



ADVANCE CARE PLANNING IN WINNIPEG

RESPECTING AUTONOMY, HONOURING CHOICE

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Objectives

- To highlight key elements of the WRHA Advance Care Planning Policy
- To share implementation challenges and successes
- To discuss future directions of Advance Care Planning in Winnipeg



BACKGROUND

- Prior to 2002, over 40 different levels of care forms in the region
- WRHA Advance Care Planning Implementation Group formed in 2002
- Group membership representative of all health care sectors – Acute, PCH, LTC, Community



BACKGROUND

- Extensive consultation in development of policy
 - Community stakeholder forums
 - WRHA Advisory Councils
 - Public trustee
 - MMA, CPS, WFPS
 - Legal counsel, ethicists, care providers



BACKGROUND

- Regional policy on Advance Care Planning approved September 2003
- Train the trainer sessions for site educators in the fall 2003
- Regional implementation on a go-forward basis in acute care, long term care, and personal care homes – January 2004



WHAT IS ADVANCE CARE PLANNING?

- Advance Care Planning is the process of **dialogue, knowledge sharing and decision-making** that needs to occur at any time when future or potential end-of-life treatment options and preferences are being considered or revisited



WHAT IS ADVANCE CARE PLANNING?

- The primary goal is to seek **consensus** on care plans that reflect the best interest of patients, residents and clients





WHAT IS THE PURPOSE OF ADVANCE CARE PLANNING?

- To improve communication. This initiative is designed to result in:
 - more **consistent** dialogue about end-of-life issues
 - **clarity** of end-of-life care regardless of location or setting
 - better **informed** and **involved** patients, residents, clients and families



WHAT IS AN ADVANCE CARE PLAN?

- The WRHA Advance Care Plan is the standardized form used to record clinical management decisions reached through Advance Care Planning discussions
- Located at the front of the health care record



WHAT ARE THE LEVELS IN THE ADVANCE CARE PLAN?

- **There are four levels in the Advance Care Plan...**

LEVEL ONE: Comfort care; no treatment of non-reversible and reversible conditions; no CPR

LEVEL TWO: Comfort care; treatment of reversible conditions; no treatment of non-reversible conditions; no CPR

LEVEL THREE: Comfort care; treatment of non-reversible and reversible conditions; no CPR

LEVEL FOUR: Comfort care; treatment of non-reversible and reversible conditions; Full CPR



IS THIS THE SAME AS A HEALTH CARE DIRECTIVE?

Health Care Directive	Advance Care Plan
•Self-initiated	•Developed collaboratively
•Reflects person's wishes (instructional and/or proxy)	•Reflects consensus of person/SDM, health care team
•Must be competent	•Competence does not prevent completion
•Protected by legislation	•No specific legislation
•Numerous forms	•WRHA Advance Care Plan form



THE NEED FOR CONSISTENCY

- The content of a Plan should be consistent with any existing Health Care Directive



RESPECTING PREFERENCES

- The Advance Care Planning process serves to translate preferences expressed in a Health Care Directive into a specific treatment plan relevant to an individual's current situation



WHO COMPLETES THE ADVANCE CARE PLAN?

- When Advance Care Planning discussions result in consensus, an Advance Care Plan form can be completed
- Signed by the member of the health care team charged with this responsibility by the team. This is often, but not always, a physician or nurse



Progress Report

- Advance Care Planning implemented in 35 personal care homes, 5 acute care facilities
- Remaining sites to implement over next few months
- WRHA Home Care in process of education and roll-out



Progress Report

- Public Awareness Campaign
 - Video
 - Community Stakeholder Forum
 - Newspaper, radio
- Physician education
 - Information sheet mail-out
 - Education session(s)



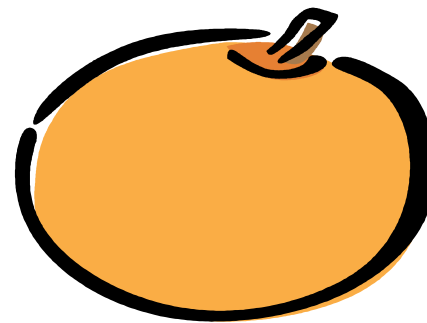
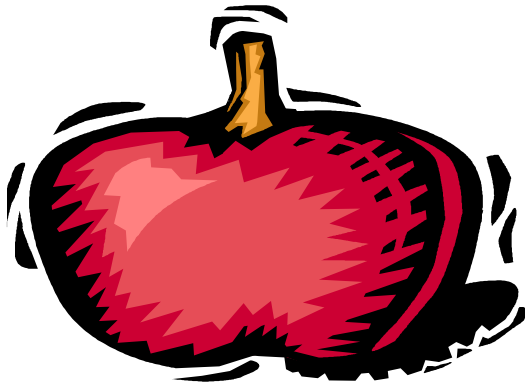
Implementation Successes

- Extensive consultation in policy development
- Train the trainer format
- Frequently asked question updates to all site educators
- Educational resources
 - Pamphlets, videos, poster presentations



Implementation Successes

- Can now all argue about the SAME form





Implementation Challenges

- Winnipeg Fire and Paramedic Services does not recognize WRHA Advance Care Plan form





Implementation Challenges

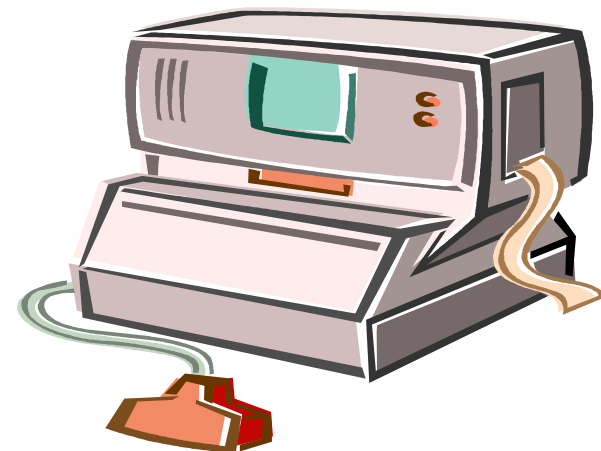
- Understanding the difference between Advance Care Plans and Health Care Directives





Implementation Challenges

- Applicability in specialty areas
 - Renal Program
 - Intensive Care
 - Psychiatry





Implementation Challenges

- Role of the Public Trustee
 - Level of involvement
 - Communication with Public Trustee



Myths and Misconceptions

- “The family needs to sign the form to protect us legally”





Myths and Misconceptions

- The daughter from California – impact on consensus





Myths and Misconceptions

- “But the family selected level one – they can’t change their mind now”





Myths and Misconceptions



**“Ok, so you don’t want CPR or tube feeds,
but you’ll take the fried rice and szechuan beef...”**



Future Directions

- Evaluation
 - Stakeholder feedback
 - Partnering with research community
 - Audit
 - Are Advance Care Plans used?
 - Are they used according to the WRHA policy?
 - Is care consistent with an existing Advance Care Plan?
 - Does the Advance Care Plan follow the person across sites, programs?



Future Directions

- Revision of policy in 2006
- Psychiatric Advance Care Plan
- Further education



Questions

