

LEADER'S GUIDE

Purpose

Advance Health Care Planning in Kansas introduces the process and documents involved in preparing for your future medical care, should you become unable to speak for yourself. Topics include: what are advance directives, why advance directives are important to complete, the four types of advance health care planning documents, and how to properly store and share your documents.

Background/Introduction

In Kansas, any competent person over the age of 18 has the legal right to voice their wishes regarding their future health care in the event that they would be unable to speak for themselves. Despite this, less than ¼ of all American adults have advance health care planning documents in place. Without these documents, health care providers and family members are generally unable to provide the care that individuals desire and health care decision making can become complex and riddled with legal interference. In an attempt to better prepare Kansans for their future health care, including that at end-of-life, K-State Research and Extension is providing education on the Kansas statutes for appointing a durable power of attorney for health care and completing a living will, HIPAA privacy authorization form, and a pre-hospital DNR.

Lesson Objectives

1. To teach participants the importance of advance health care planning at any age.
2. To educate participants on the various Kansas statutes for advance health care planning.
3. To teach participants how to properly and accessibly store their advance health care planning documents.
4. To increase the number of Kansans with advance health care directives in place.

Target Audience: This program can be delivered to all adults over the age of 18 who reside in Kansas.

Optimal Group Size: This program can be delivered one-on-one or to groups of all sizes.

Estimated Program Time: The entire program can be delivered in 1 hour, which includes time for questions to be answered. A shortened version of the PowerPoint, *Advance Health Care Planning in Kansas 101*, can be delivered in 25 minutes.

Program Materials (all materials are located on the KSRE aging website – aging.ksu.edu)

- Leader’s Guide
- PowerPoint Presentations
 - *Advance Health Care Planning in Kansas*
 - *Advance Health Care Planning in Kansas 101*
- Leader’s Script (located in the notes section of each PowerPoint presentation)
- Common Questions and Answers
- Publication – MF3280 – *Advance Health Care Planning in Kansas*
- Evaluation Instrument
- Various Infographics
- Radio/News Release Quick Tip
- Success Story Template
- Program Promotional Poster
- 3-panel Educational Poster – MF3345 – *Advance Health Care Planning in Kansas 3-panel Display*

Before the Lesson Begins

Lesson:

- Gain familiarity with all aspects of the program, including objectives, presentation, script and evaluation instrument.
- Decide how you want to present the program – the entire program or the abbreviated *101* version.
- Practice presenting the program. Become comfortable with coordinating the slides, script, and any supplemental information. Staying true to the material, make personal or additional notes to emphasize certain points and/or invite additional audience participation as needed.
- Add your personal information (name, title, county/district) to the title page.

Print Participant Materials:

- It is beneficial to provide a copy of the *Advance Health Care Planning in Kansas* publication – MF3280 – to each participant.
- PowerPoint Handout
- Evaluation

Program Procedure

1. Distribute the PowerPoint Handout and *Advance Health Care Planning in Kansas* publication (if you are providing a copy).
2. Follow the Leader’s Script (see “notes” section of the PowerPoint presentation).
3. After the program, distribute the evaluation.

Evaluation Procedure

1. Distribute the evaluation to each participant **AFTER** the program ends. The evaluation tool is the same for both versions (full or *101*) of the program.
2. Briefly explain the need for evaluations in Extension (i.e., this allows us to communicate the impact of our work and to improve our programming for individuals like yourselves).
3. Allow for approximately 3-5 minutes for participants to complete the evaluation.
4. Collect all evaluations. You have three options for communicating the impact of your work:

a) Enter your evaluation data directly into PEARS.

b) Scan and email the completed evaluations and the evaluation cover page to:
erinyelland@ksu.edu

c) Mail hard copies of the evaluations and the evaluation cover page to:
Erin Yelland
343 Justin Hall
1324 Lovers Lane
Manhattan, KS
66506-1401

Using This Program to Influence Policy, Systems, and Environmental Change

In addition to one-on-one or group programming related to this topic, it would also be beneficial to consider activities that will lead to broader policy, systems, and environmental changes. A great deal of policy, systems, and environmental change work has already been done around Advance Health Care Planning, as Kansas has implemented easy to use, fill-in-the-blank forms, but there is still a great deal of work that can be done to increase the prevalence of Kansans who have completed their forms. Some ideas might include:

- Coordinating with your local first responders, emergency room personnel, and others to implement *Operation Red File*, an initiative from the Kansas Department of Aging and Disability Services (KDADS) in partnership with KSRE, in your community. With this program, you can include the publication, *Advance Health Care Planning in Kansas*, in the red file – thus giving all recipients of a red file access to advance planning forms.
- Encourage advance health care planning from all persons enrolling/re-enrolling in Medicare through SHICK and advise them about the availability of advance directives.
- Work with your local hospitals and emergency care service providers to ensure that they are collecting and maintaining advance directives for their patient population.
- Presenting the material to public policy and health care systems in your county/district. These systems must continue to develop more effective ways to ensure that advance health care planning is routine for all adults and that patient wishes are reflected in treatment plans.
- Coordinate with employers in your county/district to present the material to their employees. Perhaps employers may be able to offer a small incentive to their employees who have completed their advance health care plans.

- Use social marketing and other public education opportunities to engage in an awareness campaign about advance health care planning and other end-of-life issues.
- Collaborate with your local hospital, long-term care facilities, or hospice organizations to bring advance planning education to chronically ill or geriatric patients and their caregivers. This type of targeted facilitation has led to higher advance health care directive completion rates.

Resources for Additional Information

KSRE	http://www.aging.k-state.edu/programs/adv-healthcare-planning/adv-healthcare-planning.html
Centers for Disease Control – Issue Brief	https://www.cdc.gov/aging/pdf/advanced-care-planning-critical-issue-brief.pdf
Mayo Clinic	http://www.mayo.edu/pmts/mc2100-mc2199/mc2107-05.pdf
National Health Care Decisions Day	http://www.nhdd.org/resources/#resources1
National Hospice and Palliative Care Organization	http://www.nhpco.org/advance-care-planning
National Institute on Aging	https://www.nia.nih.gov/health/publication/advance-care-planning

COMMON QUESTIONS AND ANSWERS

Q: When should I plan ahead?

A: Any time after you turn 18. Advance health care planning is not only for older adults. A person at any age can experience an accident or serious disease that leaves them incapacitated and unable to make their own health care decisions. In Kansas, any competent person 18 years of age or older can plan for their health care in advance.

Q: What if I change my mind?

A: Any of your advance planning forms can be revised or destroyed at any time, provided you are still competent to do so.

Q: What if I need to make changes to my advance health care plans?

A: To make changes, you should complete a new form and ensure that old documents are shredded or destroyed.

Q: Can I appoint multiple people as my Durable Power of Attorney?

A: Technically, the answer is yes. Though it is strongly discouraged to do so. When you have more than one individual in charge of medical decision making, differences of opinion, disagreements, and hurt feelings can easily occur – all of which slow down your medical treatment and care. Therefore, it is strongly recommended that you only appoint ONE individual as your Durable Power of Attorney. You can, however, appoint a back-up in case your primary Durable Power of Attorney is unreachable, deceased, or incapable of decision making.

Q: What if something happens to me and I don't have advance planning in place?

A: This is complicated, and varies state-by-state. The law in Kansas states that surrogate decision-makers are, in order: 1) the adult or emancipated minor's spouse, unless they are legally separated; 2) an adult child; 3) a parent; and 4) an adult relative by blood or marriage. If none of those individuals eligible to act as surrogate are reasonably available, an adult who has exhibited special care and concern for the person, who is familiar with the person's personal values, and who is reasonably available, may act as surrogate. A person shall be disqualified from acting as surrogate if the patient has filed an order of protection against that person and the order is still in effect.

To reduce the risk of unauthorized, unlawful, or unwanted decision-making, it is in the best interest of the individual to complete their advance directives.

Q: Can hospitals or doctors require me to have advance health care directives?

A: No, they cannot require you to complete you advance directives.

Q: Will my advance directive be honored in another state?

A: That depends. Each state has unique advance directive forms. Some states will honor advance directives completed in other states while others will not, and some states do not address the issue. Therefore, it is recommended that if you spend a significant amount of time in another state, complete your advance directives there, too. Also keep in mind that if you move to another state, you should create new forms with that state's statutes in mind. Ultimately, it will be easier for medical professionals to honor your directives if they are familiar with the form(s) unique to their state.

Q: I think someone in my family should complete these forms. How can I talk to them about getting it done?

A: If you are initiating a conversation with your loved one, remember to be patient and understanding — these conversations can be tough. Make a plan for your conversation, practice it with a friend, and bring paper to take notes. If you are unsure of how to start the conversation, saying “I need your help with something” or “I was thinking about what I would like the end of my life to look like. I want _____. What would your wishes be?” might help get the conversation going.

Q: What happens if I do not have my DNR form present during a medical emergency?

A: Emergency medical professionals will still attempt resuscitation. Legally and ethically, they must perform CPR on an individual who is not breathing UNLESS the form is provided BEFORE they start resuscitation.

Q: What if the DNR form is found AFTER emergency medical professionals have begun CPR?

A: In Kansas, they are legally and ethically unable to stop CPR once they have begun.

Q: Will a DNR Insignia (bracelet, necklace, etc.) suffice as a DNR?

A: No. Generally emergency medical professionals will perform CPR unless a DNR form is made available to them. Some private companies offer bracelets, anklets, necklaces, or other insignia for purchase to make your DNR wishes immediately apparent. Before you wear or keep such an item on your person, it is crucial that you have made the cognitive decision that you do not want to be resuscitated in the case of an emergency. If you have made that decision, wear your insignia and keep a copy of your legal DNR form in an accessible location, so it may be presented to medical personnel upon their arrival.

Q: Do I need an attorney to help with my advance health care plans?

A: No. In Kansas you can complete all advance health care planning forms without the assistance of an attorney. If you have specific wishes that are not addressed in the fill-in-the-blank forms, you will need to consult with an attorney.

Q: Can I write specific wishes in the margins of the fill-in-the-blank forms?

A: No. If you change or alter the fill-in-the-blank forms in any way, there is no guarantee that your document will be legally binding and able to be held up in a court of law.

Q: Can I advance plan for my pets?

A: Yes! Kansas State University's Perpetual Pet Program is designed to provide animals with loving homes once an owner is no longer able to provide daily care. For details about the Perpetual Pet Care Program, contact a development professional at 785-532-4378 or perpetualpetcare@vet.kstate.edu.