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|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Auto-fillAuto-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNPTNAMEFPTNAMELBIRTHDTSEXMARISTATRACE | Patient SSNFirst NameLast NameBirth DateSexMarital StatusRace | Auto-fill: no changeAuto-fill: no changeAuto-fill: no changeAuto-fill: no changeAuto-fill: **can change**Auto-fill: no changeAuto-fill: no change |  |

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| 1 | expire | Is there documentation in the medical record that the patient expired in a VA facility?1. Yes
2. No
 | 1,2Computer will pre-fill as 1**Pre-filled: Abstractor can change****If 2, the record is excluded** | Computer will pre-fill as “yes” from Office of Reporting, Analytics, Performance, Improvement and Deployment (RAPID) pull list. If there is documentation in the medical record that the patient did not die in a VA facility (e.g., VA inpatient facility, VA community living center, VA hospice) or that the patient is living, enter 2.**Exclusion Statement:** Medical record documentation that the patient did not die in a VA facility or that the patient is living excludes the case from review.  |
| 2 | expiredt | Enter the date of the patient’s death. | mm/dd/yyyy

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| --- |
| >= stdybeg and <= stdyend |

Computer will pre-fill from pull list**Prefilled: Abstractor can change** | Computer will pre-fill date of patient’s death from RAPID pull list.If the date of the patient’s death is incorrect, please enter the correct date. |
| 3 | lsthf | Does the medical record contain documentation of Health Factor: Ethics-Life Sustaining Treatment (LST) or LST note?1. Yes
2. No
 | 1,2**If 2, the case** **is excluded**

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| Warning if 2 |

 | Please review all LST documentation including LST health factors, LST progress note and LST orders to determine if LST discussion is documented in the medical record.**Exclusion Statement:** Lack of medical record documentation of Life Sustaining Treatment discussion excludes the case from review.  |
| 4 | lsthfdt | Enter the date the initial Health Factor: Ethics-Life Sustaining Treatment (LST) or LST note was completed. | mm/dd/yyyy

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| --- |
| >= stdybeg and <= expiredt |

 | Enter the date the initial (earliest) LST reminder or LST note was completed. The date may be found on the LST progress note or LST orders.  |
| 5 | lst1 | Does the LST note document that the patient has capacity to make decisions about life-sustaining treatment?1. The patient has capacity to make decisions about life-sustaining treatment
2. The patient lacks capacity to make decisions about life-sustaining treatment and has a surrogate
3. The patient lacks capacity to make decisions about life-sustaining treatment and has no surrogate

99. No documentation about the patient’s capacity to make decisions about life-sustaining treatment | 1,2,3,99 | Please review all LST documentation to determine patient’s capacity to make decisions about life-sustaining treatment and enter the corresponding value.If the LST note does not contain documentation about the patient’s capacity to make decisions about life-sustaining treatment, enter 99.Suggested data sources: LST note, LST plan, LST orders |
| 6 | lst2 | Does the LST note document the authorized person under VA policy to make decisions for the patient if/when the patient loses decision-making capacity?1. Authorized surrogate if/when the patient loses decision-making capacity
2. The patient has no surrogate authorized to make health care decisions if/when the patient loses decision-making capacity

99. No documentation of about authorized person to make decisions for the patient | 1,2,99 | Please review all LST documentation to determine if the authorized person under VA policy to make decisions for the patient if/when the patient loses decision-making capacity was documented.If the LST note does not contain documentation about the authorized person under VA policy to make decisions for the patient if/when the patient loses decision-making capacity, enter 99.Suggested data sources: LST note, LST plan, LST orders |
| 7 | ptgoal1ptgoal2ptgoal3ptgoal4ptgoal5ptgoal6ptgoal7ptgoal99 | Does the LST note document the patient’s goals of care? **Select all that apply:**1. Patient’s goals in their own words, or as stated by the surrogate(s): [must see goal (s) documented]
2. To be cured of: [must see condition documented]
3. To prolong life
4. To improve or maintain function, independence, quality of life
5. To be comfortable
6. To obtain support for family/caregiver
7. To achieve life goals, including: [must see life goals documented]

99. No documentation of patient’s goals of care | 1,2,3,4,5,6,7,99Warning if 99 | Please review all LST documentation and select the patient’s goals of care as documented in the record.If the LST documentation does not contain patient’s goals of care, select 99.Suggested data sources: LST note, LST plan, LST orders |
| 8 | lst6 | Does the LST note document the current plan for use of life-sustaining treatments?1. FULL SCOPE OF TREATMENT in circumstances OTHER than cardiopulmonary arrest
2. Limit life-sustaining treatment (e.g., mechanical ventilation, artificial nutrition) as specified in circumstances OTHER than cardiopulmonary arrest: [must see circumstances specified]
3. No life-sustaining treatment in circumstances OTHER than cardiopulmonary arrest

99. No documentation of current plan for use of life-sustaining treatments | 1,2,3, 99If 2, go to limitlst1, else go to lstcpr6 | Please review all LST documentation to determine the current plan for use of life-sustaining treatment and select the appropriate value. If the LST documentation does not contain any of the current plans for use of LST, select 99.Suggested data sources: LST note, LST plan, LST orders |
| 9 | limitlst1limitlst2limitlst3limitlst4limitlst5limitlst6limitlst99 | What life-sustaining treatment options were documented as limited?**Select all that apply:**1. Mechanical ventilation
2. Artificial nutrition
3. Dialysis
4. Transfer to ICU
5. Transfer to acute care inpatient facility
6. Other

99. No specific treatment options were documented as limited | 1,2,3,4,5,6,99Warning if 99If limitlst1 = 1, enable limlstx1; if limitlst2 = 1, enable limlstx2; if limitlst3 = 1, enable limlstx3; if limitlst4 = 1, enable limlstx4; if limitlst5 = 1, enable limlstx5; if limitlst6 = 1, enable limlstx6 | Please review all LST documentation to determine what LST options were documented as limited and select the appropriate value(s). If the LST documentation does not contain any of the specific treatment options as limited, select 99.Suggested data sources: LST note, LST plan, LST orders |
| 102 | lstcpr6 | Does the LST note document the current plan for use of cardiopulmonary resuscitation (CPR)?1. Full code: Attempt Cardiopulmonary Resuscitation (CPR)
2. DNAR/DNR: Do not attempt CPR
3. DNAR/DNR with exception: ONLY attempt CPR during the following procedure: [must see procedure documented]

99. No documentation of current plan for use of cardiopulmonary resuscitation (CPR) | 1,2,3,99 | Please review all LST to determine the current plan for use of cardiopulmonary resuscitation (CPR) and select the appropriate value. If the LST documentation does not contain current plan for use of CPR, select 99.Suggested data sources: LST note, LST plan, LST orders |
| 11 | lst7 | Does the LST reminder document who participated in this discussion?1. Yes, documents participants in discussion
2. No, does not document participants in discussion
 | 1,2 | Please review all LST documentation to determine who participated in the LST discussion. For example, provider notes “Patient and daughter participated in LST goals discussion; select 1.”If the LST documentation does not indicate who participated in the discussion, select 2. Suggested data sources: LST note, LST plan, LST orders |
| 12 | lst8 | Does the LST note document who gave oral informed consent for the life-sustaining treatment plan outlined above?1. The PATIENT has given oral informed consent for the life-sustaining treatment plan
2. The SURROGATE(S) has/have given oral informed consent for the life-sustaining treatment plan: [Must see name of surrogate(s) providing consent]
3. The patient lacks decision-making capacity and has no surrogate

99. No documentation who gave oral informed consent for the life-sustaining treatment plan or that patient lacks decision-making capacity and has no surrogate | 1,2,3,99 | Please review all LST documentation to determine who gave oral informed consent for LST plan outline in preceding questions. **Read all options carefully.**If the LST documentation does not indicate who gave oral informed consent for LST, select 99. Suggested data sources: LST note, LST plan, LST orders |
| 13 | lstchg | After (computer display lsthfdt + 1 to expiredt), is there documentation the patient’s LST plan was changed or updated?1. Yes2. No | 1,2 | **Please review all LST documentation including LST health factors, LST progress note and LST orders to determine if there was a change to the initial LST plan documented on LSTHFDT.** **A change to the initial LST plan may be documented in an addendum to the LST note.**Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |
| **If [(lst6 and lstcpr6 = 99) OR (limitlst99 = -1)], go to end; else, if lst6 = 1, go to lstpln1; if limitlst99<> -1, go to limlstx1; if lst6 = 3, go to lstplan3; if lstcpr6 = 1, go to lstpln4; if lstcpr6 = 2, go to lstpln5; or if lstcpr6 = 3, go to lstpln6** |
| 14 | lstpln1 | Prior to the patient’s death, does the record document the patient’s life sustaining treatment plan for “**FULL SCOPE OF TREATMENT in circumstances OTHER than cardiopulmonary arrest”** was followed?1. Yes
2. No
 | 1,2 | * Please review all medical record documentation to compare care the patient received prior to his/her death with the treatment goal for **full scope of treatment in circumstances OTHER than cardiopulmonary arrest**.
* **If the initial LST plan was updated/changed, please compare the most recent LST plan with care the patient received prior to his/her death.**
* If the documentation indicates the patient’s LST plan for “**FULL SCOPE OF TREATMENT in circumstances OTHER than cardiopulmonary arrest”** was followed, select value 1.
* If the documentation indicates the patient’s LST plan for “**FULL SCOPE OF TREATMENT in circumstances OTHER than cardiopulmonary arrest”** was not followed, select value 2

Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |
| 15 | limlstx1limlstx2limlstx3limlstx4limlstx5limlstx6 | Prior to the patient’s death, does the record document the patient’s life sustaining treatment plan was followed?**Limit life-sustaining treatment (e.g., mechanical ventilation, artificial nutrition) as specified in circumstances OTHER than cardiopulmonary arrest: [must see circumstances specified]**

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| Limit LST treatmentWill be enabled as follows: limitlst1 = 1, enable limlstx1; limitlst2 = 1, enable limlstx2; limitlst3 = 1, enable limlstx3; limitlst4 = 1, enable limlstx4; limitlst5 = 1, enable limlstx5; limitlst6 = 1, enable limlstx6 | **1,2** |
| 1. Mechanical ventilation
 | 1. Yes 2. No |
| 1. Artificial nutrition
 | 1. Yes 2. No |
| 1. Dialysis
 | 1. Yes 2. No |
| 1. Transfer to ICU
 | 1. Yes 2. No |
| 1. Transfer to acute care inpatient facility
 | 1. Yes 2. No |
| 1. Other
 | 1. Yes 2. No |

 | * Please review all medical record documentation to compare care the patient received prior to his/her death with **treatment goal to limit life-sustaining treatment as specified in circumstances OTHER than cardiopulmonary arrest.**
* **If the initial LST plan was updated/changed, please compare the most recent LST plan with care the patient received prior to his/her death.**
* If the documentation indicates the patient’s LST plan was followed (e.g., LST noted “no mechanical ventilation” and documentation indicated mechanical ventilation was not used prior to patient’s death), select value 1.
* If the documentation indicates the patient’s LST plan was not followed (e.g., LST noted “no artificial feeding tube” and documentation indicated feeding tube was placed prior to patient’s death), select value 2.

Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |
| 16 | lstpln3 | Prior to the patient’s death, does the record document the patient’s life sustaining treatment plan for “**No life-sustaining treatment in circumstances OTHER than cardiopulmonary arrest”** was followed?1. Yes
2. No
 | 1,2 | * Please review all medical record documentation to compare care the patient received prior to his/her death **with treatment goal of NO life-sustaining treatment in circumstances OTHER than cardiopulmonary arrest.**
* **If the initial LST plan was updated/changed, please compare the most recent LST plan with care the patient received prior to his/her death.**
* If the documentation indicates the patient’s LST plan for “**No life-sustaining treatment in circumstances OTHER than cardiopulmonary arrest”** was followed, select value 1.
* If the documentation indicates the patient’s LST plan for “**No life-sustaining treatment in circumstances OTHER than cardiopulmonary arrest”** was not followed, select value 2.

Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |
| 17 | lstpln4 | Prior to the patient’s death, does the record document the patient’s life sustaining treatment plan for “**Full code: Attempt Cardiopulmonary Resuscitation (CPR)”** was followed?1. Yes
2. No
 | 1,2 | * Please review all medical record documentation to compare care the patient received prior to his/her death **with treatment goal of Full Code: Attempt Cardiopulmonary Resuscitation (CPR).**
* **If the initial LST plan was updated/changed, please compare the most recent LST plan with care the patient received prior to his/her death.**
* If the documentation indicates the patient’s LST plan for “**Full code: Attempt Cardiopulmonary Resuscitation (CPR)”** was followed, select value 1.
* If the documentation indicates the patient’s LST plan for “**Full code: Attempt Cardiopulmonary Resuscitation (CPR)”** was not followed, select value 2.

Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |
| 18 | lstpln5 | Prior to the patient’s death, does the record document the patient’s life sustaining treatment plan for “**DNAR/DNR: Do not attempt CPR”**was followed?1. Yes
2. No
 | 1,2 | * Please review all medical record documentation to compare care the patient received prior to his/her death **with treatment goal of DNAR/DNR: Do not attempt CPR.**
* **If the initial LST plan was updated/changed, please compare the most recent LST plan with care the patient received prior to his/her death.**
* If the documentation indicates the patient’s LST plan for “**DNAR/DNR: Do not attempt CPR”** was followed, select value 1.
* If the documentation indicates the patient’s LST plan for “**DNAR/DNR: Do not attempt CPR”** was not followed, select value 2.

Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |
| 19 | lstpln6 | Prior to the patient’s death, does the record document the patient’s life sustaining treatment plan for “**DNAR/DNR with exception: ONLY attempt CPR during the following procedure: [must see procedure documented]”** was followed?1. Yes
2. No
 | 1,2 | * Please review all medical record documentation to compare care the patient received prior to his/her death **with treatment goal of DNAR/DNR with exception: ONLY attempt CPR during the following procedure: [must see procedure documented].**
* **If the initial LST plan was updated/changed, please compare the most recent LST plan with care the patient received prior to his/her death.**
* If the documentation indicates the patient’s LST plan for “**DNAR/DNR with exception: ONLY attempt CPR during the following procedure: [must see procedure documented]”** was followed, select value 1.
* If the documentation indicates the patient’s LST plan for **“DNAR/DNR with exception: ONLY attempt CPR during the following procedure: [must see procedure documented]”** was not followed, select value 2.

Suggested data sources: LST note, LST plan, LST orders, progress notes, goals and preferences note for LST (may be an addendum to LST note) |