



P R I N C E E D W A R D
FAMILY HEALTH TEAM

MY VOICE: ADVANCE CARE PLANNING

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Palliative Care Coordinator

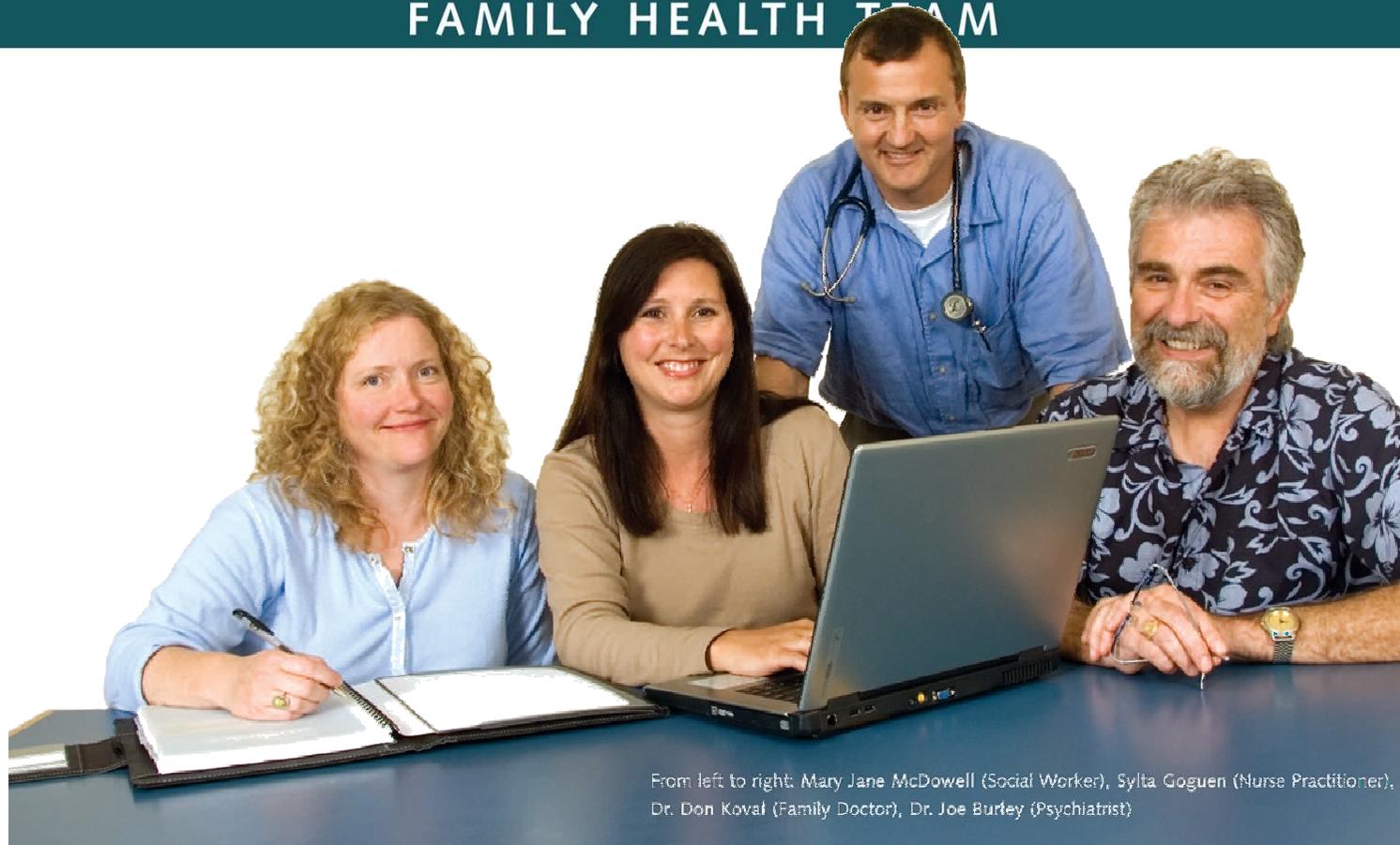
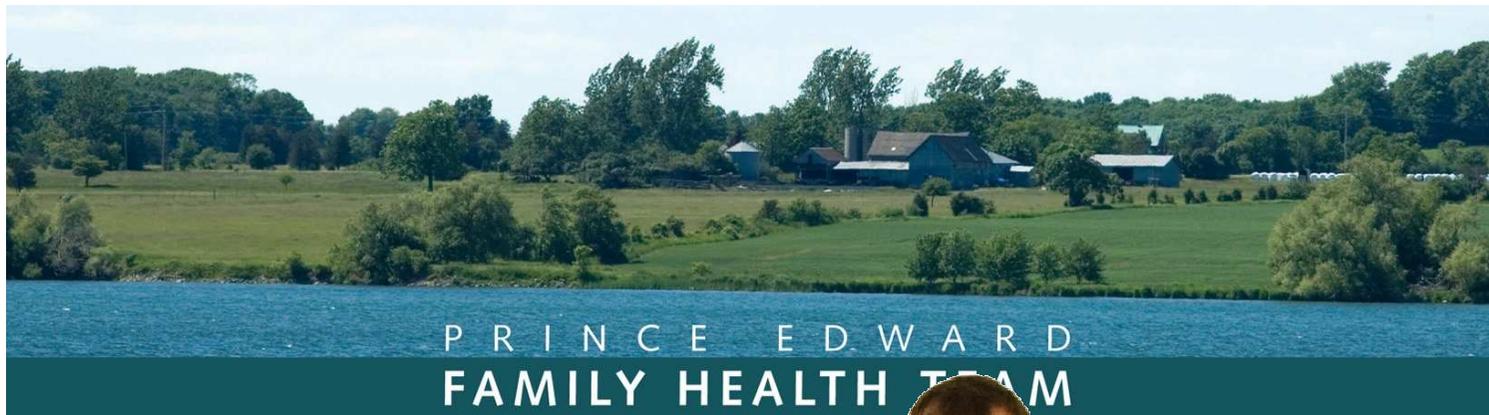
Mary Stever, RN
Clinical Care Coordinator, CHF Clinic











What is ACP?

- Reflective
 - capacity
- Communicative
 - inclusive
- Future Oriented
 - "what if?"
- Evolving Process
 - context



ACP is For Everyone



Your Advance Care Plan?



Why is ACP Important

- Personal Perspective
- National and International Perspective
- Professional Perspective
- Practice Perspective



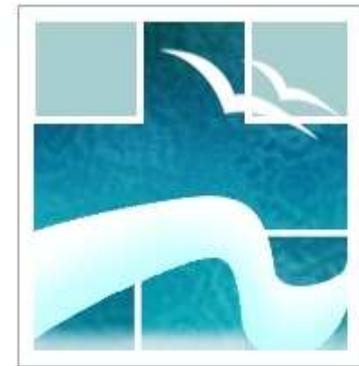
Practice Perspective

- Palliative Care and Congestive Heart Failure Management
- Family Practice



ACP: Getting Started

- Fraser Health Authority
- My Voice (tool)



ACP Process

1. Initiate conversation
2. Provide assistance
3. Record the plan
4. Update and retrieve information
5. Follow the plan when patient cannot speak for themselves



ACP in CHF Clinic

- CHF Teaching
- My Voice
- Collaboration : Palliative Care, FP/NP, CCAC, and ER
- CHF EMR Directive/Template



CHF template



ACP in Palliative Care

- Initial Assessment
- My Voice
- Collaborate with FP/NP, CCAC, Homecare Nursing, Specialty Clinics/Programs
- EMR Directives/Template



Palliative Care Template



ACP in Family Practice

1. Initiate conversation
2. Provide assistance
3. Record the plan
4. Mechanism to update and retrieve information
5. Follow the plan when patient cannot speak for themselves



Challenges

- Time factor
- Timing factor
- Follow up factor
- Collaborative communication factor
- Community engagement factor



- Respecting Choices
- A Collaborative Engagement
- Positive Outcomes



Moving Forward

- Facilitating ACP into family practice
- Engaging the community
- Following up
- Achieving best practice



Resources

- My Voice, ACP Fraser Health Care
- Respecting Choices, Gundersen Lutheran Medical Foundation
- Goal of Care, Calgary
- CHPCA, National Framework for ACP
- Prince Edward Family Health Team, Ontario



Questions and Comments



Thank You

