

Take charge!

advance care planning tips

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Mission Hospice & Home Care

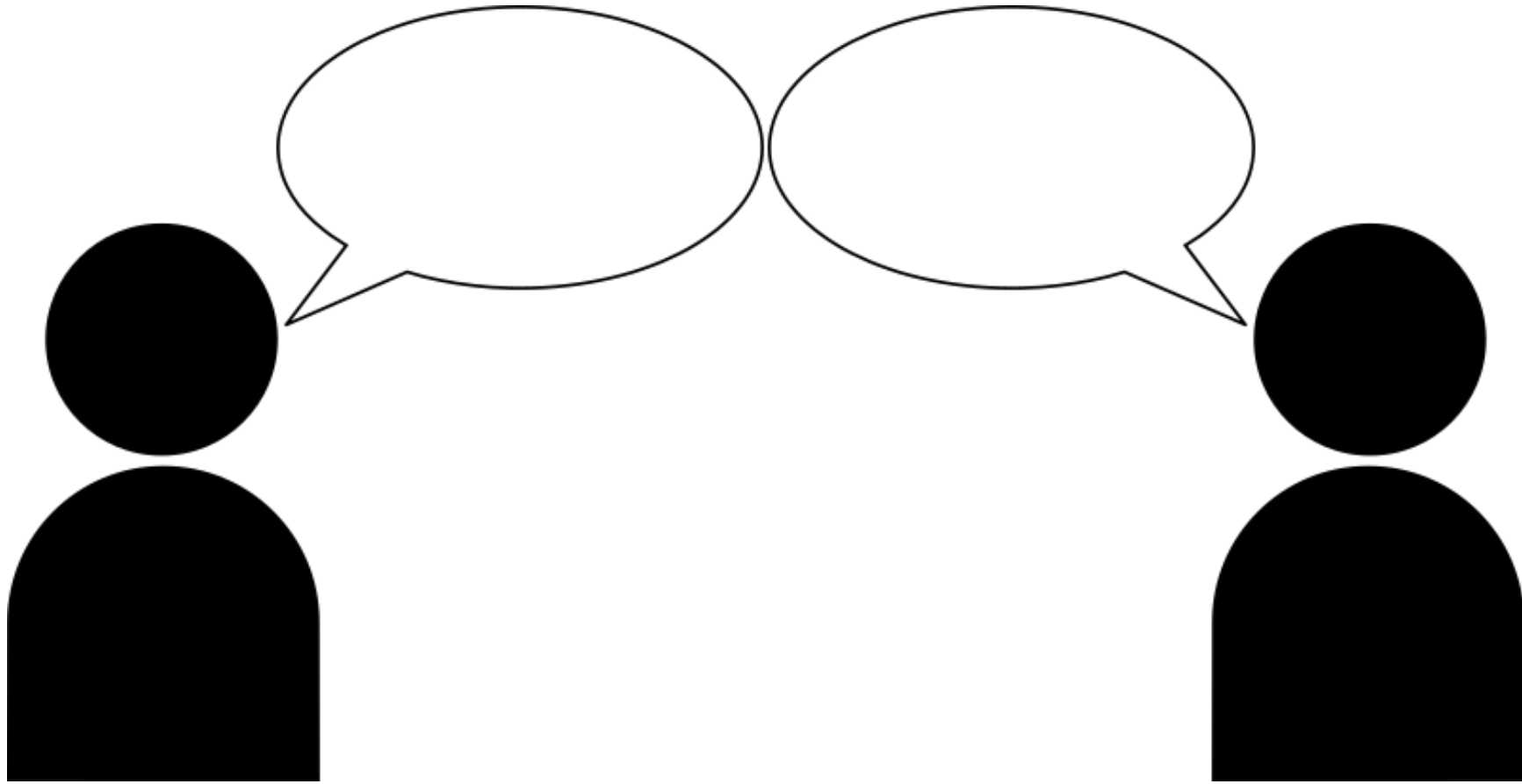


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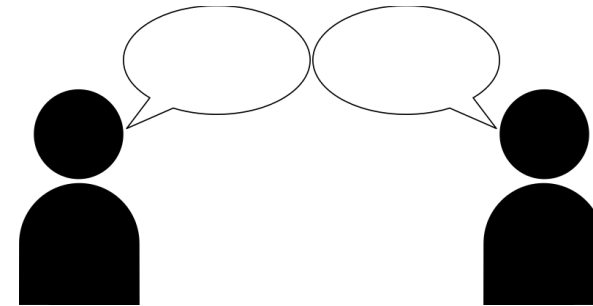
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Why It Matters...to Me?



Why It Matters

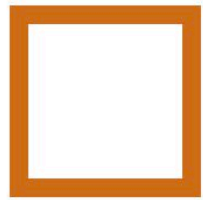
- ▶ 90% say talking about end of life is important
- ▶ 27% have done so
- ▶ 89% of doctors not comfortable starting the conversation



Agenda

Take these four steps to help get the care you want – based on what matters most to you.

- ☐ **Think about what matters most to you.**
- ☐ **Talk about your wishes with your family and friends.**
- ☐ **Choose your health care agent.**
- ☐ **Write it down – and share your plan.**



STEP 1

Think about what matters most to you, and what kind of care you would want if you were unable to speak for yourself.

☐ Think about what matters most to you.

To be free
from pain

Not being
connected to
machines

To be kept
clean

Not being a
burden to my
family

To maintain
my dignity

☐ Think about what matters most to you.

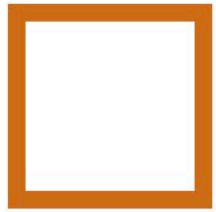
To be able to
communicate

Not being in
bed all the
time

To enjoy time
with family &
friends

To keep my
sense of
humor

????

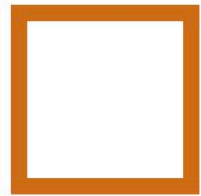


STEP 2

Talk about your wishes with your family, friends, and doctor.

Talk about your wishes with your family and friends.

- ▶ Family and friends
 - ▶ Doctors and health care providers
 - ▶ Anyone who may be involved in health care decisions
-
- ▶ “Even though I’m okay now, I want to be prepared for the future.”
 - ▶ “I went to a workshop and they said we should all talk about our wishes for medical care.”

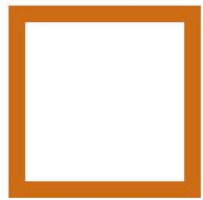


STEP 3

Choose your health care agent –
someone you'd want to make decisions
about your care if you are unable.

Choose your health care agent.

- ▶ Knows your wishes and values
- ▶ Will respect your wishes (even if different from own)
- ▶ Is a strong advocate
- ▶ Can be calm in a crisis



STEP 4

Write it down – document your decisions, and share your form(s) with your agent, doctor, and loved ones.

Write it down – and share your plan.

- ▶ Document your wishes
 - ▶ Advance Health Care Directive
 - ▶ Physician Order for Life Sustaining Treatment

- ▶ Share your plan
 - ▶ Who needs copies of your directive?
 - ▶ Your health care agent, doctor, family, friends

Advance Healthcare Directives

Different versions, same goal: designate healthcare agents, put your wishes in writing.

FORM 3-1
ADVANCE HEALTH CARE DIRECTIVE

INSTRUCTIONS

Part 1 of this form lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions, or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you.

Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or an employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.

Unless you state otherwise in this form, your agent will have the right to:

1. Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
2. Select or discharge health care providers and institutions.
3. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
4. Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
5. Donate organs or tissues, authorize an autopsy, and direct disposition of remains.

However, your agent will not be able to consent you to a mental health facility, or consent to contraceptive treatment, psychotherapy, sterilization or abortion for you.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. You also can add to the choices you have made or write down any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end of life decisions, you need not fill out Part 2 of this form.

Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

California Hospital Association (2/20)
Page 1 of 1



California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.

Part 1: Choose a health care agent.
A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

Part 2: Make your own health care choices.
This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form.
It must be signed before it can be used.

You can fill out Part 1, Part 2, or both. Fill out both the parts you want. Always sign the form in Part 3. Go to the next page.

FIVE WISHES®

MY WISH FOR:

The Person I Want to Make Care Decisions for Me When I Can't

The Kind of Medical Treatment I Want or Don't Want


How Comfortable I Want to Be

How I Want People to Treat Me

What I Want My Loved Ones to Know

print your wishes

submit

 Write it down – and share your plan.

POLST – Physician Order for Life Sustaining Treatment

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

EMSA #111 B (Effective 1/1/2009)

Last Name _____
First/Middle Name _____
Date of Birth _____ Date Form Prepared _____

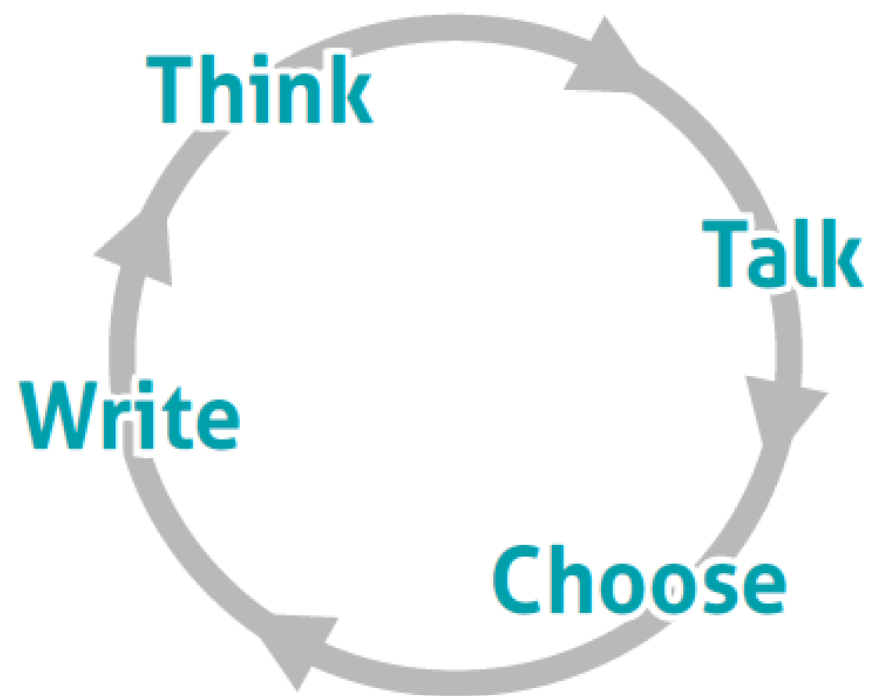
A Check One
CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*
☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)
(Section B: Full Treatment required)
When not in cardiopulmonary arrest, follow orders in B and C.

B Check One
MEDICAL INTERVENTIONS: *Person has pulse and/or is breathing.*
☐ **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. **Transfer** if comfort needs cannot be met in current location.
☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
☐ **Do Not Transfer to hospital for medical interventions.** **Transfer** if comfort needs cannot be met in current location.
☐ **Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer** to hospital if indicated. Includes intensive care.
Additional Orders: _____

C Check One
ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*
☐ No artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube.
☐ Long-term artificial nutrition by tube.
Additional Orders: _____

D Check One
SIGNATURES AND SUMMARY OF MEDICAL CONDITION:
Discussed with:
☐ Patient ☐ Health Care Decisionmaker ☐ Parent of Minor ☐ Court Appointed Conservator ☐ Other:
Signature of Physician
My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.
Print Physician Name _____ Physician Phone Number _____ Date _____
Physician Signature (required) _____ Physician License # _____
Signature of Patient, Decisionmaker, Parent of Minor or Conservator
By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.
Signature (required) _____ Name (print) _____ Relationship (write self if patient) _____
Summary of Medical Condition _____ Office Use Only _____

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



Repeat these steps regularly – especially after major life events – to be sure that your Advance Health Care Directive reflects your current wishes.

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- ☐ Talk about your wishes with your family and friends.
- ☐ Choose your health care agent.
- ☐ Write it down – and share your plan.

Take charge!

Planning ahead can help you achieve care aligned with your beliefs and values and bring you and your loved ones peace of mind.

Closing: We're Here to Support You

Take charge!



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About FCA

- ▶ **Family Caregiver Alliance** offers education, services, research, and advocacy based on the real needs of caregivers. Founded in the late 1970s, FCA is the first community-based nonprofit organization in the United States to address the needs of families and friends providing long-term care for loved ones at home.
- ▶ **National Center on Caregiving (NCC)** was established by FCA to advance the development of high-quality, cost effective programs and policies for caregivers in every state. NCC sponsors the Family Care Navigator, a state-by-state resource locator designed to help caregivers find support services in their communities.
- ▶ **Bay Area Caregiver Resource Center** — operated by FCA for the six-county San Francisco Bay Area — provides support to family caregivers. FCA's staff of family consultants through education programs and direct support offer effective tools to manage the complex and demanding tasks of caregiving.
- ▶ **Be sure to visit FCA on social media:**

 facebook.com/FamilyCaregiverAlliance

 twitter.com/CaregiverAlly

 youtube.com/CAREGIVERdotORG