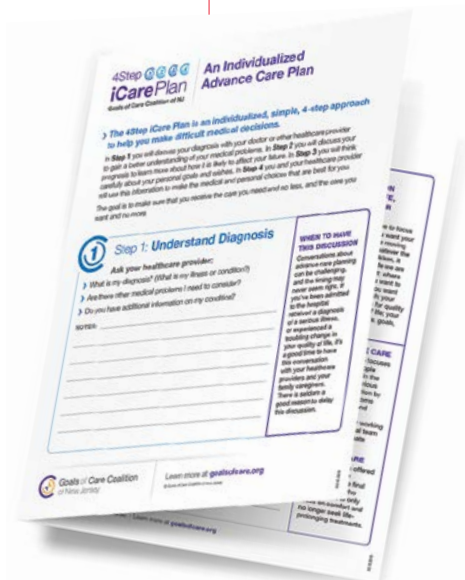


The 4Step iCare Plan is an individualized, simple, 4-step approach to help patients make difficult medical decisions. Patients and families often need help with decision-making when facing life-threatening illness. This is particularly true for minority populations who may experience various language and cultural barriers to end-of-life care. In NJ, there is a very diverse population of patients and healthcare providers, which can increase the risk for cultural misunderstandings that can affect the quality of communication.

It can help to practice “cultural humility” and to approach each patient as an individual with unique life experiences and values that may influence their perspective on end-of-life care. A patient’s ethnicity, race, religion, and other social factors may influence their views on end-of-life care. Of course, patients and their families may have their own biases, depending on their background and past experiences with the healthcare system. It may be helpful to point out that everyone involved has the shared aim of providing treatment that reflects the patient’s wishes and goals of care.

The 4Step iCare Plan will guide you and your patients through a conversation about Advance Care Planning. The goal is to ensure that your patients understand their diagnosis (Step 1), understand their prognosis (Step 2), and express their goals (Step 3), so that you can recommend a course of treatment that aligns with their wishes (Step 4).



Step 1

Share the patient's diagnosis

- Be aware of communication styles and family dynamics. Is the patient comfortable talking to you? Ask if there's a friend or family member whom you should talk to as well.
- When sharing a difficult diagnosis, provide some warning (e.g., "Unfortunately, I have bad news...").
- Don't use medical jargon.
- Ask open ended questions and avoid "yes or no" questions to gauge a patient's understanding.



Step 1: Understand Diagnosis

Ask your healthcare provider:

- What is my diagnosis? (What is my illness or condition?)
- Are there other medical problems I need to consider?
- Do you have additional information on my condition?

NOTES: _____

Step 2

Share the patient's prognosis

- Ask questions to determine how well the patient/family understands the prognosis.
- Remember, nonverbal communication is very important and varies across cultures.
- You may want to ask, "How much detail will be helpful as we discuss this condition and the treatment options?" "What is your understanding of the situation and how long you might live with this condition?"



Step 2: Discuss the Prognosis

Ask your healthcare provider:

- What is my prognosis, how will my condition affect my future?
- How much time will I have?
- Will I be able to do my favorite activities and live independently?
- Will I have pain or trouble sleeping?
- How will the time I have or the quality of that time change with or without aggressive medical treatment?

NOTES: _____

Step 3

Identify the patient's goals of care

- Recognize that a patient's religion, ethnicity, and family dynamics can significantly influence their values and goals.
- Realize that with some patients or their families there may be a degree of mistrust based on previous experiences with the healthcare system.
- You may want to ask, "Given the prognosis, what is most important to you during this time?" "Are there specific goals you'd like to accomplish or events to attend?" "At what point might you consider shifting your focus to comfort and quality of life?"

KEY FACTS:

NJ has the most ethnically diverse healthcare provider population and the 3rd most diverse patient population in the US. It is important for all engaged in end-of-life conversations to be mindful that ethnic or cultural differences can lead to misunderstanding or seeming insensitivity based on lack of awareness.



Step 3: Identify Goals of Care

Tell your healthcare provider:

- What matters most to you at this time?
- How important is it for you to remain at home?
- How much quality of life are you willing to sacrifice to live longer?
- How important is it for you to remain comfortable and avoid unpleasant treatments?
- At what point would you want to avoid aggressive treatment and focus on the best quality of life?

NOTES: _____

Step 4

Align treatment with the patient's goals

- You may want to say “Based on what’s important to you, this is what I recommend...”
- Ask clarifying questions as necessary to ensure understanding by the patient and family.
- Remember to use short clear sentences avoiding medical jargon.
- If the time is appropriate, you may want to discuss a POLST (Practitioner Order for Life-Sustaining Treatment) form with the patient and the family. A form can be downloaded at goalsofcare.org.



Step 4: Align Treatment

Ask your healthcare provider:


- What are the treatment options given my prognosis and goals of care?
- What are the benefits and risks of these options?
- What other treatments are there or which doctors I should consult?
- What treatments or medications are no longer necessary?
- Under what circumstances would returning to the hospital be necessary?
- To what extent would beginning or continuing artificial nutrition (feeding tube) and hydration (IV fluids) align with my goals?
- What are my chances of surviving cardiopulmonary resuscitation (CPR) and how would emergency procedures like that help me achieve my goals of care?
- Is a NJ POLST* form appropriate for me at this time?

NOTES: _____


KEY FACTS:

Being mindful of a patient's communication preferences and fostering a culturally-sensitive conversation about end-of-life care will lead to more accurate planning and documentation of medical preferences.

To further help patients, Goals of Care Coalition of NJ created a series of videos guiding them through each step:

 goalsofcare.org/patients-family/4step-icare-plan

Patients and HCPs can also download the 4Step iCare Plan and the HCP Conversation Assistant online at:

 goalsofcare.org/patients-family/4step-icare-plan