

Supplemental Materials A: ACP Strategies

Strategy	Definition/Brief Summary	References
ABCs- Autonomy, Belief, Compassion	<p>Autonomy-the capacity to live one’s life according to their own reasons, values, preferences, and interests which are not influenced by others.</p> <p>Belief- each person has the right to be heard, understood, to live through life comfortably, with dignity and respect based on their belief system.</p> <p>Compassion-improving the quality of life for individuals with serious illnesses by addressing their physical, emotional, social, and spiritual needs</p>	National Consensus Project for Quality Palliative Care. (2018). <i>Clinical practice guidelines for quality palliative care</i> (4th edition). https://www.nationalcoalitionhpc.org/ncp-guidelines/
Concern Identification	A holistic assessment of a patient's physical, psychosocial-spiritual, and practical needs, to provide effective symptom management and education, and address each individual patients’ values and goals.	Xie, Z., Ding, J., Jiao, J., Tang, S. & Huang, C.(2024). Screening instruments for early identification of unmet palliative care needs: a systematic review and meta-analysis. <i>BMJ Supportive Palliative Care</i> 14(3):256-268. doi: 10.1136/spcare-2023-004465. PMID: 38154921; PMCID: PMC11347222. https://pubmed.ncbi.nlm.nih.gov/38154921/
Empathy	Simply listening, holding space, withholding judgment, emotionally connecting, and communicating that incredibly healing message of “you’re not alone.”	Hospice Alliance. (December 29, 2022). The true meaning of empathy (quoted from Dr. Brene Brown.) . https://www.hospicealliance.org/meaning-of-empathy#:~:text=According%20to%20Dr.,perspective%20or%20share%20their%20sentiments.(para%202).https://www.hospicealliance.org/meaning-of-empathy
Family Relationship	It is always up to individual patients who defines those that comprise their family and determine who will contribute to their care and decision-making.	National Consensus Project for Quality Palliative Care. (2018). <i>Clinical Practice Guidelines for Quality Palliative Care</i> (4th edition). https://www.nationalcoalitionhpc.org/ncp-guidelines/
Goals of Care discussion (Interdisciplinary Team- IDT)	Problems, needs, issues, and opportunities are identified by the Interdisciplinary Team (IDT) during initial, comprehensive and ongoing assessments.	National Hospice and Palliative Care Organization (NHPCO). (March 2023). Care planning tip sheet. https://allianceforcareathome.org/wp-content/uploads/NHPCO_Care_Planning_Tip_Sheet.pdf

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Individualized care plan	The IDT develops the plan with input from all, based on the patient goals to reduce suffering and improve quality of life. The plan is adjusted as needed.	National Consensus Project for Quality Palliative Care. (2018). <i>Clinical Practice Guidelines for Quality Palliative Care</i> (4th edition). https://www.nationalcoalitionhpc.org/ncp-guidelines/
Interdisciplinary Team	The interaction of team members who each possess expertise, working closely together, actively communicating and sharing information. Collaboration is the central process to the interactions between members.	National Consensus Project for Quality Palliative Care. (2018). <i>Clinical practice guidelines for quality palliative care</i> (4th edition). https://www.nationalcoalitionhpc.org/ncp-guidelines/
Listening	Active listening requires full focus, undivided attention, use of positive body language (e.g., eye contact, sitting down) and using reflection and summary to address the needs, fears, and concerns while communicating all are understood and confirmed.	Roumimper, H. (August 8, 2024). Strategies for effective communication in palliative care. Op-Med. https://opmed.doximity.com/articles/strategies-for-effective-communication-in-palliative-care
Natural Stop	A patient's progression towards end of life as underlying disease(s) follows its natural course. Compared to a forced decision , with interventions that may prolong life but can also increase suffering and burden the patient and decrease quality of life.	Dunn, H. (2016). <i>Hard choices for loving people</i> (6th ed) https://hankdunn.com/product/hard-choices-for-loving-people/
Palliative Care	Specialized medical care for people living with a serious illness, focused on providing relief from the symptoms and stress of the illness for the patient and family.	Center to Advance Palliative Care (CAPC).(n.d.) About palliative care. https://www.capc.org/about/palliative-care/
Patient Centered Communication	The patient is the center of every interaction and involved in each decision about their care.	Committee on Improving the Quality of Cancer Care: Addressing the Challenges of an Aging Population; Board on Health Care Services; Institute of Medicine; Levit L, Balogh E, Nass S, et al., editors. <i>Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis</i> . Washington (DC): National Academies Press (US); 2013 Dec

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		27. 3, Patient-centered communication and shared decision making. https://www.ncbi.nlm.nih.gov/books/NBK202146/
Patient's Exact Goals	Unique determined goals gained through personal conversations with the patient, IDT, and family. These goals focus on comfort, relief of symptoms, and improving quality of life.	ACP Decisions. (January 15, 2021). The Goals-of-Care conversation: A best-practice, step-by-step approach. https://www.acpdecisions.org/goals-of-care-conversations-a-best-practice-step-by-step-approach/#:~:text=11%20Tips%20for%20a%20Patient,when%20discussing%20a%20poor%20prognosis
Power of the Pause	The ability to intentionally slow down, take a breath, and be present to reduce stress, improve decision making, enhance emotional intelligence, and increase clarity and focus.	Datta-Barua, I. & Hauser, J. (2018). Four communication skills from psychiatry useful in palliative care and how to teach them. <i>AMA Journal of Ethics</i> , 20 (8). E717-723. doi: 10.1001/amajethics.2018.717. https://pubmed.ncbi.nlm.nih.gov/30118421/
Quality of Life (QOL)	QOL is multi-dimensional and is determined by the patient. QOL questionnaires attempt to measure what the future means to the patient in terms of function, social, emotional, physical, and spiritual/existential contexts.	Chang, V.T. Deming, J. & Weissman, D.E. (2024). Fast Fact 52 Quality of life. https://www.mypcnow.org/fast-fact/quality-of-life/#:~:text=Introduction%20for%20Fast%20Fact%20%2352,social%2C%20and%20spiritual/existential
Reflect, Revise, Rephrase, Redirect	The phrase "reflect, revise, rephrase, redirect," describes key communication strategies to provide compassionate, patient-centered support. It helps to review complex and sensitive discussions about serious illness, prognosis, and goals of care.	Datta-Barua, I. & Hauser, J. (2018). Four communication skills from psychiatry useful in palliative care and how to teach them. <i>AMA Journal of Ethics</i> , 20 (8). E717-723. doi: 10.1001/amajethics.2018.717. https://pubmed.ncbi.nlm.nih.gov/30118421/
Seamless Shift	Changing the focus of disease to prioritize QOL in palliative care through early integration, open communication, and coordinated, patient-centered care.	World Health Organization (WHO). (2020, August 5). Palliative care. https://www.who.int/news-room/fact-sheets/detail/palliative-care/#:~:text=Palliative%20care%20is%20an%20approach,actively%20as%20possible%20until%20death
Shared Decision Making	An interpersonal, interdependent process in which the health care provider and the	National Consensus Project for Quality Palliative Care. (2018). <i>Clinical practice guidelines</i>

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	patient relate to and influence each other as they collaborate in making decisions about the patient's healthcare.	<i>for quality palliative care</i> (4th edition). https://www.nationalcoalitionhpc.org/ncp-guidelines/
Silence	Allows the patient and family to process, to emot, have deeper reflection, and simultaneously encourages openness. This allows the clinician to demonstrate compassion and prevents misinterpretation.	Bottussi, A, Rosa, W.E., Ursoleo, J.D., Sullivan, D.R. & Monoco, F. (2025, September 15). Integrating Therapeutic Silence in Serious Illness Communication #509. <i>JPM</i> 28(9):1276-1278. doi: 10.1089/jpm.2025.0215 https://www.liebertpub.com/doi/10.1089/jpm.2025.0215
Transparency in Action	Requires open, honest, and comprehensive communication with patients, their families, and caregivers regarding all aspects of treatment and healthcare. It is a foundational element to build trust and ensure that care aligns with the patient's goals and values, and not just the clinician's unspoken plans.	Featherstone, H.J., McQuillan. R. & Foley, G. (2025). Healthcare professionals' perspective on supporting patients and family caregivers in end-of-life care decision-making: A qualitative study in specialist palliative care. <i>American Journal of Hospice and Palliative Care</i> , 42(10):1005-1011. doi: 10.1177/10499091241296860. Epub 2024 Nov 1. PMID: 39485051; PMCID: PMC12371137. https://pubmed.ncbi.nlm.nih.gov/39485051/
Understanding Clearly Stated Wishes	Having open conversations, using advance care planning documents, and confirming all aspects of the patient's needs for future care is addressed. This ensures medical treatment aligns with the patient's wishes.	Craycroft, L.. (2024, May 20). The importance of advance care planning in palliative care. https://contessahealth.com/the-importance-of-advance-care-planning-in-palliative-care/#:~:text=Palliative%20care%20discussions%20can%20help,of%2Dlife%20care%20they%20want.
Value-Based Care	Improves patient outcomes and satisfactions by enhancing QOL, and by aligning treatment and care with patient goals. Extends support to families and caregivers. Reduces costs by preventing non-beneficial treatment.	Gabriela Sarmiento, G., Johana Benavides, J., Trujillo, C.A., Velosa, N.P., Palomino, Rodríguez., Erazo & Ávila, A.J. (2024). Evaluation of the Concept of Value-based healthcare applied to an integrated palliative care program in Colombia. <i>Value in Health Regional Issues</i> 43:101009, ISSN 2212-1099, https://doi.org/10.1016/j.vhri.2024.101009 . https://www.sciencedirect.com/science/article/pii/S2212109924000426/