Let’s Talk Story!!

Kokua Mau
Advance Care Planning during Physical Distancing

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Advance Care Planning Coordinator
Who is *Kokua Mau*?

- 501(c)3, community benefit org., statewide (not a state agency)
- Membership – health plans, hospitals, long term care, spiritual care, hospices, Churches, and Senior living communities
- Passionate volunteers across the state
“I’m not afraid of death; I just don’t want to be there when it happens.”

~Woody Allen
Advance Care Planning
Why is it important?

- COVID 19 has changed the way care is provided in hospitals and doctor’s offices
- No one knows when they may become “Very ill”
- Helps companions to find their voice
- Helps prepare them and their family for what’s coming
- Ease the burden for others having to make tough choices
- Helps assure their wishes are followed
Accessible: TCP Tools

- Conversation Starter Kit (translations + EMR summary)
- How to Talk to Your Doctor Starter Kit
- Starter Kit for Parents of Seriously Ill Children
- Dementia/Alzheimer’s Disease Starter Kit
- How to choose/be a health care agent
COVID19 tools and resources

Kokua Mau COVID19 Resources includes all the following links and has new resources added regularly https://kokuamau.org/covid-19-resources/

CAPC COVID19 Resources includes communication scripts, conversation videos, situational scripts for different COVID scenarios, courses with CE for CAPC members, https://www.capc.org/toolkits/covid-19-response-resources/
COVID19 tools and resources (cont)

- The Conversation Project and Ariadne Labs: Three things you can do now

- Vital Talk Communication Playbook (Translations for Chinese, Tagalog, Vietnamese and more)

- Prepare for Your Care checklist
Did you know…

- Everyone over the age of 18 should have an Advance Health Care Directive (AD or AHCD) which appoints a Health Care Agent.

- Without an AD, precious time could be spent trying to designate a Health Care Agent from “interested parties”, there is no next-of-kin hierarchy in the state of Hawaii. If the “interested parties” cannot come to an agreement, it could become a guardianship case, which could take 6 months to resolve.
SURE, SHE HAS THE RIGHT TO DIE ... ALL SHE HAS TO DO IS COME OUT OF THE COMA AND ASK.
Advance Health Care Directive

Available to download on Kokua Mau Website  www.kokuamau.org
AHCD – Part 1: 
Health Care Power of Attorney (HCPOA)

• Who do you trust to make health care decisions for you when you cannot?
  - Familiar with your personal values
  - Willing and able to make decisions

• Doesn’t need to be a family member.

• Select alternate
AHCD Part 2 –
Section E: What is Important to Me?

- What makes life meaningful?
- What would make quality of life unacceptable?
- If a trial of support is wanted – how long would they want?

E. WHAT IS IMPORTANT TO ME: (Optional. Add additional sheets if needed.) The things that I value and that make life worth living to me are: (examples: gardening, walking my pet, shopping, participating in family gatherings, attending church or temple):

My thoughts about when I would not want my life prolonged by medical treatment (Examples include: If I no longer have the mental capacity to make my own decisions, if I have lost all ability to communicate, if I can no longer safely swallow, etc):
Must be signed in the presence of:

A Notary Public

OR

Two Witnesses

Witnesses

- must be 18 years or older
- Cannot be your health care agent, a health care provider or an employee of a health care facility
- One witness cannot be a relative or have inheritance rights
e-Notary

- Governor signed emergency rules with regards to notary services completed virtually.
- The individual asking for notarization must have access to video conferencing.
- Notary Public who do virtual notarization must record the act to be included with Notary books as proof of the notarization

Telehealth opportunities

• Use simple language, simplify terms like “respiratory distress”, “CPR”, and “artificial nutrition”
• Describe plainly what interventions could look like, and where they would be able to receive those treatments.
• Explain that due to COVID19, hospitals are not allowing regular visits by families to the hospital
What is POLST?

- **Provider**
- **Orders for**
- **Life**
- **Sustaining**
- **Treatment**
Who Would Benefit from Having a POLST Form?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- A person for whom you would issue an in-patient DNR order
- “Would you be surprised if this patient died within the next year?”
- Those who do not want to be taken to the hospital during the pandemic
Considerations surrounding POLST

- Covid19 has changed the way hospitals provide care; visitors are generally not allowed unless patient is dying
- Goals of care conversations can help determine how to best support the individual
## Advance Health care Directive vs. POLST

<table>
<thead>
<tr>
<th>Advance Directives</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>For anyone 18 years or older</td>
<td>Persons at any age with serious illness</td>
</tr>
<tr>
<td>Identifies wishes for <strong>future</strong> healthcare</td>
<td>Indicates decisions about <strong>current</strong> treatments</td>
</tr>
<tr>
<td>Appoints a health care representative</td>
<td>Legally authorized representative can be noted</td>
</tr>
<tr>
<td>Does not translate into orders for EMS personnel</td>
<td>Actionable orders</td>
</tr>
<tr>
<td>CPR/DNR not addressed</td>
<td>CPR/DNR order</td>
</tr>
</tbody>
</table>
POLST Conversations

- Opportunity to increase awareness of different courses of action possible
- Introduce concept of Palliative Care and Hospice
- Change the question: "What’s the matter with me?" to "What matters TO me?"
Palliative Care-Supportive Care

- Palliative Care is an integrative approach for individuals and their loved ones, facing serious illness or have complex health issues.
- Includes, but is not limited to pain management.
- Services are often provided by Hospice providers, but is not hospice care.
- Individuals using Palliative care can continue with curative treatment.
Hospice Referrals

- Hospice is available for individuals with a prognosis of 6 months to live.

- Hospice should be introduced as early as possible to provide maximum support for individuals and their loved ones.

- Hospice is a team-approach; a physician, a nurse, a social worker, an aide, and a spiritual advisor all assigned to the individual.
Hospice Referrals during COVID19

- Conversations about Goals of Care and where the individual wants to receive care can lead to education opportunities surrounding hospice.

- Assurance that the best care is received in the right place, at the right time.

- Team approach to care while remaining in current living situation. (no hospitalization)
Resources

Kōkua Mau Resources incl. POLST on main webpage
• https://kokuamau.org/covid-19-resources/

National POLST resources https://polst.org/covid/

Center to Advance Palliative Care (CAPC)
• https://www.capc.org/toolkits/covid-19-response-resources/

Ariadne Labs – Serious Illness Conversation Guide
https://covid19.ariadnelabs.org/providers/

California Coalition Conversations Guides
• https://coalitionccc.org/covid-19-conversation-tools/
**Conversation Guides (complimentary use through May 30, 2020)**

### CPR Decision Aid

**What is CPR?**
CPR (Cardiopulmonary Resuscitation) is an attempt to restart a person's heart when the heart has stopped beating or cannot pump blood.

**How does CPR work?**
Many people have seen CPR on television. TV often makes CPR look quick and easy. But it is not.

**During CPR:**
- The chest is pushed down 2 to 3 inches many times each minute to make the heart pump.
- Strong electrical shocks may be given through the chest to make the heart beat at a normal rate.
- Medication may be given, usually through an IV (intravenous) line.
- A mask may be placed over the face or a tube is in the person's mouth (masking). These are often used to keep the airway clear.

**When do people need CPR?**
It is needed when someone's heart stops. When that happens, healthcare providers will try CPR when the person has completed a CPR (Cardiopulmonary Resuscitation) course or is a POST (Physician Order for Life-Sustaining Treatment) that says they do not want CPR.

**What can CPR help a person whose heart has stopped?**
- The goal of CPR is to restart a person's heart.
- CPR cannot pump blood and support the body's organs, like the brain.
- CPR may give the medical team time to keep the heart beating after resuscitation.
- CPR may give the medical team time to try to find and try to treat the medical problem that caused the heart to stop pumping.

**Who should use this guide?**
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about CPR.

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### Artificial Hydration Decision Aid

**What is artificial hydration?**
Artificial hydration is a medical treatment that gives water and sometimes salt to the body.

**How is artificial hydration given?**
It is given as a liquid through:
- An IV (intravenous) line inserted into the skin into a vein.
- A tube (gastric tube), whose small tube (catheter) is put under the skin.

**When do people need artificial hydration?**
- When a person is dehydrated by illness or injury or has a fever or a fever.
- When they have problems eating or drinking.
- For treatment of nausea or vomiting.

**Reasons for short-term artificial hydration may include:**
- A sudden, serious illness, surgery, or a severe injury.
- An acute loss of blood or blood loss.
- To cope with special treatments, like radiation.

**Reasons for long-term artificial hydration may include:**
- Disability to drink enough food by mouth.
- Loss of ability to swallow food normally due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness.

**Who should use this guide?**
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about artificial hydration.

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### Tube Feeding Decision Aid

**What is tube feeding or artificial nutrition?**
Tube feeding (also called artificial nutrition) is a medical treatment that provides liquid food directly to the body.

**How is tube feeding given?**
It is given as a liquid through one of the following kinds of tubes:
- An NG tube (nasogastric tube) inserted through the nose into the stomach.
- A PEG tube (percutaneous endoscopic gastrostomy tube) or a GTube (gastrostomy tube) which is placed by surgery through the skin into the stomach. This suggests that nutrition is needed for more than a few weeks.

**When do people need tube feeding?**
When a person cannot eat normally enough by mouth or has serious swallowing problems. These problems may be short-term (temporary) or long-term (permanent).

**Reasons for short-term tube feeding may include:**
- A sudden, serious illness, surgery, or a severe injury.
- A loss of blood or blood loss.
- To cope with special treatments, like radiation.

**Reasons for long-term tube feeding may include:**
- Disability to eat enough food by mouth.
- Loss of ability to swallow food normally due to illness, stroke, or injury.
- Brain injury with a loss of alertness or awareness.
- Loss of the ability to use (injury) food normally (for example, from bowel disease or brain surgery).

**Who should use this guide?**
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about tube feeding or artificial nutrition.

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### Ventilator Decision Aid

**What is a ventilator?**
A ventilator (also called a breathing machine) does the work for the lungs when someone is unable to breathe on their own.

**What happens when someone is attached to a ventilator?**
How it does:
- A tube is placed through the nose or mouth into the person's windpipe (trachea).
- The tube connects to a bag that holds air for the person to breathe.
- Medications are also given to the tube (intravenous line) to make a person sleepy or they feel less pain or discomfort.

**When do people need a ventilator?**
It may be needed by people who have had a heart attack normally or their own. Important problems may be shortening (temporary) or long-term (permanent).

**It is a standard medical practice to ask a ventilator to treat people who coded (stopped breathing) on their own, unless the person has chosen not to have it.**

**Reasons for short-term ventilator use may include:**
- A sudden, serious illness, surgery, or a severe injury.
- A sudden, serious illness, surgery, or a severe injury.
- A loss of blood or blood loss.
- To cope with special treatments, like radiation.

**Reasons for long-term ventilator use may include:**
- A sudden, serious illness, surgery, or a severe injury.
- A sudden, serious illness, surgery, or a severe injury.
- A loss of blood or blood loss.
- To cope with special treatments, like radiation.

**Who should use this guide?**
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about treatment with a ventilator.

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**Kōkua Mau Continuous Care**
A Movement to Improve Care

**Coalition for Compassionate Care of California**
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QUESTIONS?
Webinar Announcement

COVID-19 Impact of Native Hawaiian and Pacific Islander Communities
Wednesday, May 20, 2020
1:00PM – 2:00PM