

# ADVANCED CARE PLANNING

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Advance care planning begins by thinking about your beliefs, values and wishes regarding future health care treatment. It is about having conversations with your close family, friends and health care provider(s) so that they know the health care treatment you would agree to, or refuse, if you become incapable of expressing your own decisions.

By planning ahead you:

- Make your wishes and instructions for your future health care known
- Provide your health care team with information to guide them in your care
- Ease the burden of your loved ones at a difficult time

We have developed a Palliative Care Team. Palliative care refers to the active, compassionate care directed towards a Resident and their family at the end of the Resident's life. Palliative care not only encompasses the physical needs but also the emotional and spiritual needs of the Resident. Palliative care affirms life and regards dying as a normal process.

# MEDICAL ASSISTANCE IN DYING

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Recent legislation permits Medical Assistance in Dying with guidelines that indicate the restrictions and qualifications around this process.

As a Christian organization, Baptist Housing would like our Residents and families to be fully aware of our decision to honour our conscience not to provide Medical Assistance in Dying so that Residents may select their residence of choice with understanding of their preferences for end of life care. In the event that a Resident wishes to pursue Medical Assistance in Dying, we will ensure they have access to information and will facilitate transfer in collaboration with the health authority at the appropriate time so that the Resident's wishes may be fulfilled. Physician assessments may be completed in the Baptist Housing residence prior to transfer.

For additional questions related to Medical Assistance in Dying please connect with your Baptist Housing Administrator.



**BAPTIST HOUSING**  
SENIORS LIVING

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END OF LIFE  
DECISIONS

## WHY PLAN NOW?

It is your right (Resident's Right) to have your preferences for medically appropriate care, including end of life care, respected.

You never know when a serious accident or illness may result in you being incapable of making your own personal and health care treatment decisions.

It is never too early to start advance care planning. When the people you trust know what is important to you, it will be easier for them to make decisions on your behalf.

## WHAT IS MOST?

MOST- Medical Orders for Scope of Treatment is an Advance Care Planning Program used to help communicate your wishes.

MOST is a signed physician order for medical care consistent with physician's health assessment of Resident's needs and reflects your wishes and preferences.

The MOST Form replaces the CPR/No CPR form as it provides direction not only on resuscitation status, but also on medical treatments and critical care interventions.

## CODING MOST

- M1 Supportive care, symptom management and comfort measures only.
- M2 Medical treatments within current location of care excluding critical care interventions, cardiopulmonary resuscitation (CPR), intubation and/or defibrillation.
- M3 Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR, defibrillation and / or intubation.
- C0 Critical care interventions excluding CPR, defibrillation and intubation.
- C1 Critical care interventions including intubation, but excluding CPR and defibrillation.
- C2 Critical care interventions including CPR, defibrillation and/or intubation.

## NEXT STEPS

A MOST form must be completed for Residents in Assisted Living and Long-Term Care. However it is recommended that all Residents have this discussion with their doctor. Only Physicians (not Nurse Practitioners) can sign the MOST form.

Physicians fill out the MOST form at the time of move-in, during the annual care conference review and will update it for hospitalizations.

If you have questions or need support in getting this started please connect with a Baptist Housing Administrator, Manager or Registered Nurse.

	CPR	Intubation	Critical Care Interventions	Site Transfer	Treat Reversible Condition	Symptom Control
M1	NO	NO	NO	NO*	NO	Y
M2	NO	NO	NO	NO*	Y	Y
M3	NO	NO	NO	Y	Y	Y
C0	NO	NO	Y	Y	Y	Y
C1	NO	Y	Y	Y	Y	Y
C2	Y	Y	Y	Y	Y	Y

\* Unless comfort measures cannot be met in current location