Center *for* Rural Health

Honoring Choices® North Dakota: Relationships with North Dakota's Rural Palliative Care Project

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Center for Rural Health Outreach Specialist
President, Honoring Choices® North Dakota

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Objectives

1. Understand what Honoring Choices® North Dakota is and does.
2. Describe the benefits of Honoring Choices® North Dakota.
3. Summarize the affiliation of Honoring Choices® North Dakota (HCND) and the Center for Rural Health's Rural Palliative Care Project.

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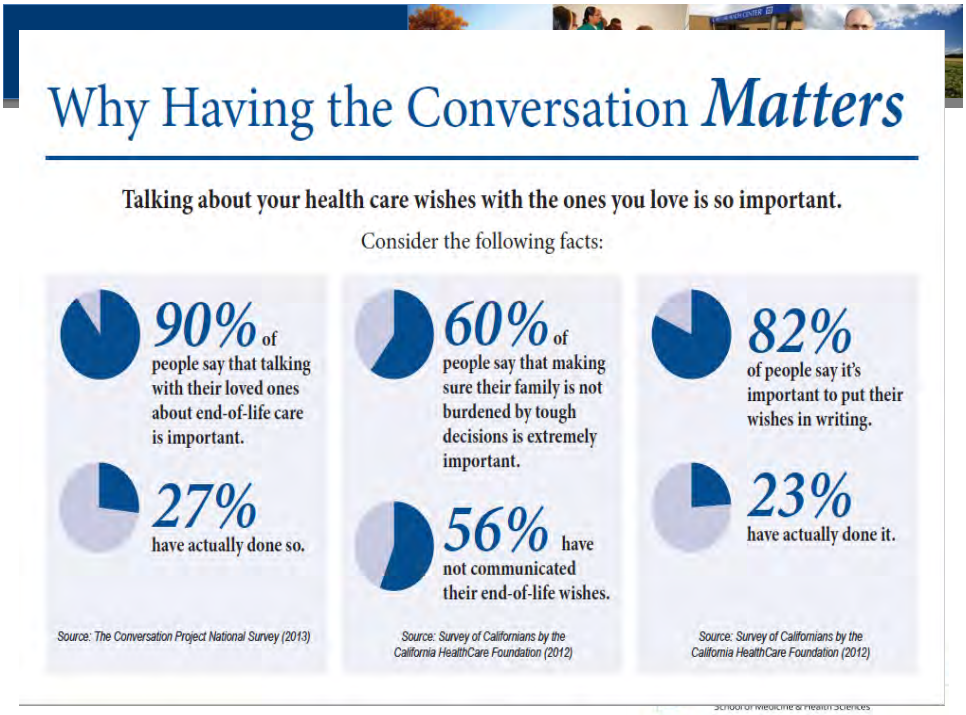
Imagine

In the case of a sudden event,
such as a car accident or serious illness,
who would you trust to make
health care decisions on your behalf
if you are unable to do so?



2018 Statistics on Advance Care Planning

What People Say

92% think it is important to talk about wishes for end-of-life care

53% they would feel relieved if a loved one started "the Conversation"

What People Do

32 % have wishes in writing

68% have yet to have the conversation,

Only 27% have had the conversation.

(The Conversation Project 2018 Survey)

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What is Advance Care Planning

"Advance care planning is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of advance care planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness."

(Sudore et al, 2017)

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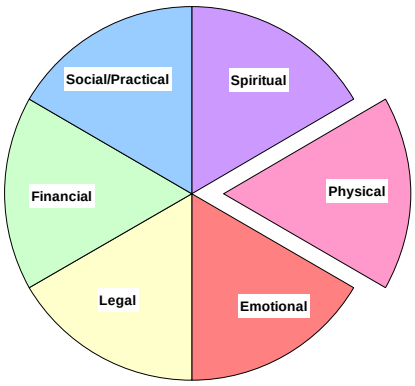
Advance Care Planning

Whole Person Planning

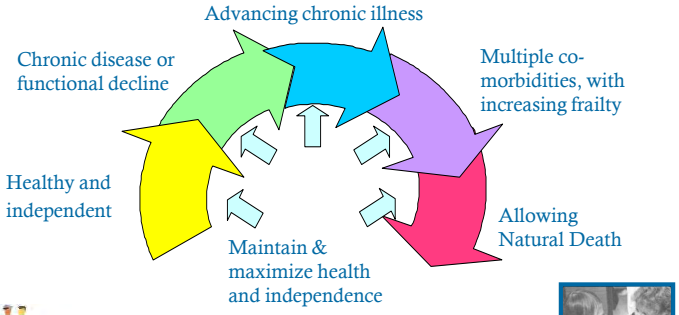


MOLST
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT

With permission, Pat Bomba

Advance Care Planning

Compassion, Support and Education along the Health-Illness Continuum



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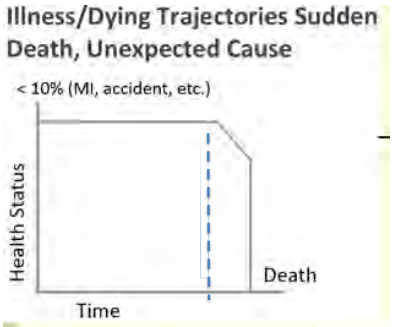
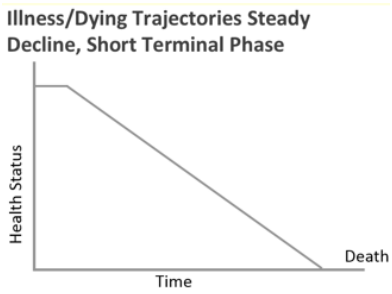
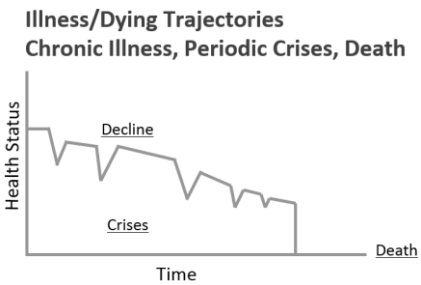
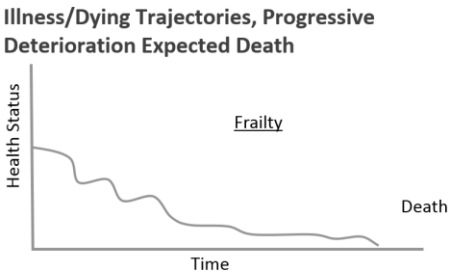


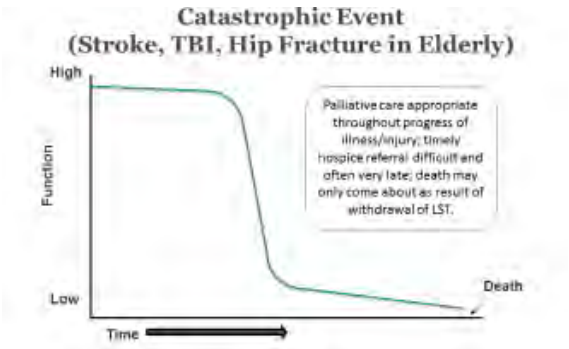






(Field & Cassel, 1997, Lunney et al, 2003)

The Fifth Trajectory- COVID as an example



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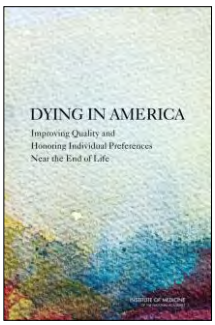
Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life



Suggested citation: IOM (Institute of Medicine). 2014. *Dying in America: Improving quality and honoring individual preferences near the end of life.* Washington, DC: The National Academies Press.

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INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

www/iom.edu/endoflife

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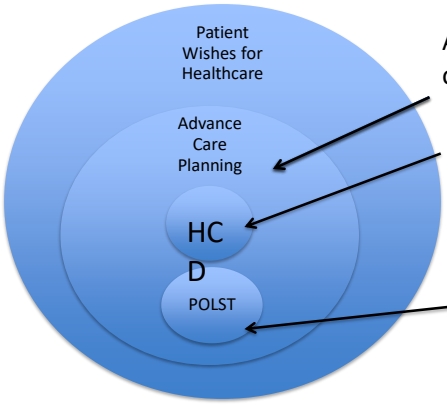
The Process



A facilitated, on-going process

A patient-directed document

Physician orders that translates patients wishes into medical orders

Advance Care Planning: *ND History*

Patient Self-Determination Act → ND health care directives authorized

Physician Orders for Life-Sustaining Treatment (POLST) introduced to ND → limited utilization

1999–2003

2013

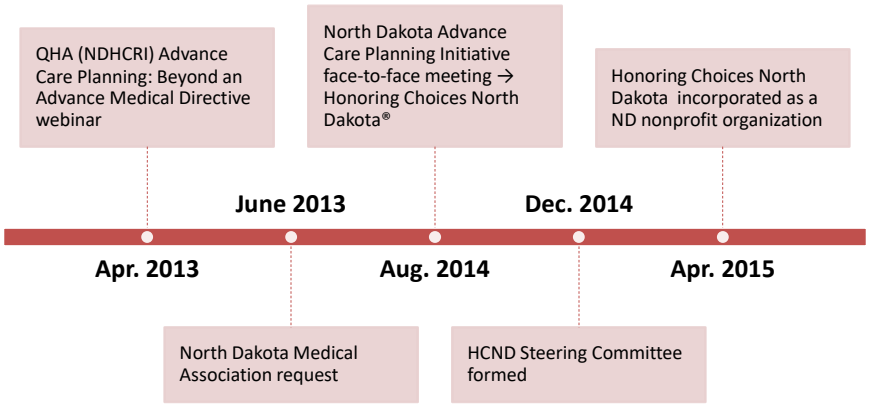
1991

2005

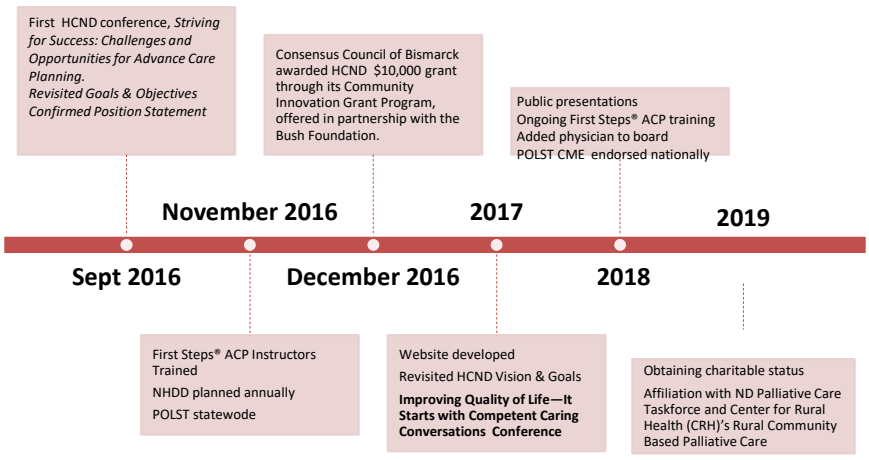
Matters of Life and Death → community forums, end-of-life care education for physicians and nurses

Inconsistent advance care planning and limited EOL care education for most healthcare professionals

ACP ND History Continued



Most Recent ACP History in ND



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Honoring Choices® North Dakota Position Statement

A collaborative group of statewide community partners who have a shared vision of creating a culture across North Dakota where continuous (on-going) advance care planning is the standard of care and every individual's informed preferences for care are documented and upheld.

Honoring Choices® North Dakota Position Statement

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Benefits of Honoring Choices® North Dakota

- Access to Healthcare Directives (short and long versions)
- Resources to POLST , state and national
- Facilitator Training opportunities and availability
- Decision Aids for CPR, ventilators
- Conversations Guides Serious Illness Conversation Guide for Serious Illness, Letters to Patients, in times of crisis
- COVID-19 Conversation Resources
- A place to ask questions
- Supports entire state to keep people aware

Honoring Choices® NORTH DAKOTA

2015 Honoring Choices North Dakota®

Vision

To create a culture across ND where continuous (on-going) advance care planning is the standard of care and every individual's informed preferences for care are documented and upheld

Goal

To assist statewide community partners with the development and implementation of a comprehensive advance care planning program by December 2016

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HCND Current Vision & Mission

VISION: The health care choices a person makes become the health care the person receives.

MISSION: To assist communities develop a successful advance care planning process.

Objective 1: Promote advance care planning through community and professional outreach and education.

Objective 2: Promote standardization of advance care planning.

Objective 3: Establish base of financial support.

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HCND Current Workgroups

- Community Engagement
  - Website
  - Facebook Page
  - Newsletter/Listserv
- Professional Education
  - First Steps® Facilitator Training
- POLST- Awareness, Education, Implementation
- Finance
- HCND Strategic Plan
- Updating HCND Partners and Facilitators List

Honoring Choices® NORTH DAKOTA

2015 HCND Board of Directors		
Name	Organization	Location
Judy Beck	Quality Health Associates of North Dakota	Minot
Lynette Dickson	UND Center for Rural Health	Grand Forks
Kathy Evenson	Community Partner	Hillsboro
Cindy Gohner	Blue Cross Blue Shield of North Dakota	Fargo
Nancy Joyner	Nancy Joyner Consulting	Grand Forks
Courtney Koebele	North Dakota Medical Association	Bismarck
Judith Peterson	Hospice of the Red River Valley	Fargo
Shelly Peterson	North Dakota Long Term Care Association	Bismarck
Karen Robinson	Community Partner	Fargo
Kristina Schlecht	UND Center for Family Medicine - Minot	Minot
Lois Ustanko	Sanford Health - Fargo	Fargo

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2021 HCND Board of Directors

Name/ Discipline	Organization	Location
Nancy Joyner, APRN	Nancy Joyner Consulting & CHR	Grand Forks
Courtney Koebele, JD	North Dakota Medical Association	Bismarck
Michelle Lauckner, RN	Quality Health Associates of ND	Minot
Sara Schwarz, Chaplain	Hospice of the Red River Valley	Bismarck
Marcie Schulz, RN	Good Samaritan Society	Bismarck
Lisa Tocchio, RN	Blue Cross Blue Shield ND	Fargo/EGF
Kristi Ulrich	Community Representative	Fargo
Jody Ward, RN	UND Center for Rural Health	Minot
Maryn Young, FNP	Presentation Medical Center	Rolla

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Honoring Choices® North Dakota: *The Conversation*

The conversation isn't about dying . . .
Rather it's about how you want to live
until you die.

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ND Rural Palliative Care Involvement

2013- CRH was approached by ND Healthcare Review and Nancy Joyner Consulting, joined early workgroup, CRH represented by Lynette Dickson

2014-Strategic relationship with QHA & CRH

2015 Lynette became a board member. CRH became a financial contributor to HCND

2017 Rural Palliative Care Project initiated, utilized First Steps® ACP Facilitator Training

2019-Jody Ward replaced Lynette on the Board while overseeing the Rural Community Based Palliative Care Project

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Why the ND Rural Palliative Care Supports Honoring Choices® North Dakota?

- Connects resources & knowledge to strengthen the health of people in rural and tribal communities.
- Brings together expertise and help share knowledge and tools with a broad range of rural and tribal stakeholders
- Recognizes health inequity, strives for social justice.
- Develops and builds community engagement

"If there is a crisis, a problem, something for an opportunity with a solution, the Center is an 'entrepreneur on steroids.'

The one word to describe the Center for Rural Health? 'More'."

(Brad Gibbens, CRH Acting Director, 2021)

Honoring Choices® National Network

Delaware
Florida
Idaho
Indiana
Massachusetts
Minnesota
North Dakota
Pacific Northwest (Washington & Oregon)
Tennessee
Virginia
Wisconsin
Napa Valley, California

What do current partners say?

Honoring Choices® NORTH DAKOTA

National Healthcare Decisions Day (NHDD)

NATIONAL HEALTHCARE DECISIONS DAY
your decisions matter

Mission

National Healthcare Decisions Day (NHDD) exists to inspire, educate and empower the public and providers about the importance of advance care planning. NHDD is an initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be.

Goal

Demystifying healthcare decision-making and make the topic of advance care planning inescapable

Started in 2008, celebrated April 16th of Each Year

Institute for Healthcare Improvement

Call to Action

- **The Conversation Project**
- **Conversation Ready- The Principles in Action**

ANA and HPNA- Call to Action

Developed in Partnership with Organizational Affiliate
Hospice and Palliative Nurses Association

Call to Action

Call for Action: Nurses Lead and Transform Palliative Care (2017)

Includes Advance Care Planning Conversations

National Association of Social Workers (NASW)

Social Work Roles and Opportunities in Advanced Directives and Health Care Decision-Making

National Association of Social Workers (NASW) Standards for Palliative & End of Life Care

Social Workers Help starts here.™

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Chaplain's Role

Study: Chaplains Crucial for Advance Care Planning in Medical Practice

(Today's Geriatric Medicine, n.d.)

Using Chaplains to Facilitate Advance Care Planning in Medical Practice

(Aoife et al, 2018)

Beyond Cure: The Chaplain's Role in Helping Patients Navigate the End-of-life Maze

(Shacklenton, 2017)

Conclusion

- Numerous National Organizations Support Action Steps for Advance Care Planning
- Nurses, Social Worker and other Health Care Professionals have significant roles in advance care planning.
- ND Rural Palliative Care Project through UND Center for Rural Health collaborates with Honoring Choices® North Dakota
- All rural communities could benefit being involved!

Honoring Choices® NORTH DAKOTA

40 YEARS CRH Center for Rural Health University of North Dakota School of Medicine & Health Sciences

Advance Care Planning - The Gift

Contact Information

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