During Hospitalization

- Assess decision-making capacity
- Identify surrogate decision-maker
- Review established care preferences (advance directive, POLST/MOLST)
- Screen for serious illness
- Screen seriously ill patients for prognosis & goals of care communication needs
- Conduct goals of care discussions, if needed

Discharge Planning

- Alert outpatient clinicians of preference changes
- Update documents (advance directive, POLST/MOLST)
- Discuss hospice options for patients preferring comfort-focused care
- Community palliative care, if available, for other seriously ill patients

Serious Illness Screen

- Identify life-limiting conditions, including multimorbidity
- Consider functional status and readmissions
- Would you be surprised by the patient's death in the next 12 months?

Screen for Prognosis & Goals of Care Communication Needs

1. Assess the patient's prognosis and treatment options
2. Elicit other clinicians' assessments (e.g. primary care, oncology)
3. Elicit patient/surrogate understanding of and questions about prognosis, treatment goals
   - If clinicians and patient/surrogate have a different understanding of prognosis and goals, plan Prognosis & Goals of Care Discussion

Prognosis & Goals of Care Discussion(s)

1. Identify: Patient/surrogate questions and concerns
2. Prognosis: Assess understanding and needs; provide information
3. Explore: Patient/surrogate hopes, values, and preferences, given the prognosis
4. Treatments: Review options; assist patient/surrogate in selecting plan that aligns with hopes, values, preferences
   - Include or update bedside nurse and other team members
   - Involve palliative care service, if available, for complex cases