



PREPARETM

for your care

Advance Care Planning Toolkit

The PREPARE Toolkit has words you can say to bring up advance care planning and the PREPARE program with your clients, members, or patients.

Part 1: Definitions

Part 2: Introduction

Part 3: Materials

Part 4: Follow-Up



For more information visit: **www.prepareforyourcare.org**

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Part 1: Definitions and PREPARE for Your Care Materials

Definitions:

What Is Advance Care Planning?

Advance care planning helps to prepare people for medical decision making and to talk about their goals for medical care. It involves choosing an emergency contact and the medical care that is important to that person. It can be done at **any age or stage of health**. The goal is to help ensure that people receive medical care that is consistent with their values, goals, and preferences during serious and chronic illness.

Advance Care Planning Is MORE Than Just an Advance Directive and More Than Just About the End of Life!

Advance care planning can be done at ANY stage in life. It includes thinking about and identifying one's goals for medical care, both right now as well as in the future. It also involves talking about these goals with family, friends and medical providers.

Why Is Advance Care Planning Important?

Advance care planning is considered a standard good health practice and should ideally be done before a health crisis. Similar to having a safety back-up plan, advance care planning can help you get to know your clients better and ensure they are getting the medical care that is right for them at any stage in their health and at the end of life.

What Can I Do?

This Toolkit will give you the words you can say to start the advance care planning process with your clients. But, please use whatever words you are most comfortable with. We will also give you some [easy-to-use tools](#) to help make this easier (see below).

The goal is to just get started. Some people may not be ready to talk about it. That is OK. This Toolkit will give you the words to say. It will also show you where to find PREPARE materials you can give to your clients until they are ready.

Some people may never want to fill out an [advance directive](#). This is OK too. This Toolkit will help you and your clients at least get started.

PREPARE for Your Care Materials Can Help:

Go to www.prepareforyourcare.org/acp-toolkit



Tools: Available in English, Spanish, and Chinese:

- PREPARE Pamphlet
 - Brief notes about the 5 PREPARE steps
- PREPARE Quick Start Guide
 - Instructions for how to use the website
- PREPARE Advance Directive
 - Easy-to-read for all US states



Videos: Available in English and Spanish:

- Have these 2 videos ready on a phone or tablet
 - This video describes the PREPARE program
- This video describes why advance care planning is important for families



Part 2: Introduction

Here are some words you can say to start advance care planning (see text in italics). The website links are in blue. Words in [brackets] can be tailored to your client's situation.

Case Manager:

"It is important to [your organization/me] that you get the medical care that is right for you."

I have some easy-to-use materials that will help you [If they have close contacts: and your family/loved ones] prepare to make medical decisions. This type of preparation is called advance care planning. It involves choosing an emergency contact and the medical care that is important to you."

Advance care planning can make sure your doctors know your wishes, even if there comes a time you cannot speak for yourself. [If applicable: "It can also give your family and friends peace of mind. This way they don't have to guess about what is important to you."]

Today we are just starting the conversation. It is your choice to hear about these advance care planning materials. Our program feels it is important to share these materials with you. You don't need to fill them out, but we hope you will look them over before we meet again on [date]."

Is It OK for Me To Tell You More About These Materials?



If no:

"That is OK. I will leave these materials with you now, and I will ask you about them again in the future. If you want, we can put this on the list for a future goal."

If yes:

"Great!"

Part 3: Materials

Case Manager: [Videos can be viewed on a computer, phone, or tablet. If the patient does not have a smart phone or internet access, skip to #2, the PREPARE pamphlet]

1. Introduction Videos

- *“Let’s watch [this/these] short video[s] that will help explain why preparing for medical decisions is important”:*



1. Show the 1:30 min introduction video on the homepage of

www.prepareforyourcare.org/acp-toolkit

2. If they have family and speak Spanish or English, you can scroll down and also show the “Thanks Mom and Dad” video.



- *“There are many video stories like [this/these] on the PREPARE website that will help you walk through the process of advance care planning step-by -step.”*

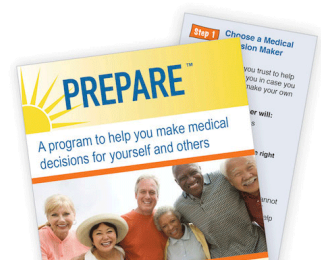
2. Show the PREPARE Pamphlet

Link: www.prepareforyourcare.org/acp-toolkit

“The PREPARE pamphlet has brief notes about the 5 steps of the PREPARE website. The steps help people answer questions about what is important to them.”

IF YOU HAVE TIME:

1. Briefly read over the 5 steps to the client
2. The pamphlet also has the PREPARE website address
3. Show and circle the URL: www.prepareforyourcare.org/acp-toolkit
4. [If applicable: Have the client go online with you or have a family member or friend help the client get online]



- *“Some people prefer using this pamphlet before going to the website. That is OK. I will leave this pamphlet with you.*

Please look over the pamphlet when you have time. Ask your doctor if you have any questions. Feel free to go to the website too.”

- [If applicable] *“It can be helpful to watch PREPARE with someone else. Many people also get help from their family and friends to use a computer, phone, or tablet to watch PREPARE.”*

3. Show the PREPARE Easy-To-Read Advance Directive:

This legal form allows people to write down the name of someone who could help make medical decisions in an emergency. It also allows people to write down their wishes for medical care.

The PREPARE advance directive is easy-to-read and focuses on people’s quality of life.



Link: <https://prepareforyourcare.org/en/advance-directive>

- *“I also wanted to give you this PREPARE advance directive. It is a legal form that lets you have a say about how you want to be cared for if you get very sick.”*
- *“The advance directive has 3 parts:*

Part 1: Choose a Medical Decision Maker

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

They are also called a health care agent, proxy, or surrogate.

Part 2: Make Your Own Health Care Choices

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3: Sign the Form

The form must be signed before it can be used.

It is OK if you do not want to choose a decision maker right now. Many people are not ready or do not have someone they trust. This is OK. I see this all the time. In that case, you could just focus on Part 2 and signing the form.”

If they do not have a surrogate, you could show them this video on the **PREPARE website:**
Step 1: “If You Are Not Ready To Choose a Decision Maker”

Link: <https://prepareforyourcare.org/en/not-ready-to-choose-a-decision-maker>

If You Are Not Ready to Choose a Decision Maker

It is OK if you are not ready to choose a medical decision maker. It is also OK if you do not know anyone right now who could play that role.



- Read the information on the signature pages for the state-specific requirements for witness and notaries.
- [If in California, here is an example] *“To complete the form, you will need 2 witnesses to sign it (show them page 13). I can help you think through who that may be. Unfortunately, it cannot be me or anyone who provides you care. The witness cannot be your medical decision maker either. Witnesses are just people who are willing to sign the form saying you are who you say you are and you are the one who signed the form. They could be a friend or neighbor. Does anyone come to mind?*

If not, we can still help you make this form legal when you are ready to sign it.

Please look over this form and ask your doctor if you have any questions.”

IF YOU HAVE TIME: Please go over the directive with them.

- *“If you fill out this form before I see you again, please share it with your medical providers [If applicable: and with your family, friends]. Your doctors can help make sure the information gets into your medical chart.*

Your medical providers, such as doctors, nurses, and social workers need to know this information so they can take better care of you. It is also their job to talk to you about your wishes and these materials. So, don’t be shy and bring it up when you see your medical providers.”

Part 4: Follow Up

Case Manager: *“Last time I saw you, I shared the PREPARE pamphlet and advance directive form with you.”* Show another copy of each.

- *“Did you have time to look over the pamphlet and advance directive?”*

If Yes:

“That is GREAT! Did you happen to visit the PREPARE for Your Care Website? Do you want help reviewing the pamphlet or website?”



If No:

“[If applicable]: Here is another copy of the pamphlet/advance directive. What questions do you have?”

If your organization decides to host a group event, create flyers and a signup sheet for upcoming events so participants can add their name on the sign-up sheet.

- *“Would you be interested in coming to a meeting to watch the PREPARE video stories in a group setting?”*

FOR QUESTIONS: Consult the list of frequently asked questions (FAQs):

<https://prepareforyourcare.org/faq>

If you are not able to answer a question:

- *“I am sorry, I wish I could, but I cannot answer that question. It is a very important question and a good one to follow-up and ask your doctor about.”*

IF YOU HAVE TIME: If your client has filled out the advance directive, please help make copies and send a copy to their primary care provider and/or to the clinic and hospital in which they receive their medical care.

ADDITIONAL INFORMATION:

If you would like to have more in depth advance care planning conversations, we have also created [easy-to-use scripts](#) that can be found here:

<https://prepareforyourcare.org/en/resources>