



Goals of Care and Shared Decision Making:
*What does your Health Care Provider
need to know?*

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Dr. Doris Barwich, Executive Director, BC Centre for Palliative Care

Judy Nicol, Professional Practice Leader, Interior Health



Interior Health
Every person matters



Interior Health's Message

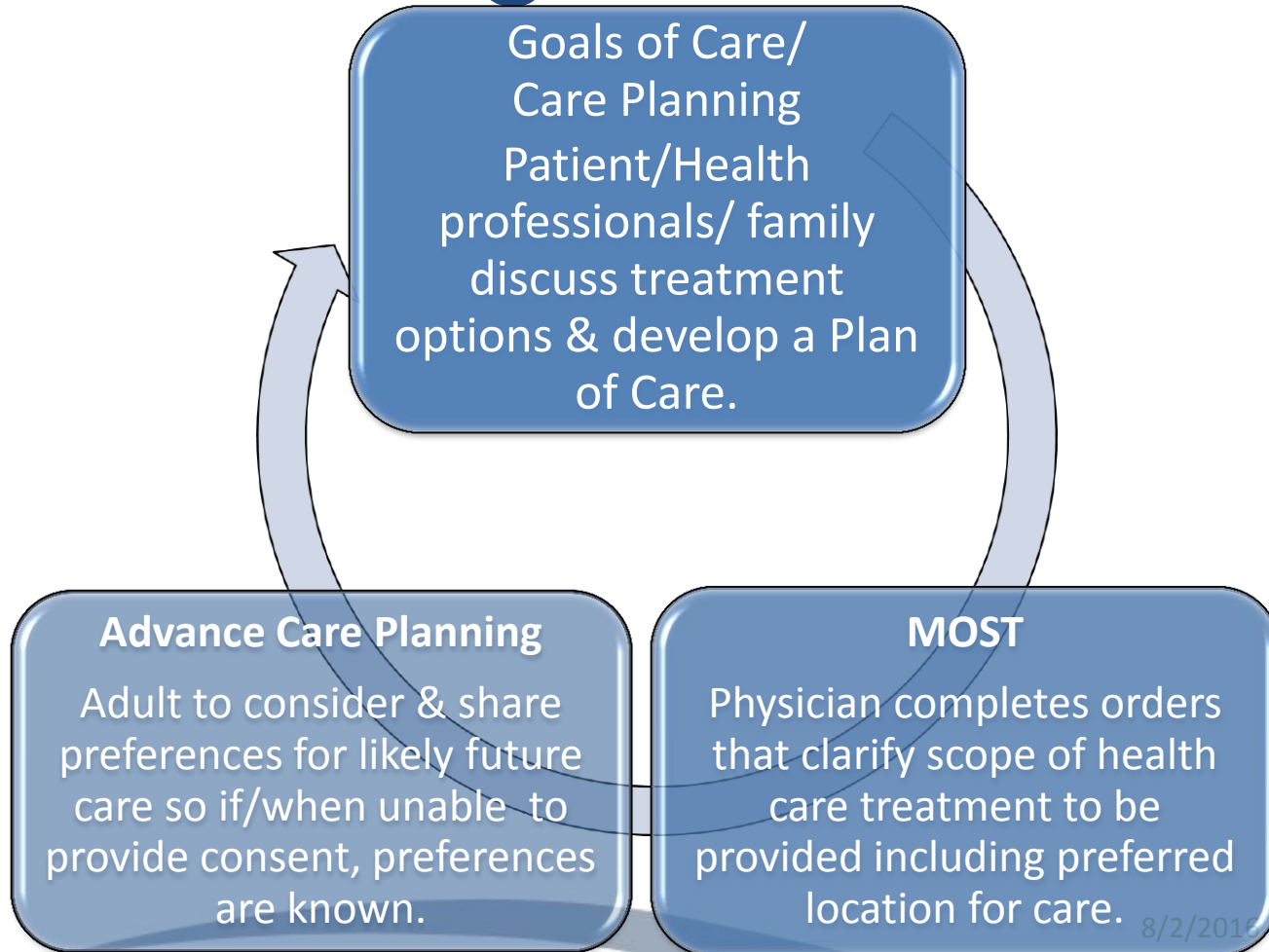
what **matters**
MOST

Talk Early / Talk Often

Encourage Flow of Information

- Inquire into patient's values, goals of care, any known advance care plan
- Physician/Medical Team discuss diagnosis, treatment options and anticipated outcomes
- Explore implications on Goals of care; recommend treatment plan
- Clarify treatment plan, goals for treatment
- Physician complete Medical Orders for Scope of Treatment (MOST)

Creating a Plan of Care



An Interactive Approach

Balance of Shared Decision Making:

- I. Physician responsibility to communicate prognosis and benefits and burdens of treatment to help frame recommendations
- II. Patient's right to provide informed consent or refusal

Shared Decision Making

- MOST (Medical Order for Scope of Treatment) Form translates shared treatment decisions into actionable medical orders
- Should also result in care plans/other medical orders that describe treatment decisions

Promotes Person-Centred Care

“Helps teams work collaboratively with other teams to reflect a plan that is between the person receiving care and all others involved in his/her care”

“Physician to physician communication is expected ... a lot of time has been spent with the patient to complete the form... to support an appropriate plan of care.”

Primary care physician Interior Health

Who should have a MOST?

- Intended use is adults, particularly those who are seriously ill; have multiple co-morbidities; or have consent refusals in their Advance Care Plan relevant to MOST
 - The ‘surprise question’: “Would you be surprised if this patient died in the next year?”
- Review ... If there are significant changes in the adult’s condition or circumstances relevant to MOST.

Demographic Landscape

- Interior Health has over 25,000 MOST forms uploaded,
- Primary physicians completing MOST with family practice patients
- Over 90% of all Residential Care sites
- Patients with an existing MOST form have a updated form with each acute admission

Accessible/Timely Information

- Promotes clear communication to HCPs across all care settings and helps them deliver care that minimizes unnecessary or unwanted treatment
- Accessible in the electronic health record (Meditech)

MOST 'routinized' Process

- For those with an 'existing' MOST revisit and clarify intent for treatment
- Promote clear communication, accessible
- Promotes Advance Care Planning :
Encourage conversations/consider Substitute Decision Maker/use Advance Directive for specific and enduring instructions.

MOST Designation Form – Part 1



MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Legal Name _____
Last Name / First Name

Date of Birth _____
dd/mm/yyyy

PHN _____

PART 1 – RESUSCITATION STATUS & MEDICAL TREATMENTS Most Responsible Physician (MRP) to initial in the box beside the chosen resuscitation status/treatments *(choose only ONE designation)*

M1	<p>Supportive care, symptom management and comfort measures only: Allow a natural death. Care is for physical, psychological and spiritual preparation for an expected or imminent death. Do not transfer to higher level of care unless to address comfort measures that cannot be met in current location.</p>
M2	<p>Medical treatments within current location of care excluding critical care interventions, cardiopulmonary resuscitation (CPR), intubation, and/or defibrillation. Current location: _____ Allow a natural death. Transfer to higher level of care only if patient's medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care interventions, CPR, defibrillation and/or intubation.</p>
M3	<p>Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR, defibrillation and/or intubation: Allow a natural death. Medical treatments are for cure or control of symptoms of illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.</p>
C0	<p>Critical care interventions excluding CPR, defibrillation and intubation: Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that are offered except CPR, defibrillation and intubation.</p>
C1	<p>Critical Care interventions including intubation, but excluding CPR and defibrillation: Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that are offered except CPR and/or defibrillation.</p>
C2	<p>Appropriate critical care interventions including CPR, defibrillation and/or intubation: Patient is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered.</p>

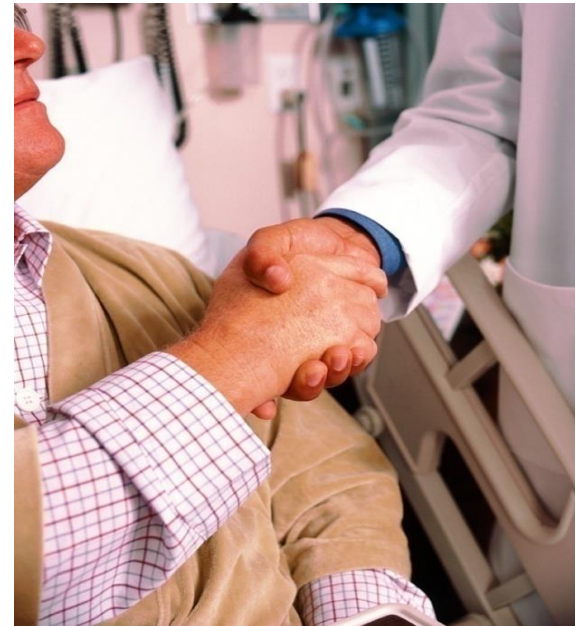
MOST Designation Form cont'd

PART 2 – SPECIFIC INTERVENTIONS <i>(if applicable, refer to details in completed Patient Consent Record)</i>		
Blood Products	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nutritional Support <input type="checkbox"/> YES <input type="checkbox"/> NO
Non-Invasive Ventilation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dialysis <input type="checkbox"/> YES <input type="checkbox"/> NO
Other Directions		
PART 3 – SUPPORTING DOCUMENTATION <i>(check all documents reviewed)</i>		
<input type="checkbox"/> Previous MOST Form	<input type="checkbox"/> Plan of Care	Representation Agreement
<input type="checkbox"/> No CPR Form (B.C.)	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7
<input type="checkbox"/> Other		
PART 4 – CONSULTATIONS <i>(check all individuals consulted)</i>		
<input type="checkbox"/> Capable Patient	<input type="checkbox"/> Representative <i>(note name)</i>	<input type="checkbox"/> Inter-professional health care team
<input type="checkbox"/> Personal Guardian (Committee) <i>(note name)</i> _____	<input type="checkbox"/> Temporary Substitute Decision Maker <i>(note name)</i> _____	<input type="checkbox"/> Patient incapable / SDM unavailable
SUMMARY OF MOST RESPONSIBLE PHYSICIAN'S ORDER		
As the patient's Most Responsible Physician I have considered the documents noted in Part 3 and discussed the benefits, consequences and preferences of the above Order with the individual(s) noted in Part 4.		
Name of MRP <i>(please print)</i>		Signature
Date <i>(dd/mm/yyyy)</i>	Physician Office Phone #	Patient Location
REVALIDATION OF MOST RESPONSIBLE PHYSICIAN'S ORDER		
<input type="checkbox"/> MOST FORM Revalidation (No Change)	Date <i>(dd/mm/yyyy)</i>	Physician Signature
<input type="checkbox"/> MOST FORM Revalidation (No Change)	Date <i>(dd/mm/yyyy)</i>	Physician Signature

Send to MOST Data Entry Office at xxx-xxx-xxxx

Shared Commitment

- shared responsibility
- work as a team with family and inter-professional health care team
- listen and understand patient's own story
- get accurate medical picture
- create a care plan /revisit as needed



‘Nothing About Me, Without Me’

“People only die once... they have no experience to draw upon.

They need doctors and nurses who are willing to have the hard discussions and say what they have seen, who will help people prepare for what is to come.”



Dr. Atul Gawande

Summary:

- Patient Centred Care describes a way of communication, a way of interacting
- Both the patient's life situation and disease or illness are considered
- Enables full partnership/shared responsibility
- Builds a Plan of Care/MOST understood by all