

Advance Care Planning

What Matters Most

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AHRQ ECHO National Nursing
Home COVID-19 Action Network



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Advance Care Plan Process

- Tools Used
- Name a Champion
- Written Policy
- Discuss in Team Huddle
- Reviewed













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Advance Care Plan Should Include:

- Resident Goals
- Healthcare Proxy
- Decisions on:
 - Resuscitation
 - Intubation
 - Feeding Tube
 - Dialysis
 - Palliative Care Options
 - Medications
 - Higher Level of Care
- End of Life Wishes





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What matters most for your medical care?

My Main Goal is to live as long as possible, no matter what.

My main goal is to focus on quality of life and being comfortable.

Equally Important

Ask To gauge each resident's goal both:

- Today, in their current health
- At the End of Life

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Advance Care Plan Resources

- Prepare for your Care
 - www.Prepareforyourcare.org
- Five Wishes
 - www.fivewishes.org
- My Directives
 - www.mydirectives.com
- National POLST
 - www.POLST.org
- Oklahoma POLST
 - www.okpolst.org

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Oklahoma POLST form

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

Oklahoma Physician Orders for Life-Sustaining Treatment (POLST)

The Physician Order is based on the patient's current medical condition and wishes and is to be renewed by periodic re-evaluation in the event of a substantive change in status, as well as in accordance with state law. A patient's wishes are not contingent on a specific date. Patients may be asked to sign this form at any time.

A. CARDIOPULMONARY RESUSCITATION (CPR): Person has pulse and is not breathing.

Check One: Attempt Resuscitation (CPR) Do Not Attempt Resuscitation (DNR) or CPR

Check One: Full Treatment includes the use of cardiopulmonary resuscitation, mechanical ventilation, defibrillation or resuscitative intubation, advanced airway management, intravenous fluids, and cardiac arrest management. Treatments to be pursued if indicated. Includes temporary intubation. Treatment Goal: Attempt to preserve life by all medically effective means.

Check One: Limited Interventions includes the use of medical treatment, vital and supportive medications, intravenous fluids, and/or monitoring in addition to measures beyond positive airway pressure, a high flow mask, or other advanced airway management. Includes temporary intubation. "Comfort Measures": Do not use sedation or mechanical ventilation. Treatments to be pursued if indicated. Avoid invasive care. Treatment Goal: Attempt to preserve life by basic medical treatments.

Check One: Comfort Measures only includes keeping the patient clean, warm, and dry; use of medications for pain, nausea, delirium, and other measures to relieve pain and suffering. The oxygen, intubation, and advanced treatment of airway obstruction as needed for comfort. Treatments from routine hospital or ambulatory facility only if needed and adequate to meet comfort needs and to relieve pain. If additional needs require otherwise best as the patient's current condition. e.g., hip fracture, if subsequent course of medical treatment is required.

B. Check One: Do Not Intubate

C. ANTIHISTOICS

Check One: Use Antihistone to preserve life. This patient has a history of anaphylaxis or severe allergic reactions. *Indicate past or present in E. Initially, use antihistone only to relieve pain and discomfort. *Obtain patient or patient's representative for further direction.

D. ADMITTED NUTRITION AND HYDRATION

Allowance and fluid and/or electrolyte by spoon feeding if physically possible. Tube Feeding Intercurrent (IV) Fluids the Hydration

Check One: TPN (Total Parenteral Nutrition) TPN (Total Parenteral Nutrition) Long-term feeding tube if needed Long-term IV fluids if needed TPN for a short period Feeding tube for a short period IV fluids for a short period Initially, no TPN Initially, no IV fluids.

E. PATIENT PREFERENCE AS A BASIS FOR THIS POLST FORM

Check One: The patient has an advance directive that is in accordance with Sections 3011.4 and 3011.14 of Title 63 of the Oklahoma Statutes. The patient has a health care proxy or another health care decision-making authority with authority to sign this form on behalf of the patient.

F. Check One: Patient Advance Care Directive Health care proxy

G. Check One: Patient Advance Care Directive Health care proxy

H. Check One: Patient Advance Care Directive Health care proxy

I. Check One: Patient Advance Care Directive Health care proxy

INFORMATION FOR PATIENT OR REPRESENTATIVE OF PATIENT NAMED ON THIS FORM

The POLST form is a voluntary instrument and is not to be used to override a patient's right to refuse care. Before providing information for signing it, carefully read "Instructions for Patients and Their Families - Your Medical Treatment Rights Under Oklahoma Law" which the health care provider must give you. It is especially important to read the section on CPR and full and limited treatments, which have implications of Oklahoma law that may impact the decisions you make. POLST usually may make the medical treatment in your current state of health. Once initial medical treatment is begun and the ends and means of further therapy are clear, you may request further care change. Your medical care and this form can be changed to reflect your care wishes at any time. However, so long as the patient is able to make decisions that may need to be made. An advance health care directive is recommended, regardless of your health status. An advance directive allows you to document in detail your future health care preferences and to name a health care agent to speak for you if you are unable to speak for yourself. The form of Oklahoma allows that the form of all of you sign, regardless of age or disability and emphasizes that an individual may be permitted to agree to forego life-prolonging medical treatment because of age, disability or fear of being regarded as a burden.

If this form is a source for whom you are authorized to make health care decisions, you may not want direct medical treatment in a manner that would violate the child abuse and neglect laws of Oklahoma. In particular, you may not want the withholding of medically indicated treatment from a disabled infant with life-threatening conditions, as these laws are defined in 43 O.S. Section 10101 through 101010, and 43 O.S. Section 10101.

INSTRUCTIONS FOR COMPLETING AND IMPLEMENTING POLST

COMPLETING POLST - The signature of the patient or the patient's representative is required.

POLST must be returned and signed in accordance with the patient or the patient's representative after that person has been given a copy of "Instructions for Patients and Their Families - Your Medical Treatment Rights Under Oklahoma Law." POLST must be returned and signed by a physician to be valid. In case of disagreement between the patient and the patient's representative, the patient's wishes must be given priority. The patient's representative and physician must both comply with POLST completion with the signature of the patient or the patient's representative is required, however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record in accordance with applicable law. The signature must be on the appropriate signature line on this form.

REVISIONS TO POLST

If a patient's condition or the patient's wishes change, the POLST must be updated. The POLST must be updated if there is a change in the patient's condition, the patient's wishes, or the patient's representative. The POLST must be updated if there is a change in the patient's representative. The POLST must be updated if there is a change in the patient's representative. The POLST must be updated if there is a change in the patient's representative. The POLST must be updated if there is a change in the patient's representative.

REVOCATION OF POLST

If POLST is printed on business-sized paper and is held in the "VOID" or large letters on the front of the form, after reading the form a new form may be completed. A patient with capacity or the individual or individuals authorized to sign on behalf of the patient as defined in 63 O.S. Sections 3011.4 and 3011.14 of Title 63 of the Oklahoma Statutes may, at any time, revoke or amend the POLST. The revocation or amendment must be in writing and must be witnessed by two witnesses who are not the patient or the patient's representative. The POLST must be updated if there is a change in the patient's representative.

REVIEW SECTION: Provider signature required must be on next separate completion of care form

Date of Revision	Location of Patient or Representative	Physician Signature	Physician Signature	Signature of Representative

CONTACT INFORMATION:

Printed Name: _____ Relationship: _____ Phone number: _____ Email address: _____

Health Care Professional/Physician Name: _____ Relationship: _____ Phone number: _____ Email address: _____

SOAG Form 09-01-2018

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Guided Conversations

- Resident Goals- What Matters Most
- Person you trust to make healthcare decisions
- Life Support Treatments
- Comfort items
- What is important to you that we should know
- End of Life Wishes

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Performance Improvement Project (PIP) Documentation

Nursing Home Name: _____ Start Date: _____

Sample PIP

- Team Members
- Project Focus
- Goal Monitoring
- Interventions
- Outcomes

PIP Team Members:

Staff Name	Title		

PIP Team Projects:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate

Goal Monitoring:







Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate



Interventions: The following are the interventions implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results


Outcomes: Use the table below to document what has worked, what has not worked, or lessons learned.


Intervention Successes	Intervention Barriers	Lessons learned








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Reflection and Action


Conduct a Root Cause Analysis


Discovery from your team huddles


Action: PIP for ACP






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