# STHS Palliative Care Advanced Care Planning

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Palliative-Transition Care Supervisor

# What Is Palliative Care?

### Palliative Care

- Palliative Care is meant to be an extra layer of support for anyone that has a chronic or life-limiting disease.
- Palliative Care looks at the whole patient and support system to make recommendations for physical, psychosocial and spiritual needs.
- Palliative Care can be given at the beginning of diagnosis through the trajectory of the disease(s) to EOL.
- The earlier Palliative Care can establish care in the disease process, the more impact we can make.



9/9/2021

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### Palliative Care vs. Hospice

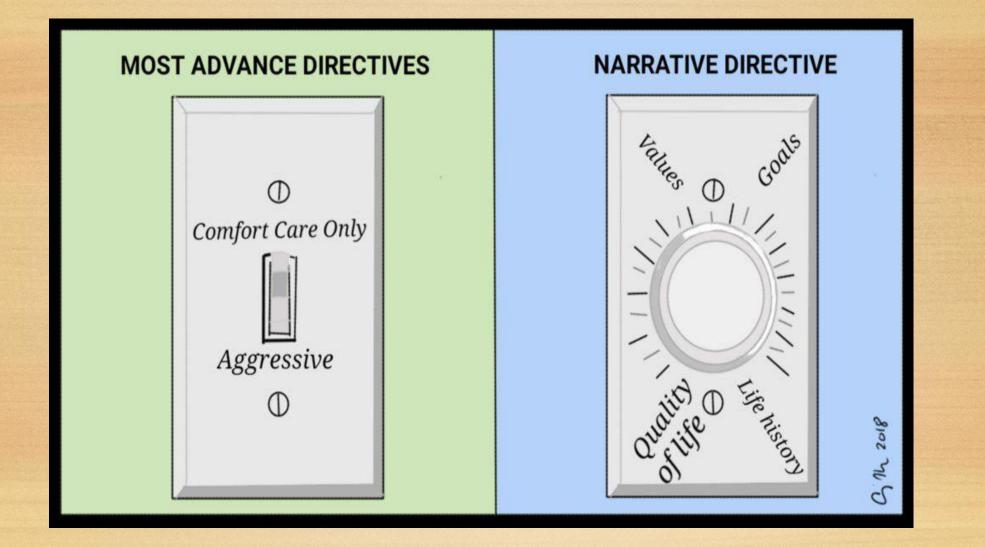
#### **Palliative Care**

Multidisciplinary approach to specialized medical care for people with serious illness. Focused on providing patients with relief from physical, mental and spiritual symptoms of serious illness – whatever the diagnosis. Goal is to improve quality of life for both the patient and the family.

### Hospice

Is palliative care provided when a patient has a life limiting illness and is expected to die in the next 6 months.

# What Is Advance Care Planning?



### What is Advance Care Planning?

Advance Care Planning (ACP) helps design a treatment strategy or plan for the health care team to follow when patients have a sudden, devastating illness or a serious, advanced illness. This planning allows health care professionals to understand the patient's goals of care so they match the type of care that they receive. Ongoing process of developing future medical care plans



#### Living Will

- gives patients the "right to make choices and decisions about the types and extent of medical care they wish for themselves"
- Patients can specify if they want to *accept* or *refuse* specific medical care
- A legal document that requires physician interpretation
- Does not need to be notarized, but does need the document to be witnessed by two people not related by blood or marriage AND would not benefit financially from patient's death

#### The Kind of Medical Treatment I Want or Do Not Want

If at any time 1 should have an incrubbe injury, disease, or tilture, or be in a continuel, professed constore state with an transmable chance a freeoryce, centified to be a retennial and incrementable continue by two physicians who wave personally examined in , one of whom shall be usy attending physician, and the physicians have determined that my death will occur whether or and the charating protoculence willing and where the explositions of the charating procedures would save only us polycing attribution by the physician structure of the explosition of the charating procedures would save only us polycing attribution of the physician structures to be followed.

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administered invasively. I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

medical procedure deemed necessary to provide me with comfort care. In the absence of my ability to give directions regarding the use of such life-suitaining procedures, it is my intention that th

In the absence of my ability to give directions regarding the use of such life-sustaming procedures, it is my untention that fundeclaration shall be hooseved by my shally and physicardin(a) such final averagiestion of my legal rapids to refuse medical or suggical treatment and accept the consequences from such refusal. I understand the full impact of this declaration, and it is an emotionally and mentally competent to make this decision.

This declaration is made and signed by me on this \_\_\_\_\_\_ day of \_\_\_\_\_\_, in the year \_\_\_\_\_\_ in the year \_\_\_\_\_\_ in the presence of the undersigned witnesses who are not entitled to any portion of my estate.

Address:		
Date of Birth:	Social Security Number:	

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WITNESS SIGNATURE / Print Witness Name	/ Date / Time	WITNESS SIGNATURE	/ Print Witness Name	/ Date	/ Time
Form No. 00128-a (Rev. 1/21/2015)	Me	tical Record Copy			

Form No. 00128-a (Rev. 1/21/2015) Medical Record Copy

### Health Care Power of Attorney

- Identifies the decision maker when the patient no longer can or no longer desires to make personal health care decisions
- Only goes into effect when the patient is unable to make decisions, even if the family disagrees with the patient's decisions
- Does not need a lawyer to complete
- Does not need to be notarized but witnessed by two people not related by blood or marriage AND would not benefit financially from patient's death

	Vant to Make Health Care Decisions for Me 1 I Cannot Make Them for Myself
If I make my own health care decisions, t	, being of sound mind, am no longer able to he person I choose as my Health Care Power of Attorney is:
First Choice Name:	
Address	Phone Number:
	make these choices for me, OR is divorced or legally separated from n
Second Choice Name:	Third Choice Name:
Address	Address:
City/State/Zip:	City/State/Zip:
Phone	Phone
and to all intents and purposes with the This Health Care Power of Attorney is Care Power of Attorney I have previou revoked.	is full authority to make such decisions as fully, completely and effectually same validity as if such decisions had been personally made by me. effective immediately and serves to revoke and supersede any prior Heald ly executed. This Health Care Power of Attorney will continue until it is
This declaration is made and signed b	y me on this day of, in the year idersigned witnesses who are not entitled to any portion of my estate.
Address:	
Date of Birth:	Social Security Number:
	The Declarant is and has personally been known to me, and I believ
the Declarant to be of sound mind. I	am not related to the Declarant by blood or marriage and would not be estate upon his/her death. I was physically present and personally

#### LaPOST

- The LaPOST document gives patients with serious advanced illness and frailty the ability to state their own preferences for medical care if they become unable to communicate.
- It is a physician's order that outlines a patient's wishes for medical treatment and goals of care when the patient has a known serious, advanced illness.
- The LaPOST document is transferable among health care settings and enhances communication among health care professionals with the patient at the center.
- The LaPOST document may be changed or revoked at any time by the patient or the patient's health care representative if there is new knowledge of a change in the patient's medical condition or personal wishes.

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CHECK	OPR/Attempt Resuscitation (requires full treatment in section B)     DNR/Do Not Attempt Resuscitation (Allow Natural Death)	When not in cardiopulmonary arrest, follow orders in B and G.
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Not a "one size fits all" discussion. Must be individualized to patient readiness and stage of health Hierarchy of Medical Decision-Making

## Louisiana's Legal Hierarchy of Medical Decision-Making

Every state has laws that govern who can make medical decisions for a patient in the event he becomes unable to make medical decisions for himself. The following is the hierarchy of medical decision makers in Louisiana:

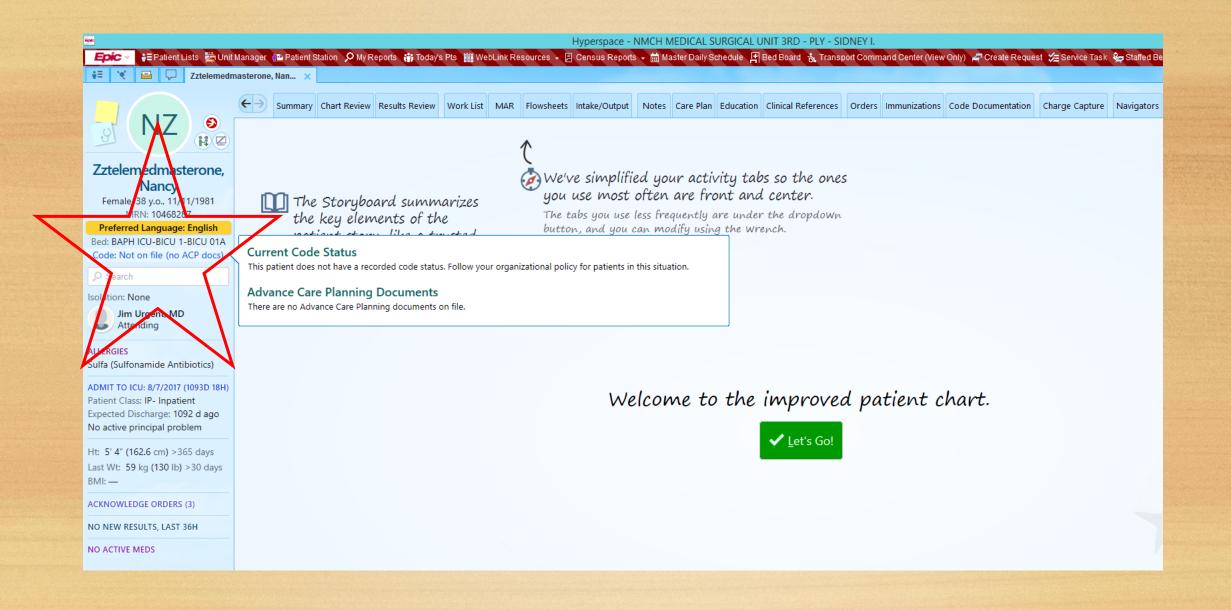
- Someone whom the patient has previously designated in writing as the medical decision maker (either by declaration before 2 witnesses or through a written healthcare power of attorney).
- A judicially appointed curator or tutor
- The patient's spouse, not judicially separated
- Adult children of the patient (by majority)
- The parents of the patient
- The patient's sibling (by majority)
- The patient's other relatives (by majority)

Source: Koppel, A., JD, Sullivan, S., JD. Legal Considerations in End of Life Decision-Making in Louisiana. The Ochsner Journal, v.11(4); Winter, 2011.



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# Checking ACP in EPIC during hospital admission

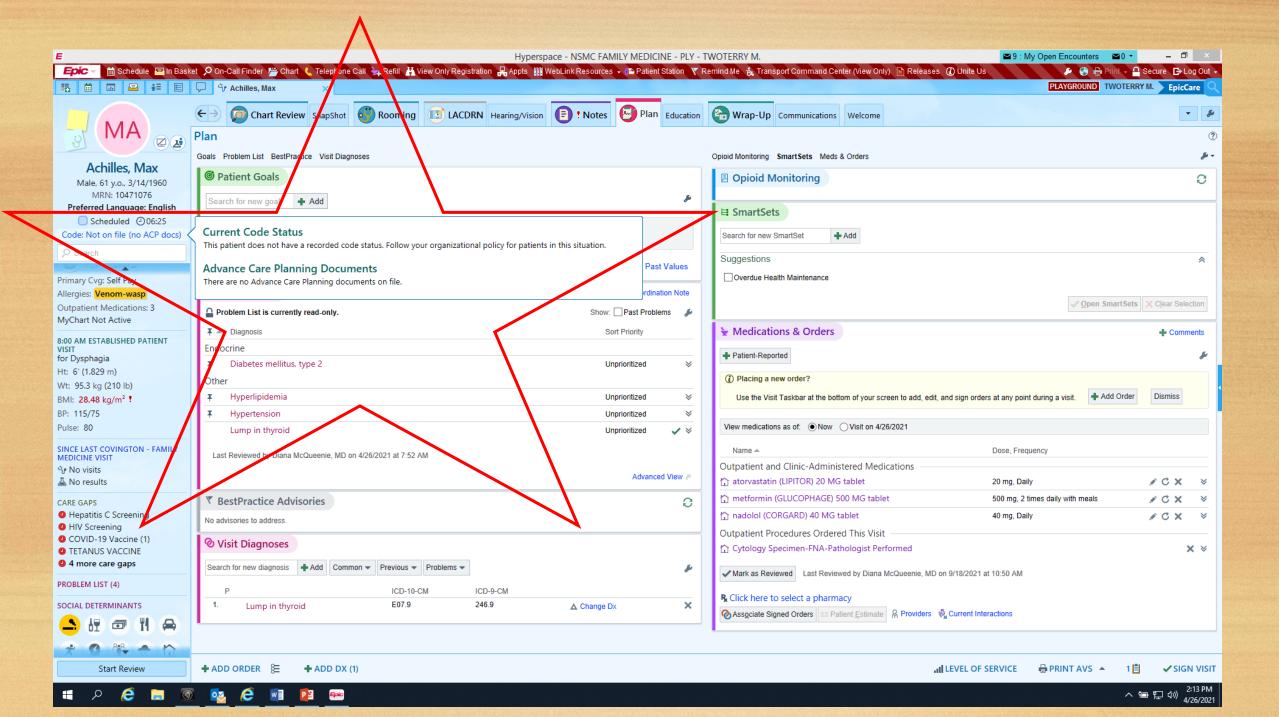


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# Checking ACP in EPIC during clinic visit

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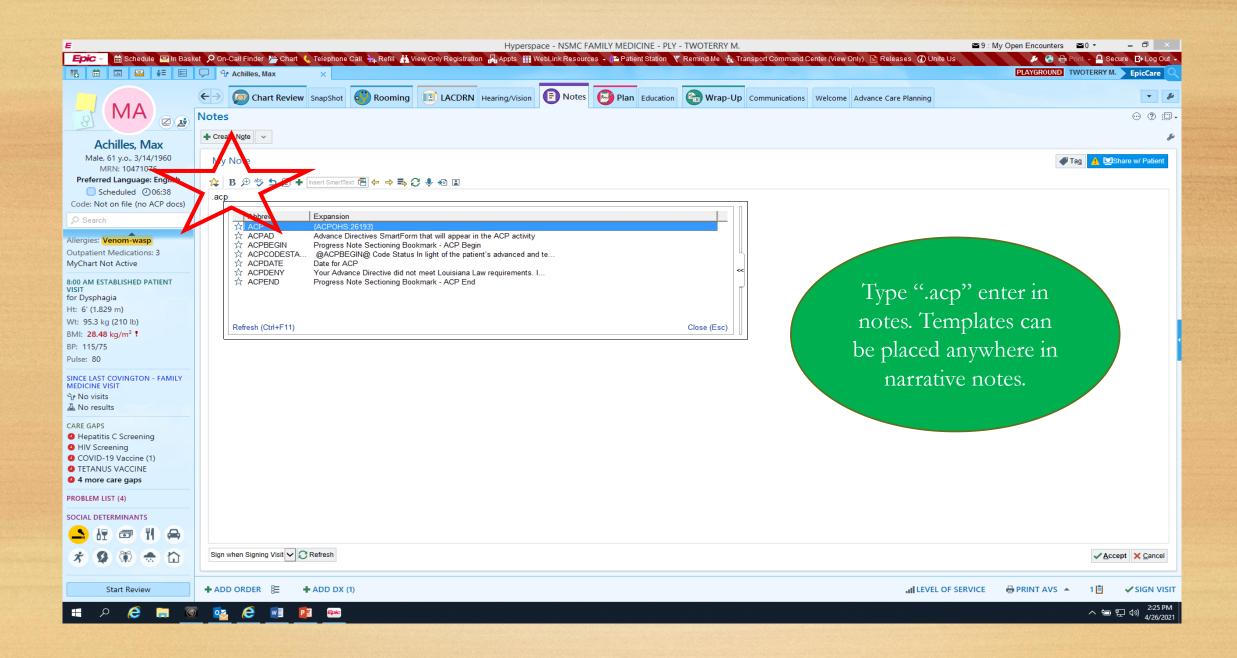
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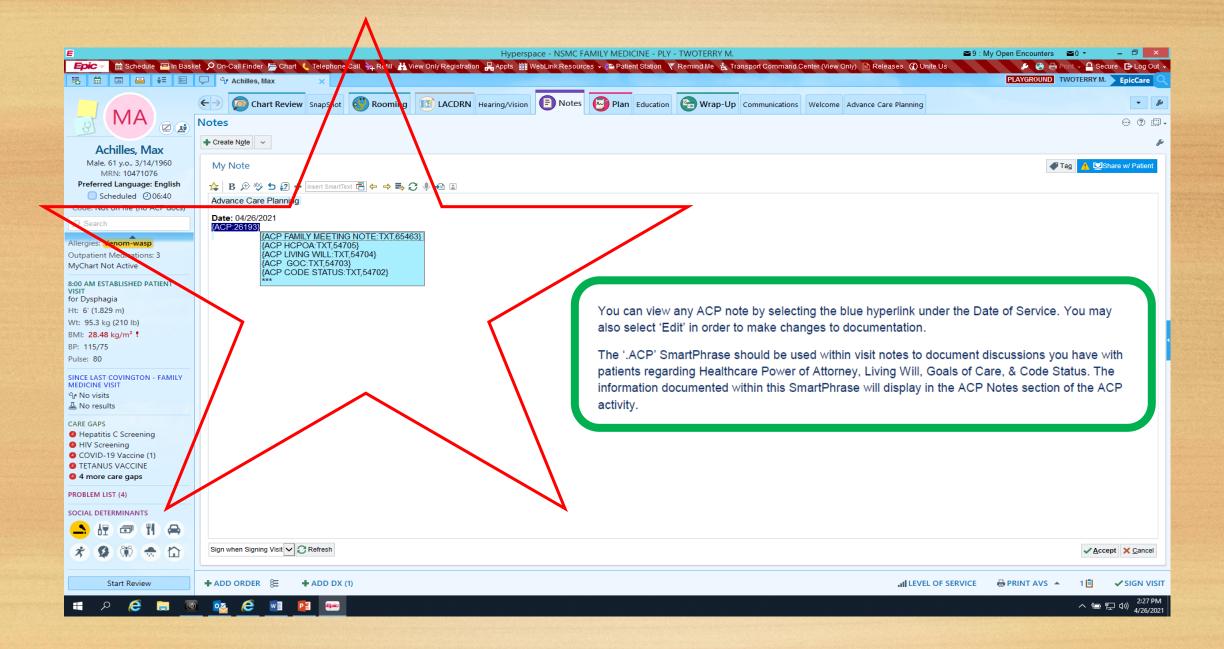
# Printing ACP documents in EPIC during clinic visit

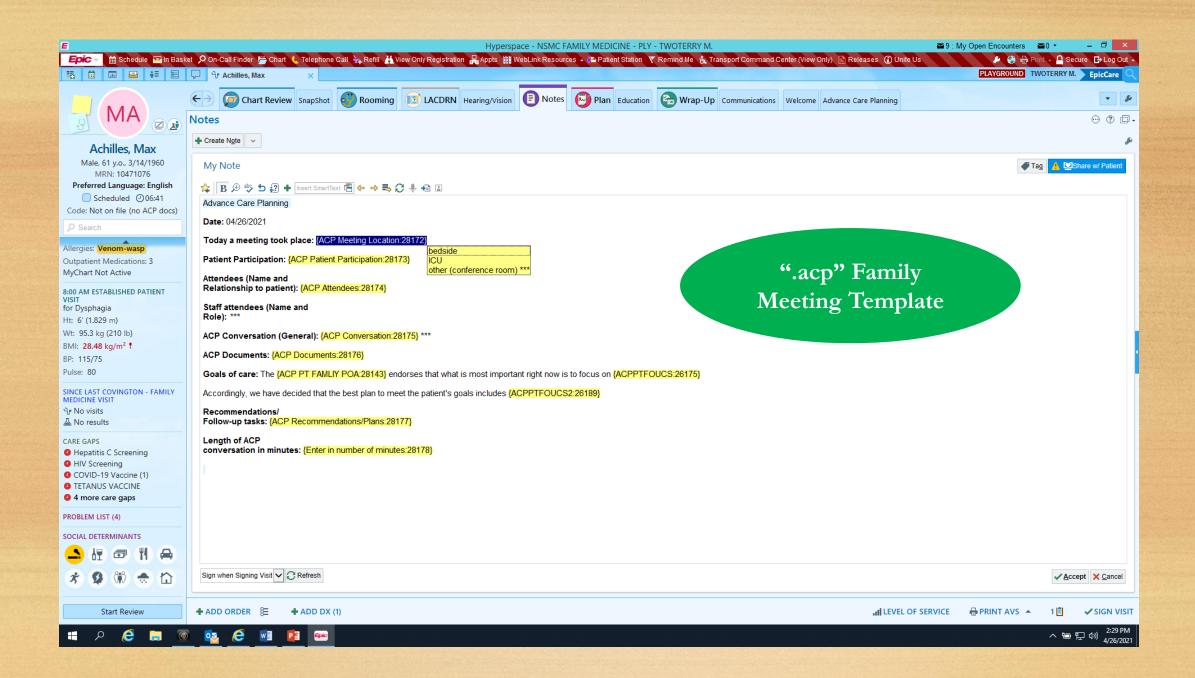
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Liss Control One FAMILT     BP     130/87     BMI     28.48 kg/m <sup>2</sup> p results     BP     Left arm     BSA     2.20 m <sup>2</sup> GAPS     String     String     Tobacco       p results     CScreening     String     String     Cigaretts       V Screening     22 !     Packs/day     0       V Screening     22 !     Packs/day     0       V Screening     98.5 (35.9 C)     Yaars     0       Tamp Src     Oral     Counseling given     Not Answered       SpO2     99%     Smoking Status     Not Answered       Weipht     95.38 (210 lb)     Reviewed     9/26/201       Height     6' (1.829 m)     Reviewed     9/26/201       Pain Score     O-No pain     String     String		New Set of Vitals						Flowsheets 7	1
coresults     Patient Position     Sitting     Tobacco       GAPS     BP Method     Large (Automatic)     Smoking Status     Former Smoker (Quit: 03/16/2008)       Versening     Vised     80     Used     Cigarettes       VDID-19 Vaccine (1)     TANUS VACCINE     Temp     98.5 F (36.9 C)     Years     0       Tomp src     Oral     Smokeless Status     Never Used       Spo2     99%     Smokeless Status     Never Used       Weight     95.3 kg (210 lb)     Reviewed     9/26/2021       Pain Score     O     Volde     Volde       Pain Score     O     Volde     Volde	e: 80								
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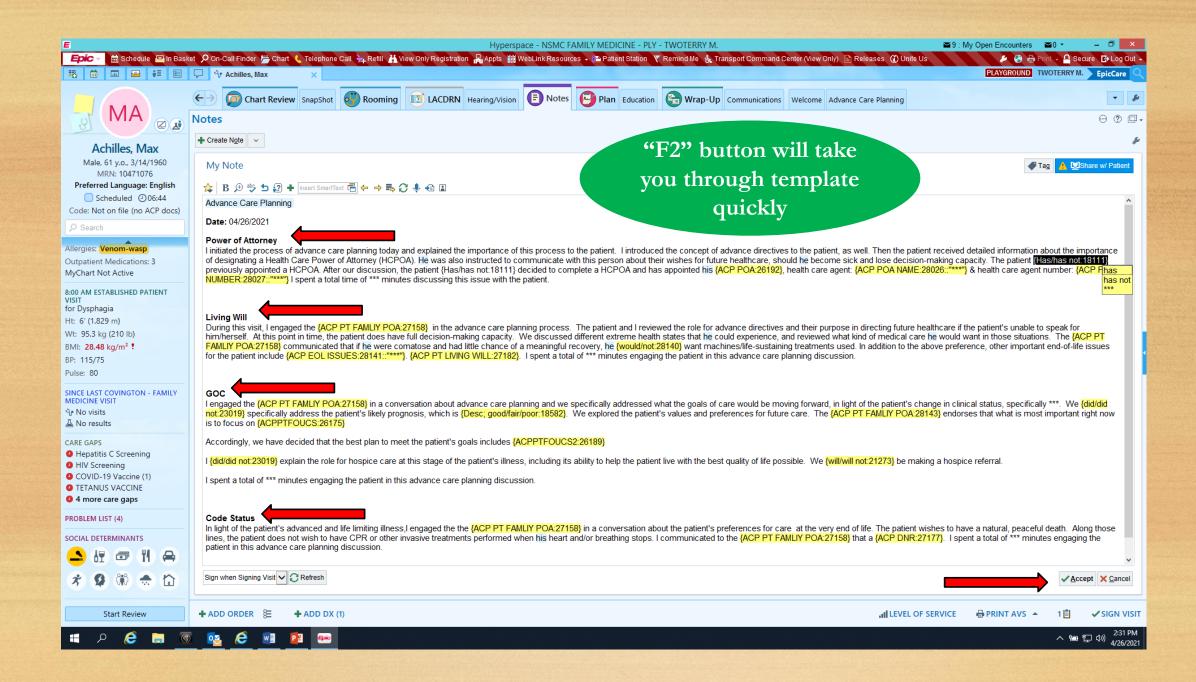
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# EPIC Advance Care Planning Documentation

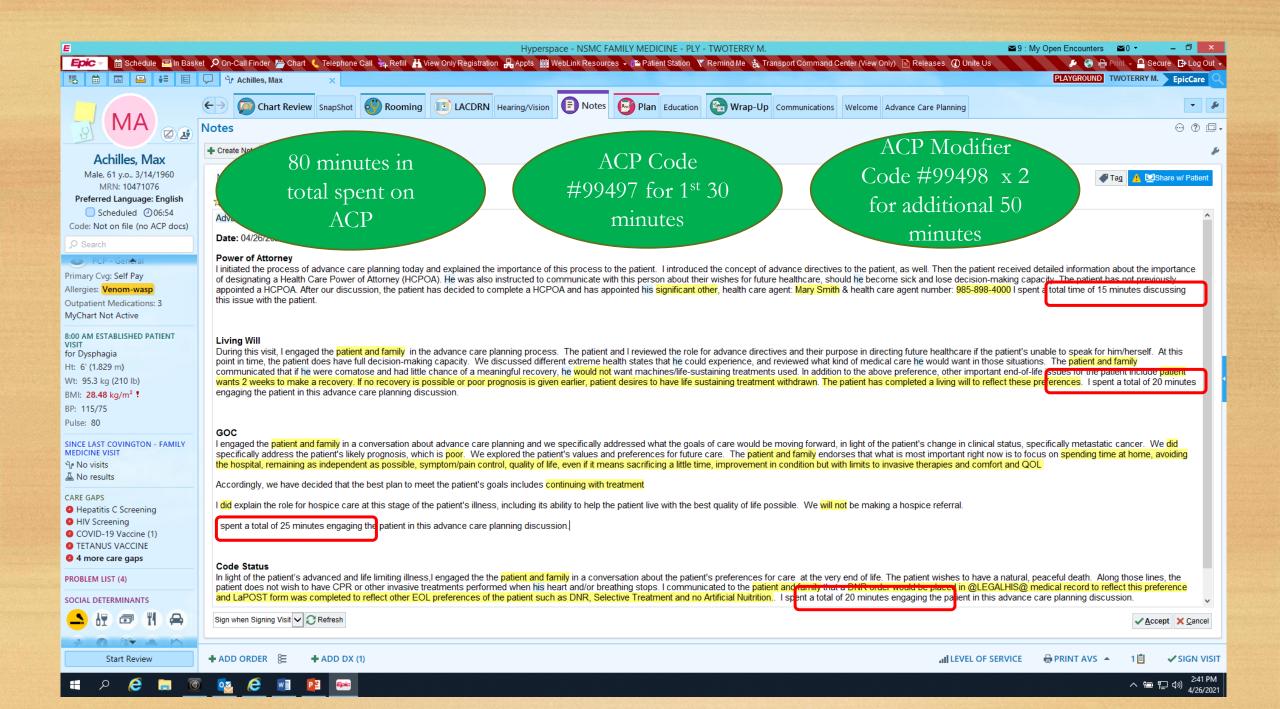








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Scheduled ④06:54 Code: Not on file (no ACP docs)	Advance Care Planning
♀ Search	Date: 04/26/2021
PCP - Gen <del>e</del> ral	Power of Attorney I initiated the process of advance care planning today and explained the importance of this process to the patient. I introduced the concept of advance directives to the patient, as well. Then the patient received detailed information about the importance
Primary Cvg: Self Pay Allergies: Venom-wasp	of designating a Health Care Power of Attorney (HCPOA). He was also instructed to communicate with this person about their wishes for future healthcare, should he become sick and lose decision-making capacity. The patient has not previously appointed a HCPOA. After our discussion, the patient has decided to complete a HCPOA and has appointed his significant other, health care agent: Mary Smith & health care agent number: 985-898-4000 I spent a total time of 15 minutes discussing
Outpatient Medications: 3 MyChart Not Active	this issue with the patient.
8:00 AM ESTABLISHED PATIENT	
VISIT for Dysphagia	Living Will During this visit, I engaged the patient and family in the advance care planning process. The patient and I reviewed the role for advance directives and their purpose in directing future healthcare if the patient's unable to speak for him/herself. At this point if the patient data have been full decision meling encasity. We decused different externes have the table to the patient and reviewed the role for advance directives and their purpose in directing future healthcare if the patient's unable to speak for him/herself. At this point if the patient data have been full decision meling encasity. We decused different externes have the table and encigence, and encigence and encigence and encigence.
Ht: 6' (1.829 m) Wt: 95.3 kg (210 lb)	point in time, the patient does have full decision-making capacity. We discussed different extreme health states that he could experience, and reviewed what kind of medical care he would want in those situations. The patient and family communicated that if he were comatose and had little chance of a meaningful recovery, he would not want machines/life-sustaining treatments used. In addition to the above preference, other important end-of-life issues for the patient include patient wants 2 weeks to make a recovery. If no recovery is possible or poor prognosis is given earlier, patient desires to have life sustaining treatment withdrawn. The patient has completed a living will to reflect these preferences. I spent a total of 20 minutes
BMI: 28.48 kg/m <sup>2</sup> !	engaging the patient in this advance care planning discussion.
BP: 115/75 Pulse: 80	
SINCE LAST COVINGTON - FAMILY	GOC I engaged the patient and family in a conversation about advance care planning and we specifically addressed what the goals of care would be moving forward, in light of the patient's change in clinical status, specifically metastatic cancer. We did
MEDICINE VISIT ગુન્મ No visits	specifically address the patient's likely prognosis, which is poor. We explored the patient's values and preferences for future care. The patient and family endorses that what is most important right now is to focus on spending time at home, avoiding the hospital, remaining as independent as possible, symptom/pain control, quality of life, even if it means sacrificing a little time, improvement in condition but with limits to invasive therapies and comfort and QOL
🛓 No results	Accordingly, we have decided that the best plan to meet the patient's goals includes continuing with treatment
CARE GAPS Hepatitis C Screening	I did explain the role for hospice care at this stage of the patient's illness, including its ability to help the patient live with the best quality of life possible. We will not be making a hospice referral.
<ul> <li>HIV Screening</li> <li>COVID-19 Vaccine (1)</li> </ul>	I spent a total of 25 minutes engaging the patient in this advance care planning discussion.
TETANUS VACCINE	
• 4 more care gaps	Code Status In light of the patient's advanced and life limiting illness, I engaged the the patient and family in a conversation about the patient's preferences for care at the very end of life. The patient wishes to have a natural, peaceful death. Along those lines, the
PROBLEM LIST (4) SOCIAL DETERMINANTS	patient does not wish to have CPR or other invasive treatments performed when his heart and/or breathing about the patient and family that a DNR order would be placed in @LEGALHIS@ medical record to reflect this preference and LaPOST form was completed to reflect other EOL preferences of the patient such as DNR, Selective Treatment and no Artificial Nuitrition. I spent a total of 20 minutes engaging the patient in this advance care planning discussion.
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# "Serious Illness" Guide in EPIC

### EPIC "Serious Illness" Template

Offers a working template for staff to have higher quality, patient centered conversations

Offers framework for staff to feel confident and empowered to have conversations with patients & caregivers

Can be completed by providers, nurses, social workers and chaplains

Enables Goals of Care to be an ongoing discussion, not single conversation

Ensures we are providing the right care, at the right time to the right patient

EPIC Serious Illness Guide can now be entered in EMR using ".SICGCOVID" Template

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		> Comments							
		Patient fears and worries							
		What are your biggest fears	and worries about the futur	e with your health?					
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		concerns about life meaning	spiritual distress	loss of dignity	preparing for death	getting unwanted treatments	not discussed		
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### Found in EPIC Banner

#### **Serious Illness Conversation Guide**

#### **CONVERSATION FLOW**

#### Serious Illness Conversation Guide

#### PATIENT-TESTED LANGUAGE

5 | "I'd like to talk about what is ahead with your illness and do some thinking in advance 1. Set up the conversation about what is important to you so that I can make sure we provide you with the care Introduce purpose you want - is this okay?" Prepare for future decisions "What is your understanding now of where you are with your illness?" Ask permission "How much information about what is likely to be ahead with your illness 2. Assess understanding and preferences would you like from me?" "I want to share with you my understanding of where things are with your illness..." 3. Share prognosis Share prognosis Uncertain: "It can be difficult to predict what will happen with your illness. I hope you will continue to live well for a long time but I'm worried that you could get sick Frame as a "wish...worry", "hope...worry" statement quickly, and I think it is important to prepare for that possibility." Allow silence, explore emotion OR Time: "I wish we were not in this situation, but I am worried that time may be as short 4. Explore key topics \_ (express as a range, e.g. days to weeks, weeks to months, months to a year)." as OR Goals Function: "I hope that this is not the case, but I'm worried that this may be as strong Fears and worries as you will feel, and things are likely to get more difficult." Sources of strength Critical abilities "What are your most important goals if your health situation worsens?" Tradeoffs "What are your biggest fears and worries about the future with your health?" Family "What gives you strength as you think about the future with your illness?" 5. Close the conversation "What abilities are so critical to your life that you can't imagine living without them?" Summarize "If you become sicker, how much are you willing to go through for the possibility of Make a recommendation gaining more time?" Check in with patient "How much does your **family** know about your priorities and wishes?" Affirm commitment "I've heard you say that \_\_\_\_\_ is really important to you. Keeping that in mind, and what 6. Document your conversation we know about your illness, I recommend that we . This will help us make sure that your treatment plans reflect what's important to you." 7. Communicate with key clinicians "How does this plan seem to you?"

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# Lapost

LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT

REGISTRY





### LaPOST

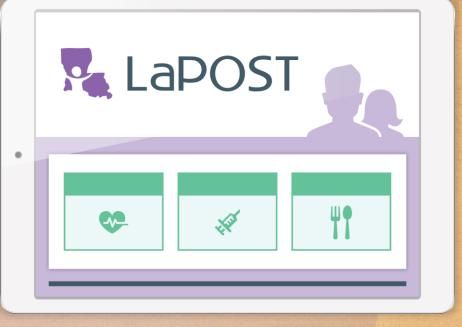
- Translates a patient's end-of-life wishes into a physician's order
- Portable physician orders -transfers with the patient across care settings
- Helps physicians, nurses, health care facilities and emergency personnel honor patient wishes regarding life-sustaining or emergency treatments
- Can be completed by the patient or the patient's personal health care representative if the patient is unable to participate
- Neither for nor against treatment
- Complementary with advance directives

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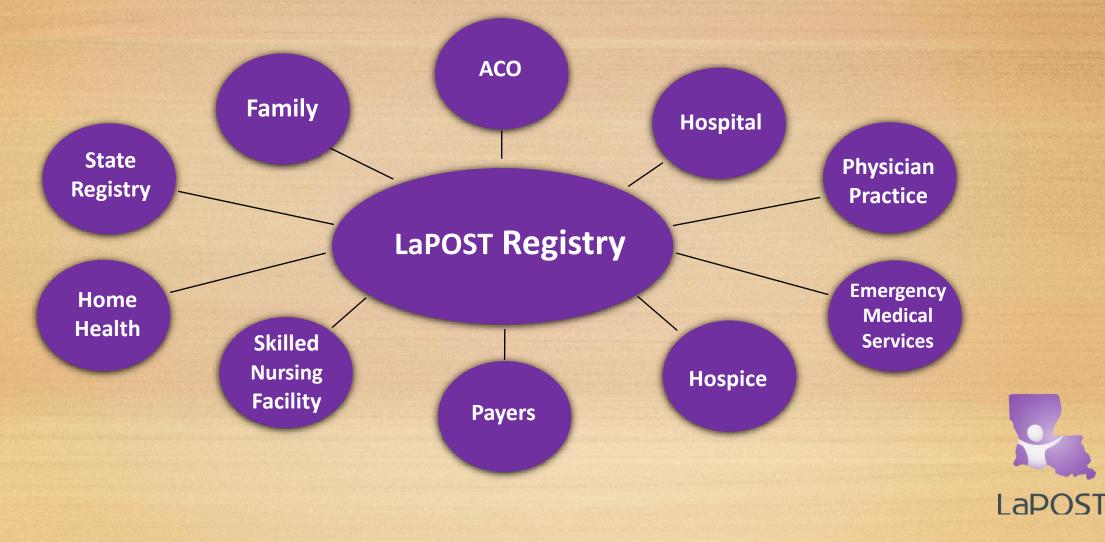
### LaPOST Registry

The Lousiana LaPOST Registry is a secure, statewide electronic registry that provides a single source of truth for LaPOST and advance care planning documentation. It is instantly accessible online to authorized health care professionals in any care setting.



### **LaPOST Registry Solution**

### **Statewide Electronic End-of-Life Medical Orders Registry**

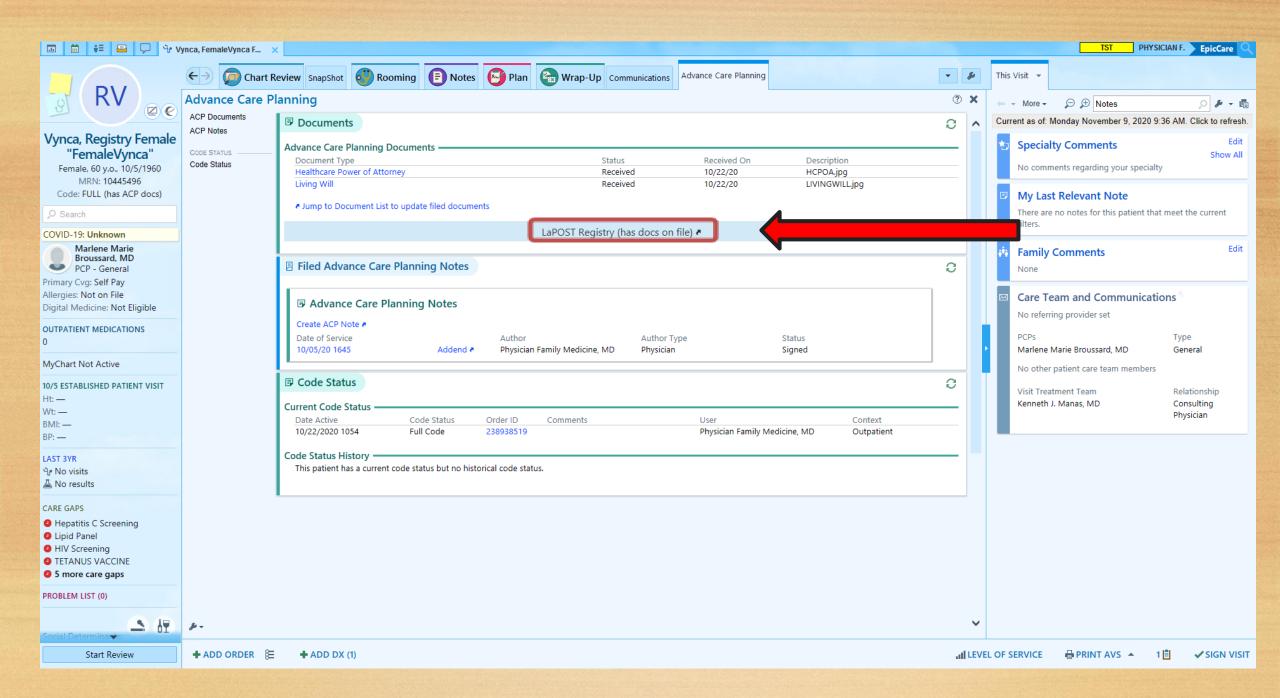


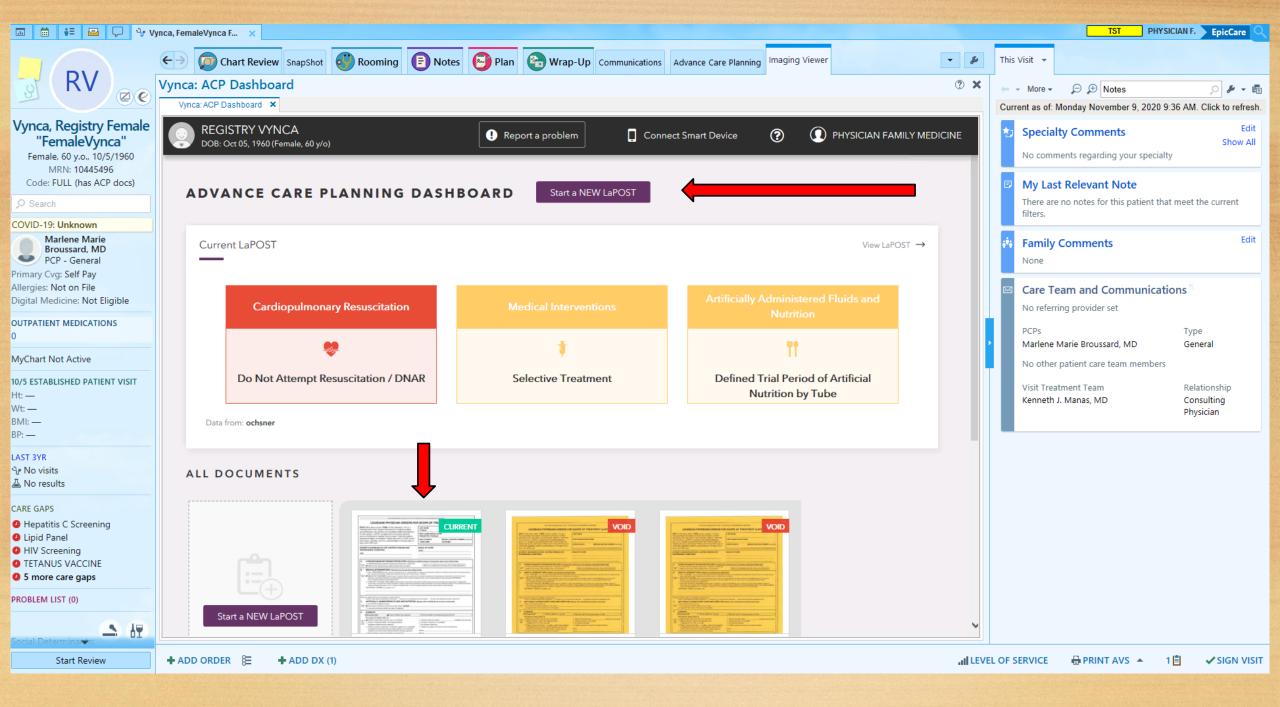
### **Epic Integrated LaPOST Registry – Key Benefits**

- Offers health care providers an online tool to electronically complete and submit accurate, legally valid, error-free LaPOST forms
- Offers one-click access from Epic to a sustainable, statewide LaPOST registry network
- Provides a simple, intuitive user interface
- Provides a single source of truth for LaPOST documents
- Enhanced ACP Conversations with embedded educational resources
- Renders a printable PDF of the LaPOST form in all state-supported languages



Epic Integration				
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Vynca, Registry Female "FemaleVynca" Female, 60 y.o., 10/5/1960 MRN: 10445496 Code: FULL (has ACP docs)	Demographics FemaleVynca Female Vynca 50 year old female	142 Dianne Dr. SAINT ROSE LA 70087 504-469-6834 (M) 504-703-5489 (H)	Allergies/Adverse Reaction         Not on File         Last 1yr	
COVID-19: Unknown Marlene Marie Broussard, MD PCP - General	R Preferred Pharmacies 5 None		Oct 19     Documentation Only with End Scope - Abraham, M       Oct 05     Office Visit with Gastro - Manas, K       Infection (Primary Dx)	
Coverage: None Allergies: Not on File Digital Medicine: Not Eligible	<ul> <li>Significant History/Details</li> <li>Smoking: Never Assessed</li> <li>Smokeless Tobacco: Unknown</li> <li>Alcohol: Not on File</li> </ul>		Problem List     None	
0	Preferred Language: English			
MyChart Not Active	Medical History 5 None	۶ ا	o robacco history	
BMI: BP: LAST 3YR	Surgical History <sup>5</sup> None	۶ م	Family History None	
ঀৣ• End Scope, Gastro ঊ No results	Socioeconomic History	۶ م	Medications	
CARE GAPS  Hepatitis C Screening  Lipid Panel HIV Screening  HIV Screening	Preferred Language English Ethnicity Latino/Latina/Hispanic Race White		Immunizations/Injections	
<ul> <li>TETANUS VACCINE</li> <li>5 more care gaps</li> </ul>	5 Specialty Comments		Episodes ** None **	
PROBLEM LIST (0)	No comments regarding your specialty	Show All Report	Reminders and Results None	
Social Determinants:	Family Comments None	Edit	Registries     Show Detail       Wellness     Added       Wellness Registry: All     10/5/2020	





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

#### LOUISIANA PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (LaPOST)

LAST NAME

DATE OF BIRTH

FIRST follow these orders, THEN contact physician. This is a Physician Order form based on the person's medical condition and preferences. Any section not completed implies full treatment for that section. LaPOST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect. Please see www.La-POST.org for information regarding "what my cultural/religious heritage tells me about end of life care."

PATIENT'S DIAGNOSIS OF LIFE LIMITING DISEASE AND IRREVERSIBLE CONDITION: GOALS OF CARE:

When not in cardiopulmonary arrest, follow orders in B and C.

FIRST NAME/MIDDLE NAME

MEDICAL RECORD NUMBER (optional)

A. CARDIOPULMONARY RESUSCITATION (CPR): PERSON IS UNRESPONSIVE, PULSELESS AND IS NOT BREATHING

- CHECK DVR/Do Not Attempt Resuscitation (Allow Natural Death)
- B. MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING
   DEVELTREATMENT (primary goal of prolonging life by all medically effective means) Use treatments in Selective Treatment and Comfort Focused treatment.
   Use mechanical ventilation, advanced airway interventions and cardioversion if indicated.
- CHECK SELECTIVE TREATMENT (primary goal of treating medical conditions while avoiding burdensome treatments) Use treatments in Comfort Focused treatment. Use medical treatment, including antibiotics and IV fluids as indicated. May use non invasive positive airway pressure (CPAP/BiPAP). Do not intubate. Generally avoid intensive care.
- COMFORT FOCUSED TREATMENT (primary goal is maximizing comfort) Use medication by any route to provide pain and symptom management. Use oxygen, suctioning and manual treatment of airway obstruction as needed to relieve symptoms. (Do not use treatments listed in full or selective treatment unless consistent with goals of care. Transfer to hospital ONLY if comfort focused treatment cannot be provided in current setting.) ADDITIONAL ORDERS: (e.g. dialysis, etc.)

Medically assisted nutrition and hydration is optional when it

- cannot reasonably be expected to prolong life would be more burdensome than beneficial would cause significant physical discomfort
  C. ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (Always offer food/fluids by mouth as tolerated)
- No artificial nutrition by tube.
- CHECK
- Long-term artificial nutrition by tube. (If needed)

D.	SUMMART			
	Discussed with:	Patient (Patient has capacity)	Personal Health Care Representative (PHCR)	)
	The basis for these order	s is:		
СНЕСК	D Patient's declaration (ca	n be oral or nonverbal)	Advance Directive dated,	available and reviewed
ALL	Patient's Personal Healt	h Care Representative	Advance Directive not available	
APPLY	(Qualified Patient without	it capacity)	No Advance Directive	
		tive, if indicated, patient has completed	Health care agent if named in Advance Direct	ctive:
		that provides guidance for treatment s medical decision-making capacity.	Name:	
	Resuscitation would be		Phone:	

This form is voluntary and the signatures below indicate that the physician orders are consistent with the patient's medical condition and treatment plan and are the known desires or in the best interest of the patient who is the subject of the document.

PRINT PHYSICIAN'S NAME	PHYSICIAN SIGNATURE (MANDATORY)	PHYSICIAN F	HONE NUMBER	DATE (MANDATORY
PRINT PATIENT OR PHCR NAME	PATIENT OR PHCR SIGNATURE (MAN	DATORY)	DATE (N	IANDATORY)
PHCR RELATIONSHIP	PHCR ADDRESS		PHCR PH	ONE NUMBER

HIPPA permits disclosure of LaPOST to other health care providers as necessary

### FOR MORE INFORMATION, GO TO:

http://www.lhcqf.org/lapost-registry

### **EPIC PLAYGROUND PRACTICE, GO TO:**

http://online.training.vyncahealth.com



# Respecting Choices 2021

#### PRIORITIES FOR MEDICAL CARE AND TREATMENT OPTIONS FOR SERIOUS ILLNESS

Priorities for Medical Care			
LIVING LONGER	MAINTAINING CURRENT HEALTH	COMFORT	
<ul> <li>Live as long as possible, even if I do not know who I am or who I am with</li> <li>Be in the hospital and receive all care my doctors think will help me, even if it means relying on machines to keep me alive</li> </ul>	<ul> <li>Live longer, if quality of life and comfort can be achieved</li> <li>Be in the hospital, if needed, for effective care</li> <li>Stop treatment that does not work or makes me feel worse</li> <li>Allow a natural death if my heart or breathing stops</li> </ul>	<ul> <li>Live the rest of my life focusing on my comfort and quality of life</li> <li>Avoid the hospital and being on machines</li> <li>Allow a natural death if my heart or breathing stops</li> </ul>	

#### **Treatment Options for Serious Illness**

FULL TREATMENT Sustaining life by all medically effective means	SELECTIVE TREATMENT Maintaining health while avoiding burdensome treatments	COMFORT-FOCUSED TREATMENT Maximizing comfort through symptom management
<ul> <li>Includes:</li> <li>Medication and treatment to keep you comfortable</li> <li>Emotional and spiritual care</li> </ul>	<ul> <li>Includes:</li> <li>Medication and treatment to keep you comfortable</li> <li>Emotional and spiritual care</li> </ul>	<ul> <li>Includes:</li> <li>Medication and treatment to keep you comfortable</li> <li>Emotional and spiritual care</li> </ul>
<ul> <li>May include:</li> <li>Being in the hospital and Intensive Care Unit (ICU)</li> <li>A trial of full treatment, if desired, e.g., ventilator</li> <li>IV medications and IV fluids</li> <li>Long-term tube feedings</li> <li>CPR, intubation, and/or ventilator</li> </ul>	<ul> <li>May include:</li> <li>Being in the hospital but AVOIDING the ICU</li> <li>Non-invasive positive airway pressure</li> <li>A trial of selective treatment, if desired, e.g., non-invasive positive airway pressure</li> <li>IV medications and IV fluids</li> <li>Short-term tube feedings</li> </ul>	<ul> <li>May include:</li> <li>Being in the hospital ONLY if comfort needs not met</li> <li>Oxygen, suction, and manual treatment of airway for comfort</li> <li>Medications by mouth</li> <li>Food and fluids by mouth, if able</li> </ul>
	Does NOT include: • CPR, intubation, and/or ventilator	<ul> <li>Does <u>NOT</u> include:</li> <li>CPR, intubation, and/or ventilator</li> </ul>

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RC 3105\_ASCareTrmt\_v06.19 CE

Respecting Choices teaches skills to having meaningful ACP discussions

Allows providers and staff opportunities to practice and refine skills at having conversation

Respecting Choices Certification given for each completed section

Certification allows participants to use copyrighted materials that aide in the discussions

### Respecting Choices Programs

First Steps	Who?	Where?
Addresses Advance Care Planning among a healthy population, any age -HCPOA and LW discussion	Staff who room our patients: Nurses Medical Assistants	Outpatient (primary care)
Advanced Steps	Who?	Where?
Addresses Advance Care Planning among a chronically ill population who <i>may</i> be in their last 1-2 years of life -LaPOST discussion	MD/APP Nurses Social Workers Chaplain	Outpatient Inpatient
SDMSI – Shared Decision Making in Serious Illness	Who?	Where?
Addresses shared decision making with family, caregivers, & patients in times where a patient is <b>CURRENTLY</b> facing difficult treatment choices	MD/APP	Inpatient Outpatient

### Length of Class & Required Pre-Work

	First Steps	Advanced Steps	SDMSI
Class time	Full day	Full day	Half day
Pre-work	Online modules (4) assigned by Respecting Choices	Online modules (6) assigned by Respecting Choices	none

# Respecting Choices

To register for Respecting Choices classes:

- Contact Kori DiGiovanni at kori.digiovanni@ochsner.org
- Send email to palliativemedicine@ochsner.org

# Resources for Advance Care Planning & Spiritual Care

Louisiana Physician For Scope Of Treatment LaPOST

#### •www.La-POST.org

•Webpage has section "What My Cultural /Religious Heritage Tells Me About End Of Life Care"

•Can Consult Chaplin Services For Anyone Having Difficulty With EOL Decisions And Their Spirituality



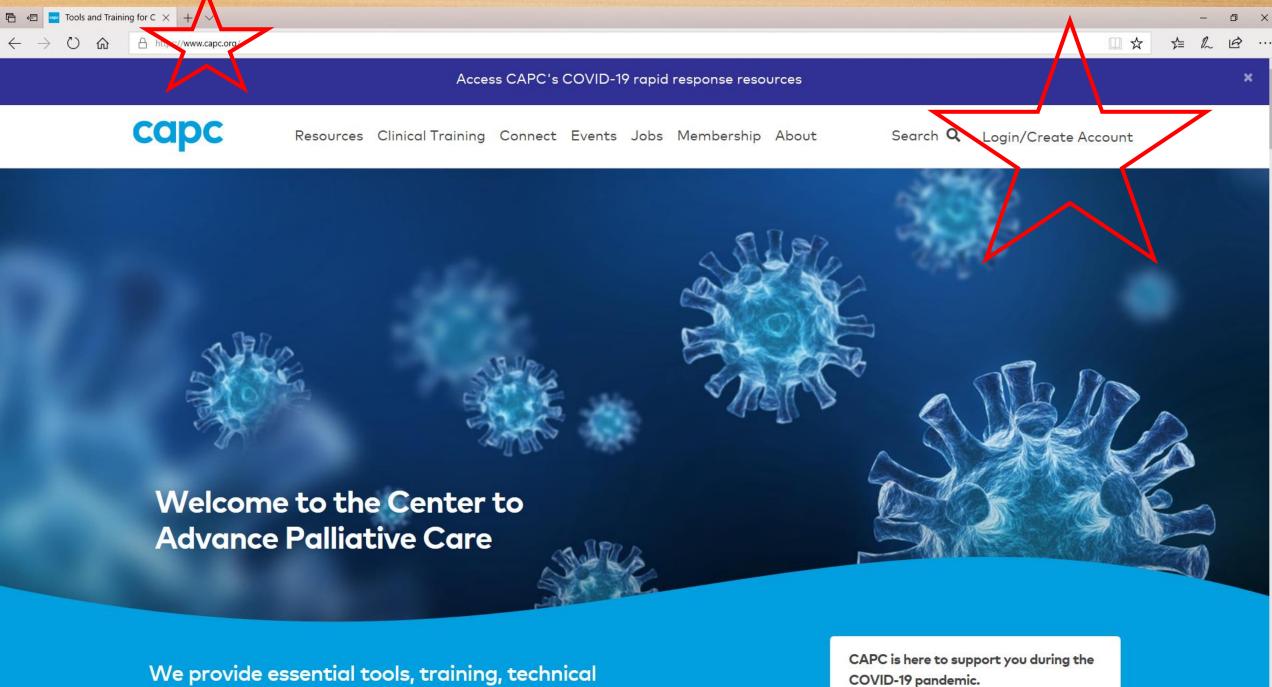
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## Center to Advance Palliative Care



### The Center to Advance Palliative Care

The **Center to Advance Palliative Care (CAPC)**, established in 1999, is a national organization dedicated to increasing the availability of quality health care for people living with a serious illness. As the nation's leading resource in its field, CAPC provides health care professionals and organizations with the training, tools, and technical assistance necessary to effectively redesign care systems that meet this need. CAPC is funded through organizational membership and the generous support of foundations and private philanthropy. It is part of the Icahn School of Medicine at Mount Sinai, in New York City. Visit **capc.org**.



We provide essential tools, training, technical

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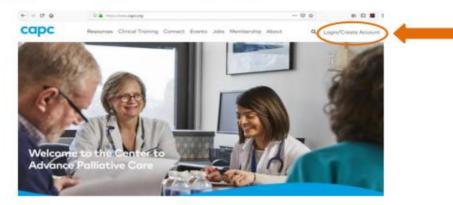
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CAPC Website Update, March 2019 How to Create a CAPC User Account Captor Captor Captor

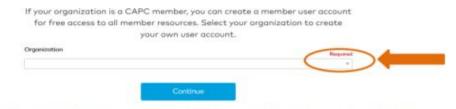
#### **Creating an Account**

1. Visit CAPC.org and click "Create Account" in the upper right corner.



2. Select your "Organization" from the dropdown list of the organizations - you can start typing it in.

#### Member Registration



- 3. Enter your work email address, create a password, answer all questions, and agree to the terms.
- Check your email Inbox for a verification email from <u>noreply@capc.org</u> and click the link provided to finalize set-up. If the email does not show in your work inbox, please check junk/spam folder.

#### Accessing the CAPC Website

Click "Login" in the upper right corner on <u>CAPC.org</u> on all subsequent visits. Or, wherever you
encounter members-only content (identified with a lock icon) click "Login".

For assistance setting up your account or accessing courses, contact membership@capc.org

 A four-minute video tour of the new website, showing where all the different resources lie, can be found by visiting: <u>https://media.capc.org/how-to-video/capc-how-to-2019-03.mp4</u>

For assistance with content, please email memberrelations@capc.org

### Creating a CAPC User Account

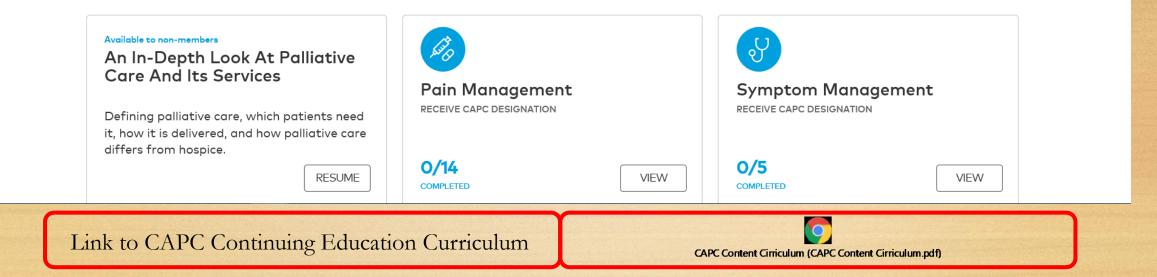


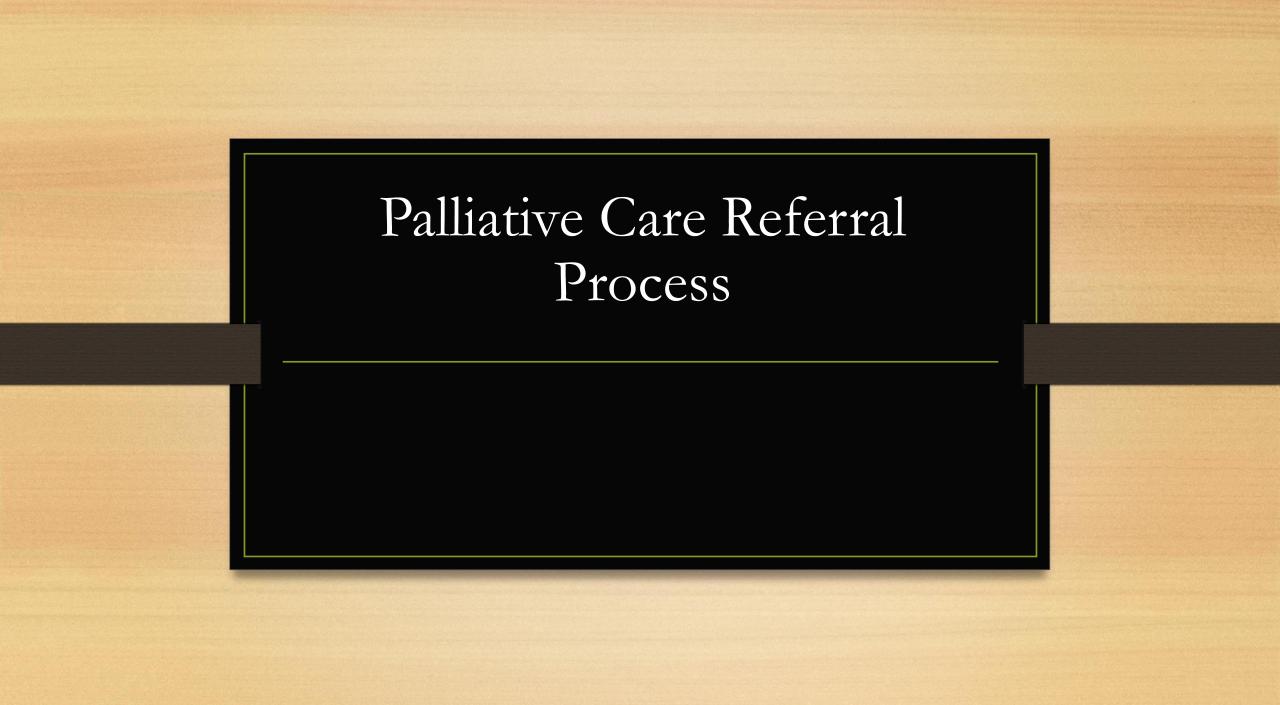
### **Online Clinical Training Courses For All Clinicians**

All specialties and disciplines can strengthen their care of patients living with a serious illness.

For CAPC members, CAPC's online training curriculum provides free continuing education credits for physicians, nurses, social workers, case managers, and licensed professional counselors at member organizations. Free **ABIM MOC** (Maintenance of Certification) points are also available for physicians. **Download a course catalog** & with information about continuing education credits and ABIM MOC points for all CAPC courses. Download an overview of CAPC continuing education mission and policy to learn more.

CAPC Designation status is available for clinicians who complete the following units: Communication Skills, Pain Management, Symptom Management, and Best Practices in Dementia Care.

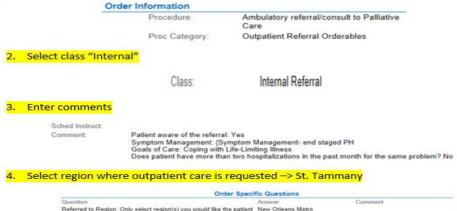




#### PLACING A REFERRAL TO PALLIATIVE CARE **OUTPATIENT CLINICS**



#### 1. Enter referral order – Ambulatory referral/consult to Palliative Care



Referred to Region: Only select region(s) you would like the patient. New Orleans Metro to be seen in if it is outside of the current encounter's department.

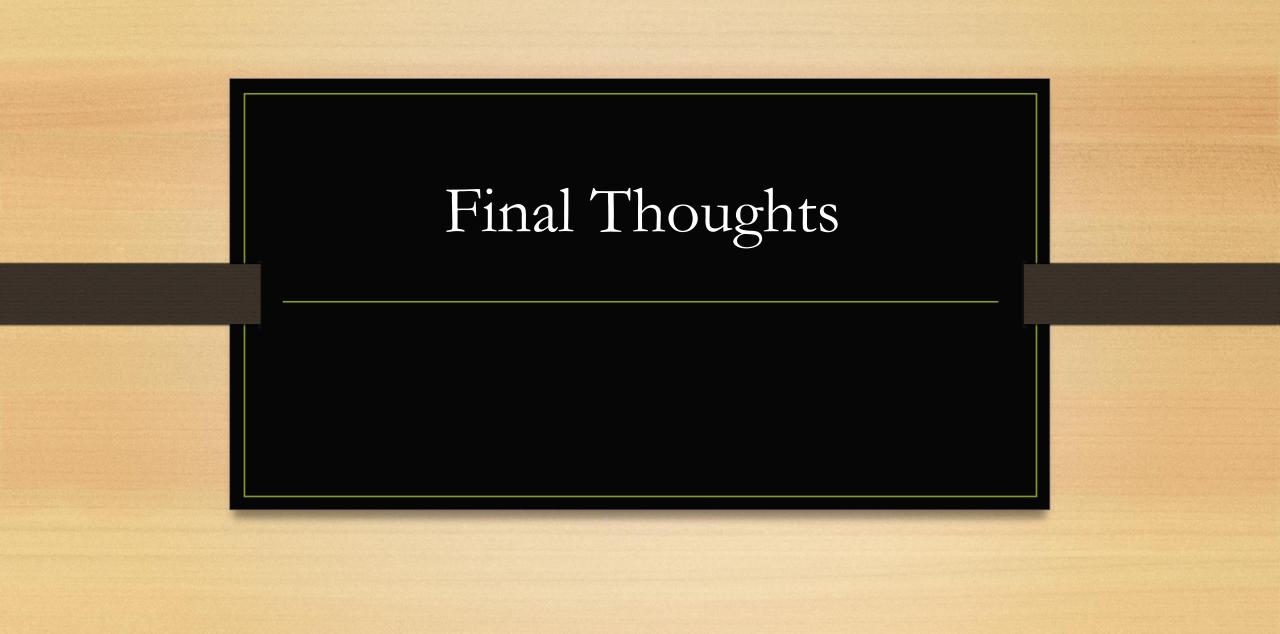
#### Search:

#### Title

#### Emotional Support

Disease Education Symptom Management Family Consultation Spiritual consult Advanced Directives DNR End of Life/Hospice Goals of care discussion/advance care planning Pain Management Other Symptoms Management Withdrawal of Interventions Patient and Family support Comfort care Hospice referral and discussion Other (please specify)

Referring providers can currently only chose 1 reason for the Palliative Care referral. They can add additional reasons in the "comments" section.



### Final Thoughts...

Advance care planning decisions can be a gift of love from patients to their families. Caregivers will not have to wonder, "Should I have decide this instead of that..." or "Did I make the right decision?" or ""Is that what they would have wanted?". The decisions they have to make in those moments, when advance care planning was never discussed, will stay with them a lifetime.

Final Thoughts...

Advance care planning should not be a single discussion, but an ongoing conversation throughout the continuum of someone's life...

Coordinated, collaborative advance care planning affords STHS the opportunity to provide the right care, to the right patient, at the right time, every time.



emonies@stph.org

(985)871-5975

9/9/2021

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