

Serious Illness Care Program

Epic Screenshots

Epic Serious Illness Conversation Template

Community Library - SmartForm

Name: PHS ACP VALUES AND GOALS*

Partners HealthCare System (Lucy)

Link: <https://comlib.epic.com/Record/873-LQF-195>

Matching the community library, attached are the epic approved screenshots*

*These do not include the "strengths" question. The final page of this PDF has guidance on how to structure the "strengths" question.

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The screenshot displays a software interface with a blue header bar. On the left, there is a navigation pane with a tree view containing the following items: 'Advance Care Planning' (with a pencil icon), 'Advanced Care Directives' (with a right-pointing triangle), 'Health Care Proxy' (with a right-pointing triangle), 'Durable Power of Attorney for Health Care' (with a right-pointing triangle), 'Living Will' (with a right-pointing triangle), 'MOLST' (with a right-pointing triangle), 'Comfort Care Form' (with a right-pointing triangle), and 'General Comments' (with a right-pointing triangle). The main content area is divided into two sections. The top section is titled 'Advance Care Planning' and contains a toolbar with icons for text editing (abc, undo, redo, search, help, plus) and a large, empty text area with a vertical scrollbar. The bottom section is titled 'Serious Illness Care' and contains a list of seven questions, each preceded by a right-pointing triangle. Below the list is an 'Audit' link with a magnifying glass icon. At the bottom of the interface, there is a 'HEALTHCARE PROXY STATUS' section with a pencil icon and a 'New Reading' button with a green plus icon. On the right side of the interface, there are three 'click to open' links corresponding to the 'Advance Care Planning', 'Serious Illness Care', and 'HEALTHCARE PROXY STATUS' sections. At the very bottom right, there is a 'Go to Doc Flowsheet' link.

Advance Care Planning click to open

Advanced Care Directives

- ▶ Health Care Proxy
- ▶ Durable Power of Attorney for Health Care
- ▶ Living Will
- ▶ MOLST
- ▶ Comfort Care Form

General Comments

Serious Illness Care click to open

- ▶ What is your understanding now of where you are with your illness?
- ▶ How much information about what is likely to be ahead with your illness would you like to have?
- ▶ What did you (clinician) communicate to the patient?
- ▶ If your health situation worsens, what are your most important goals?
- ▶ What are your biggest fears and worries about the future with your health?
- ▶ What abilities are so critical to your life that you cannot imagine living without them?
- ▶ If you become sicker, how much are you willing to go through for the possibility of gaining more time?
- ▶ How much does your proxy and family know about your priorities and wishes?

Audit

HEALTHCARE PROXY STATUS click to open

New Reading Go to Doc Flowsheet

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Advance Care Planning [click to open](#)

Advanced Care Directives

▼ **Health Care Proxy**

Scanned Document on File Yes No


Conversation with Patient Yes No

Comments 

▼ **Durable Power of Attorney for Health Care**

Scanned Document on File Yes No


Conversation with Patient Yes No

Comments 

▼ **Living Will**

Scanned Document on File Yes No

Conversation with Patient Yes No

Comments 

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▼ **MOLST**

Scanned Document on File

Conversation with Patient

Comments

▼ **Comfort Care Form**

Scanned Document on File

Conversation with Patient

Comments

General Comments

Serious Illness Care [click to open](#)

▶ **What is your understanding now of where you are with your illness?**

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Serious Illness Care

▼ **What is your understanding now of where you are with your illness?**

Prognostic Understanding no understanding of prognosis overestimates prognosis appropriate understanding of prognosis
 underestimates prognosis

abc [undo] [redo] [help] [add] [Insert SmartText] [save] [undo] [redo] [print]

▼ **How much information about what is likely to be ahead with your illness would you like to have?**
FOR EXAMPLE: Some patients like to know about time, others like to know what to expect, others like to know both.

Information patient wants to be fully informed patient wants to be informed of big picture, but not details
 patient wants some information, but no "bad news" patient does not want any information for him/herself

abc [undo] [redo] [help] [add] [Insert SmartText] [save] [undo] [redo] [print]

▼ **What did you (clinician) communicate to the patient?**

Prognostic Communication curable incurable

more than a year several months to a year several weeks to a month days to weeks
 did not discuss

abc [undo] [redo] [help] [add] [Insert SmartText] [save] [undo] [redo] [print]

▼ **If your health situation worsens, what are your most important goals?**
FOR EXAMPLE: Being at home, being mentally aware, being in control of decisions, not being a burden, achieving life goal, supporting my children.

Goals

<input type="checkbox"/> achieve particular life goal	<input type="checkbox"/> be at home	<input type="checkbox"/> be independent
<input type="checkbox"/> be mentally aware	<input type="checkbox"/> be physically comfortable	<input type="checkbox"/> be spiritually and emotionally at peace
<input type="checkbox"/> have my medical decisions respected	<input type="checkbox"/> live as long as possible, no matter what	<input type="checkbox"/> not be a burden
<input type="checkbox"/> provide support for family		

abc [undo] [redo] [help] [insert] [insert SmartText] [undo] [redo] [undo] [redo]

▼ **What are your biggest fears and worries about the future with your health?**

Fears/Worries

<input type="checkbox"/> ability to care for others - children, ill spouse	<input type="checkbox"/> burdening others
<input type="checkbox"/> concerns about the meaning of life	<input type="checkbox"/> emotional concerns
<input type="checkbox"/> finances	<input type="checkbox"/> getting treatments I do not want
<input type="checkbox"/> loss of control	<input type="checkbox"/> loss of dignity
<input type="checkbox"/> other family concerns	<input type="checkbox"/> other symptoms
<input type="checkbox"/> pain	<input type="checkbox"/> preparing for death
<input type="checkbox"/> spiritual distress	

abc [undo] [redo] [help] [insert] [insert SmartText] [undo] [redo] [undo] [redo]

▶ **What abilities are so critical to your life that you cannot imagine living without them?**

▶ **If you become sicker, how much are you willing to go through for the possibility of gaining more time?**

▶ **How much does your proxy and family know about your priorities and wishes?**

▼ **What abilities are so critical to your life that you cannot imagine living without them?**

Unacceptable Function

<input type="checkbox"/> being in pain or very uncomfortable	<input type="checkbox"/> being unable to interact with others
<input type="checkbox"/> being unable to talk	<input type="checkbox"/> being unconscious
<input type="checkbox"/> not being able to care for myself, including toileting and feeding	<input type="checkbox"/> not being myself

abc [undo] [redo] [help] [insert] [insert SmartText] [print] [left] [right] [undo] [redo]

▼ **If you become sicker, how much are you willing to go through for the possibility of gaining more time?**
FOR EXAMPLE: Being on a machine, being in hospital or ICU, having a feeding tube.

Patient does not want to

<input type="checkbox"/> be on a ventilator	<input type="checkbox"/> be uncomfortable
<input type="checkbox"/> be in the ICU	<input type="checkbox"/> have a feeding tube
<input type="checkbox"/> live in a nursing home	<input type="checkbox"/> be in the hospital
<input type="checkbox"/> undergo aggressive tests and/or procedures	

Question **Would this change if these were permanent states, if they did not get better?**
If so, please consider completing MOLST form with this patient.

abc [undo] [redo] [help] [insert] [insert SmartText] [print] [left] [right] [undo] [redo]

▼ **How much does your proxy and family know about your priorities and wishes?**

Discussion

<input type="radio"/> does not want family informed	<input type="radio"/> extensive discussion with family about goals and wishes
<input type="radio"/> no discussion, wants help in talking to family	<input type="radio"/> no discussion but plans to address these issues
<input type="radio"/> some discussion but incomplete	<input type="radio"/> wants clinician to talk with family

abc [undo] [redo] [help] [insert] [insert SmartText] [print] [left] [right] [undo] [redo]

Serious Illness Care EHR Module Overview and Design

SOURCES OF STRENGTH

Acceptable Function		Tradeoffs	
Question	What gives you strength as you think about the future with your illness?		
Notes	FOR EXAMPLE: Faith, Family		
	<input type="checkbox"/> Faith		
	<input type="checkbox"/> Family		

Question: What gives you strength as you think about the future with your illness?

Additional text: FOR EXAMPLE: Faith, family

Notes type: Free text field

Checkboxes:

Faith

Family