### Demystifying Advanced Care Planning

October 20, 2021







### Introductions





### Disclaimer



• The "Demystifying Advanced Care Planning" webinar is for informational purposes only, and does not constitute medical or legal advice.

#### WebEx



- Use the Chat function for asking questions during the presentation
- Presentation will be posted on SSH website this week
- Resources slide at the end of the presentation

# Agenda



- Case Study: Mr. S
- Questions
- Advanced Care Planning Documents

### Case Study



Mr. S is a 72-year-old retired school teacher, father of three, who raised his family on the South Shore. Mr. S is an active member in the local garden society as well as a regular contributor to a food pantry program. He is widowed, has three children, seven grandchildren, and enjoys spending time with his family. Other than elevated blood pressure and mild Parkinson's disease he had been relatively healthy and quite active.

# Case Study (cont'd)



<u>Three</u> years ago his children noticed mild memory loss. Mr. S was getting lost and forgetful, which required him to stop driving. Over the following six months, Mr. S moved in with one of his daughters due to more significant memory loss and confusion. His children did not feel he could live safely by himself any longer.

<u>Two</u> years ago he was diagnosed by a neurologist with dementia related to Parkinson's Disease. It became increasingly difficult for his family to care for him at home, and his children decided the best alternative for him was a memory loss unit at a nearby nursing home.

He has had significant progression of his dementia in the <u>past 18 months</u> with admissions to the hospital for episodes of confusion, combativeness, agitation and urinary tract infections. In addition to his cognitive decline, he has had difficulty swallowing and significant weight loss.

He is <u>currently</u> admitted to the hospital for the 11<sup>th</sup> time in 18 months. Mr. S is being treated for aspiration pneumonia and the medical team is concerned he will need to be intubated.

# Case Study (cont'd)



The Palliative Care team at the hospital has been consulted, and is having a family meeting with Mr. S and his children. Mr. S never discussed his ideas about care or his goals with his family, and is unable to participate in the discussion due to his illness. He does not have a signed health care proxy in place. His children have different ideas about what type of care they think their father would want.

#### Questions



- Who should have advanced care planning documents?
- When is the best time to think about advanced care planning?
- What documents should you have in place?
- If someone gets acutely ill, what documents should you have on hand?
- Where should you keep advanced care planning documents?

#### Case Questions



- When would have been a good time to have the discussions about Mr. S's wishes and goals of care?
- Who should have had these conversations?
- What specifically should have been discussed in these conversations?

### Advanced Care Planning Documents

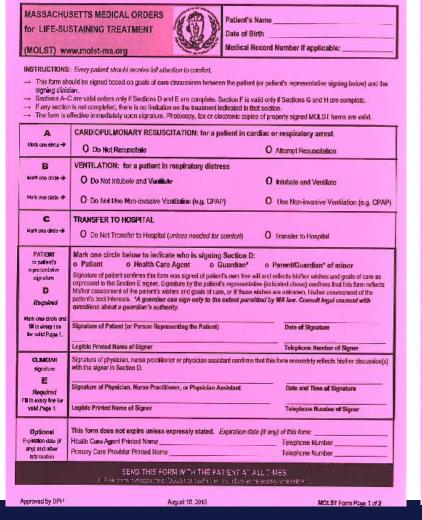


- MOLST: Massachusetts Orders for Life Sustaining Treatment
- HCP: Health Care Proxy
- DPOA: Durable Power of Attorney
- Advance Directive: ex. Five Wishes

### Massachusetts Orders for Life Sustaining Treatment (MOLST)



- MOLST: a MEDICAL document
- Provider (MD/DO, NP/PA)
- Orders for treatment



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# Health Care Proxy (HCP)



- Health Care Proxy: a <u>LEGAL</u> document
- Designates who should speak for you should you become unable to speak for yourself

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# Durable Power of Attorney (DPOA)



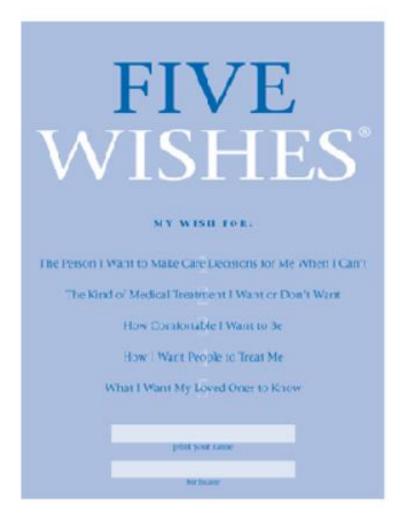
- Durable Power of Attorney (DPOA) is a <u>LEGAL</u> document
- Designates who can make financial decisions should you become unable to speak for yourself

#### Five Wishes



- Five Wishes: a **LEGAL** document
- Example of an advance directive

- Five Wishes:
  - The person I want to make decisions for me when I can't
  - The kind of medical treatment I want or don't want
  - How comfortable I want to be
  - How I want people to treat me
  - What I want my loved ones to know



# Let's Talk Turkey



 South Shore Health is sponsoring a Let's Talk Turkey campaign to educate the community, providers and staff, and their family members about advanced care planning documents

- November 2021
- MOLST, HCP



# Questions





#### Resources



- www.honoringchoicesmass.com
- https://dfmassachusetts.org/wp-content/uploads/sites/6/2019/06/Massachusetts-Medical-Orders-for-Life-Sustaining-Treatment-Presentation.pdf
- www.fivewishes.org

