Clinician Follow Up Reference for Supportive Care

Treatment or Care Concerns -

"YES" to "I want help discussing and deciding on the kinds of medical care I want or don't want with my family, friends or doctor"

Start With asking patient the below question

Do you need help deciding what type of medical care you would want or not want?

Normal ize the discussion:

This is something we discuss with all patients that have a serious illness. It's important to *know your wishes* if you get really sick, before there is a crisis.



Do you know what you want or do not want and need help discussing with someone?

Do you have someone you trust to make medical decisions for you, if you are unable to make medical decisions for yourself?

- Have you ever completed a document appointing that person to be your decision maker, such as a Power of Attorney Health Care (POAHC)?
 - o If form had been completed, obtain a copy to include in EMR.
 - o If no form has been completed, record name, relationship, contact
- Confirm if person agreed to serve this role.

Give a brief description of POLST. The POLST form documents your wishes for your care in critical medical situations. Ask if they would like to complete one or if they have one, ask for a copy to be included in EMR

Communicate the above answers in referral or notes for Next Step.

Next Step

Refer to your institution's care team member who would assist patient with Advance Care Planning.

Refer to Physician or opportunity for SW/chaplain to engage to assist patient with discussions with others and arrange for family meeting. Help the patient identify someone they would trust to make decisions and surrogate order if someone is not selected and documented.

Timing

Acuteif advanced stage w/a poor prognosis, otherwise, w/in 30 days

Discuss same day if possible → or Routinewithin 1 week

Provide online reference to: The Conversation Project

- IMPORTANT:
 - Loop back to the physician and other providers so that the patient's wishes are well explained and understood
 - Document these discussions and any completed forms in patient's records

See Reference links below for additional information Share Patient Links and Handouts as appropriate

Notes

Stages I-III: All adults, including early-stage cancer patients benefit from advance care planning discussions and designation of healthcare power of attorney. However, these discussions tend not to occur with curative intent patients because physicians fear it will cause patients to worry. National guidelines tend to focus on disease understanding and advance care planning for incurable patients.

Stage IV: Consider Palliative Care Referral if the primary team is not able to carry out these discussions. It is essential that a patient's disease understanding, values, and needs are assessed.

Geriatric: Having health care proxy and a family member present at all appointments if possible, especially if there are any cognitive issues. Concerns or questions of the primary caregiver are just as important to be addressed if patient has a hard time understanding. Geriatric patients may be more comfortable asking questions of a social worker than an oncologist as compared to a patient of a younger generation. Address polypharmacy (multiple medication use) and possible reduction of medications for better quality of life.

Patient Links and Handouts:

- ➤ NCI Support for People → NIH. Advance Directives with Cancer, Taking Time > POLST Illinois
- Cancer
- > Cancer.Net. Advanced > Illinois Guardianship and Advocacy Commission
- > American Cancer Society. > The Conversation Project Advance Directives

CSOC Patient Handout can be accessed at: http://cancer-help.me/decisions

References:

- **POLST & Advance Directives**
- Goals of Care Discussion. How Hard It Can Be JAMA Intern Med. Kirkpatrick, J.N., 2015;175(4):557-558. doi:10.1001/jamainternmed.2014.7740
- Online Clinical Training Courses For All Clinicians clinician communication training.
- <u>CPAC. Center to Advance Palliative Care™</u> clinician tools, training, tech assis. For those caring for people with a serious illness

