Sharing Your Wishes:
Advance Directives, Advocacy and Wellness

PeaceHealth

Your Speakers:

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- System Director of Hospice and Palliative Care for PeaceHealth
- Trained facilitator and instructor for Respecting Choices
- Board Certified Chaplain
- Party planner, treasure hunter, and sunshine chaser with family and friends

April Duff, BSc

- Advance Care Planning Program Coordinator – PeaceHealth in Vancouver, WA
- Trained facilitator and instructor for Honoring Choices PNW and Respecting Choices
- Volunteer for Guide Dogs for the Blind – Clark County
- Volunteer 4-H youth extension
- Interests in pet therapy and canine companions

Melissa Ensey, MSEd.

- Advance Care Planning Program Coordinator – PeaceHealth in Longview, WA
- Trained facilitator for Honoring Choices PNW
- Mental Health Counselor by training – Previous work with social services and dual diagnosis treatment
- Loves cooking, gardening and coaching soccer for her four kiddos

Overview of Today's Topics

- **Reflecting** on your values and personal beliefs
- **Navigating** the healthcare landscape as a patient or an agent
- **Discovering** advance care planning and why it is important
- **Connecting** with other resources in the community to advance this important work

What do you value?

- What makes your life worth living?
- What level of engagement with others is important to you?
- What is your "line in the sand"?

Example: "to me, to be alive is to be able to read, write, speak out, learn, share and care among others in my community. If I cannot do so, it is time to move on to a more fruitful continuance of soul growth. To me, that transition is death"

*Theo Wells, author of "Take care of Dying, Get on with Living" (at 90!)

Advocacy & Engagement with Healthcare

- Self-advocacy as a component of ‘full living’
- Strategies for engagement with healthcare providers
- Navigating the healthcare adventure

“Alone we can do so little, together we can do so much”

- Helen Keller

What is advance care planning?

- It’s sharing your personal goals, values, religious and cultural beliefs, and what matters for your quality of life, as well as completing an advance directive.
- An advance directive is a legal form that you fill out to describe the kinds of medical care you want to have if something happens to you and you can’t speak for yourself.
- Putting your wishes in writing helps avoid confusion or conflict in times of crisis or uncertainty.

Why advance care planning?

- **People are more likely to receive care** that matches their goals and honors their wishes.
  - 82% say it's important to put their wishes in writing
  - 23% have actually done it
- **People are more likely to be where** they want to be at end of life.
  - 70% prefer to spend last days at home
  - 70% die in long-term care or hospital
- **People spend less time in the hospital** at end-of-life with less aggressive, non-beneficial treatment.
  - 10 fewer days spent in hospital during last two years if patient participated in advance care planning

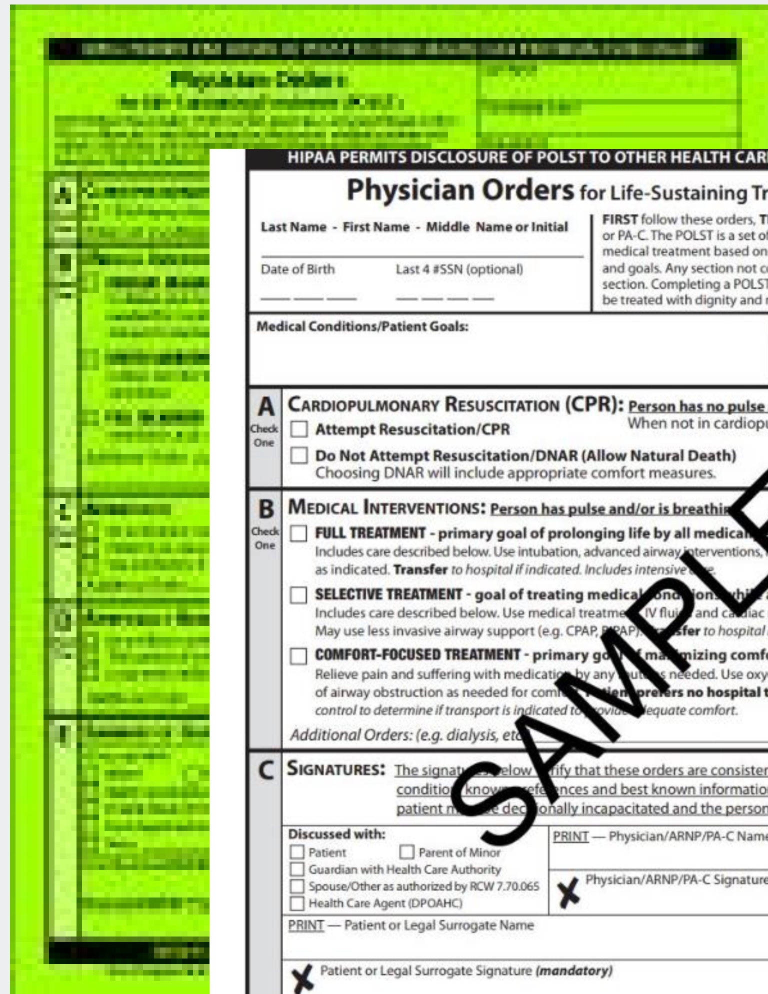
Why aren’t people doing it?

Barriers to the conversation and putting it in writing:

- Talking about end-of-life is not easy – it needs skilled, facilitated conversations
  (this topic is uncomfortable for everyone)
- It can be confusing (e.g., there are 8+ different documents in Washington state)
- People believe they need a lawyer.
- What else?

You tell us!

POLST is NOT an Advance Directive



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

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial

Date of Birth — Last 4 #SSN (optional)

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals: — Agency Info/Sticker

A (Check One) **CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

☐ **Attempt Resuscitation/CPR** — When not in cardiopulmonary arrest, go to part B.

☐ **Do Not Attempt Resuscitation/DNAR (Allow Natural Death)** Choosing DNAR will include appropriate comfort measures.

B (Check One) **MEDICAL INTERVENTIONS:** Person has pulse and/or is breathin[g]

☐ **FULL TREATMENT - primary goal of prolonging life by all medica[l] effecti[ve] means.** Includes care described below. Use intubation, advanced airway interventions, [mech]anical ventilation and cardioversion as indicated. **Transfer** *to hospital if indicated. Includes intensive [care].*

☐ **SELECTIVE TREATMENT - goal of treating medical [con]di[tions] [whi]le avoiding burdensome measures.** Includes care described below. Use medical treatme[nt], IV flu[ids] and ca[rd]iac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, [BiPAP]). [Tran]**sfer** *to hospital if indicated. Avoid intensive care if possible.*

☐ **COMFORT-FOCUSED TREATMENT - primary go[al] [of] ma[xi]mizing comfort.** Relieve pain and suffering with medicati[on] by any [ro]ut[e] as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for com[fort]. **[Pati]ent prefers no hospital transfer:** *EMS consider contacting medical control to determine if transport is indicated to [pro]vide [a]dequate comfort.*

Additional Orders: (e.g. dialysis, et[c.])

C **SIGNATURES:** The signat[ures] below [ver]ify that these orders are consistent with the patient's medical conditio[n], know[n] [pre]fe[re]nces and best known information. If signed by a surrogate, the patient m[ust] [b]e dec[isi]onally incapacitated and the person signing is the legal surrogate.

Discussed with: ☐ Patient ☐ Parent of Minor ☐ Guardian with Health Care Authority ☐ Spouse/Other as authorized by RCW 7.70.065 ☐ Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name — Phone Number

✗ Physician/ARNP/PA-C Signature *(mandatory)* — Date *(mandatory)*

PRINT — Patient or Legal Surrogate Name — Phone Number

✗ Patient or Legal Surrogate Signature *(mandatory)* — Date *(mandatory)*

Person has: ☐ Health Care Directive (living will) ☐ Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017 — Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records. For more information on POLST visit www.wsma.org/polst.

SAMPLE

See back of form for non-emergency preferences ►

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST™

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient Last Name: — Suffix: — Patient First Name: — Patient Middle Name:

Preferred Name: — Date of Birth: (mm/dd/yyyy) ___/___/___ — Gender: ☐ M ☐ F ☐ X — MRN (optional)

Address: (street / city / state zip):

A (Check One) **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*

☐ **Attempt Resuscitation/CPR** ☐ **Do Not Attempt Resuscitation/DNR**

If patient not in cardiopulmonary arrest, follow orders in **B**.

B (Check One) **MEDICAL INTERVENTIONS:** ***If patient has pulse and is breathing.***

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.* Treatment Plan: **Provide treatments for comfort through symptom management.**

☐ **Limited Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.* Treatment Plan: **Provide basic medical treatments.**

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit if indicated.* Treatment Plan: **All treatments including breathing machine.**

Additional Orders:

C (Check All That Apply) **DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION** ***See reverse side for add'l info.***

☐ Patient ☐ Parent of minor ☐ Person appointed on advance directive ☐ Court-appointed guardian ☐ Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side) ☐ Relative or friend (without written appointment)

Discussed with (list all names and relationship):

D **PATIENT OR SURROGATE SIGNATURE**

Signature: *recommended* — Name (print): — Relationship (write "self" if patient):

This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box ☐

E (Must Print Name, Sign & Date) **ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)**

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's **current** medical condition and preferences.

Print Signing MD / DO / NP / PA / ND Name: *required* — Signer Phone Number: — Signer License Number: (optional)

MD / DO / NP / PA / ND Signature: *required* — Date: *required* — **"Signed" means** a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

*Also known as Physician Orders for Life-Sustaining Treatment

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2019 Sample

PATIENT'S NAME:

Contact Information (Optional)

Registry Contact Information: Toll Free: 1-877-367-7657 Fax or eFAX: 503-418-2161 www.orpolstregistry.org polstreg@ohsu.edu Oregon POLST Registry 3181 SW Sam Jackson Park Rd Mail Code: BTE 234 Portland, OR 97239

Patients: If address is listed on front page, mailed confirmation packets from Registry may take four weeks for delivery.

MAY PUT REGISTRY ID STICKER HERE:

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SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED, SUBMIT COPY TO REGISTRY

Choosing a Healthcare Agent:

What is a healthcare agent?

Someone who will make healthcare decisions on your behalf.

- Who do I choose?
- Choose someone you:
  - Trust
  - Believe will follow your medical decisions even if they don't agree with them
  - Can handle stressful and uncertain situations

Who decides if you DON'T choose a healthcare agent?

Legal order of decision maker:

- Healthcare Agent
- Spouse or Registered Domestic Partner (even if separated)
- Adult Children*
- Parents*
- Adult Siblings*
- Adult Grandchildren*
- Adult Nieces & Nephews*
- Adult Aunts & Uncles*
- A close friend that meets certain criteria*

*in Washington state, if there is more than one person in a category, all must agree; other states may have different rules.

To treat or not to treat?

- Most documents cover only terminal diagnosis and persistent vegetative state or a coma (all that has been required by Legislature)
- Comfort care will always be provided
  - Pain
  - Anxiety
  - Breathlessness

Continue the conversation and revise as needed

Use to these 5D's to refresh your plan:

- **Decade** – When you hit 30, 40, 50, 60, 70, 80, 90+!
- **Divorce** – Does this change your healthcare agent choice?
- **Diagnosis** – Do you have a new or worsening health condition?
- **Decline in health** – Has your health condition changed? Are you as independent as you once were?
- **Death** – The death of a significant person in your life may create new viewpoints or values or you may need a new healthcare agent.

In Summary

- All adults 18+ should have a directive that includes
  - Healthcare agent (Durable Power of Attorney for Healthcare)
  - Healthcare directive (specific instructions about the care they want)
- Advocacy starts with clear expect
  of care someone wants to receive
  - How does treatment align with val
  - How to partner with providers

Ready to get started? Here's what our community needs:

1. **Encouragement to Have the Conversation** about what their wishes would be and who will be their healthcare agent.
2. **Completion of Documents** with local leaders choosing to lead by example and complete their own Advance Directives.
3. **Awareness and Education** of the issue, where to access resources to complete the forms and normalization of the conversation.
4. **Advocacy** at the state and local level – Recognition of events like National Health Care Decisions Day; Creation of a statewide POLST repository.

Your plan is done. What now?

- Make copies of your Advance Directive documents; Keep the original

- Give copies to:
  - Your Healthcare Agent(s)
  - Your Primary Care Provider
  - And mail or fax a copy to your local hospital (OR a PeaceHealth hospital).

PeaceHealth
Attention: Health Information Management
1115 SE 164th Avenue, Dept 336
Vancouver, WA 98683
OR Fax to: 360-729-3378

You may call 360-729-1300 to ask PeaceHealth to confirm your Advance Directive is on file.

Community Resources and Supports

- End of Life Coalition of Southwest Washington - www.eolcoalition.org
- The Vancouver Clinic – www.tvc.org
- Area Agency on Aging and Disabilities of SW Washington - http://www.helpingelders.org/end-of-life-resource-page/
- Honoring Choices Pacific Northwest - https://www.honoringchoicespnw.org/
- The Conversation Project - https://theconversationproject.org/
- Legacy Salmon Creek Medical Center - https://www.legacyhealth.org/patients-and-visitors/about-your-care/your-hospital-stay/checking-in/advance-directive-and-POLST.aspx

For More Information:

www.peacehealth.org/advance-care-planning

- Access to ALL forms and FAQs
- Registration for Upcoming FREE Classes:

Monday, August 26th – 4-5:30pm- Vancouver

Wednesday, August 28th – 2:30-4pm – Longview

Available for community groups by request!

Q&A