

Advance Care Planning Framework for Healthcare Providers

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Presenters

Dr. Charlie Chen, MD, M.Ed, CCFP(PC), FCFP Program Medical Director, Palliative Care Program, FH Clinical Associate Professor, UBC <u>Charlie.chen@fraserheatlh.ca</u> (604) 587-4686 (Assistant: Colleen Poore)

Cari Borenko Hoffmann, RSW Regional Coordinator, ACP, FH Clinical Instructor, UBC Cari.hoffmann@fraserhealth.ca 604-613-5810

Dr. Nadine Hewitt, MD, CCFP Palliative Medicine Resident, UBC

Disclosure

Not aware of any actual or potential conflict of interest

No industry sponsorship

Advance Care Planning Framework for Healthcare Providers

Healthy adults >19 years or older

Begin ACP

Conversations

Identify Substitute

Maker (TSDM) list

Consider medical

· Document of any

healthcare treat-

Consider Advance

Directive for any

treatment

donation

Consider organ

enduring consent or

refusal of particular

Discuss all above with

health care providers

family, SDM's, and

ments

beliefs that impact

decisions preferences

Recognize &

A

В

EVERYTHING IN A +

Continue ACP Conversations

- Decision Maker(s) Review completed ACP documentation understand Temporary (Values, Wishes, Substitute Decision Beliefs, Advance Consider appointment Directive, of Representative(s) Representation Agreement)
 - Review and complete **Temporary Substitute Decision Maker** (TSDM) list
 - Learn about illnesses and possible future complications and treatment options with healthcare team
 - Review life and healthcare values. goals, wishes, priorities in light of new health reality

C

EVERYTHING IN A & B +

Initiate Serious Illness Conversation utilizing Serious Illness Guide

- Set up Conversation
- Assess illness understanding & preferences
- Share prognosis
- Explore key topics (goals, fears& worries, sources of strengths critical abilities. tradeoffs & family)
- Close the Conversation
- Document on ACP Record
- Communicate with **Key Clinicians**

Reference: Serious Illness Care Program , Ariadne Labs

Ongoing decline or transfer of location of care

D

EVERYTHING IN A, B & C+

- Review Serious Illness Conversation Guide answers and document on ACP Record
- Shared decision making about future medical decisions and document
- Goals of Care Conversations within context of immediate health issues and document on ACP Record
- Medical Order for Scope of Treatment (MOST) form completion by physician based on everything above and document on ACP Record
- Discuss these choices with family and SDMs

Final weeks /

E

days

EVERYTHING IN

A. B. C & D + Ensure treatments are in alignment with

MOST and all previous ACP processes and documentation

F

Review

- Goal-concordance
- Family Satisfaction
- Quality Improvement



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S.P.E.A.K

Determine if the person has:

S: a substitute decision maker;

P: preferences for medical decision making;

E: recorded <u>e</u>xpressed wishes;

A: written an <u>a</u>dvance directive;

K: <u>k</u>nowledge: accurate understanding of medical conditions, treatment options, risks and benefits.

Read, <u>This Changed My Practice</u> By Drs. Charlie Chen and Hayden Rubensohn about eliciting information by asking patients questions using a simple S.P.E.A.K. mnemonic.



ADVANCE CARE PLANNING (ACP) RECORD

ACP, SERIOUS ILLNESS & GOALS OF CARE CONVERSATIONS This is a reference and may not reflect most up to date conversations.

ADDI101231F	Rev: May 2018	

Tools	to	facili	itate	ACP	conversations:

- · FH Core Elements · Serious Illness Conversation Guide (SICG)
- · Goals of Care
- Select most appropriate tool based on purpose of conversation
- acuity/prognosis of illness, and/or treatment decision making.

Previous Advance Care Planning documentation: Reviewed						
and copy in Greensleeve (if applica	ble):					
☐ Advance Care Planning Record	Advance Care Plan					

- Representation Agreement Advance Directive ☐ Provincial No CPR

Type of conversation and tool utilized. (check one)	Brief summary of key outcomes/ conversation.	Brief summary of key outcomes/decisions of conversation.		
FH Core Elements			Next steps patient/client/resident/SDN responsible for (eg. learn about illness talk to family, legal/financial planning):	
Serious Illness Conversation Guide (SICG)				
Goals of Care				
			Next steps recorder/HCP responsible for: 1) Recommend review of discussion with:	
			2)	
	Detailed Notes can be found:			
	Detailed Notes can be found: Dated:			
Date (dd/mm/yyyy)	Name & discipline of recorder; participants & relationship:	Site/Location:	Signature	

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ACP Records completed in non-acute settings please fax to 604-587-3748



MEDICAL ORDERS for SCOPE of TREATMENT (MOST)



DDI105016B		Rev: Aug 30/16		Page: 1 of 1		
RUG & FOOD ALLERGIE	S					
☐ Attemp	Cardio Puln		on (C	ted on a patient who has suffered as PR). Automatically designated as ation (DNR)		
	***********			ented conversations (Initial app	ropriate level)	
Medical treatm	nents exclu	ding Critical Care	inter	ventions & Resuscitation		
M1	1000	and the second of the second o		nagement & comfort measure nly if patient's comfort needs not		
M2	Medical treatments available within location of care. Current Location: Transfer to higher level of care only if patient's comfort needs not met in current location					
M3	Full Med	ical treatments ex	clud	ing critical care		
Critical Care I	ntervention	s requested. NOTE	: Co	nsultation will be required prior t	o admission.	
C1	Critical (are interventions	excl	uding intubation.		
C2	Critical (are interventions	inclu	uding intubation.		
Other Direction SURGICAL RE WAIVE DN	SUSCITATI R for duratio		•	operative period. Attempt CPR a	as indicated.	
			-	T OF (check all that apply)		
☐ CONVERS				ME:	DATE: (dd/mm/yr)	
☐ Repres	Representative			MEI	DATE:	
☐ Temporary Substitute Decision Maker			NAME:		DATE:	
PHYSICIA	N ASSESSM	ENT and Adul	t/SDI	M Informed and aware Adult	not capable/SDM not available	
SUPPORT	ING DOCUM	IENTATION (Copie	s pla	ced in Greensleeve and sent wi	th patient on discharge)	
☐ Previous MOST ☐ FH ACP Reco				Other:		
Date (dd/mm/yr)		Print Name	E		Physician Signature:	
MSP#		Contact #				

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MOST from community and non-acute sites may be faxed to 604-587-3748



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Questions? Comments...Thoughts

