

ADVANCE CARE PLANNING

**CONVERSATIONS
MATTER**

**GOALS OF CARE
DESIGNATIONS**

Objectives

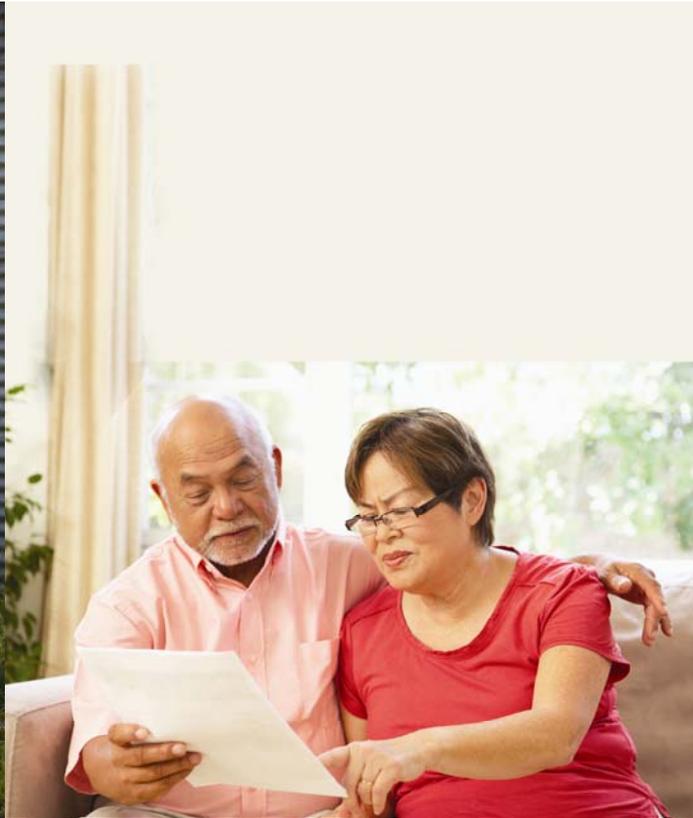
- Advance Care Planning (ACP)
 - What is it? Why? For Who?
 - Personal directives
- Advance Care Planning in the healthcare system
 - Goals of Care: M, R, C
 - Green Sleeve
- Having Advance Care Planning Conversations
 - “How to” Resources

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



but . . .

8 out of 10 Canadians do not have a written plan

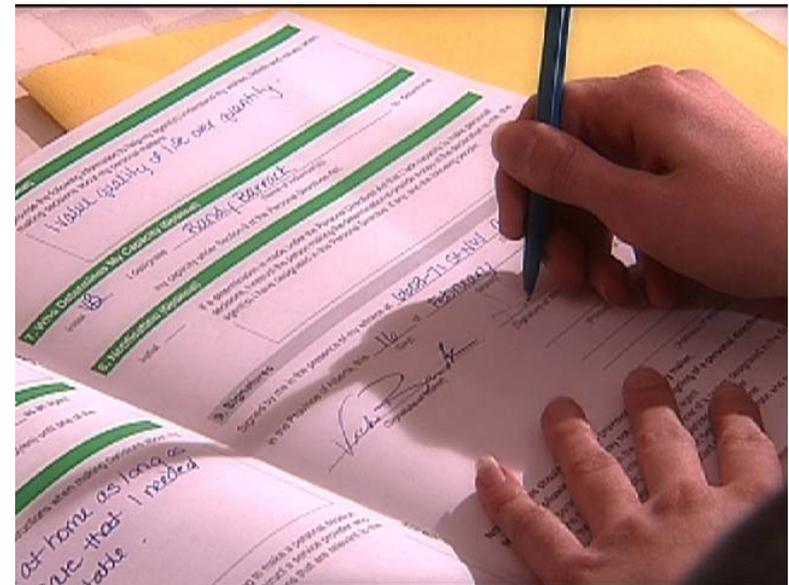
Personal Directive

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.

Care Consistent with Patient Values & Goals

Advance Care Planning Conversations

Values
Wishes
Fears
Illness expectations

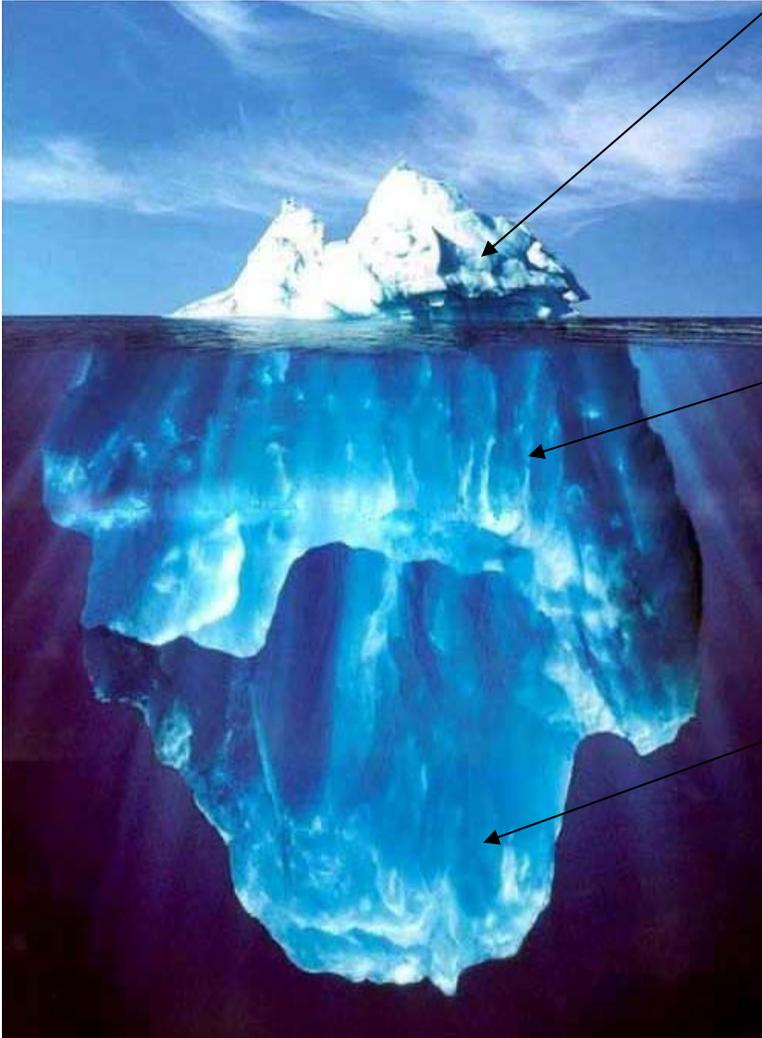


Goals of Care Conversations

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

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

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"There's no easy way I can tell you this, so I'm sending you to someone who can."

Goals of Care

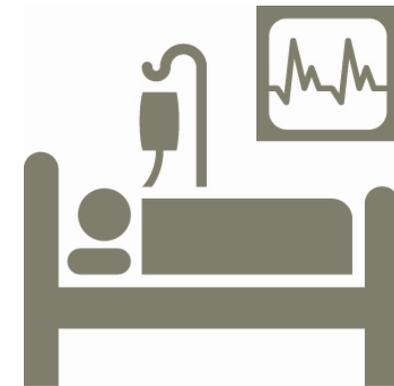
<https://www.youtube.com/watch?v=fdmostSgkM&feature=youtu.be>



Medical Care



Resuscitative Care



Comfort Care

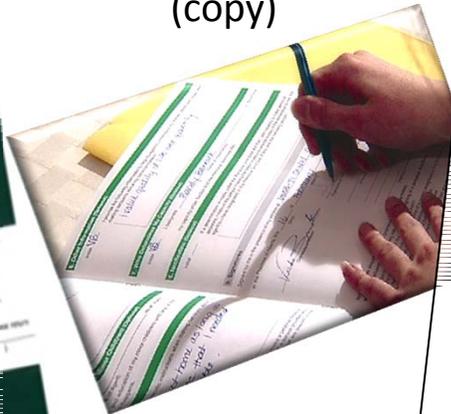


The Green Sleeve – your “Health Passport”



Green Sleeve

Personal Directive
(copy)



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



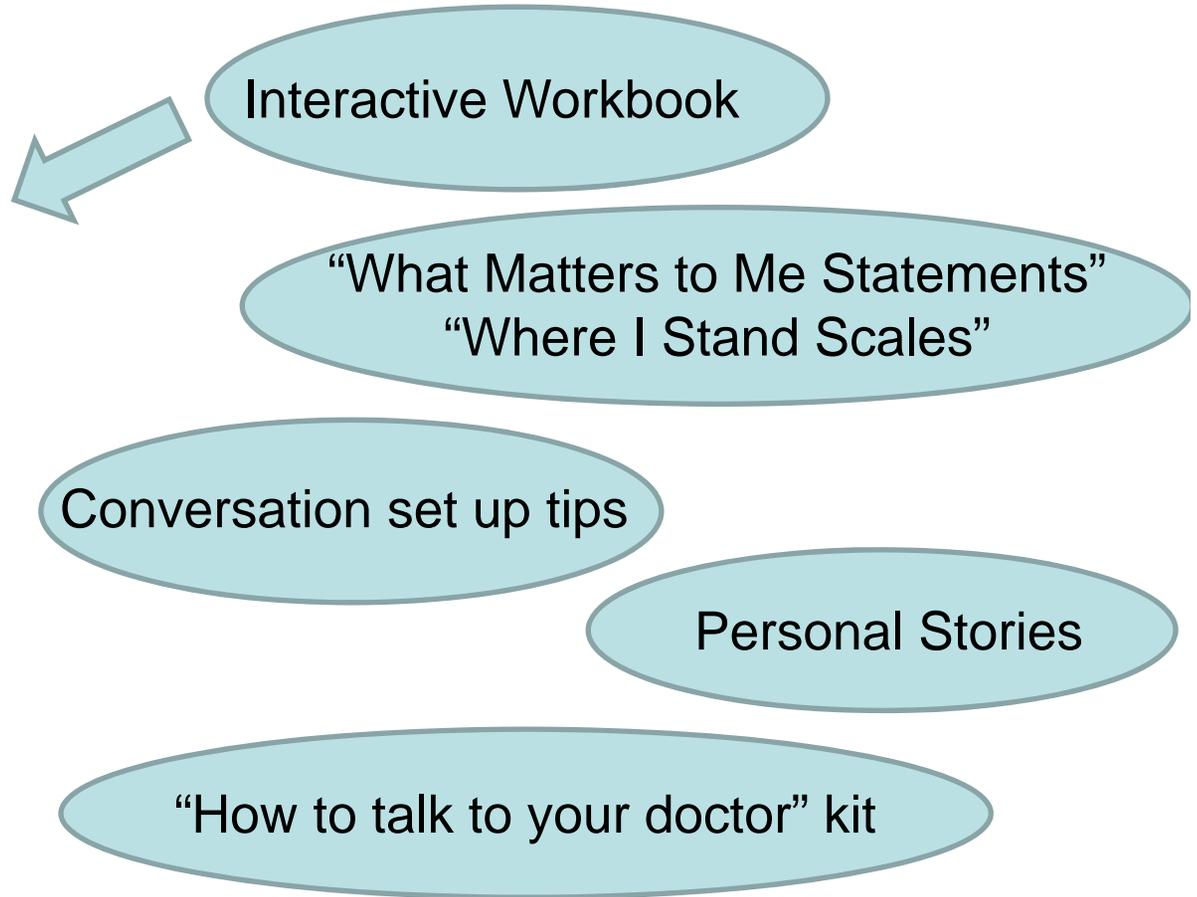
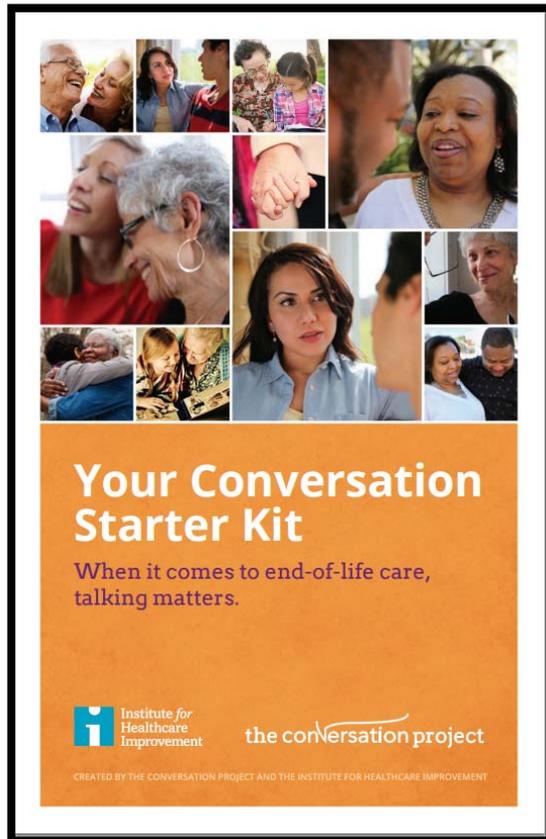
Advance Care Planning: collaborative
with Prostate Cancer Canada

← Advance Care Planning guide
specific to cancer diagnosis

- Conversation Starters
- Interactive Workbooks

- ACP Webinars
- Louise Hanevy, April 2014

“The Conversation Project”: www.theconversationproject.org



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



Medical Care
Focuses on medical tests and interventions to cure or manage a person's illness, but does not use resuscitative or life support measures



Comfort Care
Focuses on providing comfort for people with life-limiting illness when medical treatment is no longer an option



Resuscitative Care
Focuses on prolonging or preserving life using medical or surgical interventions, including, if needed, resuscitation and intensive care

Information For

- Patients & Families
- Health Professionals

Start the Conversation

- Interactive Guide

[A guide for making health care decisions](#)
(optimized for mobile, IES and above, and most other browsers)

Read Helen's Story



[Helen's story](#)

Links to other resources

Printable “Conversations Matter” guidebook

- Tips, Scripts

Videos

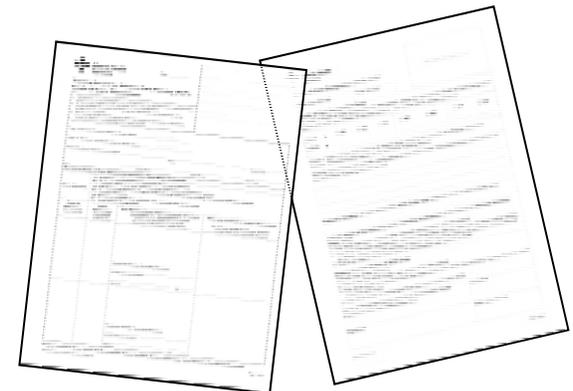
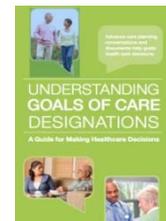
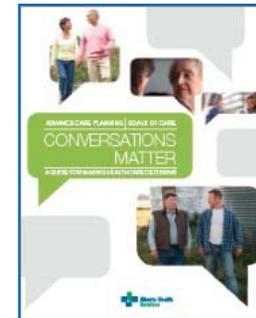
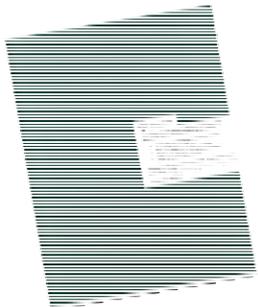
- ACP, GCD

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 Form
 - Tracking Record



For more Information

Conversations.Matter@ahs.ca

Thank You!!

Don't forget your Green Sleeve!

