



ECHO MOLST + eMOLST

ECHO MOLST for Individuals with Intellectual or
Developmental Disabilities (I/DD)

Participant Welcome Guide



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PROJECT ECHO OVERVIEW

What is Project ECHO®?

Project ECHO® (Extension for Community Healthcare Outcomes) is a guided-practice model that aims to increase workforce capacity by sharing knowledge. Specialists and experts at the “hub” site meet regularly with providers from hospitals, post-acute long term care facilities and physician practices in local communities via video conferencing to support these providers in the delivery of specialty care services. It has been described as a type of “virtual grand rounds.”

The ECHO® model, developed at the University of New Mexico Health Sciences Center, does not provide care directly to patients. Instead, it provides front-line clinicians with the knowledge and support they need to manage patients with complex conditions in the patients’ own communities. It also helps ensure that all providers are up to date on the latest treatment and patient support options available. This dramatically increases access to high quality, specialty treatment, particularly in rural and underserved areas.

Since the start of Project ECHO® in 2003, the model had greatly expanded and has been implemented by over 110 partners- both in the U.S. and internationally- covering more than 55 complex conditions and problems.

For more information, please visit: <https://echo.unm.edu>.

How Does ECHO Work?

An ECHO® clinic is essentially virtual grand rounds. Healthcare providers from multiple locations (spokes) connect at regularly scheduled times with a specialist or team of specialists (hub) through videoconferencing. During ECHO® clinics, providers present de-identified patient cases to a specialist or expert teams who mentor the providers to manage patients with complex conditions. These case-based discussions are supplemented with short didactic presentations to improve content knowledge and share evidence-based practices.

Benefits for Spokes

- Enables providers to practice at the top of their licenses, confidently treating patients with common complex conditions.
- Allows patients to stay in their local communities and receive treatment from their healthcare providers.
- Enhances clinician development by enabling healthcare providers to acquire new skills and competencies.
- Rural providers become part of a community of practice and learning, increasing professional satisfaction, allowing providers to be more productive, and motivating them to stay in rural communities longer.
- Join a supportive network of your peers (or “community of practice”)

ECHO MOLST OVERVIEW

Background

Despite the growing proclivity to administer life-sustaining treatments, research indicates that increases in interventions have not reduced mortality rates. Reducing unwanted, unnecessary and futile interventions at the end-of-life will realign the intensity of care with patient wishes without adversely impacting mortality rates. Reduction of unwanted treatment will also result in improvements in patient and family satisfaction, provider satisfaction, risk management and medical cost containment.

In 1991, the federal government passed the Patient Self-Determination Act (PSDA), guaranteeing individuals the right to make health care decisions and indicate preferences regarding life-sustaining treatments. The PSDA requires any health care facility receiving federal funding to inform patients about advance directives. Studies have demonstrated that physician counseling markedly increases the completion rate of advance directives. Clarifying the differences in advance

directives and medical orders and the appropriate populations is critical to ensuring preferences of seriously ill patients who might die in the next year are honored, and that MOLST is not used inappropriately.

The ECHO MOLST + eMOLST clinic series was launched in September 2018 to connect MOLST experts with learners to create knowledge networks. The overall goal was to improve outcomes by reducing variations in processes of care and sharing best practices through case-based learning. Today, ECHO MOLST + eMOLST is a trusted platform for MOLST education in New York State.

Through clinic series evaluations, case presentations and participant feedback, it became apparent that additional education was needed on the MOLST completion process for individuals with intellectual or developmental disabilities (I/DD). In September 2022, a 2nd ECHO MOLST clinic, ECHO MOLST for Individuals with I/DD, was launched to provide education on special considerations and MOLST completion elements unique to these individuals.

ECHO MOLST + eMOLST Goals

The aims of ECHO MOLST + eMOLST are to improve the quality of thoughtful MOLST discussions and the MOLST process to ensure patient preferences are honored. The primary goals include:

- Increasing the frequency of thoughtful end-of-life discussions for seriously ill patients who are appropriate for MOLST, ensuring conversations occur earlier in the disease trajectory before an emergency occurs
- Increase the number of patients receiving the information and support they need to engage in shared decision making about end-of-life treatment and care options
- Improving patient safety and quality of life
- Increasing provider knowledge on the MOLST process, including recognizing the authority of decision makers, the accountability of physicians, nurse practitioners and physician assistants based on NYS public health law

ECHO MOLST + eMOLST Objectives

Upon completion of the 8-week clinic series, participants will:

- Recognize the professional accountability for medical orders on the MOLST and ensure other members of their team work within scope of practice
- Use MOLST for the appropriate patient population
- Describe the differences between standard medical care, advance directives and MOLST
- Utilize a standardized 8-Step MOLST protocol to ensure accurate completion
- Improve their comfort level with end-of-life conversations
- Ensure an adequate palliative care plan to support MOLST orders
- Recognize that end-of-life conversations are part of professionalism and need to occur in all settings
- Describe benefits of eMOLST vs. paper MOLST in terms of quality & patient safety

ECHO MOLST for Individuals with I/DD Goals

- To increase the frequency of thoughtful end-of-life discussions for seriously ill individuals with I/DD who are appropriate for Medical Orders for Life-Sustaining Treatment (MOLST), ensuring conversations occur earlier in the disease trajectory before an emergency occurs.
- To educate Physicians, Nurse Practitioners, Physician Assistants, Nurses, Social Workers, NYS Office for People with Developmental Disabilities (OPWDD) Staff and All others who participate in the MOLST process on appropriate and effective use of MOLST for individuals with I/DD using the ECHO model
- To share tools and resources about the process and requirements of Surrogate's Court Procedure Act (SCPA) §1750-b and the completion of the OPWDD Legal Requirements Checklist; highlighting how the process differs from the MOLST completion process for the general population.

ECHO MOLST for Individuals with I/DD Objectives

Upon completion of the 8-week clinic series, participants will:

- Recognize the Surrogate Court Procedures Act (SCPA) §1750-b process outlined on the OPWDD legal requirements checklist and know when and how it needs to be completed before the MOLST can be signed by a physician
- Explain how SCPA §1750-b differs from the Family Healthcare Decisions Act
- Use MOLST appropriately for individuals with I/DD
- Describe the differences between standard medical care, advance directives and MOLST
- Recognize the value of health care proxy completion for individuals with I/DD
- Utilize a standardized 8-Step MOLST protocol to ensure accurate MOLST completion
- Improve their comfort level with end-of-life conversations with individuals with I/ DD and their family members and caregivers

How a Typical ECHO MOLST Clinic Session is Structured

ECHO® clinic sessions take place via real-time videoconferencing using Zoom.

Participants will include a team of MOLST experts in addition to community healthcare providers/teams from a variety of settings including hospitals, post-acute long-term care and primary care/FQHC. *We encourage all types or providers to participate and to attend sessions on a regular basis throughout the course of the clinic.*

A facilitator who is also a subject matter expert will lead each session. Each session begins with brief introductions of all participants. This is followed by a short 15-minute formal didactic presentation and Q&A on a scheduled topic presented by the subject matter expert for the session.

Community healthcare providers (spoke sites) then present pre-submitted cases for discussion by the entire group, using de-identified information only. A standardized case presentation form is used for entering pertinent medical information. All participants are encouraged to contribute actively to the case discussion.

Recommendations are summarized at the end of each case presentation.

The ECHO MOLST + eMOLST clinic series and the ECHO MOLST for Individuals with I/DD clinic series will run weekly for 8 weeks. Clinic series schedules are as follows:

Clinic Title	Date Range	Day of Week	Time
ECHO MOLST for Individuals with I/DD	9/7/22-10/26/22	Wednesday	12:00-1:00pm
ECHO MOLST + eMOLST	9/8/22-10/27/22	Thursday	12:00-1:00pm

For both clinic series, the first session will last 90 minutes and begin at 11:30; the first half hour will be spent providing an overview of Project ECHO® and specific clinic series goals and objectives. The clinic series didactic schedule for ECHO MOLST for Individuals with I/DD is included in Appendix A. The clinic series didactic schedule for ECHO MOLST + eMOLST is included in Appendix B.

If you haven't already, please also take a look at the [ECHO MOLST + eMOLST flyer](#) and [ECHO MOLST for Individuals with I/DD flyer](#) that gives a high-level overview of the goals/objectives for each series and details about clinic dates and times.

Expectations for Spokes

- Submit a completed and signed [Participation & Collaboration Agreement](#). Only one per organization is needed.
- Complete and submit a pre-test/post-test survey

- Actively participate in weekly ECHO clinics. This includes:
 - Present relevant cases using the [ECHO MOLST + eMOLST Case Presentation Form/ECHO MOLST for Individuals with I/DD Case Presentation Form](#)
 - Thoughtful commentary; Contribution of discussion enriching questions
 - Connection to clinics by video conferencing whenever possible
 - Outreach to other health care systems or practices that make up your medical neighborhood to encourage participation in ECHO MOLST clinics
- Complete & submit an evaluation within 48 hours of each clinic; evaluations will be emailed to all participants
- Complete periodic surveys to help us improve ECHO MOLST

Evaluation Process

As part of process improvement for ECHO MOLST, we collect data using a pre-test post-test method. We will include this analysis of aggregate data as part of our quality improvement plan to assess educational gains from both ECHO MOLST clinic series as well as to help plan future clinics. Responses to the pre-test/post-test are confidential.

As part of the CE process for both clinic series we are required to send an evaluation to all attendees following each clinic session. These evaluations are not anonymous as they are mandatory to award CE, but your responses will be kept confidential. To receive CE credit for the clinic session you must complete the evaluation within 48 hours.

Case Presentations

You do not need to present a case to participate in the clinic series. However, the submission of cases for presentation and discussion is a key component in the Project ECHO® model and critically important for knowledge building and sharing, and it is therefore strongly encouraged. We welcome cases that involve common clinical scenarios as well as difficult, complex, or challenging presentations.

We will provide you with a clinic series specific case presentation form, which will solicit demographic and relevant clinical information about the patient including medical history, physical exam findings, decision making capacity, etc. A [sample ECHO MOLST + eMOLST Case Presentation Form](#) and [sample ECHO MOLST for Individuals with I/DD Case Presentation Form](#) are available to view. The Word Document versions (the ones you will actually use to submit cases) will be distributed via email. It is critical to preserve patient confidentiality at all times during case presentations. **NO PHI MAY BE MENTIONED OR SHOWN DURING CASE PRESENTATIONS.** In addition, no other information that might identify a patient residing in a small community may be mentioned. Complete the Case Presentation Form with as much information as you can to help the MOLST experts address your concerns and questions.

UNM's Project ECHO® has created the following short videos on the correct and incorrect ways to conduct an ECHO® Patient Presentation. Please take a few minutes to view these.

The Correct Way to Conduct an ECHO® Patient Presentation: <https://youtu.be/Fpf8AHq3bg0>

The Incorrect Way to Conduct an ECHO® Patient Presentation: <https://youtu.be/OJHePDjk0yM>

GETTING STARTED

How Do I Sign Up?

In order to register for the next ECHO MOLST + eMOLST clinic series, ECHO MOLST for Individuals with I/DD clinic series, or both, complete the following steps:

- 1) Read the Welcome Guide in its entirety
- 2) If your organization hasn't already done so, complete and sign the [Participation and Collaboration Agreement](#) and return it to Meg.Greco@Excellus.com. Only 1 agreement per organization is needed.

3) Enroll all individuals from your organization who will be participating in the clinic series. Participants from previous ECHO MOLST Clinics will need to re-enroll. Email Meg.Greco@Excellus.com to enroll.

Connecting to an ECHO MOLST Clinic Session

Once registered, you'll receive a confirmation email that will prompt you to complete the pre-test and will include a link to download the ECHO MOLST clinic dates with Zoom login information to your calendar.

One or two days prior to the scheduled clinic session, you will receive an email that includes the clinic agenda the didactic PowerPoint presentation, case presenter information and information on how to connect to the clinic through Zoom.

On the day of the clinic, please join the session a few minutes prior to the scheduled start time using Zoom. This will give you sufficient time to confirm you have a stable internet connection, test your audio and video, and get comfortably situated at your site location. The hub site hosting the Zoom session will initiate the meeting room connection approximately 5 minutes prior to the start time.

How Can I Receive Technical Support?

For question about Zoom, including testing your site connection, please contact Katie Orem at Katie.Orem@excellus.com. If you're having technical trouble **during an ECHO® session**, please text or call Katie directly at 585-755-2325.

CONTACT INFORMATION

Questions/Registration

Meg Greco, MPA

Geriatrics & Palliative Care Coordinator
Excellus BlueCross BlueShield
Meg.Greco@Excellus.com
(585) 238-4530

ECHO MOLST + eMOLST Team

Patricia Bomba, MD, MACP, FRCP

Geriatrician, MOLST Founder
Retired
Pat.Bomba.MD@gmail.com

Katie Orem, MPH

Geriatrics & Palliative Care Program Manager
Excellus BlueCross BlueShield
Katie.Orem@Excellus.com

Meg Greco, MPA

Geriatrics & Palliative Care Coordinator
Excellus BlueCross BlueShield
Meg.Greco@Excellus.com

Carolyn Kazdan, MHSA, NHA

Assistant Director, Health Care Quality Improvement
IPRO
CKazdan@IPRO.org

Sara Butterfield, RN, BSN, CPHQ, CCM

Senior Director, Health Care Quality Improvement
IPRO
SButterfield@IPRO.org

Kris Marks, LCSW-R, OSW-C

Administrative Director, Palliative Medicine
United Health Services
kris.marks@nyuhs.org

ECHO MOLST for Individuals with I/DD Team

Patricia Bomba, MD, MACP, FRCP

Geriatrician, MOLST Founder
Retired
Pat.Bomba.MD@gmail.com

Katie Orem, MPH

Geriatrics & Palliative Care Program Manager
Excellus BlueCross BlueShield
Katie.Orem@Excellus.com

Meg Greco, MPA

Geriatrics & Palliative Care Coordinator
Excellus BlueCross BlueShield
Meg.Greco@Excellus.com

Eileen Zibell, JD

House Counsel
NYS OPWDD
eileen.zibell@opwdd.ny.gov

Paul Partridge, PhD

Chief Psychologist, Division of Statewide Services
NYS OPWDD
paul.partridge@opwdd.ny.gov

Sheila Shea, Esq.

Director
New York State Unified Court System
sshea@nycourts.gov

Lisa Volpe, JD

Attorney, Special Litigation and Appeals Unit
Mental Hygiene Legal Services
lvolpe@nycourts.gov

Erica Berman, M Ed

Director for Guardianship Services
NYS ARC, Inc.
bermane@thearcny.org

Wendy Tigchelaar

Guardianship Coordinator
AHRC Suffolk
wtigchelaar@suffahrc.org

Philip Dzwonczyk, MD

Medical Director, Palliative Medicine
United Health Services
philip.dzwonczyk@nyuhs.org

Kris Marks, LCSW-R, OSW-C

Administrative Director, Palliative Medicine
United Health Services
kris.marks@nyuhs.org

Brenda Stevens, RN, CHPN

Palliative Care Specialist
Hudson Headwaters Health Network
bstevens@hnhn.org

SPONSORSHIP

The clinic series have been made possible through support of Excellus BCBS and partnering organizations.

Excellus BlueCross BlueShield

Excellus BlueCross BlueShield headquartered in Rochester, NY, is part of a \$6 billion family of companies that finances and delivers health care services across upstate New York and long-term care insurance nationwide. Collectively, the enterprise provides health insurance to nearly 1.5 million members and employs about 5,000 New Yorkers. Excellus BCBS has provided leadership and financial support for the MOLST and eMOLST programs since inception. Excellus BCBS has partnered with IPRO for more than a decade on a community approach to advance care planning and MOLST to ensure thoughtful discussions and shared medical decision making is well informed.

IPRO

IPRO leads the Atlantic Quality Innovation Network (AQIN), one of 14 Medicare-funded Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) operating across the U.S. As AQIN-NY, IPRO supports the QIO program's goal to drive greater connectivity and coordination across all care settings to transform healthcare delivery for New York State's Medicare beneficiaries. We work with healthcare professionals, partners, patients and families at the community

level to share knowledge, spread best practices and improve care integration. As part of the national QIO program, we are committed to a patient-centered approach to improving health, improving healthcare and reducing healthcare costs for all Americans.

United Health Services

UHS is the Southern Tier's largest and most comprehensive provider of healthcare services. A locally owned, not-for-profit system, it is governed by a volunteer Board of Directors comprised of residents of the region. Founded in Greater Binghamton in 1981, UHS was formed through the consolidation of three community hospitals. Over the years it has grown to encompass four hospitals, plus long-term care and home care services, and physician practices in Broome and surrounding counties.

Hudson Headwaters Health Network

Hudson Headwaters Health Network is a nonprofit system of 21 community health centers providing primary care to more than 7,200 square miles of the Adirondack North Country and Glens Falls region. The network serves all of Warren County and parts of Clinton, Essex, Franklin, Hamilton, Saratoga and Washington counties. HHHN is the sole medical provider in much of this rural, medically underserved region. Our patients are served in Hudson Headwaters' local health centers, in hospitals, nursing homes, work places, schools and in their homes. HHHN's mission is to provide care to everyone in the communities they serve, regardless of income or insurance.

The Arc New York

The Arc New York is a family-led organization that advocates and provides support and services to people with intellectual, developmental, and other disabilities, emphasizing choice and community engagement. The Arc New York, formerly known as NYSARC, was founded in 1949 to serve a critical mission – to improve the quality of life for people with developmental and other disabilities. What started as a support group and day nursery for families coping with these disabilities has grown to become the largest nonprofit in New York State serving those with developmental and other disabilities.



ECHO MOLST for Individuals with I/DD Clinic Information

Session	Title	Speaker	Learning Objectives
Wednesday 9/7/22 12-1pm	<i>MOLST: A Key Pillar of Palliative Care</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Review a population health approach to advance care planning 2. Describe differences between standard medical care, advance directives & medical orders 3. Identify the population appropriate for MOLST
Wednesday 9/14/22 12-1pm	<i>Who Determines Who Has the Right to Make End-of-Life Decisions</i>	Paul Partridge, PhD	<ol style="list-style-type: none"> 1. Recognize capacity is task specific 2. Describe determination of medical decision-making capacity 3. Explain requirements under SCPA §1750-b
Wednesday 9/21/22 12-1pm	<i>Safeguarding the Voice of Individuals with IDD</i>	Lisa Volpe, JD	<ol style="list-style-type: none"> 1. Recognize the key elements needed for completion of a health care proxy in individuals with IDD 2. Describe the value of a properly completed health care proxy 3. Explain supported decision-making
Wednesday 9/28/22 12-1pm	<i>Ensuring MOLST is Done Right for Individuals with IDD</i>	Eileen Zibell, JD	<ol style="list-style-type: none"> 1. Define SCPA §1750-b 2. Review the MOLST Legal Requirements Checklist for Individuals with IDD, including identification of the §1750-b Surrogate 3. Explain when the OPWDD Checklist must be completed, including trials
Wednesday 10/5/22 12-1pm	<i>More Than a Form: MOLST is a process</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Describe and apply the 8-Step MOLST Protocol 2. Demonstrate effective communication skills 3. Recognize the need for a palliative care plan to support MOLST
Wednesday 10/12/22 12-1pm	<i>Shared Decision Making and MOLST</i>	Patricia Bomba, MD, MACP, FRCP Sheila Shea, Esq.	<ol style="list-style-type: none"> 1. Define shared decision-making process for medical orders 2. Identify requirements of guardian/surrogate decision maker 3. Explain the determination and proper documentation of necessary medical criteria for decisions to withhold/withdrawal life-sustaining treatments
Wednesday 10/19/22 12-1pm	<i>Addressing Feeding Challenges</i>	Patricia Bomba, MD, MACP, FRCP Sheila Shea, Esq.	<ol style="list-style-type: none"> 1. Review an approach to an individual unable to maintain nutrition 2. Recognize the benefits and burdens of feeding tubes in an individual patient 3. Explain the determination and proper documentation of necessary medical criteria for decisions to withhold/withdrawal artificially provided nutrition or hydration
Wednesday 10/26/22 12-1pm	<i>Notifications: Who, What, When and Why</i>	Sheila Shea, Esq. Eileen Zibell, JD	<ol style="list-style-type: none"> 1. Define who needs to be notified based on the individual's residential setting 2. Describe timing differences between withholding and withdrawing life-sustaining treatments 3. Explain why notifications are required before the physician signs the MOLST



ECHO MOLST + eMOLST Clinic Information

Session	Title	Speaker	Learning Objectives
Thursday 9/8/22 12-1pm	<i>MOLST: A Key Pillar of Palliative Care</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Review a population health approach to advance care planning 2. Describe differences between standard medical care, advance directives & medical orders 3. Identify the population appropriate for MOLST
Thursday 9/15/22 12-1pm	<i>More Than a Form – It's a Process</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Explain the differences between MOLST, the non-hospital DNR form and facility forms 2. Describe the 8-Step MOLST Protocol, a standardized process designed to improve quality and prevent medical errors 3. Define the key elements of the MOLST form
Thursday 9/22/22 12-1pm	<i>Who Determines Who Has the Right to Make Decisions</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Define capacity 2. Describe determination of medical decision-making capacity 3. Explain NYS Public Health Law requirements and recent changes
Thursday 9/29/22 12-1pm	<i>Ethics and the Law: Updates on Public Health Law, Authority & Accountability</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Define the ethical framework for making end-of-life decisions 2. Recognize the ethical framework as the basis for legal requirements in NYSPHL 3. Explain the clinical standards and describe the impact of recent changes in NYSPHL
Thursday 10/6/22 12-1pm	<i>Crucial Conversations: Use Both Sides of Your Brain</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Recognize MOLST is a communication process that requires both reason and compassion 2. Apply the 8-step protocol 3. Demonstrate effective communication skills
Thursday 10/13/22 12-1pm	<i>MOLST Form: Improve Quality & Reduce Harm</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Describe current DOH MOLST form (12/18) 2. Discuss changes needed due to revised PHL and recommended clinical changes to improve quality & reduce harm 3. Clarify what can and cannot be accomplished with each specific life-sustaining treatment to meet the patient's goals for care based on health status and prognosis
Thursday 10/20/22 12-1pm	<i>Conflict Resolution: Authority of Health Care Agents & Surrogates</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Describe how to handle a difficult conversation with skill and empathy 2. Apply the approach to a crucial conversation to resolve conflict 3. Explain what a health care agent and surrogate can and cannot do in accordance with NYS Public Health Law
Thursday 10/27/22 12-1pm	<i>Care Plan Strategies</i>	Patricia Bomba, MD, MACP, FRCP	<ol style="list-style-type: none"> 1. Describe a person-centered 24/7 care plan to support MOLST and prevent unwanted life-sustaining treatment 2. Recognize the need for caregiver education, support and self-care 3. Apply self-care strategies to improve resilience and prevent burnout