

## Collaborative Advance Care Planning Initiative Sees Results



### Advance Care Planning Results In:

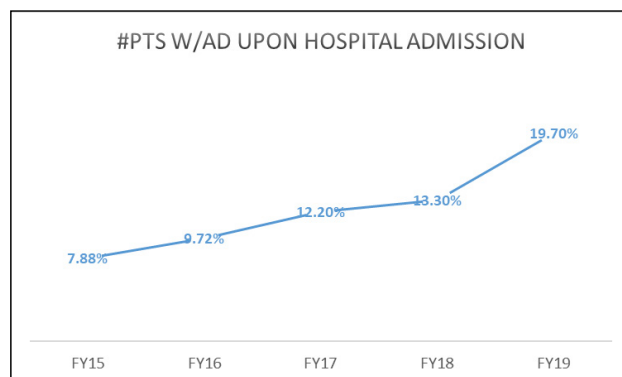
- Improved shared decision-making and quality, person-centered care
- Less emotional distress for patients, families and providers
- Less conflict between healthcare professionals
- Less moral uncertainty about choices that are made
- Lower use of non-beneficial treatments resulting in lower costs

### 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



**W**ho'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 UVMHC 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 UVMHC service area compared to La Crosse, Wisconsin where 97% of adults have advance directives.
- A 2014 survey revealed that only 7% of UVMHC patients had completed an advance directive.

# HEALTH DECISIONS

SPRING 2019 • VOL. 24, NO. 3

A publication of the  
Vermont Ethics Network

*The mission of the  
Vermont Ethics Network is to  
advance ethics in health care*

Vermont Ethics Network  
61 Elm Street  
Montpelier, VT 05602  
Telephone: 802-828-2909  
Fax: 802-828-2646  
Email: [ven@vtethicsnetwork.org](mailto:ven@vtethicsnetwork.org)  
Web site: [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org)

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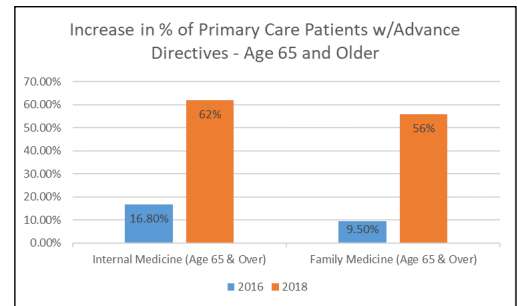
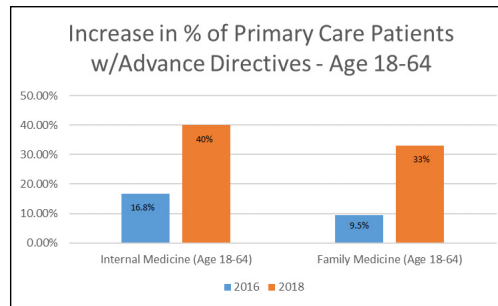
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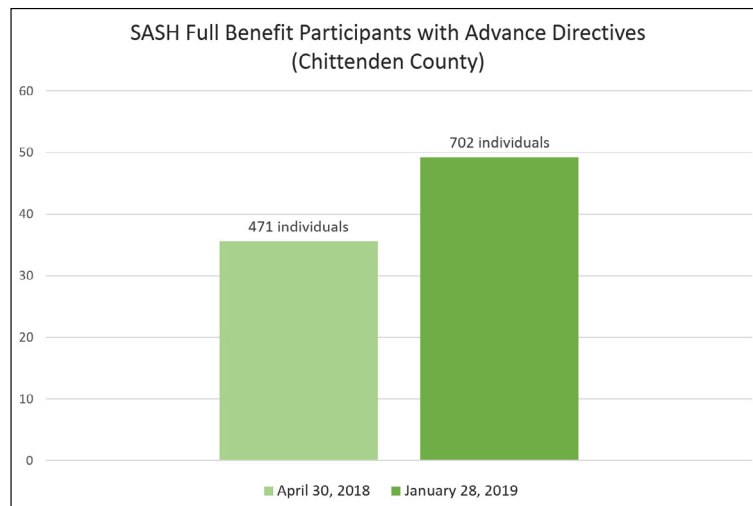
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Cindy Bruzzese, MPA, MSB  
*Executive Director & Clinical Ethicist*  
Catrina Brackett  
*Executive Admin/Bookkeeper*  
Nina Thompson  
*Community Outreach Coordinator*

## Initiative Sees Results *continued from page 1*



## Support and Services at Home (SASH) Outcomes



## Community Feedback

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.

## 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.



[VTETHICSNETWORK.ORG](http://VTETHICSNETWORK.ORG)

## — VEN SPRING PALLIATIVE CARE CONFERENCE —

# 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**

**Danielle Ofri, MD, PhD, D.Litt, FACP**, is an internist at the medical clinic of Bellevue Hospital, the oldest public hospital in the country. She is a founder and Editor-in-Chief of the *Bellevue Literary Review*, and is on the faculty of New

York University School of Medicine. Her newest book is *What Patients Say; What Doctors Hear*, an exploration of doctor-patient communication and how refocusing the conversation between doctors and patients can improve health outcomes. Danielle Ofri writes regularly for the *New York Times* and *Slate Magazine* about medicine and the doctor-patient relationship. Her essays have also appeared in the *Los Angeles Times*, the *Washington Post*, the *Atlantic*, the *New England Journal of Medicine*, the *Lancet*, CNN and on National Public Radio.



**Terry Altilio, MSW, LCSW, ACSW** is a palliative social work consultant with over two decades of experience working with patients and families in hospital settings. She lectures in post masters social work programs at New York University, Smith and California State University San

Marcos. She is a recipient of a Project on Death in America Career Achievement Award and a Social Work Leadership Award which supported a palliative social work fellowship and listserv which currently links 750 social workers. She has received a Mayday Pain and Society Fellowship Award and a Social Worker of the Year award from the Association of Oncology Social Work. She has co-authored publications, lectured nationally and internationally and is co-editor with Shirley Otis-Green of the Oxford Textbook of Palliative Social Work and most recently co-editor with Bridget Sumser and Meaghan Lyon Leimena of *Palliative Care—A Guide for Health Social Workers* published in January 2019.

## AGENDA

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

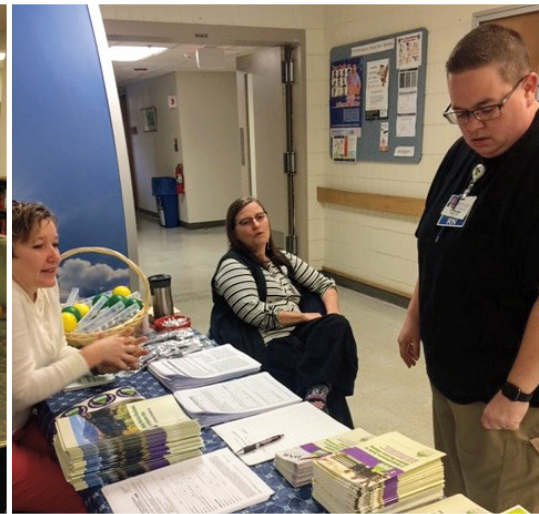
**REGISTER ONLINE**

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



*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 Vermonter's to plan for their future health care needs!*

**L**ook 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!

**10**

**Vermont Counties Served**

**19**

**Advance Care Planning Awareness Events**

**30**

**Participating Hospitals & Healthcare Facilities**

**559**

**People Served with Advance Care Planning Events & Information Tables**

**1,287**

**Number of Materials Distributed**

# When Something Has Happened We'd All Prefer Not:

## *My Advance Directives In case of a Sudden Life Threatening Event*

POEM BY: TIM BOON, RN – CEO GOOD SHEPHERD COMMUNITY CARE

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.

*continued next page*

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 flutter 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.