

on the factors associated with documentation of a GoCC and treatment preferences. The second paper will present findings describing facilitators and barriers to implementing the LSTDI and identifying factors that promote high rates of LSTDI documentation. The third paper examines patient level outcomes associated with a documented goal of comfort care, specifically the odds of receipt of hospice/palliative care, hospitalization, or ICU admission. This symposium will provide attendees with important information regarding a wide range of individual and system strategies to enhance the care of seriously ill older adults by engaging patients with serious illness in GoCCs and documenting their preferences for treatment in durable, easily accessible notes and orders.

VA'S LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE: FIRST 20 MONTHS OF NATIONAL IMPLEMENTATION

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This retrospective observational study describes the first 20 months of implementing the Life-Sustaining Treatment Decisions Initiative. We examined patient and facility characteristics associated with life sustaining treatment (LST) orders template completion, including the association between template completion and the Care Assessment Need (CAN) score, which quantifies Veterans' risk of hospitalization and mortality. As of February 29, 2020, over 274,200 Veterans received at least one goal of care conversation and LST preferences documented on a template. Eighty-two percent of deceased Veterans with the highest risk of hospitalization or mortality had an LST note and order documented prior to their death. Factors that predicted a greater likelihood of LST template completion included higher CAN score, older age, nursing home stay, and being white non-Hispanic. Findings suggest that clinicians are engaging older, sicker veterans in goals of care conversations. Research is needed to understand potential disparities in LST template completion.

BEST PRACTICES IN IMPLEMENTING THE VA'S LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE

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To study use and completion of Life Sustaining Treatment (LST) templates across the Department of Veterans Affairs (VA) healthcare system, we designed a qualitative study to interview VA sites we identified who had high rates of LST template completion between July 1, 2018 (the official implementation start date) and March 2019. We then conducted site visits with two VA sites and phone interviews with nine other VA site to better describe facilitators and barriers to implementation of this new practice and identified factors influencing high rates of LST documentation completion. Researchers who conducted the interviews analyzed interview data through applying the Consolidated Framework for Implementation Research. From these efforts, we identified best practices used, including the importance of a formally appointed implementation leader, gaining leadership support, and engaging staff through education. We will share these recommendations with VA sites across the healthcare system to improve LST documentation.

HONORING PREFERENCES—THE CONSISTENCY BETWEEN END-OF-LIFE CARE AND A VETERAN'S GOAL FOR COMFORT CARE

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This study examined the alignment between Veterans' end-of-life care and a Life-Sustaining Treatment (LST) goal "to be comfortable." It includes Veterans with VA inpatient or community living center stays overlapping July 2018–January 2019, with a LST template documented by January 31, 2019, and who died by April 30, 2019 (N = 18,163). Using VA and Medicare data, we found 80% of decedents with a comfort care goal received hospice and 57% a palliative care consult (compared to 57% and 46%, respectively, of decedents without a comfort care goal). Using multivariate logistic regression, a comfort care goal was associated with significantly lower odds of EOL hospital or ICU use. In the last 30 days of life, Veterans with a comfort care goal had 43% lower odds (AOR 0.57; 95% CI: 0.51, 0.64) of hospitalization and 46% lower odds of ICU use (AOR 0.54; 95% CI: 0.48, 0.61).

SESSION 7035 (SYMPOSIUM)

CHARACTERIZING PHYSICAL RESILIENCE IN OLDER ADULTS: INSIGHTS FROM SECONDARY ANALYSES IN THREE CLINICAL GROUPS

Chair: Brian Buta
Discussant: Anne Newman