

### Supplemental Materials C: Patient and Family ACP Tools

Name of Tool	When to Use	Description	Author/ Creation date	Website
Go Wish Card Game	Throughout continuum	An evidence-based, culturally adapted conversational game of 36 cards that empowers easier and earlier advance care planning by allowing people to “choose their own way and embrace life.”	Coda Alliance, San Jose, CA/ 1990’s	<a href="https://codaalliance.org/go-wish/">https://codaalliance.org/go-wish/</a>
The Conversation Project®	Throughout continuum	Assists everyone to talk about their wishes for healthcare throughout life, “so those wishes can be understood and respected,” including dementia and pediatric conversations.	Institute for Healthcare Improvement, Boston, MA / 2012	<a href="https://theconversationproject.org/">https://theconversationproject.org/</a>
GetPalliativeCare.org	Serious Illness/ End of Life	Online resource from CAPC for individuals seeking information about palliative care. The site has a section specifically for medical decision-making and links to specific resources.	Center to Advance Palliative Care, 1999	<a href="https://getpalliativecare.org/">https://getpalliativecare.org/</a>
State-specific Advance Directives	Throughout continuum	(AKA healthcare directive, living will, durable power of attorney for healthcare). Available on individual state websites.	See specific state	State Specific
Portal-based Advance Care Planning or Advance Directives (e.g., MyChart)	Throughout continuum	An electronic health record-based portal tool may help patients engage in ACP. It is visible for patients when they open their chart, and clinicians can refer them to that section as a reminder to complete documentation.	Various teams and institutions, not a single creator/ 2017	Use individual patient portal

### Supplemental Materials C: Patient and Family ACP Tools

POLST: Portable Medical Orders	Serious Illness/ End of Life	Honors the wishes of those with serious illness and frailty. POLST is a process and a form.	National POLST (1991)	<a href="https://polst.org/">https://polst.org/</a>
POLST Form	Serious Illness / End of Life	Looking for a POLST form? There is a National POLST Form, but most states still use their own state version of POLST.	National POLST (1991)	<a href="https://polst.org/form-patients/">https://polst.org/form-patients/</a>
Choosing Wisely	Throughout continuum	A national initiative, started by the ABIM Foundation, that 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	<a href="https://www.aap.org/en/newsroom/campaigns-and-toolkits/choosing-wisely/?srsId=AfmBOoqA1LEfKR6kKTVMIsj6V959oXsE4ckrmdAmkzEeeQSZ0D5IEubD;">https://www.aap.org/en/newsroom/campaigns-and-toolkits/choosing-wisely/?srsId=AfmBOoqA1LEfKR6kKTVMIsj6V959oXsE4ckrmdAmkzEeeQSZ0D5IEubD;</a> <a href="https://www.aafp.org/family-physician/patient-care/clinical-recommendations/choosing-wisely.html">https://www.aafp.org/family-physician/patient-care/clinical-recommendations/choosing-wisely.html;</a> <a href="https://www.healthinaging.org/choosing-wisely">https://www.healthinaging.org/choosing-wisely</a>
Coda Alliance Consumer Resource - Tools that Facilitate the Conversation about Goals and Health Care	Throughout continuum	Evidence based tools about end-of-life care and long-term planning Consumer Resource Tool from Coda Alliance. Coda Alliance's goal is to facilitate conversations for different people with different needs.	Coda Alliance, San Jose, CA / 2020	<a href="https://codaalliance.org/wp-content/uploads/2020/09/Coda-Alliance-Consumer-Resource-to-Facilitate-Conversations- 6 ER.pdf">https://codaalliance.org/wp-content/uploads/2020/09/Coda-Alliance-Consumer-Resource-to-Facilitate-Conversations- 6 ER.pdf</a>

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<i>Gone from My Sight</i>	End of Life	The biggest fear in watching someone die is fear of the unknown. <i>Gone From My Sight</i> reduces that fear. It is designed to help people understand the normal, natural way that death occurs from disease or old age.	Barbara Karnes, Vancouver, WA / First edition 1986	<a href="https://bkbooks.com/products/gone-from-my-sight-the-dying-experience">https://bkbooks.com/products/gone-from-my-sight-the-dying-experience</a>
<i>Hard Choices for Loving People: CPR, Feeding Tubes, Palliative Care, Comfort Measures, and the Patient with a Serious Illness, Sixth Edition.</i>	Serious illness, End of Life	Assist patients, healthcare proxies and family members formulate a plan of care that is conclusive of what patients wants with regards to their serious illness and medical issues that may emerge during any time along the course of their illness.	Hank Dunn, Oxford, Mississippi First published in 1990, used in more than 5,000 hospitals, nursing homes, faith communities, and hospice programs nationwide. In its 6th Ed, 2016.	<a href="https://hankdunn.com/product/hard-choices-for-loving-people/">https://hankdunn.com/product/hard-choices-for-loving-people/</a>
Hello, Common Practice	Throughout continuum	Too often, conversations about what matters most to us are avoided – in healthcare, but also in our daily lives. Hello is a conversation game. It's the safe, easy, and fun way to talk about living and dying and what matters most	Four versions, BC Centre for Palliative Care / 2018	<a href="https://commonpractice.com/">https://commonpractice.com/</a>

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My Directives (app)	Throughout continuum	Make advance care planning simple, provide secure cloud storage and enable all stakeholders to have access to the ACP documents, whenever and wherever they need it.	Organizational group, Richardson, TX/ 2017	<a href="https://www.mydirectives.com/">https://www.mydirectives.com/</a>
End-of-Life Resources	End of Life	A collection of resources designed to help individuals, families, and healthcare professionals navigate end-of-life care, planning, and conversations, with examples including guides for advance care planning.	Compassion & Choices, Hemlock Society and the Compassion in Dying Federation. 2007	<a href="https://compassionandchoices.org/eolc/">https://compassionandchoices.org/eolc/</a>
Prepare for Your Care	Throughout continuum	Helping People Have a Voice in Their Health Care is a website with step-by-step guides.	The Regents of the University of California/ 2013	<a href="https://prepareforyourcare.org/en/prepare/welcome">https://prepareforyourcare.org/en/prepare/welcome</a>
Tool Kit for Health Care Advance Planning, 3rd Edition, 2020.	Throughout continuum	Good advance planning for healthcare decisions is a continuing conversation—about values, priorities, the meaning of one’s life, and quality of life. This tool kit contains self-help worksheets, suggestions, and resources. There are 8 tools each clearly labeled and user-friendly. The tool kit does not create a formal advance directive. Instead, it helps to discover, clarify, and communicate what is important in the face of serious illness.	American Bar Association, Chicago, IL /2000	<a href="https://www.americanbar.org/content/dam/aba/administrative/law_aging/2020-tool-kit-hcap.pdf">https://www.americanbar.org/content/dam/aba/administrative/law_aging/2020-tool-kit-hcap.pdf</a> 2020

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<i>What if the doctor asked you about C.P.R.- Cardiopulmonary Resuscitation</i>	Throughout Continuum	Do you want CPR?" When you or your loved one are admitted to a hospital or having a procedure, your nurse or doctor may ask you this question. By default, standard of care, it is assumed you want CPR attempted, or what the medical team calls "full code."	Nancy Joyner, Grand Forks / 2021	<a href="https://www.nancyjoyner.com/nancys-books/">https://www.nancyjoyner.com/nancys-books/</a>
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