Who’s Your Person… What’s Your Plan? is a collective impact initiative of ten organizations (Age Well, BAYADA, Cathedral Square, Community Health Centers of Burlington, Howard Center, OneCare Vermont, Support and Services at Home (SASH), The University of Vermont Medical Center, The University of Vermont Health Network Home Health & Hospice, and Vermont Ethics Network) in Chittenden and Grand Isle Counties working to normalize advance care planning (ACP) conversations and encourage everyone 18 years of age or older to appoint a health care agent. ACP is essential to the delivery of patient-centered, high quality health care and to ensure that the care and treatment people desire aligns with the care and treatment they receive. The initiative was a recipient of grant funding from the UVMMC Community Health Investment Fund between 2016 and 2019.

Learn more: https://vtethicsnetwork.org/medical-decision-making/whos-your-person-whats-your-plan

Key Drivers:

• Data from the Dartmouth Atlas in 2014 revealed that Medicare expenditures in the last six months of life were 29% higher in the UVMMC service area compared to La Crosse, Wisconsin where 97% of adults have advance directives.

• A 2014 survey revealed that only 7% of UVMMC patients had completed an advance directive.

Advocate & Support Services at Home (SASH) is a collective impact initiative of early interventions to support timely transitions to home or long-term care and prevent hospitalization for patients aged 65+ in Chittenden and Grand Isle Counties. SASH used data from the Medicare Hip Fracture Project to evaluate the impact of the SASH model.

Learn more: https://www.whoopyvt.org/who%27s-your-person-whats-your-plan

Collaborative Advance Care Planning Initiative Sees Results

Advance Care Planning Results In:

• Improved shared decision-making and quality, person-centered care
• Less emotional distress for patients, families and providers
• Less conflict between healthcare professionals
• Less moral uncertainty about choices that are made
• Lower use of non-beneficial treatments resulting in lower costs

Actions Taken:

• Using Vermont Ethics Network’s Taking Steps Vermont materials, created a regional educational campaign to prioritize advance care planning throughout our community.

• Recruited a network of community partners to promote and integrate advance care planning education within their organizations and more broadly throughout the region.

• Delivered advance care planning presentations to over 1,000 people at businesses, community groups, health care facilities, and more.

• Trained a network of 38 facilitators to deliver advance care planning community presentations and 15 volunteers to provide one-on-one ACP support.

• Reached thousands of citizens through public awareness campaigns, marketing and community outreach.

Outcomes:

UVM Medical Center Outcomes

#PTS W/AD UPON HOSPITAL ADMISSION

<table>
<thead>
<tr>
<th>Fiscal Year</th>
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<tr>
<td>FY15</td>
<td>7.88%</td>
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<tr>
<td>FY16</td>
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<td>FY18</td>
<td>14.30%</td>
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<tr>
<td>FY19</td>
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Initiative Sees Results  continued from page 1

Lessons Learned:

• A stepwise approach to advance care planning allows individuals across the spectrum of age and health status to engage in the ACP process at the step that is right for them.

• Waiting until individuals are older and/or approaching end-of-life is too late to implement successful advance care planning. Illness, accident or injury can happen to anyone at any time, regardless of age or health status.

• To realize the full potential of ACP, a multi-pronged approach is necessary—individuals supported in communicating with their friends, families and health care providers, and institutions ready to receive and implement the health care priorities and preferences of their patients.

I appreciate the culture change around this work; feels supportive and like enough people are finally aware that it will make conversations less rare and therefore likely more comfortable going forward.

Thank you for all of your excellent work every day. I am grateful to live in Vermont where we have such great support for this issue.
Listening, Language & the Power of Truth-Telling

In partnership with the Palliative Care & Pain Management Task Force

Wednesday, May 29, 2019 • 8:00 A.M. — 4:00 P.M.
DoubleTree by Hilton (formerly the Sheraton) • Burlington, Vermont

AGENDA

8:30 – 9:00 Welcome
9:00 – 10:15 Danielle Ofri, MD — Doctor-Patient Communication
10:15 – 10:45 BREAK/NETWORKING
10:45 – 12:00 Terry Altilio, MSW, LCSW — The Power of Language
12:00 – 1:00 LUNCH
1:00 – 2:00 BREAKOUT SESSION I (choose one)
   A. Stephen Berns, MD — Communication about Prognosis
   B. Kacey Boyle, MSPC, BSN, RN,CHPN & Amelia Cullinan, MD
      — Handling Denial and Emotions of Patients and Families
   C. John Saroyan, MD — Pediatric Considerations
2:00 – 2:30 BREAK/NETWORKING
2:30 – 3:30 BREAKOUT SESSION II (choose one)
   A. Stephen Berns, MD — Communication about Prognosis
   B. Kacey Boyle, MSPC, BSN, RN,CHPN & Amelia Cullinan, MD
      — Handling Denial and Emotions of Patients and Families
   C. John Saroyan, MD — Pediatric Considerations
3:30 – 4:15 Tara Graham, MSW — Building Resilience
4:15 Evaluations

NOTE: Certificates for 5.25 CME/CEU credits will NOT be distributed at the conclusion of the event. Northern Vermont AHEC will be handling the distribution of certificates electronically once they receive the required registration forms & completed evaluations. If you have questions or need electronic copies of the registration form and/or evaluation after event please contact Northern Vermont AHEC at (802) 748-2506 or email Jenny Mayor at jmayor@nvtahec.org.

REGISTER ONLINE

Check out the NEW VEN Website with updated content and more details about upcoming events!

VTETHICSNETWORK.ORG
Vermont Advance Directive Week and National Healthcare Decisions Day 2019

Look what we did! In honor of Vermont Advance Directive Week and National Healthcare Decision Day (NHDD) the Vermont Ethics Network coordinated a large scale advance care planning awareness effort in partnership with more than 30 healthcare organizations across the state. Together we offered the public a total of 19 advance directive awareness events in 10 Vermont counties from April 14–19. We served 559 people and distributed almost 1,300 advance care planning forms.

A big thank you for your collaboration and hard work in raising awareness about advance care planning during the month of April!

Since 2007, every Vermont Governor has declared the week of April 16th “Vermont Advance Directive Week.” Thank you Governor Scott for keeping up the tradition and encouraging Vermont’s to plan for their future health care needs!
Dear family and friends and whom it may concern
I’m writing this poem to help you discern
The actions to take and the things to refuse
When some terrible day you are faced with the news
That some sudden illness or stroke of bad luck
Has left me unconscious and helpless and stuck
face-up in an ER,
laid out on a stretcher
With chaos around and you’re under pressure
To make some very quick, high-stakes decision
I want you to feel you at least have a vision
Of what you can do, so you’ll know in your soul
That you’ve done what you could with what’s in your control.

There are so many things that could happen to me
From a normal disease to some strange tragedy
I could be shot,
Stabbed or bombed by a
crazed mass attacker
Or do something as simple as choke on a cracker
If I was much older or already quite sick
I’d review what I do and I don’t want right quick
But while in what I think is a good state of health
(barring malignancies lurking in stealth)
It’s a bit more complex than would otherwise be
Were I now gravely ill and you were my trustee

If I suffered already some known bad condition
Like terminal cancer for which a physician
Had given a very poor,
sad, short prognosis
Like a bile duct tumor or gliomatosis,
PPMS or an end-stage cirrhosis
I’d choose my own plan for my own diagnosis.
If my heart
were about
to give out
and I knew it
I’d save you this trouble and write my way through it
I’d sit down with my Doc, if she’d sit down with me
And we’d write out the orders for all docs to see

It would be what in most states is known as a POLST form
In our Commonwealth we call it a MOLST form
We’d talk about tubes for food and hydration
For breathing and peeing and resuscitation
She’d find out when I’d want to be hospitalized
And without much ado it would be finalized
After all of my preferences I have confided
And my doc has checked off all the things we’ve decided
About what I do and I don’t want provided
We’d print out both pages, one sheet, double-sided.

We’d sign with a pen, in blue or black ink
And the paper would be Astrobright’s® Pulsar Pink™

But that’s not how it is, nor how it may be
When someday you stand looking down sadly at me
When something has happened we’d all prefer not
When I’m mauled by a bear
or a nasty blood clot
Has wedged its way into my heart or my brain
And my pulse or my breathing I cannot maintain
Without all the people, machines and the meds
In this room with us now with the Clinitron® beds

At this point you’re proxy, and I am unable
To speak or to write because I am unstable
What I advise now is you try to keep steady
They’ll understand here that nobody’s ready
to see what you’ll see and to hear what they’ll say
You’ll need to stay strong to get through this day.

In these first hours, before they know much
There’s no need to talk about hospice and such
I’d like pretty much everything under the sun
To keep me alive till assessments are done
But that’s where it gets hard, those assessments are key
To know well exactly what’s happening to me

You’ll remember, dear Julie, from your nursing classes,
And know things are bad when they mention blood gases.
When they work fast, but talk to you slow as molasses
To tell you my PCO2 count surpasses
The level at which any life can sustain
And they’ve just placed a catheter in a large vein
And they tell you inserting a tube down my throat
And pumping in air is the best antidote
To whatever initial tests tell them assails me
Let them do it but know
that it won’t cure what ails me

Keep in mind
all the time,
that there’s really no doubt
That whatever’s put in
we can make them pull out.
If its Day Two or Day Three and there’s been no real changes
If we’ve not gotten past keeping vitals in ranges
That keep me alive and my organs perfused
And my mental state’s worse than just simply confused
And I’m still not able to talk, think or write
It’s time to get serious bout how long to fight

Now’s when you’ll have to deal with the odds and the chances
And get all the intel on my circumstances
Make sure all the docs are real honest with you
And they’ve given a total and thorough review
That will help make it clear
what you think
I would do

If there’s a good chance I’ll emerge from this coma
With nothing so bad as a limp or a stoma
Then tell them to go ahead with their bad selves
and flitter around me like magical elves.
And poke me and prod me and turn me about
And shove in more tubes from my tail to my snout.

But it must be a GOOD chance,
don’t take a long shot
To find out for sure, get a palliative consult

You’ll want a clinician who’s skilled in the art
And who’s taken the time to review my whole chart
You need him or her to be truthful with you
To share data and odds and to talk the thing through.
So, review all the facts,
don’t get too sentimental
Save that for the funeral,
I won’t be judgmental
If the life that I’ve lived is now fully behind me
That’s what I want, in the end, to define me.

I don’t want the mem-ory of me recalled
As an oblivious lump with devices installed
And I damn sure don’t want all the money I’ve saved
To be spent on my trip from this bed to that grave
I’d rather you have it,
the kids and their spouses
If Bernie had won it could help them buy houses
Because he did not and they’re gonna need knowledge
You can set it aside to help them with college
But I guess I’ve digressed,
that stuff’s all in my Will
Let’s get back on the track and get you up this hill.

If the odds don’t look good, please don’t grasp at faint straws
Tell my kids, friends and mother—and my in-laws
To gather and for just a moment take pause
Tell me you love me and give me a kiss
Have them turn off the things that buzz, whirl and hiss
Have the nurse give me meds to make sure I feel good
And pull the tubes out, knowing it’s understood
That you were first rate
in a tough situation
You have only my love and my firm affirmation
And my trust you’ve performed, as in past situations,
In a way that’s exceeded my best expectations.

Oh, One last thing…
Before you commence your official bereavement
Could you see if the hospital has an agreement
To do Hospice Inpatient—at my bedside?
It’s just, … if it got around that I died
And wasn’t on hospice, I’d be quite mortified.

See the YouTube video of the author reading the poem.

The Vermont Advance Directive Registry: Becoming an Authorized Provider

Would you like to be able to confirm if a patient has an advance directive in the Vermont Advance Directive Registry (VADR)? If you are a healthcare provider or health organization you can get authorization to access the VADR by completing the Vermont Department of Health’s Provider Access Agreement and the Provider Access Application. Once your application and agreement are processed and approved, the Registry staff will contact you to provide you with the necessary login credentials and passwords to access the registry. Procurement organizations, funeral homes and crematories are also eligible to become authorized providers.

You should also know that when the registry was established in 2007, all Vermont hospitals were required to become authorized users of the registry. If you are a hospital staff member and are unsure about how to access Vermont’s Advance Directive Registry, contact your IT Department for the appropriate login information.

If you are unsure if you are an Authorized Provider, or if you are having trouble finding your login credentials, please give us a call at 802-828-2909 and we will work with you and the registry to get you up and running.