



Importance of advance care planning, end-of-life discussions

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(April 15, 2024 | Peoria, Illinois) – According to data from OSF HealthCare, it is becoming increasingly common for patients to pass away in the hospital without having engaged in advance care planning or end-of-life discussions.

“Over 70% of patients would prefer a setting other than the hospital to spend their last few months of life. We would like to have a patient centered approach and share the options on how they can have their care delivered. Some may feel more comfortable in a hospital environment, but others may want to be home surrounded by family which can happen in our community hospice or hospice home,” says Sarah Overton, Chief Nursing Officer for OSF Medical Group, Home Care and Employee Health. “It can be scary journey, but it doesn’t have to be. Your doctor or care team can explain all the options and you can be in control of the care. At OSF we are here to support our patients and their families through that journey and studies show talking about it reduces patient anxiety.”

Ahead of National Healthcare Decisions Day (NHDD) on Tuesday, April 16, OSF is launching new ways for patients and their families to be proactive when it comes to an end-of-life journey. The day is used as a way to encourage and educate the public and healthcare providers about the importance of advance care planning (ACP).

Resources patients now have:

- Through OSF MyChart, an online system providing patients access to their electronic medical records, patients can now access tools and resources on an Advance Care Planning page fill out a “Patients Wishes” questionnaire.
- Through MyChart, patients also have the ability to upload any advance care planning documents, enter in health care agent information, and access free healthcare legal documents ahead of their ACP appointment to assist them in their advance care planning journey.
- Enhanced care from medical team to know, understand and respect the patient’s wishes at any time in the patient’s care journey.

OSF care teams will work to connect with the right patient populations and ensure patients, along with their families, take an active and easy role in clearly establishing their goals of care.

“We have started to move into a continuum approach. When we have patients that are identified at risk for illness, and risk for hospitalization, we want to have those informed conversations with the patients and families,” Overton says. “We call those ‘goals of care conversations.’ These would be our physicians and advanced practice providers talking to you and your family to make sure the patient understands their illness, finding out what their wishes are, and seeing how we as healthcare providers can honor them. The benefit is that now we can see that through their entire care journey.”

Steps patients can take:

- Identify who your health care decision makers are that can speak on your behalf when you are unable to speak for yourself.
- Be proactive. Express your wishes and have end-of-life conversations with your family early on and often – as it’s important and things change.

- Keep talking. Continue the conversation with those who may have a say in your health care. The more you talk, the more your loved ones can align with your beliefs, values, and goals for care.

“Naturally, we always think of caregivers as our spouse, parent, or child; but sometimes those people aren’t the right people. So, we really need to talk through what it is that we want with our families. Make it natural. This can be a dinner conversation,” Overton says.

Overton adds that research shows earlier conversations and referrals to palliative and hospice care both prolong life and increase the quality of life.