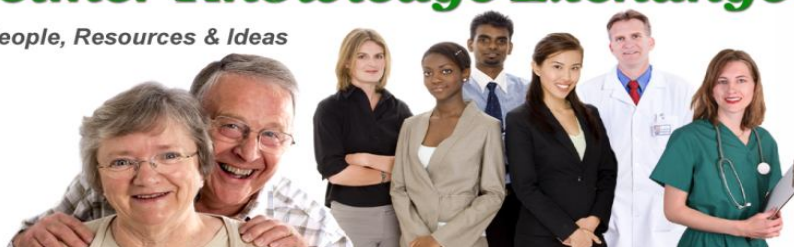


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Linking People, Resources & Ideas



Healthcare Consent & Advanced Care Planning: Community of Practice

June 29, 2010

Victoria College

HCCACP CoP Meeting Agenda

1:00 p.m.	Welcome, introductions and review of agenda - (10 minutes)	Tania Solomos / All
1:10 pm	Reconnecting: Taking An Inventory - (30 minutes) Since the CoP met last, what are people doing now? o What is some of the work you are doing around healthcare consent and advanced care planning?	Tania Solomos / All
1:40 pm	Common Language Project - (50 minutes) \$Background: Why We Chose This Project -- (25 mins) o Why this work was deemed valuable \$What are some potential implications of this work? -- (25 mins) o An example from the field	Marie Palmer Judith Wahl
2:30 pm	BREAK? Plan of Treatment - (50 minutes) \$Review and Group Discussion -- (20 mins) o Feedback / Questions / Comments \$From the Field: A LTCH changing approach - (10 mins) \$Everyday application - (20 mins)	Marie Palmer Ida Tigchelaar Judith Wahl
3:20 pm	CoP Rejuvenation - (35 minutes) \$Review progress and new directions: o What do we want to focus on now? \$Re-examining CoP structure: o What does that look like? \$CoP meetings: o How often do we want to meet?	Tania Solomos / All
3:55 p.m.	Wrap-up: Next Meeting: Format/ Date	Tania Solomos / All

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1. *Reconnecting: Taking An Inventory*

- Since the CoP met last, what are people doing now?
 - What is some of the work you are doing around healthcare consent and advanced care planning?

Responses:

-Judith: July 1 – new Itch act: requirement that all documents on acphcc are now called 'regulated documents' – lawyers for facilities need to do certification. Longest act in Ontario. Not having an impact yet. Creating a manual on Elder Law, produced in units (consent, Itc act) – out in 6 mths. Will include tools / practices. Judith has a paper (written for Law Society) she can circulate. Also, creating pamphlets with CLEO and residents' rights insert. Newsletters will be posted on their website: www.ancelaw.ca (can get on their email list). Lots of demand on education around hccacp.

-Cathy: Education for families around hccacp. How can we as chapters / staff assist in bringing this info to families, so they know their rights entering Itch?

-Sandra: Lots of priorities – a real challenge to get best practices to front line and to POCs – translate it down and get them to use info.

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2. *Common Language Project – (50 minutes)*

- § Background: Why We Chose This Project -- (25 mins)
 - Why this work was deemed valuable (Marie)
- § What are some potential implications of this work? -- (25 mins)
 - An example from the field (Judith)

Reactions / Questions:

-We did this to demystify these terms for people; sometimes language is important, sometimes there is too much weight put on a single word

-Consensus for definitions

-Plan of care for end of life = advanced care planning (in the eyes of healthcare providers)

-In practice: documents are recreated, people are not talking to patients. Language goes at bay...

-Terms: Good for a resource for us / others to create from, and then need to look at how we package these terms, for who, for what uses, for what purpose

-This document could be a basis for families / support groups for ASO, educational

>>>In relation: GOAL: Respond to ACP National Framework - Marie will draft, group will provide feedback. Content will focus on inserting 'consent' perspective..

>>>Are there other opportunities to have discussion with those project members – can we engage them in a discussion around consent?

>>>Double check: Some representation from our CoP on that Committee? Lilliane Locke present? If not, can we be the link to this group?

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2. Common Language Project – continued

- § Background: Why We Chose This Project -- (25 mins)
 - Why this work was deemed valuable (Marie)
 - Janet Dunbrack's 'Advance Care Planning: the Glossary project' (Health Canada):
 - professionals across sectors - health, social and legal, interpret and apply ACP terminology and concepts in a variety of ways. This has also been the collective experience of the HCCACP Working Group.
 - The stakeholders in the HCCACP WG observed:
 - Current lack of a common language and understanding across and within sectors resulted in health care providers who are often confused with the concept of ACP, what it is, what it is not and the role they may play with it. This confusion (which they may not even understand themselves) can, and often does, result in the denial of patient rights, also meaning that health care providers assume legal risk they may not be aware of.
 - 37 Terms identified
 - Objectives
 - To create a knowledge transfer tool in an effort to move toward clarity and anchor HCC & ACP terms & concepts in pertinent provincial legal acts (Ontario) and ethical underpinnings, thereby setting the stage to:
 - Reduce barriers to effective communication within and across sectors surrounding the issue of ACP;
 - Enhance the application of HCC & ACP terminology and concepts and,
 - Enhance communication with patients and families as well as other relevant individuals (e.g. substitute decision makers) through the process of Advance Care Planning.

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3. Plan of Treatment – (50 minutes)

- § Review and Group Discussion -- (20 mins) >Marie
 - Feedback / Questions / Comments
- § From the Field: A LTCH changing approach – (10 mins) >Ida
- § Everyday application – (20 mins) >Judith

Reactions / Questions:

- › As a CoP, can we endorse this as a process? ACE may not be able to
- › Process itself is a good way to get people through the steps of getting consent, and understanding why they go through those steps.
- › Care Plan vs. Plan of Care / Plan of Treatment: Two tools, both leading to the same outcome
- › Question of Comfort! "It's all in the approach!"
- › A good educational tool, for physicians as well
- › Judith's suggestion: Add 'Form G'
- › Plan of Treatment: Add 'this may be revoked'...if minds are changed (!)

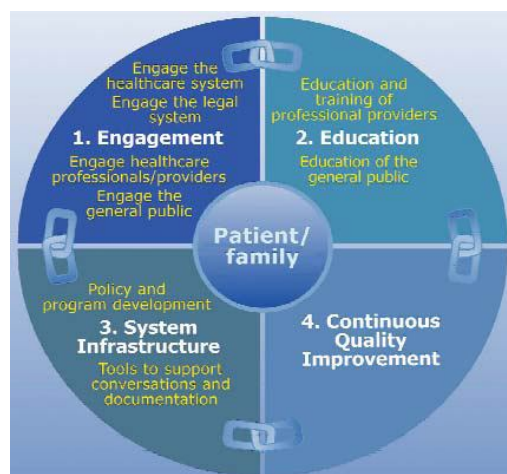
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4. CoP Rejuvenation – (35 minutes)

- § Review progress and new directions:
 - What do we want to focus on now?
 - GOALS:
 - 1 (Responding to National Framework): Plus offer to share some of what we've done with this group
 - 2 Common Language Project and Dissemination: Where do we want to send these? What do we want to leverage this project to achieve more broadly as a CoP? How do we get to a place where we use these terms to advocate for 'hcc'?
 - 3 Increasing Membership
- § Re-examining CoP structure:
 - What does that look like?
 - *The CoP Lead(s) help guide the purpose and direction, energizes the process, and provides continuous nourishment for the community.*
 - Marie will look at membership from her organization; Paul and Sandra will consider leadership role
 - CoP meetings:
 - How often do we want to meet?
 - Quarterly

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National Framework for Advance Care Planning in Canada



GOALS

ENGAGEMENT

Of all relevant systems/ organizations/ governments, professionals, providers, & the general public in planning for, and implementing, advance care planning in Canada

EDUCATION

Of healthcare, legal, and social service professionals and the general public about advance care planning.

SYSTEM INFRASTRUCTURE

In the health & legal systems that facilitate organizations, professionals, & general public's engagement in advance care planning in Canada.

CONTINUOUS QUALITY IMPROVEMENT

Evaluate all advance care planning initiatives in Canada based on structure, process, and outcomes indicators.

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Next Steps:

- } Terms of Reference
- } Summary of Goals
- } New items to be followed up on
- } Handouts / Presentations

} THANK YOU FOR COMING!

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