Advance Care Planning For Everyone:
It’s about the conversation!

Presented by
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Honoring Choices Virginia

The mission of Honoring Choices Virginia is to promote the benefits of and improve processes for advance care planning in health care settings and in the community. Westminster Canterbury, Bon Secours, HCA, & VCU are working together to support this initiative.
• Westminster Canterbury, Bon Secours Richmond, HCA Virginia, VCU Health System

**Five Promises**

1. We will initiate the conversation
2. We will provide assistance with ACP
3. We will make sure plans are clear
4. We will maintain and retrieve these plans
5. We will appropriately follow these plans
Stages of Advance Care Planning Over an Individual’s Lifetime

**First Steps®**
Create an AD that identifies healthcare agent and goals of care for permanent brain injury

**Next Steps**
Identify goals of care, if illness complications result in “bad outcomes”

**Last Steps®**
Identify goals of care, expressed as medical orders using POLST paradigm

Healthy adults or those who have not planned

Individuals with advanced illness, complications, frequent encounters

Individuals whom it would not be a surprise if they died in the next 12 months

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Today’s Topics

- Discover advance care planning
- Reflect on your values and beliefs
- Select your health care agent
- Express your wishes
- Share your plan
What brings you here today?

- What do you understand about advance care planning?
- What fears or concerns do you have about this type of planning?
- If you have completed an Advance Directive in the past, what do you hope the document will do for you?
Misconceptions about Need for ACP

- Belief that loved ones will naturally know what to do when the time comes. (research: 50% accuracy)

- If I go through this planning process, something bad will happen
Advance Care Planning is:

- Planning ahead for future health care decisions
- If a sudden, unexpected event (like a car accident or sudden illness)
- Left you unable to communicate and make your own health care decisions
- And others would need to make decisions for you.
Three points to consider:

1) Choosing a decision-maker (health care agent)
2) Discussing and deciding on your goals of care in the event of a severe accident or sudden illness
3) Identifying any personal, cultural or religious beliefs that may affect treatment decisions

We’ll explore these in more detail, but first . . .
Explore your experiences

Reflect. . .

...look back.
Living well

• What experiences or activities are most important for you to live well?
#1: Choose a decision-maker (health care agent)
Responsibilities may include:

• Making choices about medical care
• Reviewing and releasing medical records
• Arranging for medical care and treatment
• Making decisions on living situation
• Deciding which health providers can provide treatment
Ask yourself:

• Have I asked this person if he/she is willing?

• Have I talked with this person enough so that he/she understands my preferences, values and goals?

• Will this person follow my preferences, even if they differ from their own?

• Can this person make decisions in sometimes difficult or emotional situations?
Reflect:

• Why did you select this person?

Be ready to share with the prospective agent why you trust them to speak for you.
Asking a prospective agent

• “I was thinking about what happened to _____, and it made me realize. . .”

• Even though I’m okay right now, I’m worried that __________, and I want to be prepared.”

• If I get sick in the future and can’t make my own decisions, would you work with my doctors and help make medical decisions for me?”
Virginia Hierarchy of Surrogate Decision Makers
(In absence of a formally appointed healthcare agent)

1. Guardian for patient;
2. Spouse of patient except where divorce action has been filed and divorce is not final;
3. Adult child of the pt;
4. Parent of the pt;
5. Adult sibling of the pt;
6. Any other relative of the pt in the descending order of blood relationship

Virginia Code 54.1-2986
#2: Explore your goals for medical care
Exploring goals of treatment

Consider this situation:

You have a serious accident or sudden illness that leaves you unable to communicate. You are receiving all the medical care required to keep you alive, but the doctors believe there is little chance you will ever recover the ability to know who you are or those around you.

*In your own words, what does this situation mean?*
What would you want?

Assume you would be kept comfortable, no matter what treatments you would want or not want.

Would you want life sustaining treatments to continue? Or, would you prefer care focused on keeping you comfortable without using medical interventions to keep you alive?
#3

✓ Explore religious, cultural or personal beliefs

- What helps you when you face serious challenges in your life?
- Do you have beliefs that might influence your preferences for using life-sustaining treatment interventions?
- Do you need to discuss these beliefs or clarify any concerns with others?
Next steps

✓ Make a list of your planning needs
✓ Talk with your health care agent
✓ Meet with a facilitator
✓ Complete an advance directive
A. **Appointment of My Agent** -- Your health care agent must be at least 18 years old. You may also appoint a ‘successor’ agent if your primary agent is not reasonably available or is unable to act as your agent.
B. Powers of My Agent – If you have appointed an agent, you may give him/her ‘powers’ -
WHEN DEATH IS VERY CLOSE and Recovery is not expected, even with medical treatment

- I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable. (OR)

- I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable. (OR)

- I want to write out my own instructions.
Page 2 – Section II: My Health Care Instructions – when I am unaware of myself or my surroundings

- I do not want any treatments to prolong my life.
- I want all treatments to prolong my life as long as possible.
- I want to try treatments for a period of time in the hope of some improvement of my condition.
- I want to write out my own instructions.
Page 3 – Affirmation and Right to Revoke - Points to Remember

*Remember to sign and date the document.*

By signing you are affirming that you are thinking clearly, that you agree with everything that is written in this document, and that you have completed this document willingly.

My signature: ________________________________________ Date: _________________

*Must have two witnesses; Notary not needed*

*Remember you can revoke/rescind this document or any portion of it at any time*
Then. . .

- Give copies to your health care agent and health care professionals.
- Talk to the rest of your family and close friends. Tell them who your health care agent is and what your wishes are.
- Keep a copy of your advance directive where it can be easily found.
- Take a copy with you if you go to a hospital or nursing home and ask for it to be put in your medical record.
Review periodically

• Advance care planning is a process, not a one-time event.

• Wishes may change as circumstances change.

• Review your wishes annually.
And.

Whenever any of the “Five D’s” occur:

- *Death of a loved one*
- *Divorce*
- *Diagnosis*
- *Decline*
- *Decade*
How Can I arrange to Meet with a Facilitator?

- Sign-Up Sheet

- For More Information:
  [www.ramdocs.org/?page=HCVa_Main](http://www.ramdocs.org/?page=HCVa_Main)
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thank you!