

INTERACT^{II}

Instructions for Advance Care Planning Tools



Purpose:

The purpose of the Advance Care Planning Tools is to provide guidance on how to approach conversations about end-of-life care, advance directives, and comfort or palliative care.

Consistent use of these tools will help your nursing home:

- Communicate effectively with residents and their loved ones about sensitive issues related to end-of-life and comfort care plans.
- Provide residents with comfort and dignity measures as they are in the dying process.
- Assure that residents receive the level of care that is consistent with their wishes.
- Increase the dialogue among staff about end-of-life care, advance directives, and comfort or palliative care

When to use:

The Advance Care Planning Tools are intended to use as a reference and guide when communicating with residents and their loved ones about advance directives, comfort or palliative care, and end-of-life decisions.

They are also meant to help staff identify when residents are in the dying phase of life, and to provide comfort care during that time.

The tools should be used when assessing advance care planning and advance directives at the time of admission, and when residents deteriorate and may be candidates for comfort or palliative care.

Who to involve:

These tools are intended to be resources for all licensed nursing staff, social services staff, clergy involved in the facility, and primary care physicians, nurse practitioners, physician assistants. They may also be useful for all staff in the facility who communicate with residents and their loved ones.

Helpful Hints:

- Utilize these tools for educational in-services and refining policies and procedures.
- Keep the pocket cards readily accessible at the nursing stations, on medication carts, and in your pockets whenever possible.
- Keep copies of the educational materials available in a notebook at the nursing stations.
- Make copies of the educational materials and provide them to residents and family members at the time of admission and/or when the resident's condition deteriorates.