ADVANCE CARE PLANNING

CONVERSATIONS

MATTER

GOALS OF CARE

DESIGNATIONS
Objectives

• Advance Care Planning (ACP)
  – What is it? Why? For Who?
  – Personal directives

• Advance Care Planning in the healthcare system
  – Goals of Care: M, R, C
  – Green Sleeve

• Having Advance Care Planning Conversations
  – “How to” Resources
What is Advance Care Planning?

Advance care planning is a process whereby an adult makes a plan for personal health care decisions in the event that this person becomes incapable to direct his or her own health care.
Advance Care Planning - Why?

Advance Care Planning is a gift you give yourself

- Health wishes will be known
- More control over health, better healthcare experiences
- Increased quality of life when time running short

Advance Care Planning is a gift you give your loved ones

- Less distress when making decisions
- Bereavement process easier
Advance Care Planning – 5 Steps

1. **Think** about your wishes and values
2. **Learn** about your own health
3. **Choose** someone to make decisions and speak on your behalf
4. **Communicate** your wishes and values about health care
5. **Document** in a Personal Directive
82% of people say that it is important to put their wishes in writing

8 out of 10 Canadians do not have a written plan

www.advancecareplanning.ca
Personal Directive

Personal Directive Form:
- Legal form to appoint agent
- Document healthcare wishes

Give copies to:
- Your agent
- Your healthcare providers
- Your family

The personal directive **ONLY** comes into effect **IF** you are unable to make decisions about your healthcare.
Goals of Care

Conversations
Previous discussions, values, preferences
Understand illness
Prognosis
Anticipated outcomes
Appropriate treatment options

Care Consistent with Patient Values & Goals

Advance Care Planning Conversations
Values
Wishes
Fears
Illness expectations

Documentation
Goals of Care Designation Order
- Medical order written by doctor/NP
- M, R, C

Goals of Care Conversations
- Conversations with the healthcare team (prognosis, appropriate treatment options, expected outcomes)

Advance Care Planning
- Conversations with agent, loved ones, healthcare provider (values, wishes, fears, health status)
- Personal Directive
80% of people say that if they were seriously ill they would want to talk to their doctor about healthcare and treatment wishes.

*but* . . .

Only **9%** have ever spoken to their healthcare provider about their wishes for care.
"There’s no easy way I can tell you this, so I’m sending you to someone who can."
Goals of Care

https://www.youtube.com/watch?v=fdfmostSgkM&feature=youtu.be
Medical Care
Resuscitative Care
Comfort Care
The Green Sleeve – your “Health Passport”

- Personal Directive (copy)
- Green Sleeve
- Tracking Record for ACP Discussions
- Goals of Care Designation Order Form
Don't wait.
The time will never be JUST RIGHT.

- Napoleon Hill
Advance Care Planning – “How To”

• “Speak Up” website: www.advancecareplanning.ca

• “The Conversation Project” website: www.theconversationproject.org

• Alberta Health Services resources www.conversationsmatter.ca
“Speak Up”: www.advancecareplanning.ca

Advance Care Planning: collaborative with Prostate Cancer Canada

Advance Care Planning guide specific to cancer diagnosis

- Conversation Starters
- Interactive Workbooks

ACP Webinars
- Louise Hanevy, April 2014
“The Conversation Project”:
www.theconversationproject.org

Your Conversation Starter Kit
When it comes to end-of-life care, talking matters.

Interactive Workbook

“What Matters to Me Statements”
“Where I Stand Scales”

Conversation set up tips

Personal Stories

“How to talk to your doctor” kit
AHS “Conversations Matter”: www.conversationsmatter.ca

Conversations Matter - It’s about decisions and how we care for each other

Advance Care Planning is a way to help you think about, talk about, and document wishes for health care in the event that you become incapable of consenting to or refusing treatment or other care.

You may never need your advance care plan - but if you do, you'll be glad that it's there and that you have had these conversations, to make sure that your voice is heard when you cannot speak for yourself.

Goals of Care Designation is a medical order used to describe and communicate the general aim or focus of care including the preferred location of that care.

Although advance care planning conversations don’t always result in determining goal of care designation, they make sure your voice is heard when you cannot speak for yourself.

Contact Us conversationsmatter@albertahealthservices.ca

Information For
• Patients & Families
• Health Professionals

Start the Conversation
Interactive Guide
A guide for making health care decisions (optimized for mobile, IE8 and above, and most other browsers)

Read Helen’s Story

Links to other resources

Printable “Conversations Matter” guidebook
• Tips, Scripts

Videos
• ACP, GCD

Advance Care Planning checklist
**Green Sleeve Resources**

**In the Green Sleeve:**

- **Information for you:**
  - “Conversations Matter” Guidebook
  - Blank Personal Directive form
  - Understanding Goals of Care brochure

- **Tools for healthcare providers:**
  - Goals of Care Designation Order From
  - Tracking Record
For more Information

Conversations.Matter@ahs.ca
Thank You!!

Don’t forget your Green Sleeve!