

# Advance Care Planning Framework for Healthcare Providers

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## **Presenters**

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# Disclosure

Not aware of any actual or potential conflict of interest

No industry sponsorship

## **Advance Care Planning Framework for Healthcare Providers**

В

C

D

Final weeks /

Ε

F

Healthy adults >19 years or older

A

Ongoing decline or transfer of location of care

Review days

#### **Begin ACP** Conversations

- Identify Substitute Decision Maker(s) Recognize & understand Temporary
- Substitute Decision Maker (TSDM) list Consider appointment of Representative(s)
- Consider medical decisions preferences
- Document of any beliefs that impact healthcare treatments
- Consider Advance Directive for any enduring consent or refusal of particular treatment
- Consider organ donation
- Discuss all above with family, SDM's, and health care providers

#### EVERYTHING IN A + Continue ACP Conversations

- Review completed ACP documentation (Values, Wishes, Beliefs, Advance Directive, 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

#### 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

#### **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

#### **EVERYTHING IN** A. B. C & D +

 Ensure treatments are in alignment with MOST and all previous ACP processes and documentation

- 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	Page: 1 of 2	
Tools to facilitate ACP conversations:	Previous	Advance Care Planning documentation: Reviewed in Greensleeve (if applicable):
Serious Illness Conversation Guide (SIG)     Goals of Care  Select most appropriate tool based on purpose	CG) Advance of conversation,	be Care Planning Record Advance Care Plan Sentation Agreement Advance Directive
acuity/prognosis of illness, and/or treatment de See back for further details.		al Orders for Scope of Treatment (MOST)

See back for further (	Medical orders for Scope of Treatment (MOST)			
Type of conversation and tool utilized. (check one)	Brief summary of key outconversation		isions of	Recommendations/Next Steps
FH Core Elements				Next steps patient/client/resident/SDN responsible for (eg. learn about illnes talk to family, legal/financial planning)
Serious Illness Conversation Guide (SICG)				
☐ Goals of Care (GoC)				
				Next steps recorder/HCP responsible for:  1) Recommend review of discussion with:
				2)
	Detailed Notes can be found:			
	Dated:			
Date (dd/mm/yyyy)	Name & discipline of recorder; participar relationship:	nts &	Site/Location:	Signature

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 ALLERGIES						
SECTION 4. CO	ODE CTATUE	Note: ODD is and at		:tb- b#d		
					unwitnessed cardiac arrest. C2. Please initial below.	
		dio Pulmonary Resu		, ,	C2. Mease Initial Delow.	
		,	,	versations (Initial appr	onriate level)	
		ding Critical Care i			opriate revery	
	Support	ive care, symptom	managemen	& comfort measures	s. Allow natural death.	
Transfer to higher level of care only if patient's comfort needs not				nt's comfort needs not		
	Medical	treatments availal	ble within loca	tion of care. Current	Location:	
M2	Transfer to higher level of care only if patient's comfort needs not met in current location					
M3 Full Medical treatments excluding critical care						
Critical Care Interventions requested. NOTE: Consultation will be required prior to admission.						
C1	C1 Critical Care interventions excluding intubation.					
C2 Critical Care interventions including intubation.						
SECTION 3: SE	PECIFIC INTE	RVENTIONS (Optio	nal. Complete	Consent Forms as app	ropriate)	
Blood products YES NO Enteral nutrition YES NO Dialysis YES NO Non-invasive ventilation YES NO Other Directions:						
Other Directi	ons.					
	RESUSCITATI					
WAIVE DNR for duration of procedure and peri-operative period. Attempt CPR as indicated.						
☐ Do Not Attempt Resuscitation during procedure.						
SECTION 4: MOST ORDER ENTERED AS A RE			. ,,,,,		1	
☐ CONVERSATIONS/CONSENSUS ☐ Capable Adult		NAME:		DATE: (dd/mm/yr)		
				DATE		
Representative		NAME:		DATE:		
Temporary Substitute Decision Maker				DATE:		
PHYSICI	☐ PHYSICIAN ASSESSMENT and ☐ Adult/SDM Informed and aware ☐ Adult not capable/SDM not available					
SUPPOR	TING DOCUM	IENTATION (Copie	s placed in <b>Gre</b>	ensleeve and sent wit	h patient on discharge)	
. –	ous MOST ncial No CPR	☐ FH ACP Recor		entation Agreement ion 9  Section 7	Other:	
					Physician Signature:	
MSD#		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

