

Advance Care Planning Framework for Healthcare Providers

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Presenters

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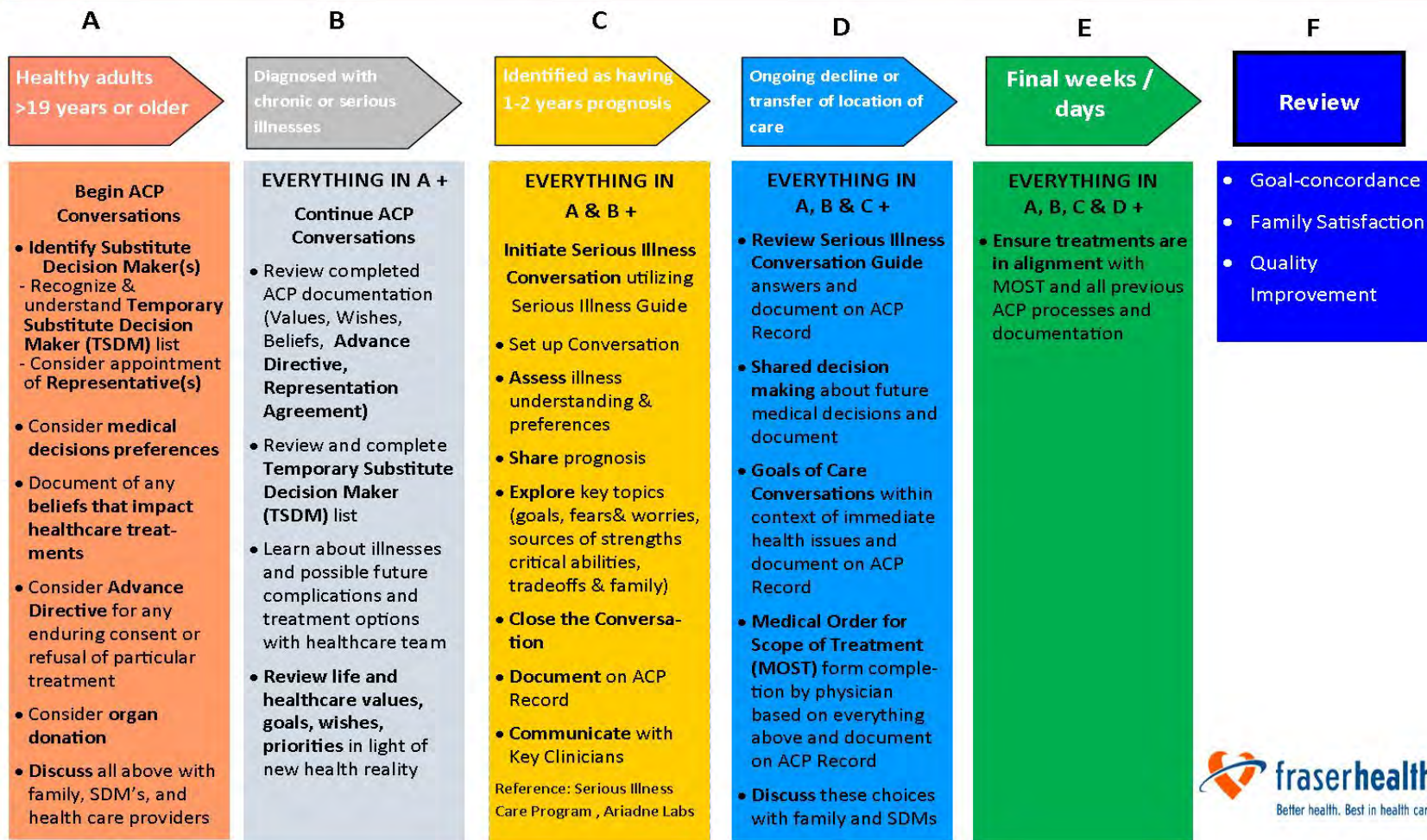
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Disclosure

- Not aware of any actual or potential conflict of interest
- No industry sponsorship

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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 expressed wishes;

A: written an advanace directive;

K: knowledge: accurate understanding of medical conditions, treatment options, risks and benefits.

Read, [*This Changed My Practice*](#) By Drs. Charlie Chen and Hayden Rubensohn about eliciting information by asking patients questions using a simple S.P.E.A.K. mnemonic.



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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.



ADD1101231F

Rev: May 2018

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Tools to facilitate 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. See back for further details.		Previous Advance Care Planning documentation: Reviewed and copy in Greensleeve (if applicable): <input type="checkbox"/> Advance Care Planning Record <input type="checkbox"/> Advance Care Plan <input type="checkbox"/> Representation Agreement <input type="checkbox"/> Advance Directive <input type="checkbox"/> Provincial No CPR <input type="checkbox"/> Medical Orders for Scope of Treatment (MOST)	
Type of conversation and tool utilized. (check one)	Brief summary of key outcomes/decisions of conversation.	Recommendations/Next Steps	
<input type="checkbox"/> FH Core Elements <input type="checkbox"/> Serious Illness Conversation Guide (SICG) <input type="checkbox"/> Goals of Care (GoC)		Next steps <i>patient/client/resident/SDM</i> responsible for (eg. learn about illness, talk to family, legal/financial planning): Next steps <i>recorder/HCP</i> responsible for: 1) Recommend review of discussion with: 2)	
Detailed Notes can be found:			
Dated:			
Date (dd/mm/yyyy)	Name & discipline of recorder, participants & relationship:	Site/Location:	Signature

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



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MEDICAL ORDERS for SCOPE of TREATMENT (MOST)



ADD1105016B

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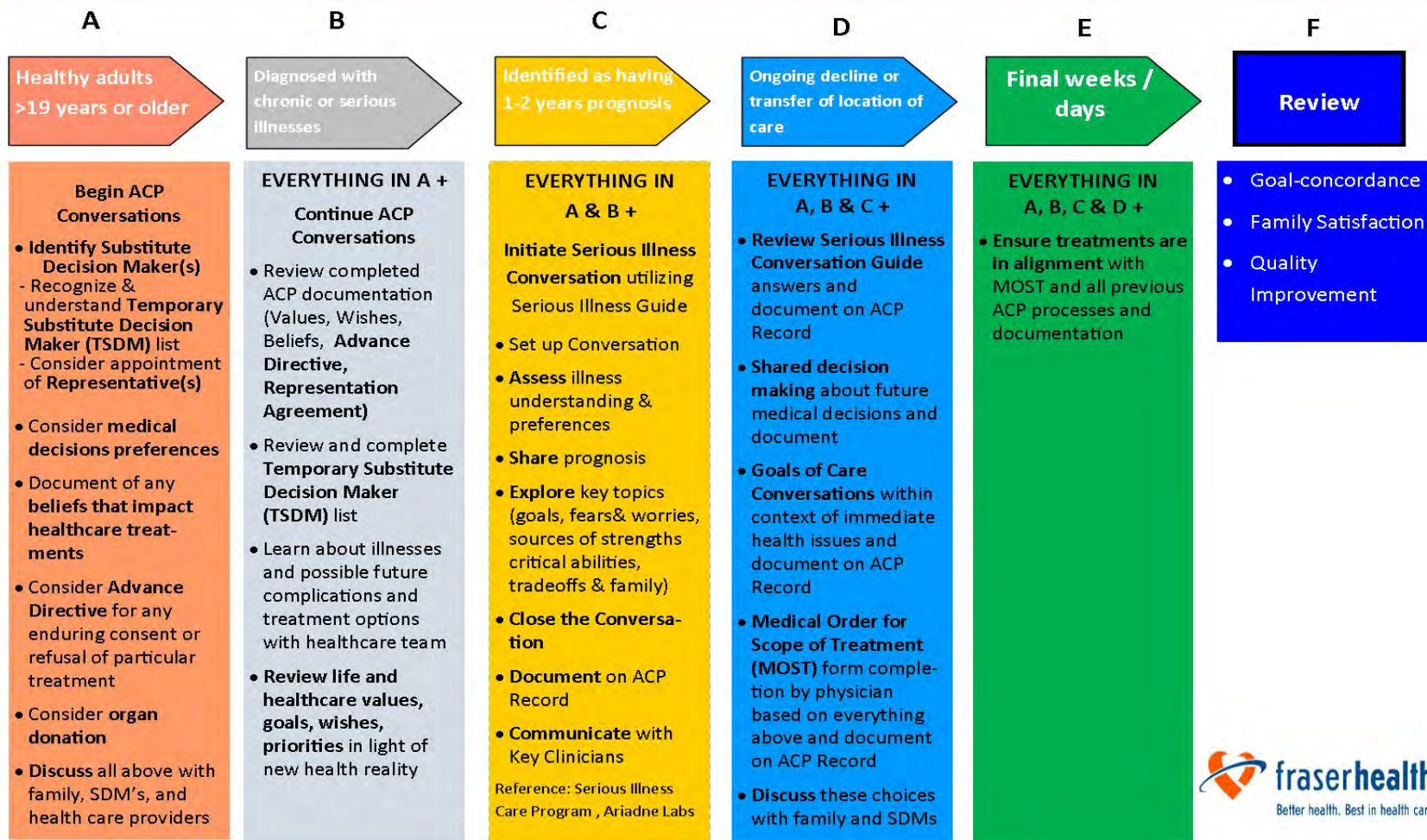
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DRUG & FOOD ALLERGIES:			
SECTION 1: CODE STATUS: <i>Note: CPR is not attempted on a patient who has suffered an unwitnessed cardiac arrest.</i> <input type="checkbox"/> Attempt Cardio Pulmonary Resuscitation (CPR). <i>Automatically designated as C2. Please initial below.</i> <input type="checkbox"/> Do Not Attempt Cardio Pulmonary Resuscitation (DNR)			
SECTION 2: MOST DESIGNATION based on documented conversations (<i>Initial appropriate level</i>) Medical treatments excluding Critical Care interventions & Resuscitation			
___ M1	Supportive care, symptom management & comfort measures. Allow natural death. <i>Transfer to higher level of care only if patient's comfort needs not met in current location.</i>		
___ M2	Medical treatments available within location of care. Current Location: _____ <i>Transfer to higher level of care only if patient's comfort needs not met in current location</i>		
___ M3	Full Medical treatments excluding critical care		
Critical Care Interventions requested. NOTE: Consultation will be required prior to admission.			
___ C1	Critical Care interventions excluding intubation.		
___ C2	Critical Care interventions including intubation.		
SECTION 3: SPECIFIC INTERVENTIONS (<i>Optional. Complete Consent Forms as appropriate</i>) Blood products <input type="checkbox"/> YES <input type="checkbox"/> NO Enteral nutrition <input type="checkbox"/> YES <input type="checkbox"/> NO Dialysis <input type="checkbox"/> YES <input type="checkbox"/> NO Non-invasive ventilation <input type="checkbox"/> YES <input type="checkbox"/> NO Other Directions: _____			
SURGICAL RESUSCITATION ORDER <input type="checkbox"/> WAIVE DNR for duration of procedure and peri-operative period. Attempt CPR as indicated. <input type="checkbox"/> Do Not Attempt Resuscitation during procedure.			
SECTION 4: MOST ORDER ENTERED AS A RESULT OF (<i>check all that apply</i>)			
<input type="checkbox"/> CONVERSATIONS/CONSENSUS <input type="checkbox"/> Capable Adult		NAME:	DATE: (dd/mm/yr)
<input type="checkbox"/> Representative		NAME:	DATE:
<input type="checkbox"/> Temporary Substitute Decision Maker		NAME:	DATE:
<input type="checkbox"/> PHYSICIAN ASSESSMENT and <input type="checkbox"/> Adult/SDM Informed and aware <input type="checkbox"/> Adult not capable/SDM not available			
<input type="checkbox"/> SUPPORTING DOCUMENTATION (<i>Copies placed in Greensleeve and sent with patient on discharge</i>)			
<input type="checkbox"/> Previous MOST <input type="checkbox"/> Provincial No CPR		<input type="checkbox"/> FH ACP Record <input type="checkbox"/> Advance Directive	<input type="checkbox"/> Representation Agreement <input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7
Date (dd/mm/yr)	Print Name	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

