



ACT: Advance Care Transition



Saint Thomas
Health



Ascension



ACT I
Scene 1: Act Now

Increase the likelihood that loved ones will cope better with grief when the time comes.

Why Should I ACT?

For Yourself and Your Family.

We think our loved ones know what we want. But studies show when we don't **give** them an Advance Care Transition plan, not only are our wishes often not met, but we create stress and confusion for our loved ones as they try to guess our values and desires. They simply cannot act on our wishes if they are unaware.

What is Advance Care Transition?

An **Advance Care Transition** plan is documentation about the kind of care you wish to receive should you become unable to speak for yourself, based on your personal values and preferences.

Why is it Important?

Studies show that Advance Care Transition plans:

- Improve the quality of end-of-life health care
- Are likely to decrease hospital and intensive care stays and emergency room visits at the end of life
- Improve end-of-life time for people and their loved ones by focusing on goals of care, values, and emotions, rather than specific treatments
- Will increase the likelihood of dying in your own home or a location of your choosing
- Is most likely to prevent end-of-life that is non-beneficial and contrary to people's wishes, which may turn the final weeks and months into a "medical treadmill"
- Lessen stress and disagreements during a medical crisis, and help eliminate misunderstandings or drama associated with incorrect perceptions
- Encourage clear discussions which leave nothing important unsaid, avoiding regrets and anguish that can result from not having had such conversations

Who Should Have an Advance Care Transition Plan?

Everyone over 18 years of age – regardless of current health.

- Medical crises can happen at any time. They may be upsetting and stressful, and you or your loved ones may be asked difficult questions
- When wishes have been determined and discussed, everyone involved have the same understanding
- Advance Care Transition plans are for everyone who want to worry less about the future, and who want to help their loved ones during a challenging time

Who can Serve as Your Voice/Agent?

If you are so ill you cannot speak for yourself, who would you choose to speak for you?

Do they know your care wishes, and what really matters to you?

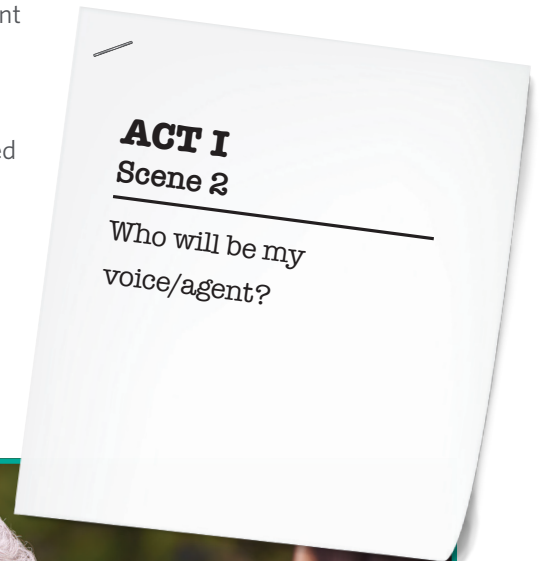
- They should know and understand your values, your wishes, and your fears
- They should be willing to handle stressful situations
- They should be able to tell doctors what type of care you prefer, and what you do not want
- They will be able to refuse or stop treatment if that is what you would want
- They live near you or are willing and able to travel if needed to make decisions for you
- They are assertive and able to ask questions to get the information needed to make decisions

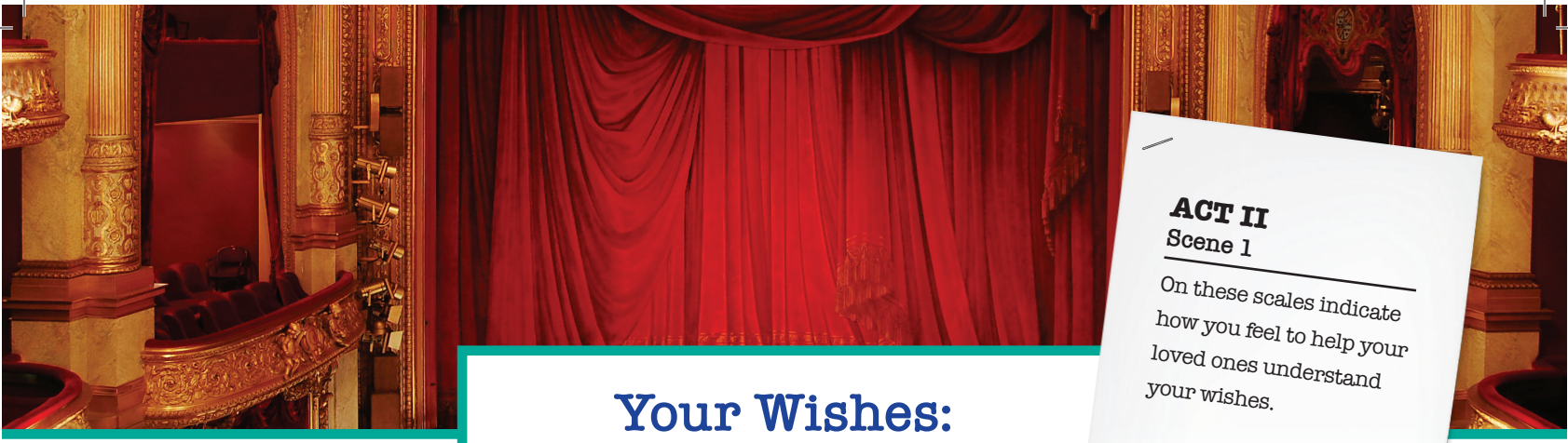
For example, you may choose:

- Your primary care physician
- Your partner
- A child or grandchild
- Another family member
- A close friend
- An attorney

Think about your values, your experiences, your wishes for end-of-life care.

- What is important to have around you at the end of your life?
- What gives your life purpose every day?
- What is important to you in your relationships?
- How do your beliefs guide you?
- Have you accepted that your health might change in the future?
- How involved do you want to be in decisions?
- Do you value privacy or being surrounded by loved ones?





ACT II
Scene 1
On these scales indicate how you feel to help your loved ones understand your wishes.

Your Wishes: Physical, Mental, Emotional

Privacy: When that times comes, I want to

Be alone, and everyone does not need to know everything

Be surrounded by loved ones, and they can know everything

Information: If I have a life-limiting condition, I want to

Know the details -
The basics are fine

Know exactly how long my doctors think I have to live

Control: I prefer to

Trust my doctors with my medical decisions

Be involved in every treatment decision

Involvement: I prefer

For my loved ones to do exactly what I would want even if they disagree

Trusting my loved ones to make the decisions they feel are best

Place: I prefer to be

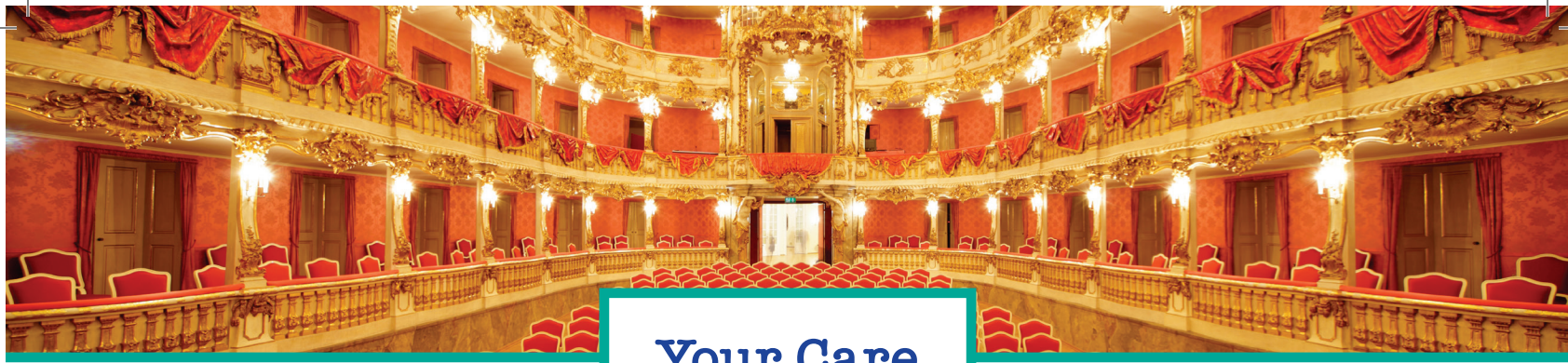
In my own home, or a home-like location

In a health care facility

Treatment: I prefer

Less treatment - I prefer quality of life over quantity

Everything possible to gain more time, no matter how uncomfortable



Your Care

ACT III Scene 1

How important are
these to you?

Rank from 1 to 10:

1 = not important at all

10 = very important

Physical: Accepting help or remaining independent

- To be able to speak
- To be able to hear
- To take care of yourself: feeding, bathing, dressing
- To walk and move around by yourself

Mental: Fully aware or peace without awareness

- To make your own decisions
- To be aware of who or where you are

Emotional:

- To feel the love of others, to spend time with them
- To give love or support to others

Quality or Quantity:

- To have the best **quality** of life possible
- To have the longest **quantity** of life possible



Talk About It

To Prepare for the Conversation

Who? Choose who you want to talk to including your agent, the person who you would like to be your voice. The conversation might include your parent(s), child or children, spouse or partner, sister or brother, friend, someone who shares your beliefs, a neighbor, or a caregiver.

Where? Choose the setting where you and others will feel most comfortable. It might be at your home, at a restaurant, in a park, or wherever seems best.

When? Choose the timing that works. For example:

- Changing jobs or annual employment benefit review when you name your dependents or beneficiaries
- When prompted by a book, movie, television program, after a news story, loss of a friend or family member
- After a community program or worship service that stirs your own values and beliefs
- While you are still feeling well
- Before or during a family milestone or holiday, or the next time you all come together
- While estate planning or making funeral plans
- When you get marketing mail or phone calls for life, health, or disability insurance

How? If it is difficult to begin, perhaps writing a letter, or sharing a story will help you explain why this is important to you.

What? Good topics to cover are listed throughout this publication.

- Inform yourself
- Your wishes for end-of-life care
- Your experiences
- Decide what matters
- Think about your values



ACT IV Scene 1

Who or what is your
inspiration for having
an Advance Care
Transition plan?

Other Ways to Set the Stage

- “I want to be prepared for the future, and I need your help. Can we talk about it?”
- “I’ve been thinking about the last phase of my life, and I’d like to share my wishes with you. Would that be alright?”

If you are beginning the conversation with a loved one or person in hopes of knowing what they want for the end of their life, direct statements and questions can help:

- “If you ever got really sick, what type of care would you want, or not want?”
- “It worries me that we’ve never talked about it. I’d feel better if we did.”
- “If you could choose, how would you want the time to be spent at the end of your life?”
- “What would you consider a good death?”

Stay calm, go slowly, keep an open mind, be patient, and listen. Don’t feel too much need to control the conversation. It may happen quite differently than you expect.

- Be patient, give them time to understand, and give yourself time to appreciate their comments, questions, and opinions. Some people may need more time than others
- Try not to judge. People can have very different views on end-of-life matters.
- It is valuable to merely try to talk, even if you don’t succeed. The attempt will make it easier the next time

Having the Conversation

- Sharing your wishes can bring you closer to the people you love
- Talking may reveal that you and your loved ones disagree, and that is alright. It is better to know this and talk now, rather than during a medical crisis
- The conversation isn’t a one-time thing; it can be the first of many
- You will be better prepared for frank discussions with your doctor
- What do you really want your loved ones to know matters to you?

ACT IV **Scene 2**

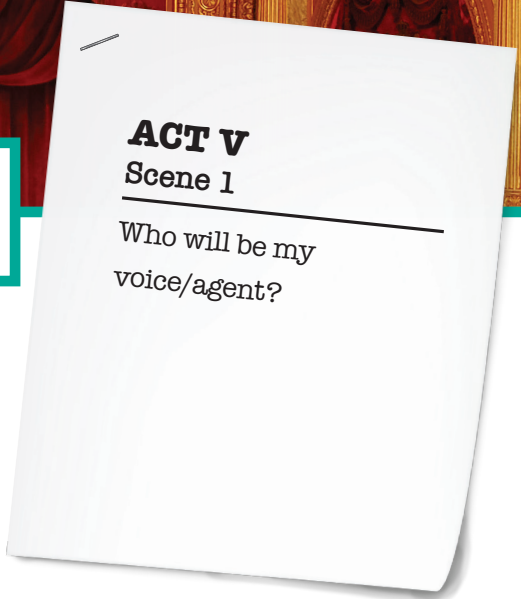
Conversations and planning provide a chance to address universal fears about death:

- Fear of pain and physical suffering
- Fear of being lonely or dying alone

- Fear of what will become of loved ones
- Fear of being a burden
- Fear of lacking peace of mind
- Fear of the loss of control
- Fear of the unknown, and death is the ultimate unknown



Your Agent



Choose a person you trust (called your agent on the Advance Directive for Health Care form, which establishes power of attorney) to express your wishes and make health care decisions for you if you cannot speak for yourself. You will also be asked to choose an alternate.

Who do you choose to speak on your behalf? (Name)

My spouse or partner _____

My child or children _____

My mom or dad _____

My sister or brother _____

My doctor _____

My caregiver _____

My friend _____

Person who shares my beliefs _____

Other _____

Advance Directive for Health Care or Appointment of Health Care Agent?



Most of us have some uncertainty about what we would want, and our goals of care change over time. A young adult may not be ready to think about end of life but they can think about and appoint a health care agent in case of serious accident or illness.

Put your wishes into a plan

Along with having the conversation with your loved ones, complete the Advance Directive for Health Care form or the Appointment of Health Care Agent at the back of this book or download from www.tn.gov

Remember

No form or single conversation can include all the decisions you and your loved ones may face.

Treatment decisions should be made after understanding your preferences, and then learning the risks, benefits, and expected outcomes.

- Treatments can be helpful if they offer cure, relieve suffering, restore functioning, or enhance quality of life
- Treatments can be harmful if they cause pain or postpone dying without offering benefit

These decisions are personal.

It is always appropriate to stop a treatment that is no longer working and is only prolonging the dying process. Remember, it is the underlying disease or condition that causes death, not stopping the treatment.



ACT VI

Scene 1

You have already begun!
By thinking about and writing down your values and preferences.

After the First Conversation

When you have the completed form:

- Give a copy to your doctor
- Keep copies where they are easily accessible to others, and let them know where to find
- Give a copy to the person you have chosen as your agent and their alternate
- Review what is in the completed Advance Directive for Health Care form with your loved ones (perhaps also your closest friends or neighbors) so that they understand and it is familiar. It is common that during a medical emergency, they may need to respond from memory even though you have provided copies for them and your doctor

Reviews

Periodically review your plan. Change it as needed, discuss it again.

There are no right and wrong answers. Information can change, feelings can change, the people involved can change. You can change your mind and you can change your plan.

- Your goals may have changed since you last completed your Advance Directive for Health Care form or Appointment of Health Care Agent form. Complete new forms as necessary
- After your conversation(s) give a copy of your Advance Directive for Health Care or Appointment of Health Care Agent to your loved ones and your doctor. This form is valid anywhere and is not specific to one state
- Discussing it is as important as writing it down for when decisions must be made on your behalf during an emergency
- You should also review your plan in the case of a change in your current health, a hospitalization, and other life changing events

ACT VI **Scene 2**

Select your agent and fill out your Advance Directive for Health Care form or Appointment of Health Care Agent form.

Remember

- Sharing your values and wishes with loved ones can help bring you closer
- It is fine to disagree, and it is better for differences of opinion to be discovered now rather than during a medical emergency

- It may be more than one conversation; you may want to have many
- Besides talking to loved ones, you will become ready to have honest conversations with your doctor

ADVANCE DIRECTIVE FOR HEALTH CARE*
(Tennessee)

Instructions: Parts 1 and 2 may be used together or independently. Please mark out/void any unused part(s). Part 5, Block A or Block B must be completed for all uses.

I, _____, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Part I Agent: I want the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____
Address: _____ Mobile Phone: _____ Other Phone: _____

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate the following person to make health care decisions for me. This includes any health care decision I could have made for myself if able, except that my agent must follow my instructions below:

Name: _____ Relation: _____ Home Phone: _____ Work Phone: _____
Address: _____ Mobile Phone: _____ Other Phone: _____

My agent is also my personal representative for purposes of federal and state privacy laws, including HIPAA.

When Effective (mark one): I give my agent permission to make health care decisions for me at any time, even if I have capacity to make decisions for myself. I do not give such permission (this form applies only when I no longer have capacity).

Part 2 Indicate Your Wishes for Quality of Life: By marking “yes” below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking “no” below, I have indicated conditions I would not be willing to live with (that to me would create an **unacceptable** quality of life).

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dependent in all Activities of Daily Living: I am no longer able to talk or communicate clearly or move by myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other restorative treatment will not help.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Indicate Your Wishes for Treatment: If my quality of life becomes unacceptable to me (as indicated by one or more of the conditions marked “no” above) and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. By marking “yes” below, I have indicated treatment I want. By marking “no” below, I have indicated treatment I **do not want**.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	CPR (Cardiopulmonary Resuscitation): To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions, and breathing assistance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Support / Other Artificial Support: Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys, and other organs to continue to work.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treatment of New Conditions: Use of surgery, blood transfusions, or antibiotics that will deal with a new condition but will not help the main illness.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tube feeding/IV fluids: Use of tubes to deliver food and water to a patient’s stomach or use of IV fluids into a vein, which would include artificially delivered nutrition and hydration.

Part 3 Other instructions, such as hospice care, burial arrangements, etc.: _____

(Attach additional pages if necessary)

Part 4 Organ donation: Upon my death, I wish to make the following anatomical gift for purposes of transplantation, research, and/or education (mark one):

Any organ/tissue My entire body Only the following organs/tissues: _____

No organ/tissue donation

SIGNATURE

Part 5 Your signature must **either** be witnessed by two competent adults (“Block A”) or by a notary public (“Block B”).

Signature: _____ Date: _____
(Patient)

Block A Neither witness may be the person you appointed as your agent or alternate, and at least one of the witnesses must be someone who is not related to you or entitled to any part of your estate.

Witnesses:

1. I am a competent adult who is not named as the agent. I witnessed the patient’s signature on this form.

Signature of witness number 1

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient’s estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient’s signature on this form.

Signature of witness number 2

Block B You may choose to have your signature witnessed by a notary public instead of the witnesses described in Block A.

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the “patient.” The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public

WHAT TO DO WITH THIS ADVANCE DIRECTIVE: (1) provide a copy to your physician(s); (2) keep a copy in your personal files where it is accessible to others; (3) tell your closest relatives and friends what is in the document; (4) provide a copy to the person(s) you named as your health care agent.

* This form replaces the old forms for durable power of attorney for health care, living will, appointment of agent, and advance care plan, and eliminates the need for any of those documents.

APPOINTMENT OF HEALTH CARE AGENT
(Tennessee)

I, _____, give my agent named below permission to make health care decisions for me if I cannot make decisions for myself, including any health care decision that I could have made for myself if able. If my agent is unavailable or is unable or unwilling to serve, the alternate named below will take the agent's place.

Agent:

Alternate:

Name

Name

Address

Address

City State Zip Code

City State Zip Code

() _____
Area Code Home Phone Number

() _____
Area Code Home Phone Number

() _____
Area Code Work Phone Number

() _____
Area Code Work Phone Number

() _____
Area Code Mobile Phone Number

() _____
Area Code Mobile Phone Number

Patient's name (please print or type) Date

Signature of patient (must be at least 18 or emancipated minor)

To be legally valid, **either** block A **or** block B must be properly completed and signed.

Block A Witnesses (2 witnesses required)

1. I am a competent adult who is not named above.
I witnessed the patient's signature on this form.

Signature of witness number 1

2. I am a competent adult who is not named above. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness number 2

Block B Notarization

STATE OF TENNESSEE
COUNTY OF _____

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is shown above as the "patient." The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: _____

Signature of Notary Public



**Saint Thomas
Health**



Ascension

PASTORAL CARE

Please call the hospital responsible for your care using the numbers provided below:



Saint Thomas DeKalb

520 W Main Street
Smithville, TN 37166
(615) 215-5000



Saint Thomas Hickman

135 East Swan Street
Centerville, TN 37033
(931) 729-4271



Saint Thomas Highlands

401 Sewell Road
Sparta, TN 38583
(931) 738-9211



Saint Thomas Midtown

2000 Church Street
Nashville, TN 37203
(615) 284-5555



Saint Thomas River Park

1559 Sparta Street
McMinnville, TN 37110
(931) 815-4000



Saint Thomas Rutherford

1700 Medical Center Parkway
Murfreesboro, TN 37129
(615) 396-4100



Saint Thomas Stones River

324 Doolittle Road
Woodbury, TN 37190
(615) 563-4001



Saint Thomas West

4220 Harding Road
Nashville, TN 37205
(615) 222-2111



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For more information, go to alivehospice.org/gift