



# Advance Care Planning

- Respect
- Trust
- Caring

## Scenario #1 - Capable Adult with Chronic Diseases in Hospital

### Capable Adult:

**You are a 60 year old capable adult. You are in hospital for an exacerbation of Chronic Obstructive Pulmonary Disease (COPD).**

**Your health conditions include: Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Type 2 Diabetes (not well controlled), moderate Chronic Kidney Disease (CKD) and Obesity.**

**Your MOST designation is CPR C2. This is your 3<sup>rd</sup> admission in 5 months.**

**You have been to the Pulmonary Rehab clinic as well as the Kidney Care Clinic several times in the last year. You feel overwhelmed with medical information. You know you are not well but not sure what is really going on. You feel quite comfortable with one of the Healthcare Professionals (nurse, social worker, spiritual care) and hope they are working today to talk with you.**

### Focus your discussion on:

- What you like to do home, what is important to you
- What concerns you have



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## Scenario #1 - Capable Adult with Chronic Diseases in Hospital

### Healthcare Professional educated in Advance Care Planning:

You are a Healthcare Professional. Today you are seeing a 60 year old client who is in hospital for exacerbation of Chronic Obstructive Pulmonary Disease (COPD).

The client's health conditions include: COPD, Congestive Heart Failure (CHF), Type 2 Diabetes (not well controlled), moderate Chronic Kidney Disease (CKD) and Obesity. The pts MOST designation is CPR C2. It's the pts 3<sup>rd</sup> admission in 5 months.

Focus your discussion on the patient and what's important to them *not on the MOST*.

Review the ACP Record form and focus your discussion on:

#### Core element #2:

*Learn about & understand the adult & what is important to them.*

- Tell me about yourself. What did you like to do before you were in the hospital?
- What does living well mean to you?
- What gives your life meaning?
- What does quality of life mean to you?
- What fears and concerns do you have? What do you think your family's fears and concerns are?
- How has your changing health status impacted you and your family?



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## Scenario #1 Capable Adult with Chronic Diseases in Hospital

### Observer:

You will be observing an interactive skills exercise between the two other people in your group. When everyone has reviewed their “role” (privately) please start the exercise. At the end of 12 minutes, stop the conversation and provide feedback. Use the attached Observation Tool. Be prepared to identify one element of the facilitation that was particularly well done and offer one communication strategy to try next time.

### General Information:

- 60 years old in hospital
- MOST designation is CPR C2, 3<sup>rd</sup> admission in 5 months
- Pt found the discussion with the doctor in hospital difficult; GP has not talked about interventions
- Concerned about declining health

### The healthcare professional has been asked to focus the discussion on Core Element #2:

Learn about & understand the adult & what is important to them. Involve substitute decision makers.

- What does it mean to live well? What gives your life meaning? What does quality of life mean to you? Tell me your thoughts about quantity of life.
- What fears/concerns do you have? How has your changing health status impacted you and your family? What is acceptable risk? Who or what gives you support in times of difficulty?

Check the areas the facilitator focuses on:

Skills	Check (✓)
Learn about & understand the adult & what is important to them. What does it mean to live well? What gives your life meaning? What does quality of life mean to you? What fears/concerns do you have? How has your changing health status impacted you and your family? What is acceptable risk? Who or what gives you support in times of difficulty?	

Identify one element of the facilitation that was particularly *well done*:

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Offer one communication strategy that the facilitator might try the *next time*:

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## Scenario #2 Capable Adult in Hospital, ready for d/c

### Capable Adult:

You are an 85 year old capable adult and retired UBC Physiotherapy Professor. You live in your own home with an adult son. Your daughter has Power of Attorney. She lives on Bowen Island. You are currently in hospital with a fractured hip and your daughter seems to be very involved in your health care decisions.

Your medical condition includes Early Dementia (good insight), Chronic Obstructive Pulmonary Disease (COPD), Atrial Fib, fractured hip. You will be going home soon and will now require help with personal care, and housecleaning.

One of the nurses/health care professionals talked about the importance of Advance Care Planning both now and in the future with you. Your MOST designation is DNR C1.

### Possible themes for you to engage in are as follows:

- You know your health isn't good but you don't really know how bad it is
- You are not sure what your future health looks like
- You are concerned about your daughter



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## Scenario #2 Capable Adult in Hospital

### Health Care Professional educated in Advance Care Planning:

You work as a health care professional in a hospital setting. When you were working yesterday, you spoke with a pt and brought up the topic of Advance Care Planning. You plan to follow up with the pt today.

The pt is 85 years old retired UBC Physiotherapy Professor. Pt lives in his/her own home with an adult son. The daughter has Power of Attorney, lives on Bowen Island and seems to be very involved in the pts health care decisions. Medical condition includes Early Dementia (good insight), COPD, Atrial Fib, # hip. They are a DNR C1 designation.

Focus your discussion on Respecting Choices:  
*Assess Understanding of Medical Condition.*

Focus your discussion on the patient and what they know about their health *not on the MOST.*

- What is your understanding now of where you are with your illness?
- What do you think your daughter understands?
- What are your most important goals if your health situation worsens?
- What do you think your daughters goals would be if your health worsens?

Close the conversation with:

It sounds like you have some questions about your future and your health. I think we should think about getting the doctor to clarify a few things. What do you think about that? I could talk to him about setting up a time to talk with you. Would you want some of the team there to? What about your daughter?





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## Scenario #2 Capable Adult in Hospital

### Observer:

You will be observing an interactive skills exercise between the two other people in your group. When everyone has reviewed their “role” (privately) please start the exercise. At the end of 12 minutes, stop the conversation and provide feedback. Use the attached Observation Tool. Be prepared to identify one element of the facilitation that was particularly well done and offer one communication strategy to try next time.

### General Information:

- 85 years old retired UBC Physiotherapy Professor. The client lives in his/her own home with an adult son
- A daughter has Power of Attorney and lives on Bowen Island. Daughter seems to be very involved all health care decisions.
- Medical condition includes Early Dementia (good insight), Chronic Obstructive Pulmonary Disease (COPD), Atrial Fib, fractured hip.

### The healthcare professional has been asked to focus the discussion:

- What is your understanding now of where you are with your illness?
- What do you think your daughter understands?
- What are your most important goals if your health situation worsens?
- What do you think your daughters goals would be if your health worsens?

### Check the areas the facilitator focuses on:

Skills	Check (✓)
Assess understanding of medical condition: What is your understanding now of where you are with your illness? What do you think your daughter understands? What are your most important goals if your health situation worsens? What do you think your daughters goals would be if your health worsens?	

Identify one element of the facilitation that was particularly *well done*:

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Offer one communication strategy that the facilitator might try the *next time*:

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## Scenario #3 Capable Adult, Serious Illness – Home Health/Community

### Capable Adult:

You are a 70 year old retired forestry engineer. You are married; your spouse is 65 years old. You have five children. Two live near by; two live in the USA and one of your adult children recently moved into the basement.

Your health condition includes: CHF (Congestive Heart Failure), COPD (chronic obstructive pulmonary disease), Hypertension, coronary artery disease (CAD) with coronary artery bypass grafting (CABG) 5 years ago, ventricular arrhythmias with automatic implantable cardioverter-defibrillator (AICD) implanted 1 year ago, ex-smoker with 25 pack years.

You are having difficulty walking any distances due to shortness of breath, even to get the mail or grocery shopping.

You are having a Home Health assessment today/have an appointment at the clinic.

### Focus your discussion on:

- How much you know about your illness
- How clear you are about your wishes and priorities
- How much the rest of the family knows



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## **Scenario #3 Capable Adult, Serious Illness – Home Health/Community Home Health professional educated in Advance Care Planning:**

**You are a Home Health professional or professional at a clinic; today you are visiting/seeing a client in their home.**

**The client is 70 years old, and spouse, 65 years old. The client's medical condition includes: CHF (Congestive Heart Failure), COPD (chronic obstructive pulmonary disease), Hypertension, coronary artery disease (CAD) with coronary artery bypass grafting (CABG) 5 years ago, ventricular arrhythmias with automatic implantable cardioverter-defibrillator (AICD) implanted 1 year ago, ex-smoker with 25 pack years.**

**You understand from the physician that prognosis is 1-2 years. There is also significant functional decline. Client is very short of breath, having difficulty walking to get the mail and grocery shop. As such this person is a candidate for a Serious Illness Conversation.**

*“I'm hoping we can talk about where things are with you illness and where they might be going”*

*“What is your understanding of where you are with your illness?”*

*“How much information about what is likely to be ahead would you like from us?”*

*“I'm worried that time may be short.”*

*“What are your biggest fears and worries about the future?”*

*“How much does the rest of the family know about your priorities and wishes?”*

*“Given what you've told me, your goals and priorities and what we know about your illness at this stage, I recommend we get together with the team – the doctor, nurses, social worker and your family – to look at a plan of care that focusses on comfort rather than treatments ”*

*“We're in this together.”*





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## Scenario #3 Capable Adult, Serious Illness – Home Health/Community

### Observer

You will be observing an interactive skills exercise between the two other people in your group. When everyone has reviewed their “role” (privately) please start the exercise. At the end of 12 minutes, stop the conversation and provide feedback. Use the attached Observation Tool. Be prepared to identify one element of the facilitation that was particularly well done and offer one communication strategy to try next time.

### Here is some general information:

- Client, 70 years old, and spouse, 69 years old, living at home. Having a Home Health assessment/clinic visit
- Medical history: CHF (Congestive Heart Failure), COPD (chronic obstructive pulmonary disease), Hypertension, coronary artery disease (CAD) with coronary artery bypass grafting (CABG) 5 years ago, ventricular arrhythmias with automatic implantable cardioverter-defibrillator (AICD) implanted 1 year ago, ex-smoker with 25 pack years.

The healthcare professional has been asked to begin a serious illness conversation.

Check the areas the facilitator says:

Skills	Check (√)
<p><i>“I’m hoping we can talk about where things are with you illness and where they might be going”</i></p> <p><i>“What is your understanding of where you are with your illness?”</i></p> <p><i>“How much information about what is likely to be ahead would you like from us?”</i></p> <p><i>“I’m worried that time may be short.”</i></p> <p><i>“What are your biggest fears and worries about the future?”</i></p> <p><i>“How much does the rest of the family know about your priorities and wishes?”</i></p> <p><i>“Given what you’ve told me, your goals and priorities and what we know about your illness at this stage, I recommend we get together with the team – the doctor, nurses, social worker and your family – to look at a plan of care that focusses on comfort rather than treatments ”</i></p> <p><i>“We’re in this together.”</i></p>	

Identify one element of the facilitation that was particularly well done:

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Offer one communication strategy that the facilitator might try the next time:

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