Advance Care Planning Resources

The Conversation Project

Individuals and Families

There is a wealth of information and practical resources for advance care planning conversations including families with pediatric and dementia advancing care planning needs, guidance for selecting a healthcare decision maker, and having a conversation with his or her medical provider.

Health Care Resources

Having the Conversation: Basic Skills for Conversations About End-of-Life Care **(Virtual Course PFC 202)** FREE with CEUs

In conjunction with the Boston University School of Medicine and The Conversation Project, the IHI Open School offers this course to introduce students and health professionals to basic skills for having conversations with patients and their families about end-of-life care wishes. This course will also help develop skills to have conversations with patients and their families about their preferences for care at the end of life. As part of developing these skills, the course invites the individual to "have the conversation" with a family member or other loved one.

"Conversation Ready": A Framework for Improving End-of-Life Care **(IHI White Paper)** This link provides access to the IHI White Paper. It is an excellent resource when developing a strategy to improve end-of-life care in your organization, your facility and across your community.

Community Resources

Includes a *Community Getting Started Guide,* suggestions for promoting "the conversation" including various advance care planning events, and helpful videos.

Resources for Faith Communities

Resources include advance care planning program suggestions, promotional materials, and a recorded webinar series titled "Bringing Advance Care Planning Conversations to Your Congregation."

Respecting Choices® Person-Centered Care

Advance Care Planning (ACP) Facilitator Certification

The Advance Care Planning (ACP) Facilitator is an emerging role in healthcare. ACP Facilitators are instrumental in helping individuals, their families, and their loved ones become more engaged in person-centered decision making. If ACP conversations were easy, they would be more commonplace than they are today. The role of the ACP Facilitator is a critical component to achieving the ACP desired outcome—to know and honor an individual's informed healthcare decisions.

South Dakota Department of Health

Division of Health and Medical Services: Educational Materials Catalog. 2017. **Wakanki Ewastepikte "Care for Our Elders"** Brochure

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If you have questions, please feel free to contact Sally May, RN, BSN, Senior Quality Improvement Specialist, Great Plains QIN, sally.may@area-a.hcqis.org, 701/989-6228.

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