurs with the proposed LST plan and documents findings/recommendations in electronic health record.