

Supplemental Table 1. Fields in the LST template note	
Items	Pre-specified options
*1. Does the patient have capacity to make decisions about life-sustaining treatments?	<ul style="list-style-type: none"> • The patient has capacity to make decisions about life-sustaining treatments • The patient lacks capacity to make decisions about life-sustaining treatments and has a surrogate. • The patient lacks capacity to make decisions about life-sustaining treatments and has no surrogate.
2. Who is the person authorized under VA policy to make decisions for the patient if/when the patient loses decision- making capacity?	<ul style="list-style-type: none"> • Authorized surrogate if/when the patient loses decision-making capacity: [text box] • The patient has no surrogate authorized to make health care decisions if/when the patient loses decision-making capacity.
3. Have you reviewed available documents that reflect the patient’s wishes regarding life- sustaining treatments? Examples: advance directives, state-authorized portable orders (e.g., POLST, MOST), life-sustaining treatment templates/orders.	<ul style="list-style-type: none"> • No advance directive, state-authorized portable orders, or life – sustaining treatment templates/orders were available in the record or presented by the patient (or surrogate) [optional text box] • I reviewed with the patient (or surrogate) all active advance directives (s), state-authorized portable orders, or life-sustaining treatment templates/orders available in the record and/or presented by the patient (or surrogate)
4. Does the patient (or surrogate) have sufficient understanding of the patient’s medical condition to make informed decisions about life-sustaining treatments?	<ul style="list-style-type: none"> • Yes. The patient’s (or surrogate’s) understanding is consistent with the medical facts. • Other (e.g., the patient lacks decision-making capacity and has no surrogate) [text box]
*5. What are the patient’s goals of care? (Select all that apply)	<p>Patient’s goals of care in their own words, or as stated by the surrogate:</p> <ul style="list-style-type: none"> • To be cured of [text box] • To prolong life • To improve or maintain function, independence, quality of life • To be comfortable • To obtain support for family/caregiver • To achieve life goals, including:
6. What is the current plan for use of life-sustaining treatments?	<ul style="list-style-type: none"> • FULL SCOPE OF TREATMENT in circumstances OTHER than cardiopulmonary arrest. • LIMIT LIFE-SUSTAINING TREATMENT, as follows: <ul style="list-style-type: none"> <i>Artificial Nutrition</i> <ul style="list-style-type: none"> • No artificial nutrition (enteral or parenteral) • Limit artificial nutrition as follows: [text box] <i>Artificial Hydration</i> <ul style="list-style-type: none"> • No artificial hydration (enteral, IV, or subcutaneous) except if needed for comfort • Limit artificial hydration as follows: [text box] <i>Mechanical Ventilation</i>

	<ul style="list-style-type: none"> • No invasive mechanical ventilation (e.g., endotracheal or tracheostomy tube) • No non-invasive mechanical ventilation (e.g., CPAP, BiPAP) • Limit mechanical ventilation as follows: [text box] <p><i>Transfers between Levels of Care</i></p> <ul style="list-style-type: none"> • No transfers to the ICU except if needed for comfort o No transfers to the hospital except if needed for comfort • Limit transfers as follows (e.g. patient wishes to remain at home if possible): [text box] <p><i>Limit Other Life-Sustaining Treatment as follows (e.g., blood products, dialysis): [text box]</i></p> <ul style="list-style-type: none"> • NO LIFE-SUSTAINING TREATMENT in circumstances OTHER than cardiopulmonary arrest. • *CARDIOPULMONARY RESUSCITATION (CPR) Full Code: Attempt CPR DNAR/DNR: Do not attempt CPR DNAR/DNR with exception: ONLY attempt CPR during the following procedure: [text box]
7. Who participated in this discussion?	<ul style="list-style-type: none"> • Document participants and other relevant information: [text box]
*8. Who has given oral informed consent for the life- sustaining treatment plan outlined above?	<ul style="list-style-type: none"> • The patient has given oral informed consent for the life-sustaining treatment plan. The surrogate has given oral informed consent for the life-sustaining treatment plan. Name of the surrogate providing consent: • The patient lacks decision-making capacity and has no surrogate. • The LST plan has been approved through the • multidisciplinary committee review process.
*Items are required	

Supplemental Table 2. Query note titles and terms	
Note titles	Terms
Life-sustaining Treatment Plan	life-sustaining
Goals & Preferences to Inform Life-sustaining Treatment Plan	LST
Nephrology	withhold
Palliative Care	goals of care
Pastoral Care	goc
Social Work	goals of treatment
Discharge Summary	treatment goals
History & Physical	family meeting
Death	family discussions
Geriatric	patient goals
Geriatric and Extended Care	DPOA
Ethics	MPOA
Advance Directive	healthcare proxy
	advance directive
	surrogate
	power of attorney
	quality of life
	QOL
	futile
	prognosis
	dialysis
	hospice
	comfort measures
	comfort care
	cmo
	palliative care
	die
	wishes to be full code
	remains full code
	wants CPR
	life expectancy
	full code despite
	long discussion
	aggressive intervention
	aggressive care
	reverse code status
	guardianship

big picture
life-prolong
natural death
suffering
end of life

Supplemental Table 3. Patient characteristics at time of first LST note	
	n (%)
	N=500
Mean age, years (SD)	72 (11)
Male	487 (97.4)
Race	
White	295 (59.0)
Black	168 (33.6)
Other	37 (7.4)
Hispanic	40 (8.0)
Income, USD/year	
<12000	116 (23.2)
12000-20000	85 (17.0)
20000-35000	116 (23.2)
>35000	183 (36.6)
Residence	
Urban	370 (74.0)
Rural	125 (25.0)
Highly rural	5 (1.0)
Marital status	
Married	219 (43.8)
Single, divorced or widowed	279 (55.8)
Unknown	2 (0.4)
CAN score >95th percentile	
1-year mortality	267 (53.4)
90-day mortality	265 (53.0)
1-year hospitalization	265 (53.0)
90-day hospitalization	273 (54.6)
Comorbidities	
End-stage liver disease	90 (18.0)
Cancer	149 (29.8)
Cardiovascular disease	339 (67.8)
Dementia	77 (15.4)
Any palliative care consultation in prior 1 year	69 (13.8)
Any emergency room visits in prior 1 year	393 (78.6)
Any hospitalization in prior 30 days	82 (16.4)
Abbreviations: LST, Life-Sustaining Treatments; CAN, Care Assessment Needs; USD, US dollars	

Supplemental Table 4. Characteristics of first LST note

	n (%)
	N=500
Setting and services in which note completed	
Outpatient	208 (41.6)
Primary care	42 (8.4)
Renal	20 (4.0)
Hospice or Palliative care	29 (5.8)
Home-based Primary Care	25 (5.0)
Emergency Department	49 (9.8)
Other outpatient	43 (8.6)
Inpatient	292 (58.4)
Location	
Hospice	2 (0.4)
Intensive care unit	41 (8.2)
Nursing facility	26 (5.2)
Wards	223 (44.6)
Primary service	
General medicine	210 (42.0)
General surgery	17 (3.4)
Other	65 (13.0)
Who provided consent to complete note	
Patient	399 (79.8)
Surrogate	78 (15.6)
Other	23 (4.6)
Patient lacked decision capacity at time note completed	81 (16.2)
Patient's goals of care as indicated ^a	
To be cured	25 (5.0)
To prolong life	156 (33.2)
To improve or maintain function, independence and quality of life	280 (56.0)
To be comfortable	212 (42.4)
To obtain support for family/caregiver	37 (7.4)
Other	112 (22.4)
Code status as indicated	
Full	255 (53.0)
No artificial nutrition	5 (1.7)
No artificial hydration	2 (0.7)
No mechanical ventilation	22 (7.5)
No non-invasive ventilation	0
Limit other therapies	12 (4.1)

Limit transfer to ICU	2 (0.7)
Limit transfer to hospital	3 (1.0)
DNR	220 (44.0)
DNR with exception ^b	15 (3.0)
Abbreviations: LST, Life-Sustaining Treatments; DNR, Do Not Resuscitate	
a patients may indicate more than one goal	
b when DNR status is temporarily ceased during a procedure	