

Advance Care Planning (ACP)

Foundation Health Partners
Palliative Care
Sara Patterson



Do you have a written plan stating what health care treatments you would or would not want if you could not speak for yourself?

Do other people know what your wishes are?



“I don't know...it's too hard”



Objectives:

- Raise awareness about advance care planning at Foundation Health Partners.
- Employees will understand the concept and importance of advance care planning.
- How to initiate difficult but essential conversations and document personal values and preferences.
- Instructions for completing your own advance health care plan.
- Where to find reliable guidance and resources.

Definitions:

- **Advance care planning** is a process to **help** you **plan** your medical **care** in **advance**. It is important because some time in the future you may become too unwell to make decisions for yourself.
- **Advance Directive**- A written statement recognized under state and federal law that specifies how an individual person (declarant) wishes to be treated under specific medical conditions or in the event of a terminal or irreversible illness. (legal document)
 - Includes section for health care directives and designation of medical POA.
- **“Durable” Power of Attorney (DPOA)**- A POA that remains in effect when the principle lacks capacity.
- **Life-sustaining treatment**- maintains life when an organ or body system has ceased to function at a level adequate for survival. Life-sustaining technologies include antibiotics and other medications, IVs, machines or medical procedures that can keep a person alive.

Other Terms:

Living Will, Medical Power of Attorney,

Advance care planning includes:

- Learning about treatment options
- Deciding what types of treatment you would or would not want should you be diagnosed with a terminal or irreversible illness.
- Thinking about your personal values and goals
- Talking about your decisions and designating a Medical Power of Attorney
- Documenting your wishes

Why Plan Ahead?

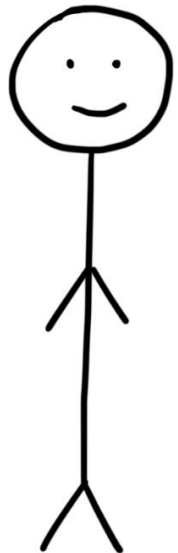
- Unable to speak for yourself
- Sudden illness or accidents
- Leave a guide or specific instructions for others
- Peace of mind for loved ones



Getting Started- Learn About Treatment Options

Would you want to withhold or withdraw medical treatment if that treatment will only prolong life and suffering?

Do you want CPR (to be resuscitated) if you stop breathing or your heart stops?



Hmmmmmmm.....

Would you want tube or IV feedings?

Life-sustaining treatments:

CPR, Intubation, mechanical ventilation, artificial nutrition and hydration, antibiotics, dialysis

Would you want to use mechanical ventilation (machine that breathes for you)?

Decide what you want and do not want.

Getting Started-Reflect upon your

Beliefs & Values

Ask yourself

1. What helps you when you face serious challenges in your life
2. Do you have beliefs that may influence your preferences for use of life-sustaining treatment and intervention
3. Do you need to discuss these beliefs or clarify any concerns with others
4. What are you worried about
5. What does living well look like
6. What situations are not acceptable to you

Values to consider- What is most important? Independence, self-awareness, attentiveness, self-control, strength, stability, freedom, hard-work, wisdom

A person is shown in a meditative pose, sitting cross-legged with their hands in a prayer position. The image is semi-transparent and serves as a background for the text.

Living Well
Dying Well

Have the conversation with loved ones

Family, friends, faith leader, physician

- Conversation starters
- “Remember what happened to “Mrs. Jones,” it made me realize...
- “My ‘doctor, attorney, parish nurse’ thought it was important to for me to attend this free seminar. The presenter talked about the gift of having a conversation, not just for you, but for me. This is important and I would like your attention.
- “Even though I am OK right now, I’m worried that things happen and you don’t know what I would want. I want to be ready and prepared for the ‘what ifs’ and would like to talk about this with you.....

**It is a gift to your loved ones to talk about
your goals, preferences, and values about
what it means to live well!**

Designating a Medical Power of Attorney

Characteristics of good MPOA:

- Willing to be the decision maker
- Knows your wishes and agrees to honor your wishes
- Trustworthy
- Able to handle stressful situations and make difficult decisions

Responsibilities may include:

- Making choices about medical care (including ending life-support)
- Reviewing and releasing medical records
- Arranging for medical care and treatment
- Making decisions on living situation
- Deciding which health providers can provide treatment

Why it's SOOOOO Important!

- Your wishes will be known
- Conversations before the “crisis” allow time for honest discussion, reflection and planning.
- Opportunity to discover important information about yourself and your loved ones
- This can happen to anyone – at any age
- Give your loved ones the gift of peace of mind – write down your wishes, designate a decision-maker!

If you don't have an AD and you end up unconscious in the hospital then what.....

The State of Alaska Statute **Sec. 13.52.030. Surrogates states:**

In the absence of a designation, or if the designee is not reasonably available, a member of the following classes of the patient's family who is reasonably available, in descending order of priority, may act as surrogate:

- (1) the spouse, unless legally separated;
- (2) an adult child;
- (3) a parent; or
- (4) an adult sibling.



Types of Advance Directives

Alaska Advance Health Care Directive

This booklet contains the Alaska statutory form for an Advance Health Care Directive. Alaska Legal Services Corporation (ALSC) provides this as a service to you and does not take responsibility for how you fill it out. The law allows you to prepare this form on your own. This booklet contains general information to assist you. However, if you have questions, please contact an attorney or other knowledgeable source. The Alaska Bar Association's Lawyer Referral Service can provide you with a list of private attorneys (272-0352 or 1-800-773-8899 outside Anchorage). If you cannot afford an attorney or if you are 60 years or older, ALSC may be able to assist you. Anchorage 272-9431 or (888) 478-2572; Bethel 543-2237 or (800) 478-2230; Dillingham 842-1452 or (888) 383-2448; Fairbanks 452-5181 or (800) 478-5401; Juneau 586-5425 or (800) 789-6426; Kenai 395-0352 or (888) 395-0352; Ketchikan 226-6420 or (877) 525-6420; Kotzebue 442-7737 or (877) 622-5797; Nome 443-2230 or (888) 405-8883; Palmer (746-4630 or (888) 996-4630; or Uptegyk (Barrow) (855-8898) or (855) 756-8898.

This booklet is provided by the Alaska Legal Services Corporation, a statewide private nonprofit organization. Nothing contained in this publication is to be considered as the rendering of legal advice for specific cases and readers are responsible for obtaining such advice from an attorney.

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For information regarding many other legal topics, see www.sinnahelp.org
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Differences Between the Two

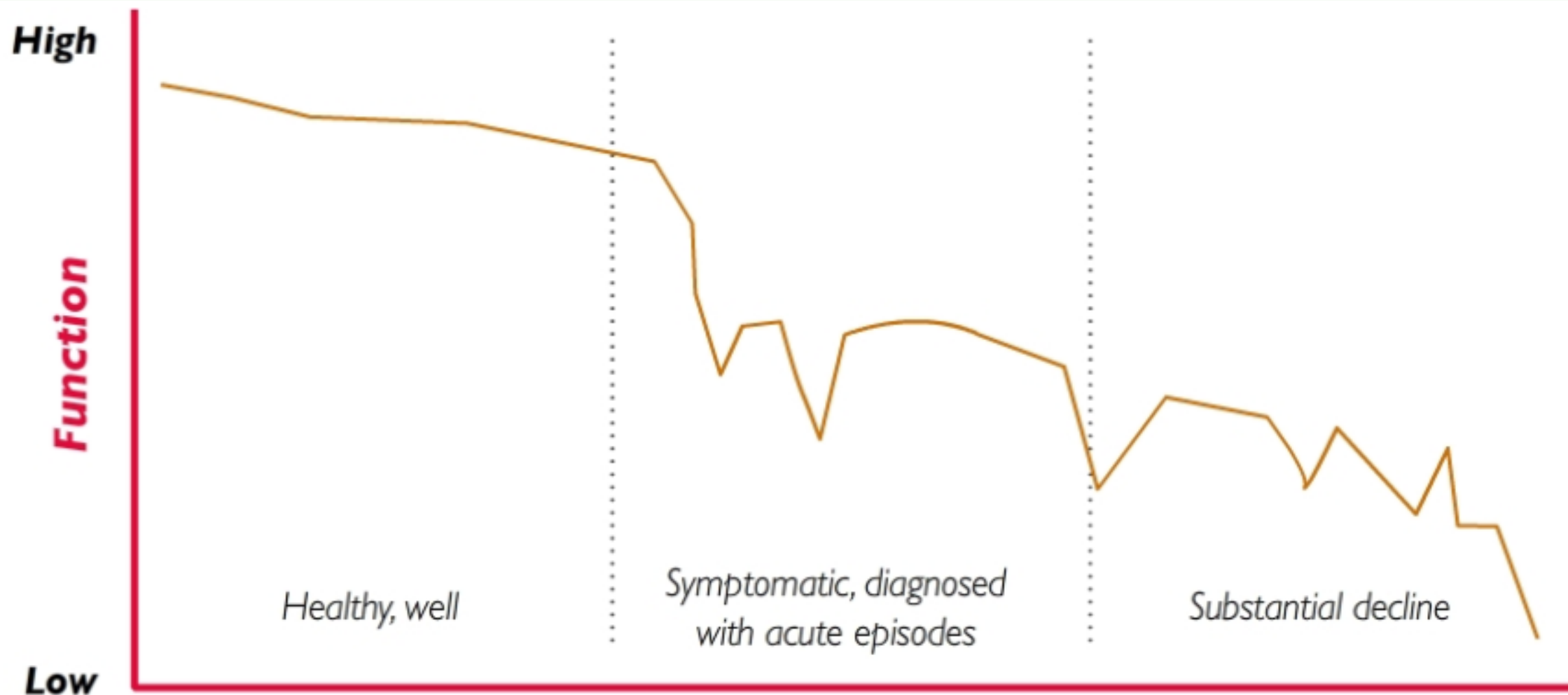


Alaska Advance Health Care
Directive



FIVE
WISHES

<ul style="list-style-type: none">• Provides options for surrogate decision maker to become effective immediately	<ul style="list-style-type: none">• Becomes effective ONLY when you are determined to be incapacitated
<ul style="list-style-type: none">• Provides option to nominate a guardian	<ul style="list-style-type: none">• Provides option to describe funeral/memorial arrangements
<ul style="list-style-type: none">• Lists specific options for artificial nutrition and hydration	<ul style="list-style-type: none">• Provides lots of specific options regarding personal, spiritual and emotional wishes.
<ul style="list-style-type: none">• Includes option for pregnant person	
<ul style="list-style-type: none">• Provides mental health and ECT options	
<ul style="list-style-type: none">• PCP contact info	
<ul style="list-style-type: none">• Organ Donation options	



From the onset of incurable disease

If something unexpected occurred, are there circumstances where you would like treatment to change to comfort? Have they thought about appointing an EPOA (health and welfare)?

Diagnosis, acute episodes. Next episode might not have such a good outcome – if things did not go well what would you want, how would you like us to care for you?



Timeline

You would not be surprised if the person were to die in the next 6-12 months. Detailed Planning and documentation of treatment & care preferences

HIPAA permits disclosure of 'MOST form' to other Healthcare Professionals as necessary		
Alaska MOST form Medical Orders for Scope of Treatment This is a Medical Order Sheet. Any section not completed indicates full treatment for that section. When need occurs, first follow these orders, then contact provider.		Last Name First Name Middle Name Date of Birth
A Check One	Treatment options when the person is not breathing and has no pulse. <input type="checkbox"/> Do Not Attempt Resuscitation (DNAR/DNR/Allow Natural Death) <input type="checkbox"/> Attempt Resuscitation/CPR <i>When not in cardiopulmonary arrest, follow orders in B, C, and D</i>	
B Check One	Treatment options when the person has pulse and/or is breathing. <input type="checkbox"/> Comfort measures only. Use medication, positioning, and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. <input type="checkbox"/> Limited Interventions. Includes care described above as necessary. Use medical treatment, IV fluids and cardiac monitor as appropriate. Transfer to hospital if necessary. Avoid intensive care. <input type="checkbox"/> Trial of Intensive Therapy. Includes care described above. Time-limited trial of intubation, mechanical ventilation and/or intensive care if medically indicated. Transfer to hospital and intensive care if necessary. <input type="checkbox"/> Full Treatment. Includes care described above. ACLS, intubation, mechanical ventilation or other advanced airway interventions, and cardioversion as indicated. Transfer to hospital and intensive care if necessary. <i>Additional Orders:</i>	
C Check One	Antibiotics <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal. <input type="checkbox"/> Use antibiotics if medically indicated. <i>Additional Orders:</i>	
D Check One	Artificial Nutrition (<i>Always offer food by mouth first if feasible and medically appropriate</i>). <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> Time-limited trial of artificial nutrition. <input type="checkbox"/> Long-term artificial nutrition if medically indicated. <i>Additional Orders:</i>	



Sample Form

PATIENT INFORMATION

*PATIENT'S NAME: _____ DOB: _____ 000000
 *ADDRESS: _____ GENDER: ☐ M ☐ F
 *[PLEASE TYPE OR PRINT THIS INFORMATION TO ENSURE LEGIBILITY]

CERTIFICATION OF COMFORT ONE® STATUS

This form constitutes reliable documentation that the above-identified patient is enrolled as a **COMFORT ONE** patient in Alaska under AS 13.52 and 7 AAC 16.10 and, as such, directs EMS personnel, health care providers, and health care facilities not to resuscitate the patient in accordance with these statutes and regulations.

Patient Signature: _____ Date: _____

My signature below constitutes and confirms a formal order to emergency medical services personnel and other health care providers to follow the Alaska **COMFORT ONE** protocol, as outlined in 7 AAC 16.10.010 - 7 AAC 16.10.090. I affirm that this order is written in accordance with accepted medical, legal, and ethical guidelines. As the physician for this patient, I confirm that the patient has the qualifying condition listed below, and I agree to ensure the completion of, and certify, the death certificate if death occurs as anticipated.

Printed Name of Physician: _____ Phone: _____

Physician Signature: _____ Date: _____

ADDITIONAL INFORMATION

Does Not Affect Patient Care

Qualifying condition (terminal illness or permanent unconsciousness): _____
 Does this patient have a pacemaker? ☐ Yes ☐ No

INFORMATION TO PATIENT

This form, when completed, certifies you as a **COMFORT ONE**® patient under Alaska law. If this form or wallet card is presented to, or found by, emergency medical personnel or other health care providers, or you are wearing a **COMFORT ONE** bracelet or necklace, the personnel will provide the care described on the reverse side of this document. Emergency medical care providers will be directed to prevent avoidable suffering and to provide supportive comfort measures. It is understood that, as a **COMFORT ONE** patient, you will be allowed to die in the natural course of your illness.

REVOCATION

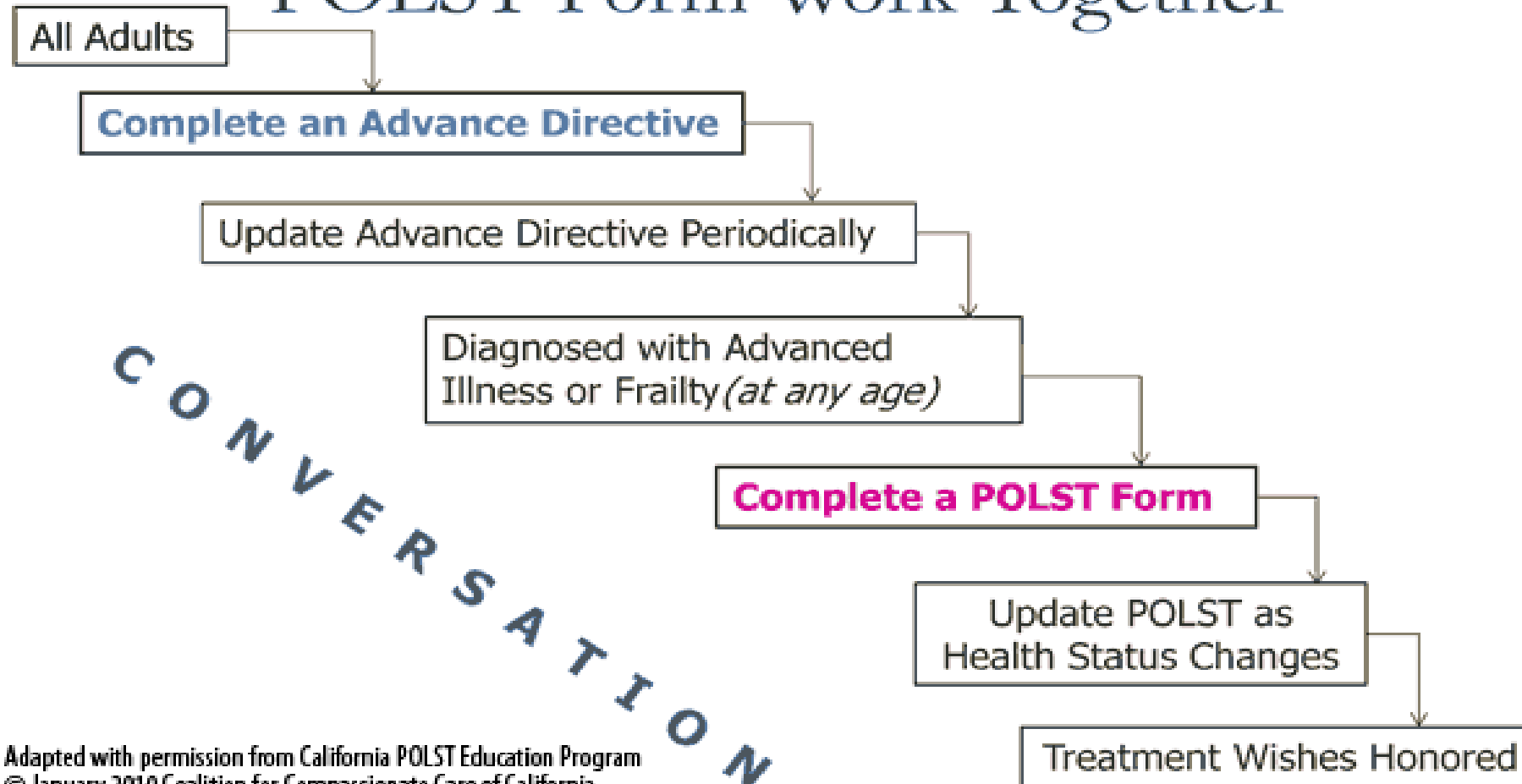
The **COMFORT ONE** status of the patient may be revoked, by the patient or the patient's physician, at any time.

If emergency medical services personnel, or other health care providers, do not see this form, the wallet card or a **COMFORT ONE** bracelet or necklace, they will attempt to resuscitate the patient in accordance with their standard procedures.

Form 1572, Revised 1/07

		MOST	Paradigm Form	Advance Directive
Type of Document	Medical Order		Legal Document	
Who Completes	Health Care Professional		Individual	
Who Needs One	Seriously ill or frail (any age) for whom healthcare professional wouldn't be surprised if died within year		All competent adults	
Appoints a Surrogate	No		Yes	
What is Communicated	<u>Specific</u> medical orders for treatment wishes.		<u>General</u> wishes about treatment wishes. May help guide treatment plan after a medical emergency.	
Can EMS Use	Yes		No	
Ease in locating	Very easy to find. Patient has original. Copy is in medical record. Copy may be in a Registry (if your state has a Registry).		Not very easy to find. Depends on where patient keeps it and if they have told someone where it is, given a copy to surrogate or to health care professional to put in his/her medical record.	

How An Advance Directive and POLST Form Work Together



Adapted with permission from California POLST Education Program
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Interesting to note...

- Most Americans – 88 percent – feel comfortable discussing issues relating to death and dying*
- Yet only 42% have an advance directive*



Yes it's hard, but.....I need to do it!



Resources

Websites:

Aging With Dignity

Agingwithdignity.org (5 Wishes Packet)

The Conversation Project

Theconversationproject.org

National Health Care Decisions

NHDD.org

National Hospice and Palliative Care Organization

NHPCO.org

CaringInfo

Caringinfo.org

State of Alaska Department of Health (Advance Care Planning Forms)

dhss.alaska.gov

At Foundation Health Partners:

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FHP Membership Access:

CAPC.org



References

<http://polst.org/wp-content/uploads/2017/03/2017.03.27-POLST-vs.-ADs.pdf>

<http://www.advancecareplanning.org.nz/healthcare/how-to/>

<https://www.nhdd.org/resources/#participant-resources>

<http://dhss.alaska.gov/daph/Documents/docs/mostForm.pdf>

<http://www.silverhccenter.com/difference-polst-form-advance-directives>

http://dhss.alaska.gov/dph/Emergency/Documents/ems/assets/Comfort%20One/sample_enrollment.pdf

<http://www.legis.state.ak.us/basis/statutes.asp#13.52.223>

<https://hdsa.org/wp-content/uploads/2015/02/12029.pdf>

QUESTIONS?

The future depends on what we do in the present.

–Mahatma Gandhi

