

KHC Monthly Webinar

September 23, 2020

Advance Care Planning 101

*ACP Process and Product:
Our duties to know, honor and protect resources*



KANSAS MEDICAL SOCIETY
Established 1859



Kansas Healthcare
COLLABORATIVE



KHA
Kansas Hospital
ASSOCIATION

In Partnership with



Health Quality Innovation Network



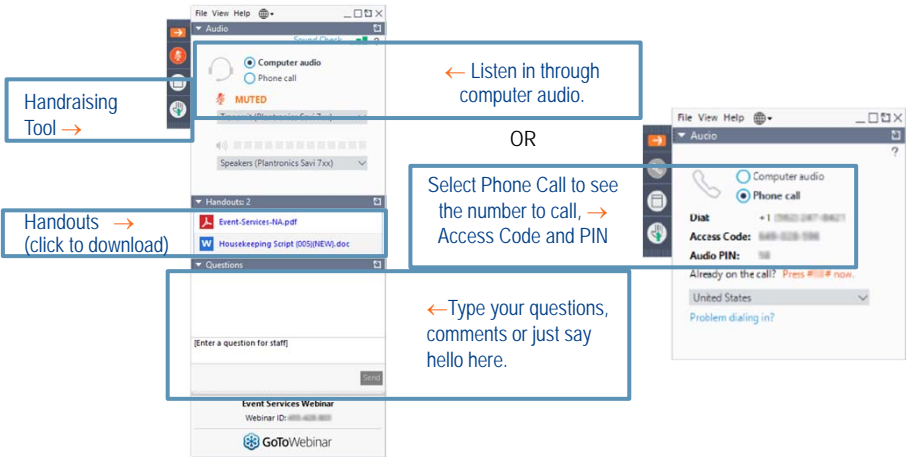
GUIDANCE AT THE CROSSROADS OF DECISION



Kansas
Foundation
for Medical Care, Inc.

GoToWebinar

Attendee Control Panel



Handraising Tool →


Handouts → (click to download)

← Listen in through computer audio.

OR

Select Phone Call to see the number to call, → Access Code and PIN

← Type your questions, comments or just say hello here.



Kansas Healthcare
COLLABORATIVE

Thank you to our Kansas-Missouri HQIN contacts
for their role in planning today's event.

Kansas

Rosanne Rutkowski, MPH, BSN, RN
Kansas Healthcare Collaborative
rrutkowski@khconline.org

Brenda Davis, BSN, RN, CIC
Kansas Foundation for Medical Care
bdavis@kfmc.org

Missouri

Sarah Fiacco, MSW
Health Quality Innovators
sfiacco@hqi.solutions



For more information, call 877.731.4746 or visit www.hqin.org



Note: CE is not available for viewing recording.

**Opportunity to receive Nursing CE
for attending today's live event**

Greater Kansas City Chapter of the American Society for Pain Management Nursing is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.3 contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: LT LT0279-0412.

*Complete the online evaluation at the conclusion of today's event to receive certificate of CE.
Respond by Wednesday, Sept. 30.*

Agenda

- Welcome and Introductions
- Featured topic:
 - Advance Care Planning 101*
 - ACP Process and Product:*
 - Our duties to know, honor and protect resources*
- Wrap-up /evaluation

Special Guests



John G. Carney, MEd
President and Chief Executive
Officer



**Maria Fox, DNP, MSN, BSN,
APRN-CNS, ACPHN, CCRN**
Clinical Ethics Affiliate





Session 1 of 3

Advance Care Planning - Process and Product: Our duties to know, honor and protect

SEPTEMBER 23, 2020

JOHN G. CARNEY, MEd, PRESIDENT & CEO,

MARIA FOX, DNP, CPB CLINICAL ETHICS AFFILIATE

7



Declarations and Disclosures

Independent Non profit

CPB is independent free-standing non-profit, 501(c)(3) community-based organization. CPB may charge fees for educational events and products made available for purchase at rates to cover costs and benefit programs.

Business Relationships

Presentation is intended for educational benefit of those attending. Other organizations and companies may have proprietary interests in products or services referenced. CPB does not benefit from those references.

No Conflicts of Interest

Honoraria or remunerations made to the organization inure to the charitable purposes of the organization. CPB Staff do not benefit individually. Participants may be asked to consider donations.

8



ACP Webinar Series – Three sessions

ACP - 101

Purpose and process of ACP. Emphasis on normalizing & encouraging attendees to complete own. 2 types: DPOAHC and HC Directive and duties of declarant and agent. Relevant state laws governing execution

ACP -201

Principles guiding clinicians in carrying out advance care plans. Details difference between capacity and competency, shared decision-making, substituted judgement, and best interest principles.

ACP and Medical Orders

Role of standardized medical order sets in relation to ACP. Addresses advanced illness medical order sets (POLST) and “accelerated” ACP for use in health crisis or pandemics.

9



Objectives - Session 1

Differentiate

...process and purpose; kinds of discussions. Focus on values, goals, not treatments.

Identify

...duties of agent and declarant: fiduciary, powers delegated, judgments exercised.

Social v Medical

...relevance as communication tool to honor and protect (Duties in civic/moral arenas; rights & obligations)

10

Reasons for ACP and Medical Orders and...

*Hardest part of
Shared Medical
Decision Making*

85% of us will die without capacity to make decisions/on life support.

It can get complicated-even under normal circumstances and these times are NOT normal...

11

3 Take Aways:

ACP ≠ ADs

ADs ≠ Medical
Orders

ACP ≠ Medical
Orders

...but they all rely
on each other

Advance Care Planning is process.
Informs creation of advance directives

2 types of ADs – Appointment of Agent and
Healthcare Directive (aka Living Will)

Advance care planning and advance
directives inform execution of medical
orders.

12

Shared Medical Decision Making happens when...

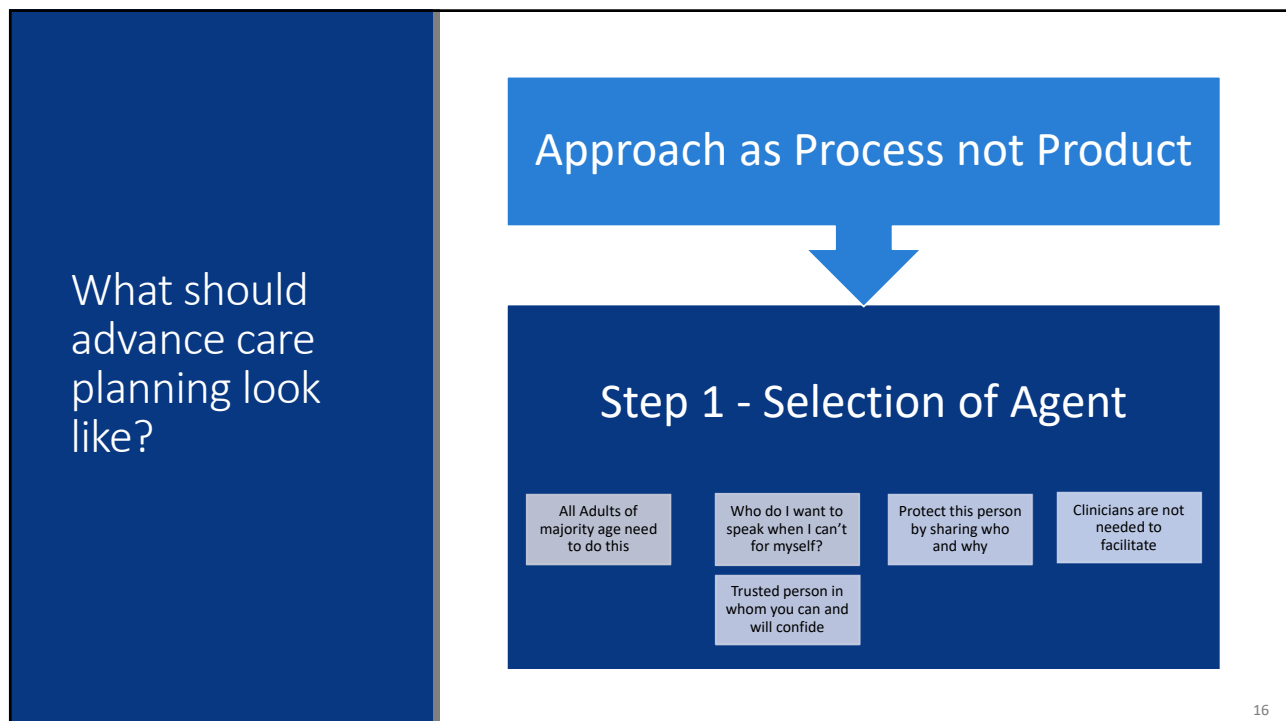
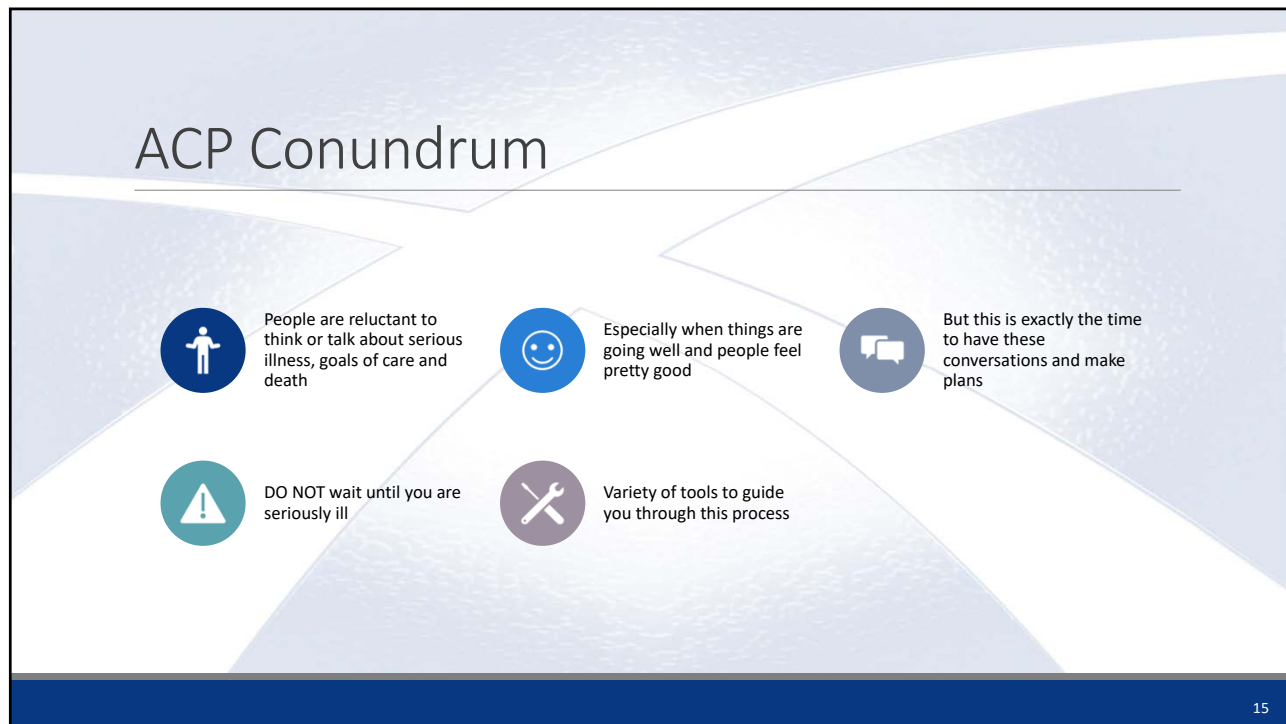
1. Good advance care planning occurs
2. Process results in meaningful directives that are reviewed and updated regularly
3. Directives are respected and shared with proxies and eventually providers
4. Medical Orders get executed that reflect, translate or integrate the values and goals of patient into care plans.

13

Why is it important for me to do mine first?

1. Because the myths don't hold up.
2. There is no guarantee that we will have time, later...
3. There is no assurance that your doctor or family knows what you would want in any given circumstance, and it is nonsense to think they or even you could...
4. Because you do know what is most important to you, and it's likely you've not talked about it much.

14



Talk about what's most important...

01

Values... We don't do this well.

What is most important to me in real life?

Start concrete and move to abstract (from family and friendship to trust, love, intimacy, principles and virtues like justice...

02

Who am I? Explore where meaning and purpose live in self expression, aesthetics, in suffering...

What brings me joy/fulfillment?

What do I believe in? What role does faith, spirituality, belief...

03

Goals... How does the rest of my life reflect my past? What lies ahead for me? What is unfinished, unresolved, within reach, need to get done?

How do I want to be remembered?
WE DON'T NEED A DOC FOR THIS!

17

Take the time NOW... because it is not a good idea to do it in time of crisis.

01

Listen, encourage, it's ok to share intimacies...

02

Include hopes and dreams for the future, even if one is not there...

03

Write it down and/or record the conversation with a smart phone

18

Decide on who: Critical 1st step

Who is best person to speak for me when I cannot speak for myself?

Not all family members equipped to handle such difficult and emotional roles

Think about who

- has the trust of others
- can represent your wishes? (Can act as fiduciary)

19

Goals for Health Care Directive

Map out plans for future interventions/treatment

Best before a crisis for 3 main reasons:

1. Clarify values and specific treatments one may want or wish to avoid.
2. Address concerns about ineffective or non-beneficial Tx
3. Informs proxy and practitioner of general orientation that may used to clarify goals of care and medical orders.

Clarify diagnosis, prognosis and life expectancy

20

Meet, talk it out
and get OK...

then be ready
to do it again.



Talk with the potential agent



Get their commitment



Discuss values first; then scenarios



Document and share beyond agent



Many may have a point of view about your care. They matter too.



Revisit annually or when your health changes

21

What and how
do I share with
my agent?

Process leads to Product



Step 2 – Directives and Delegations/Authorizations

May include
statutory
language

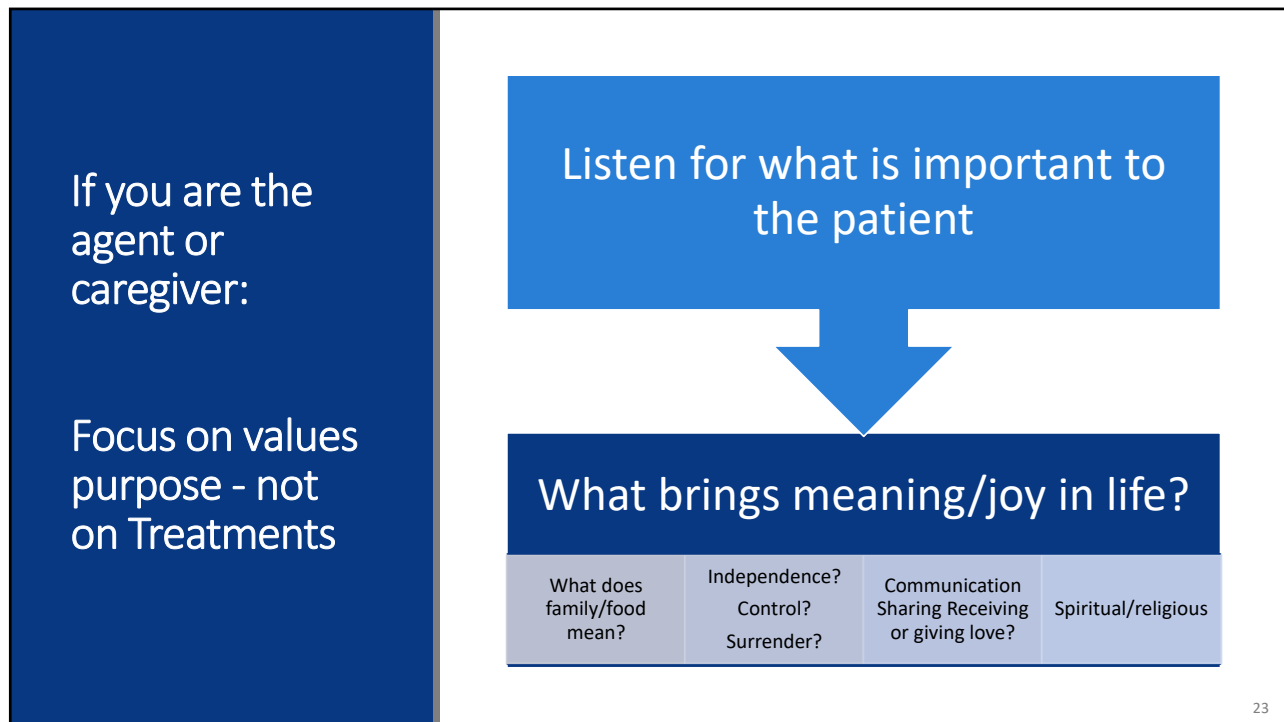
Caution:
Treatment
directives

Witnessing and
Notarizing

Professional
Facilitator may
help

Don't over
prescribe -
Delegate

22



What does ACP look like?
Summary

Health Care Directive
AKA "Living Will" is
Part 2 and can touch
on legal.

Based on Values

Guides your agent in making decision and speaking for you

Allows you to express Treatment Preferences

- Only for those who know
- Don't restrict agent unless you have specific instructions

Authorizations and Delegations

- Participate in research
- Some state specific (e.g., disposition of body)
- Anatomical gifts or body to science (different)
- First person consent

24

How often do
I review ?

ABA's Six Ds

- 1) DECADE in age.
- (2 & 3) DEATH or DIVORCE of a loved one.
- (4) DIAGNOSIS or significant health condition.
- (5) DECLINE in functional status.
- (6) Change in DOMICILE or someone moves in.

https://www.americanbar.org/groups/law_aging/publications/bifocal/vol-40/bifocal-vol-40-issue-3-jan-feb-2019/new-advance-care-planning/

25

Who needs ACP
the most?

Do we know who
the seriously ill and
frail really are?

Can ACP documents
assist and inform
agents/family and
practitioners in make
good shared decisions?

We all need to name an agent.

- Some people need Health Care Directives more than others

We know who is most at risk for needing rescue measures and we know generally how effective those interventions are.

We also know who is at most risk for non-treatment and mistreatment because of real and perceived disparities in care.

We know evidence based facilitated discussions can work if trust is the first ingredient.

26

Conversations first and here's why

Earlier conversations about patient goals and priorities for living with serious illness are associated with:

- Enhanced goal-concordant care (Mack JCO 2010)
- Improved quality of life
- Reduced suffering
- Better patient and family coping
- Higher patient satisfaction (Detering BMJ 2010)
- Less non-beneficial care and costs (Wright 2008, Zhang 2009)

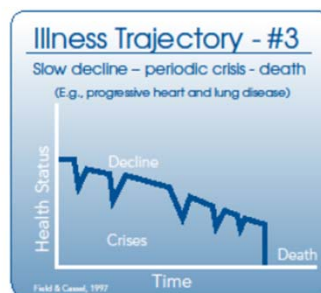
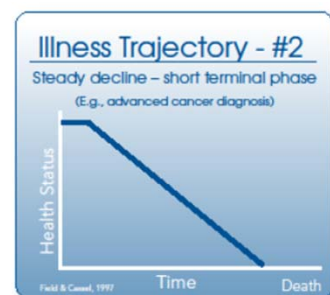
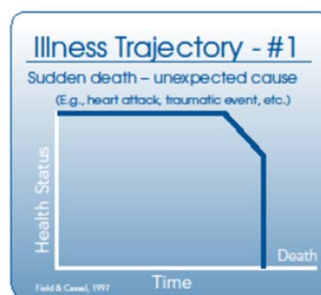


27

A conceptual place to start...

Pictures of Illness

Four basic ways a person might experience an illness or serious health condition



What is our joint work/collective effort?

We have to...

- Ask, listen, confirm, report, record, share, retrieve.
- Engage in serious conversations using common language not medical or legalese to reach shared understanding about what's important
- Focus on values, joys, meaning, purpose, virtues, convictions, beliefs, tenets of faith, family and love.
- Face vulnerability, admit fears, rely on each other and use crutches and scripts, drawing strengths from shared struggle

29

Brave New World...

Timeline significantly compressed for 100s of 1,000s through COVID-19

- Demand of accelerated discussions HIGH

Usual health events including injuries continue regardless of COVID-19

ACPs used to be all about maintaining some control of our final days

- Options potentially narrowed due to risks and scarcity of resources

30

How can we
retain some
control of this?

Don't delay — the time is now
Doing your own work first is ideal
Use Facetime to talk with YOUR family
Go slowly — technology will not
promote the kind of intimate
conversation required but it is better
than nothing

31



Caring Conversations®

Having an opportunity to
reflect *before there is a
crisis* can make the
difference between:

A family torn apart by
disagreements over "what
Mom would have wanted"

OR

The peaceful, dignified end
that we all want for
ourselves and those we
love.

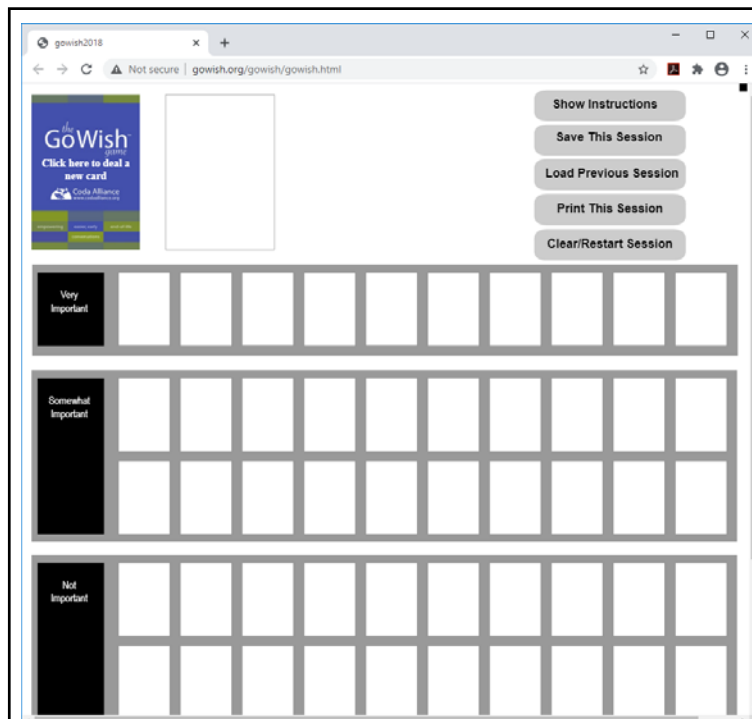
32

Tools to Help Start the Conversation... online and in print



Conversation Starters...

33

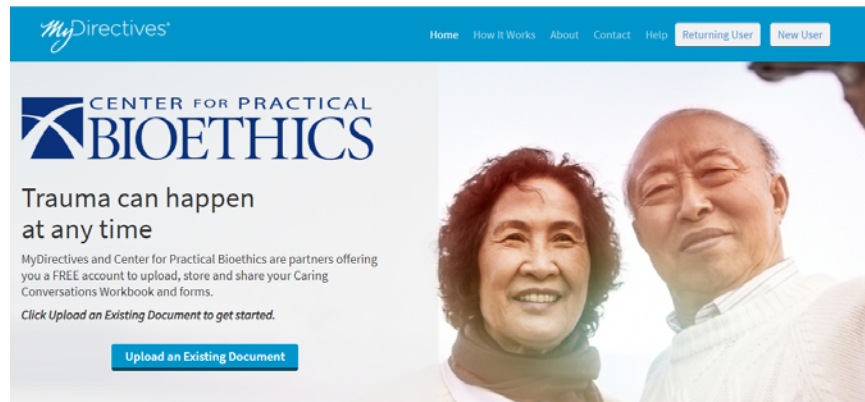


The Go Wish
Game

GoWish.org

34

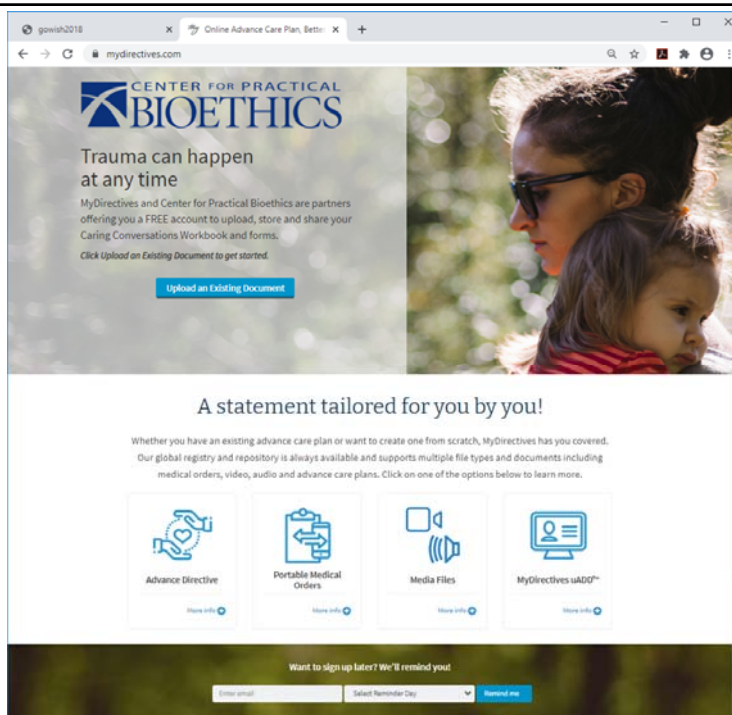
Electronic Options...another tool to share [\(link\)](#)



36

Online advance
care planning

MyDirectives.com



37


JOHN G. CARNEY, PRESIDENT AND CEO

CENTER FOR PRACTICAL BIOETHICS
1111 MAIN SUITE 500
KANSAS CITY, MO 64105

JCARNEY@PRACTICALBIOETHICS.ORG
816.979.1353

QUESTIONS?

STAY WELL

 CENTER FOR PRACTICAL
BIOETHICS
GUIDANCE AT THE CROSSROADS OF DECISION

38

Wrap Up

Note: CE is not available for viewing recording.





PHOTO CREDIT: ALIOTH GOSCHART

Thank you for joining us.

To receive a certificate of nursing continuing education (CE) for attending this live event, complete the evaluation form no later than Sept. 30 at the link below.

<https://www.surveymonkey.com/r/ACP101-eval>

 Kansas Healthcare
COLLABORATIVE

39

Upcoming Events

Be sure your calendar is up-to-date with upcoming KHC events.



Also visit our KHC Education Archive at:
www.khconline.org/events/recordings

KHC Monthly Webinars

Fourth Wednesday at 10 a.m. CT,
except Nov. & Dec. are 3rd Wednesdays

October 28

November 18

December 16

Register at
www.KHOnline.org/events



Allison DeGroff
Executive Director



Rhonda Lassiter
Executive Assistant/
Office Manager



Treva Borchert
Project Specialist



Phil Cauthon
Communications Director



Michele Clark
Program Director



Eric Cook-Wiens
Data & Measurement
Director



Jill Daughhetee
Quality Improvement Advisor



Azucena Gonzalez
Health Care Quality Data Analyst



Malea Hartvickson
Quality Improvement Advisor



Mandy Johnson
Quality Improvement Advisor



Rosanne Rutkowski
Program Director



Patty Thomsen
Quality Improvement Advisor



Rebecca Thurman
Quality Improvement Advisor



@KHCqi



@KHCqi



/company/khcqi

→ Find contact info, bios, and more at: www.KHOnline.org/staff