



Health IT Policy Committee Certification/Adoption Workgroup

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Aging with Dignity





Aging with Dignity



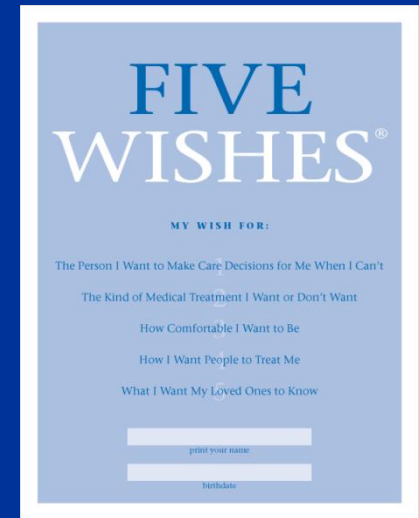
National, non-profit organization founded in 1996

Inspired by work of Mother Teresa of Calcutta

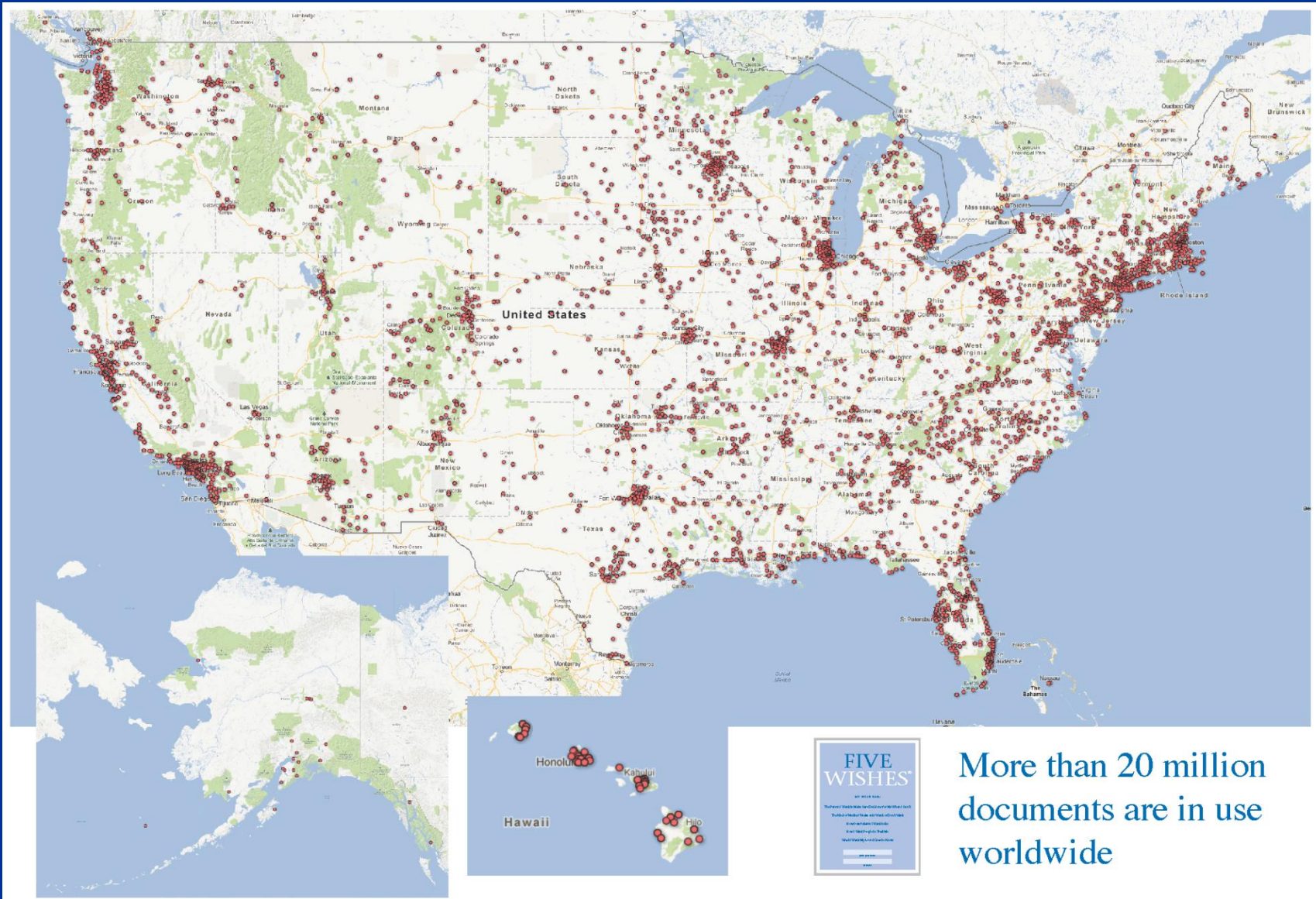
Action • Advocacy • Resources



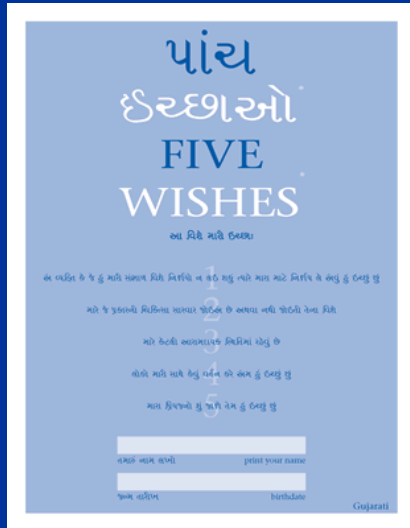
- Written in everyday language
- Promotes peace of mind, helps avoid guessing and guilt
- A discussion tool for family and physician
- Includes:
 - Designation of health care agent
 - Preferences regarding life sustaining treatment, comfort, dignity, relationships, and spirituality
- National version introduced in 1998
- Meets legal requirements in 42 states, but helpful in all 50
- 20 Million distributed to date
- Distributed by network of 40,000 organizations



Success through partnerships with 40,000+ organizations



Bilingual FIVE WISHES



મને સંભાળ આપનાર તરીકે તમારે શું ધ્યાનમાં રાખવું જોઈએ

- હું પીડા સહન કરવા માંગતો / માંગતી નથી. હું ઈચ્છું છું કે ડૉક્ટર મને મારી પીડા દૂર કરવા માટે પૂરતી દવા આપે, ભલે પછી એના લીધે હું અર્ધસુપ્ત રહું કે એ ન બહુ ત્યારે લેવું એના કરતા વધુ લેવું.
- હું એવું ઈચ્છતો / ઈચ્છતી નથી કે મારા ડૉક્ટરો અને નર્સો મારો જીવ લેવાના ઈરાદાથી કશુંક કરે અથવા ન કરે.
- હું ઈચ્છું છું કે મને મોઢા વાટે ખોરાક અને પ્રવાહીઓ આપવામાં આવે અને સાફ અને ઉષ્માપૂર્ણ રાખવામાં આવે.

What You Should Keep In Mind As My Caregiver

- I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means that I will be drowsy or sleep more than I would otherwise.
- I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.
- I want to be offered food and fluids by mouth, and kept clean and warm.

Albanian • Arabic • Bengali • Chinese simplified • Chinese traditional • Croatian • French
German • Gujarati • Haitian Creole • Hebrew • Hindi • Hmong • Ilocano • Italian • Japanese
Khmer • Korean • Polish • Portuguese • Russian • Somali • Spanish • Tagalog • Urdu • Vietnamese

Presence in diverse communities

Albanian	<i>gjuha shqipe</i>	Ilocano	Ti Pagsasao nga Iloco
Arabic	العربية	Italian	italiano
Bengali	বাংলা	Japanese	日本語
Chinese simplified	简体字	Khmer	្ក្ក្ក្ក្ក្ក្ក្ក្ក
Chinese traditional	繁體字	Korean	한국어/조선말
Croatian	hrvatski jezik	Polish	język polski
French	<i>français</i>	Portuguese	português
German	Deutsch	Russian	русский язык
Gujarati	ગુજરાતી	Somali	Af Soomaali
Haitian Creole	kreyòl ayisyen	Spanish	español
Hebrew	עברית	Tagalog	Tagalog
Hindi	हिन्दी	Urdu	اردو
Hmong	Hmoob	Vietnamese	tiếng Việt

New Resource: *Five Wishes* Online

More than 15 million people have completed *Five Wishes*, in all 50 states and all over the world. Today, you can complete your *Five Wishes* online. No more waiting - you can start this important conversation right now and have a completed document in your hands today.

Click above to watch an introduction to *Five Wishes* Online

How do I use *Five Wishes* Online?

Using our secure online system, we will guide you through *Five Wishes*, where all you have to do is check a box, select an option, or write a few sentences. When you're done, you'll be able to save, print and email your completed document so that your doctor and loved ones know what you want.

If you would rather complete your *Five Wishes* by hand, there is an option to print a blank document, already customized with your name and ready for you to handwrite your answers. You can print out your *Five Wishes* in less time than it would take you to walk outside to pick up your mail.

To get started, enter how many uses of *Five Wishes* Online you'd like and click "Get Started." If you've been given an access key, enter it on the right and click "Submit." After you've created your account you'll have 30 days to come back and make as many changes as you'd like.

Interested in providing *Five Wishes* Online to your audience? Learn more about providing *Five Wishes* Online [here](#).

Return to Aging with Dignity

The Person I Want to Make Health Care Decisions For Me When I Can't Make Them For Myself:

If I am no longer able to make my own health care decisions, this form names the person I choose to make these choices for me. This person will be my Health Care Agent (or other term that may be used in my state, such as proxy, representative, or surrogate). This person will make my health care choices if both of these things happen:

- My attending or treating doctor finds I am no longer able to make health care choices, AND
- Another health care professional agrees that this is true.

If my state has a different way of finding that I am not able to make health care choices, then my state's way should be followed.

How to Pick a Health Care Agent

The Person I Choose As My Health Care Agent Is:

First Choice Name

You will have the option to name two alternates on the next page.

Address City State Zip

Phone Phone 2 (second option)

Section 1 of 4


[My Account](#) | [Fill Out by Hand](#) | [Log Out](#)

[NEXT >](#)

- Users can answer questions on-screen and print their completed *Five Wishes*, ready for signature
- OR, users can print a *Five Wishes* PDF in any of the 27 available languages and complete the document by hand
- Video tutorials provided in each section
- Not easily transferred to EHR because state statutes require signature of principal and two witnesses and/or notary




FIVE WISHES documented in Electronic Health Records:

- Documentation varies by location
 - Lack of consistency in EHR methods = lack of consistency in advance directive documentation
 - Best practice: document if patient has an advance directive AND include a copy of the full directive in the record (scanned image of a completed *Five Wishes*)
- 





Bridging the worlds: Clinical, Technical, Personal

- Best advance care planning is inherently personal. Involves discussion with family, close friends, caregivers, healthcare providers.
 - Challenge 1: Translating the personal elements of advance care planning into clinical instruction or medical orders.
 - Challenge 2: Translating the personal and clinical elements into data that can be effectively stored and accessed electronically.
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The Elephant in the Room?

- Natural limits to what this information can tell clinicians.
 - Unlike other clinical data stored in EHR, advance care planning is not binary (either/or). Not easily defined by a check-mark or data point.
 - Personal preferences are static and often require interpretation.
 - Be cautious of over-reliance on EHR data in determining care at the end-of-life.
 - Advance directive information in EHR should inform, not dictate clinical decisions related to care at the end of life.
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Enhanced or diminished role for patients, families, caregivers?

- Decisions about care at the end of life should ALWAYS involve the patient or designated agent.
 - Proceed with caution so EHR documentation is not perceived by clinicians to lessen the obligation to consult with patient and caregivers.
 - Real concern that medical orders (POLST) and check-marks in EHR will de-personalize end-of-life decision making – creating a gap between clinicians and the patients and caregivers.
 - Documentation of advance care planning in EHRs cannot be used to relieve clinicians of responsibility to involve patients and caregivers in end-of-life decisions.
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Recommendations:

- Completed advance directives should be included in a patient's EHR. Noting that an individual has an advance directive is helpful, but it is best to have the full document easily accessible.
- Given the confusion between advance directives and medical orders (POLST), consider two distinct tracks for Meaningful Use measures:
 - Advance Directives: Record whether all patients over age 18 have an advance directive in the EHR.
 - Medical Order (POLST): Record whether a patient had an end-of-life medical order in the EHR at the time of death.
- Guiding principle: Use of technology to document end-of-life decisions should enhance – not diminish – the role of patients and caregivers.



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