

Advance Care Planning



EDUCATIONAL INFORMATION

**HAWAI'I
PACIFIC
HEALTH** | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

CREATING A HEALTHIER HAWAI'I

Advance Care Planning

"It's not the years in your life that count. It's the life in your years."

- Abraham Lincoln

Being hospitalized with an advanced illness can be difficult and confusing. You and your family may have questions about your illness and the choices you must make. To help you and your loved ones during this crucial time, Hawai'i Pacific Health offers the support of its skilled Advance Care Planning Team. We are a specially trained group of willing, competent, patient-centered clinicians that take the time when those decisions need to be made and ask the questions needed to make informed, patient-centered decisions. That is what makes the difference.



"Doing your best at this moment puts you in the best place for the next moment."

How will Advance Care Planning help?

Advance Care Planning is tailored to the needs of each patient and his or her family. We recognize that your goals of care and quality of life may change over time. Patients who talk to their families and physicians about their preferences:

- have less fear and anxiety
- feel they had more ability to influence and direct their medical care
- believe that their physicians have a better understanding of their wishes
- report strengthened relationships with family and friends

When is the right time for Advance Care Planning?

Advance care planning helps you through all stages of illness. It is best introduced early in your care and is an ongoing process of respecting the choices that you make for yourself.

How can I start my Advance Care Planning?

Understanding your wishes can provide comfort and peace of mind for you and your loved ones and it is up to you to take the initiative and start these conversations. If you would like more information about advance care planning please contact Medical Social Services and/or discuss with your primary care physician. You may also register for advance care planning classes online at HawaiiPacificHealth.org/ACP-Registration or call 808-643-HOPE and select Option 2 to speak with a navigator at the specific facility for more information.

What is Advance Care Planning?

Advance care planning is about health care team members meeting with you and your family to discuss what kind of care you would and would not want if you became very sick. Advance care planning is care customized to reflect your personal preferences and health needs, as well as meet your social, cultural and religious requirements.

Your ADVANCE HEALTH CARE DIRECTIVE

healthier

Your HEALTH Your FUTURE

This is a gift to your family and friends so that they won't have to guess if you are no longer able to speak for yourself.



Why do I need an Advance Health Care Directive?

- This is a legal document where you can specify what actions you would like taken if you can no longer make decisions for yourself because of illness or incapacity. You can designate who can speak for you.
- Medical technology makes it possible for a person with little or NO hope of recovery to be kept alive for months or years.
- NOW is the time to tell the people in your life what is important to you.
- If you don't have an Advance Health Care Directive, and even one person interested in your care disagrees with your wishes, your doctor may not be able to honor your directives for end-of-life care.

What should be in my Advance Health Care Directive?

- Whether or not to prolong your life as long as possible within the limits of health care standards.
- Your wishes and instructions whether or not you would like machines to breathe for you or feed you through a tube.
- Wishes to have pain and discomfort alleviated.
- Your values to guide health care decisions about quality of life.

Who do I use to speak on my behalf (as my Agent)?

- The person(s) that you designate as your Agent has the right to accept or refuse ANY kind of medical care, testing and/or access to any medical records.
- This person can be a spouse, family member, trusted friend or clergy member.
- The Agent cannot be an owner or employee of a health care facility where you are receiving care unless they are related to you.

What are your wishes for comfort care?

- You can indicate if you would like medicine for pain or discomfort.
- You can designate where you would like to spend your last days (for example, home, hospital, or hospice) and give spiritual, ethical or religious instructions.

How can I ensure that my advance directive is honored?

Share copies and talk with people who will be involved in your care. Ask your doctor to make your advance directive part of your medical records.

Your ADVANCE HEALTH CARE DIRECTIVE

healthier

Instructions for Advance Health Care Directives

(In accordance with the Uniform Health Care Decisions Act)

You may add information or make any changes you wish to this form, or use another form. If specific areas are left blank we will assume that your agent is aware of your wishes and will therefore represent you in any situation. If you need additional assistance please contact numbers included below. You do not need an attorney to complete this form.

PART 1: Health Care Power of Attorney

Select one or more persons to be your agent and to make health care decisions should you become unable to make them yourself.

PART 2: Individual Instructions

Give instructions to your family, friends and doctors about your wishes for end-of-life care. You can express your values and desires about health care ahead of time. Check only boxes in each category that you agree with and cross out those that do not apply.

PART 3: For the Advance Health Care Directive to be valid you must sign it:

- **Before two adult witnesses who are personally known to you and who are present when you sign. These witnesses must sign and date the document.**

They cannot be health care providers, employees of a health care facility, or the person you choose as an agent. One of the two persons cannot be related to you or have inheritance rights.

OR

- **Before a notary public in the state**

If you do not have two witnesses, your Advance Health Care Directive must be notarized.

You have the right to revoke or change your Advance Health Care Directive at any time.

(Be sure to tell your agent and doctor if changes are made.)

Who can help me complete my Advance Health Care Directive?

- Talk with your health care provider and/or with the person you would like to designate as your health care Agent.
- Hawai'i Pacific Health can also help. We have Advance Care Planning classes to help you define and discuss your values and wishes so you can complete your form.
 - To register, go online to HawaiiPacificHealth.org/ACP-Registration or
 - Call 808-643-HOPE (O'ahu) and select option 2 to speak with a navigator at one of our facilities.
- The social Work departments at each of our facilities are also available to assist if you are hospitalized.
- University of Hawai'i Elder Law Program: For assistance with legal issues and concerns, call 808-956-6544 (O'ahu) or www.hawaii.edu/uhelp
- Legal Aid Society of Hawai'i
 - O'ahu: 808-536-4302
 - Neighbor Islands: 1-800-488-4302
- Kaua'i: Senior Law Program 808-246-8868
- Kookaa Mau: Advance Directive forms, including multilingual versions can be found on their website www.kokuamau.org or by calling 808-585-9977 (O'ahu).

**HAWAII
PACIFIC
HEALTH** | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

55 Merchant Street, 27th Floor | Honolulu, Hawai'i 96813

HawaiiPacificHealth.org

CREATING A HEALTHIER HAWAII

MC - 780 B 11/2019

FACT SHEET

CARDIOPULMONARY RESUSCITATION (CPR)

What you should know

Cardiopulmonary resuscitation (CPR) is an attempt to re-start the heart when the heart has stopped beating. CPR may or may not work.



What is CPR?

It can include:

- Chest compressions that must be done 100 times a minute.
- Pushing air into the lungs.
- Electrical shock and drugs to try to restart the heart.
- A breathing tube that may be inserted into the windpipe to provide oxygen and then connected to a machine.

CPR does not work as well if

- You have chronic health problems.
- You have an illness that can no longer be treated.
- You are older and weak.

If you are in the hospital and get CPR, you have a 17 percent chance of it working and leaving the hospital alive.

If you are older, weak, and living in a nursing home, CPR works less than 3 percent of the time.

**HAWAI'I
PACIFIC
HEALTH** | KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

CREATING A HEALTHIER HAWAI'I

©Copyright 2011–All Rights Reserved. Gundersen Lutheran Medical Foundation, Inc.

MC 780 C 11/2019

CARDIOPULMONARY RESUSCITATION (CPR): What you should know

What else can happen with CPR?

If CPR does help to get your heart and lungs to work, it usually has side effects.

- Your lungs are weakened and you will need to be on a breathing machine for a time.
- You will need to be cared for in an ICU.
- You may have brain damage.
- You may have damage to your ribs.

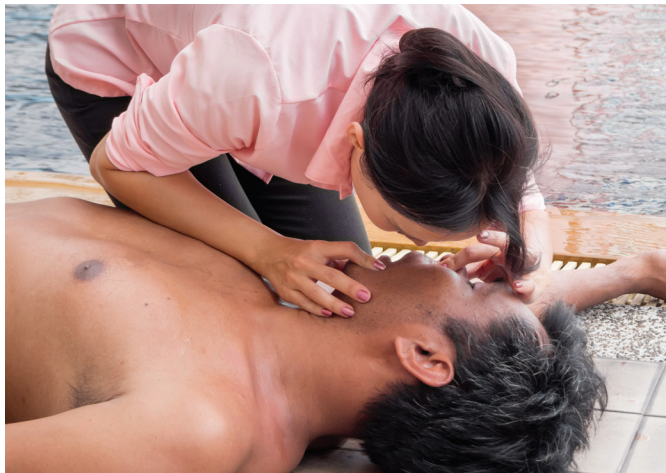
You should talk to your doctor about these side effects.



If you decide you do not want CPR.

If you do not want to try CPR, you will still get the care you need. There are many choices you can make to help you be comfortable and live as well as possible.

If you do not want to try CPR, you need to tell your doctor and family. Plans can be made that follow your wishes.



If you want to try CPR.

If you want to try CPR, you should talk about what results you would expect. What would your goals be? What would make you no longer want to be alive? Some examples are:

- You could not breathe without a machine.
- You could not think or talk.
- You would not know anyone.

**HAWAII'
PACIFIC
HEALTH**

KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

55 Merchant Street, 27th Floor | Honolulu, Hawai'i 96813

HawaiiPacificHealth.org

CREATING A HEALTHIER HAWAII'

MC 780 C 11/2019

FACT SHEET HELPING WITH BREATHING:

What you should know

Your lung problem makes it hard for you to breathe sometimes. You have choices about how to breathe with greater ease and less stress. These choices include:

- Being put on a ventilator or “vent” (breathing machine)
- Using a mask that gently pushes air into your lungs (BiPAP)
- Using medicine



This sheet describes and explains your choices. The time to make this choice is when you feel well and have the facts you need. Ask questions and talk with your doctor and others. Think about what being alive means to you. The doctor who knows you best can help you decide what to do.

What is a ventilator (breathing machine)?

This machine pushes air and oxygen into your lungs to help you breathe. It is hooked to a tube that goes through your mouth into your throat (windpipe). You cannot speak or swallow when this tube is in. You will need medicine to help you stay calm. You will need to be in the ICU while on a breathing machine.

**HAWAI‘I
PACIFIC
HEALTH** | KAPI‘OLANI
PALI MOMI
STRAUB
WILCOX

CREATING A HEALTHIER HAWAI‘I

©Copyright 2011–All Rights Reserved. Gundersen Lutheran Medical Foundation, Inc.

MC - 780 D 11/2019

HELP WITH BREATHING: What you should know

healthier

What is bi-level positive air pressure (BiPAP)?

BiPAP pushes oxygen into your lungs through a tight-fitting mask over your nose and mouth. You can try BiPAP if you do not want to be on a ventilator. The tight-fitting mask might hurt or push on your skin. Air can go into your belly and cause pain. It may be hard to talk.

Would a ventilator or BiPAP work for me?

A ventilator or BiPAP may or may not work for you.

A ventilator or BiPAP will work best if:

- Your lung problem can be fixed.
- You are using either device for a short time to get better after surgery or a sudden illness.

A ventilator or BiPAP will not work as well if:

- Your body is shutting down from long-lasting health problems.
- You have an illness that can no longer be treated.
- You are not able to stand the air pressure required to move oxygen in and out of your lungs.



If you want to try a ventilator or BiPAP.

If you think you want to try a ventilator or BiPAP, you need to figure out what you want to do if either device does not work. What if your health gets worse? What if you cannot think or talk? Would you want to stop the ventilator or BiPAP if these things happen? Talk to your doctor and family about what you would want them to do.

If you decide not to have a ventilator or BiPAP.

If you decide not to have a ventilator or BiPAP, tell your doctor and your loved ones. We can make plans to follow your wishes:

- Oxygen can be given through a soft, flexible nose tube.
- Medicines can be given to help keep you comfortable.
- Prayer, meditation and music can all help a person feel calm.



**HAWAII'
PACIFIC
HEALTH**

KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

55 Merchant Street, 27th Floor | Honolulu, Hawaii'i 96813

HawaiiPacificHealth.org

FACT SHEET TUBE FEEDING:

What you should know

If you have a serious illness sometimes you do not have the ability to swallow food. Tube feedings are a way to give food using a tube that goes in to the stomach through the nose or a hole in the stomach.

This fact sheet can help you decide if you would ever want to be fed by a tube. The time to make this choice is when you feel well and have the facts you need. If you have more questions ask your doctor about your options.



What is a tube feeding?

Tube feeding methods include:

- A tube put through your nose into your stomach OR
- A tube put through the skin into your stomach.

Food and water are slowly and gently pumped through these tubes.

Tube feeding does not work as well if:

- Your body is becoming weak from chronic health problems.
- You have an illness that can no longer be treated.
- You are older and weak.

You may have fears about not getting food or water. You may think you will starve or be uncomfortable. This is not true. When food and water are not given, you will die naturally from your chronic illness. You will not feel hungry, and you will receive good care to make you comfortable.

TUBE FEEDING: What you should know

healthier



When are tube feedings most successful?

- Tube feedings are most successful when there is a short term problem with swallowing.
- Tube feedings are also useful when there is a primary problem in the throat or esophagus making swallowing difficult.
- Tube feedings are most successful when a person does NOT have a primary neurologic problem causing the swallowing difficulty. Alzheimer's Disease and other dementias, major irreversible strokes, and Parkinson's disease are some examples of neurologic problems.



What else can happen with a tube feeding?

- Tube feedings do not stop people from having a lung infection such as pneumonia.
- Fluids can build up from tube feeding if your body is not working well.
- Tubes can be uncomfortable and sometimes people pull them out, leading to complications.
- Feeding tubes can sometimes be managed at home but usually require staying in a nursing facility.
- Most people who go on tube feeding stay on them the rest of their lives.

If you decide you do not want tube feeding.

You will still get the care you need. Small amounts of favorite foods or liquids may be offered for those who still have some swallowing ability. You may have a dry mouth and a sense of thirst. You will be given good mouth care and ice chips to help. There are many choices you can make to help you live as well as possible and be comfortable.

If you do not want to try tube feeding, you need to tell your doctor and family. Plans can be made that follow your wishes.

**HAWAII
PACIFIC
HEALTH**

KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

55 Merchant Street, 27th Floor | Honolulu, Hawaii 96813

HawaiiPacificHealth.org