

Part 1 - Tips for Starting and Conducting the Conversation

Set the Stage

1. Get the facts – understand the resident’s conditions and prognosis.
2. Choose a private environment.
3. Determine an agenda for the meeting and who should be present.
4. Allow adequate time – usually these discussions take 20-30 minutes.
5. Turn beeper/cell phone to vibrate to avoid interruptions and demonstrate full attention.
6. If the resident is involved, sit at eye level with them.
7. Have tissues available.

Initiate the Discussion

1. Describe the purpose of the meeting.
2. Identify whether the resident wants or already has a spokesperson and who it is.
3. Ask what the resident/family understands about advance care planning, and the condition and prognosis.
4. Ask about their goals for care:
 - Most nursing home residents and their families are more concerned about comfort than life prolongation. This opens the door to discuss palliative care and comfort care plans.
 - Attempt to understand underlying rationale for the goals (i.e., “I’ve lived long enough, now I’m ready to meet God,” or “I want to keep on living until my granddaughter graduates college next spring.”). This provides insight into specific decisions that are made.

Initiate the Discussion

1. Use simple language.
2. Briefly discuss:
 - a. Cardiopulmonary arrest and CPR
 - b. Artificial Hydration/Nutrition
 - c. Palliative care, comfort care orders, and hospice if appropriate

Cardiopulmonary Arrest and CPR

1. Initiate discussion of Cardiopulmonary Resuscitation (CPR) e.g.:
 - “Sometimes when peoples’ hearts stop, doctors and nurses try to delay the dying process ... Have you considered whether you would want this or not?”
2. Discuss some facts:
 - Cardiopulmonary arrest is the final common pathway for everyone when they die. Not all deaths should involve CPR.

(cont'd on reverse)

Advance Care Planning Communication Guide

Part 1 - Tips for Starting and Conducting the Conversation



Initiate the Discussion *(cont'd)*

- The possibility of surviving CPR in a nursing home is very low, and CPR often results in broken ribs and the need for a respirator (“breathing machine”) in an intensive care unit.
- A request to not perform CPR (a Do Not Resuscitate (DNR) or Allow Natural Death (AND)) Order does not alter care – it only prevents CPR if the resident is found without a heart beat or not breathing.

Artificial Hydration/Nutrition

1. Initiate discussion of feeding tubes:

- “Many nursing home residents gradually lose the ability to eat, drink, and swallow. In this situation a tube can be placed in the stomach to provide water and nutrition. Have you considered whether you would want this or not?”

2. Discuss some facts:

- Feeding tubes have not been shown to prevent pneumonia or prolong life for most nursing home residents.
- Placement of a tube requires minor surgery, and can have some complications.
- A request to not place a tube **does not alter care** – residents will be provided oral fluid and nourishment as long as it is comforting for them.
- People who do not get feeding tubes generally gradually slip into a comfortable coma within a few days and die comfortably.

Palliative Care and Comfort Care Orders

1. Review overall goals for care and the importance of comfort and quality of life regardless of advance directives.
2. **If the goal of care is comfort:**
 - a. Offer to review NHPCO educational materials on palliative care with them
 - b. Describe examples of comfort care orders.
 - c. Discuss limiting hospitalization only for the purpose of improving comfort, not to prolong life.
 - d. If appropriate, provide information about palliative hospice care.

End the Discussion

1. Ask: “Do you have any questions?”
2. Emphasize that the role of the nursing home is to ALWAYS provide comfort no matter what the goals of care.
3. Offer to have a follow-up meeting if indicated.
4. Stand – an effective way to end the conversation.