

Supplemental Materials B: Examples of ACP Tools For Healthcare

Name of Tool	When to Use	Description	Author / Creation Year	Website
ACP Decisions	Throughout continuum	<ul style="list-style-type: none"> ACP Decisions partners with healthcare organizations to implement patient-centered advance care planning utilizing video decision support tools 	Dr. Aretha Delight Davis, CEO, and Dr. Angelo Volandes, President, 2010	https://www.acpdecisions.org/about-us/
CAPC ACP	Serious Illness/End of Life	<ul style="list-style-type: none"> Communication skills for serious illness conversations Conversation guides for advance care planning 	20 Icahn School of Medicine at Mount Sinai in New York City/20-2025	https://www.capc.org/training/communication-skills/ https://www.capc.org/covid-19/communication/advance-care-planning/
Center to Advance Palliative Care (CAPC)	Serious Illness / End of Life	<ul style="list-style-type: none"> Evidence-based, has numerous resources, from clinical tools to billing and coding 	Icahn School of Medicine at Mount Sinai in New York City/1999	https://www.capc.org/training/
Centers for Medicare & Medicaid, Medicare Learning Network CMS MLN Fact Sheet Advance Care Planning	Throughout continuum	<ul style="list-style-type: none"> Definitions, advance directives, including psychiatric advance directive, documentation, billing and coding 	Centers for Medicare & Medicaid, Woodlawn, MD / 2024	https://www.cms.gov/files/document/mln-advanced-care-planning.pdf
Choosing Wisely	Throughout continuum	<ul style="list-style-type: none"> A national initiative, started by the ABIM Foundation Encourages conversations between doctors and patients to avoid the use of wasteful or unnecessary medical tests, treatments, and procedures 	American Board of Internal Medicine (ABIM) Foundation, Philadelphia, PA / 2012	https://www.choosingwisely.org/
Coda Alliance - Professionals	Serious Illness/End of Life	<ul style="list-style-type: none"> Evidence based, helps inspire patients to have early end-of-life conversations, providing 	Group Organization,	https://codaalliance.org/professionals/

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		them with resources to Take Responsibility, Choose Their Own Way, and Embrace Life	Santa Clara, CA / 1999	
Education in Palliative and End-of-Life Care (EPEC)	Serious Illness/End of Life	<ul style="list-style-type: none"> Evidence-based, Primary palliative care is the basic skills and competencies that all health care providers, regardless of specialty, need to deliver high-quality care for patients 	Northwestern University Center for Bioethics & Medical Humanities, IL / 2000/2025	https://www.bioethics.northwestern.edu/clinical-training/epec.html
End of Life Nurses Education Consortium (ELNEC)	Serious Illness/End of Life	<ul style="list-style-type: none"> Evidence-based, extensive online modules and live courses with one specifically on communication, which includes tools to use with advance care planning 	The City of Hope National Medical Center, CA & The American Association of the Colleges of Nursing, Washington, D.C. / 2000/2025	https://www.aacnnursing.org/elnec
Fast Facts	Serious Illness/End of Life	<ul style="list-style-type: none"> Often considered the “Up to Date” in the palliative world, with numerous evidence-based guides for Advance Care Planning, based on specific scenarios (e.g., in ICU, family meeting, specific disease, culturally diverse, pediatrics) 	Palliative Care Network of Wisconsin / 2000	https://www.mypcnow.org/fast-facts/
Honoring Choices® (state specific)	Throughout continuum	<ul style="list-style-type: none"> Followed the RC model to expand statewide and to other states 	Honoring Choices® MN/ 2006	Now state specific for those states who continued with the license
Hospice and Palliative Nurses Association (HPNA)	Serious Illness/End of life	<ul style="list-style-type: none"> Evidence-based, numerous links and educational materials related to tools nurses may use for ACP 	Hospice and Palliative Nurses Association (HPNA) Board	https://www.advancingexpertcare.org/education-events/on-demand-education/hpna-learning-center/

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			of Directors / 1986	
Patient Portal- Based ACP	Serious Illness/ End of Life	<ul style="list-style-type: none"> Discusses how to create a patient portal based advance care planning section in the digital medical record 	Lum, H. D., Brungardt, A., Jordan, S. R., Phimphasone- Brady, P., Schilling, L., Lin, C., & Kutner, J., 2019	https://pubmed.ncbi.nlm.nih.gov/30595147/
Patient Priorities Care	Throughout continuum	<ul style="list-style-type: none"> An evidence-based approach to identify patient health priorities and align decision-making and care to those priorities 	Many participating healthcare organizations/ headquarters in New Haven, CT 2015	https://patientprioritiescare.org/
POLST for Healthcare Professionals	Serious illness/End of Life	<ul style="list-style-type: none"> Each state is likely to help set POLST standards by being part of National POLST Evidence-based, Contact POLST leaders in your state 	National POLST collective board, fiscal sponsor is the Louisiana Health Care Quality Forum, 1996	https://polst.org/professionals-page/ https://polst.org/state-polst-programs/
Respecting Choices® (RC)	Throughout continuum	<ul style="list-style-type: none"> An internationally recognized, evidence-based system for person-centered decision-making that transforms the healthcare culture by honoring an individual's goals and values 	Gundersen Health System, WI / 1990-2000	https://respectingchoices.org/

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Serious Illness Care Program	Serious Illness/End of Life	<ul style="list-style-type: none"> • Evidence-based, • Redesigns care so that knowing and honoring patients’ wishes becomes the norm, not the exception • Encourages more, better, and earlier conversations with clinicians about goals, values, and priorities 	Ariadne Labs, Brigham and Women’s Boston and the Harvard T.H. Chan School of Public Health, MA / 2012	https://www.ariadnelabs.org/serious-illness-care/
Serious Illness Conversation Guide	Serious Illness/End of Life	<ul style="list-style-type: none"> • Evidence-based tool designed for healthcare providers to enable compassionate, 	Ariadne Labs / 2013	https://www.ariadnelabs.org/wp-content/uploads/2023/05/Serious-Illness-Conversation-Guide.2023-05-18.pdf
		effective, communication with patients facing serious illness about values, goals, and care preferences		
The Coalition to Transform Advanced Care (C-TAC)	Serious Illness/End of Life	<ul style="list-style-type: none"> • Evidence based goals to ensure everyone facing a serious illness has the care that they need, when and where they need it. • A nonprofit organization dedicated to improving the system of care for patients with serious illnesses and their families • Ensuring access to advance care planning (ACP) counseling and advance directives is a cornerstone of C-TAC’s policy agenda 	Board of Directors, Washington, D.C 2010	https://thectac.org/

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<p><i>The Four Cs of Palliative Care: Comfort, Communication, Choices & Control: Basics for Providers & Healthcare Professionals /Clinicians</i></p>	<p>Serious Illness/End of Life</p>	<ul style="list-style-type: none"> This book provides the fundamental components of palliative care. It helps all healthcare professionals to understand what they can do for those with serious illness in providing quality care, The four Cs identifies and guides the skills that are the key elements of comfort, communication, choices, and control for those with serious illness. 	<p>Nancy Joyner, Grand Forks, ND/ 2024</p>	<p>https://www.nancyjoyner.com/nancys-books/</p>
<p><i>The National Clinical Practice Guidelines for</i></p>	<p>Serious Illness/End of Life</p>	<ul style="list-style-type: none"> Communication preferences related to advance care planning and numerous other aspects of ACP across the eight domains 	<p>National Consensus Project for Quality</p>	<p>https://www.nationalcoalitionhpc.org/ncp-guidelines/</p>
<p><i>Quality Palliative Care</i></p>		<ul style="list-style-type: none"> The eighth domain is specific to ethical and legal aspects, including medical and shared decision-making, ACP, and advance directives, surrogate decision-makers, and guardianship. 	<p>Palliative Care, 2018</p>	
<p>The Pearls of Physician Orders for Life Sustaining Treatment (POLST): Translating Patient Decisions into Treatment Orders</p>	<p>Serious Illness/End of Life</p>	<ul style="list-style-type: none"> Nurses, including advanced practice registered nurses (APRNs), have the opportunity as well as an essential role to support and honor individual wishes for medical care and treatment through attention to Advance Care Planning (ACP) and when appropriate, Physician Orders for Life Sustaining Treatment (POLST) 	<p>Joyner, Palmer, Hatchette, 2019</p>	<p>Joyner, N., Palmer, C., Hatchett, J. (2019). The Pearls of Physician Orders for Life Sustaining Treatment (POLST): Translating Patient Decisions into Treatment Orders. <i>OJIN: The Online Journal of Issues in Nursing</i>, 25(1).</p>

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				https://doi.org/10.3912/OJIN.Vol25No01PPT47
VitalTalk	Serious Illness/End of Life	<ul style="list-style-type: none"> Evidence-based, with the goal to provide healthcare communication skills “learnable” by being able to speak “more clearly, confidently and compassionately with patients 	Founder, James Tulsky, many organizations, Seattle, WA / 2012	https://vitaltalk.org/
VitalTalk Tips app	Serious Illness/End of Life	<ul style="list-style-type: none"> Free evidence based mobile application, designed for healthcare professionals to improve communication skills when talking with patients and families with serious illness. 	Anthony Back, Robert Arnold, and James Tulsky, Seattle, WA / 2012	https://apps.apple.com/us/app/vitaltalk-tips/id1109433922; https://play.google.com/store/apps/details?id=org.vitaltalk.conversations&hl=en_US
		<ul style="list-style-type: none"> Offers evidence-based, actionable communication tips and digital flashcards for various topics, such as discussing serious news, prognosis, and goals of care 		