**COnversation of your life**

**Task Force Toolkit**

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**A publication of The New Jersey Health Care Quality Institute**

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# What is Conversation of Your Life?

Conversation of Your Life (COYL) is a statewide initiative that aims to bring advance care planning conversations into New Jersey communities. COYL is a program of the New Jersey Health Care Quality Institute’s (Quality Institute) Mayors Wellness Campaign. The Quality Institute works to improve the safety, quality, and affordability of health care for everyone by partnering with our members, policymakers, funders and other stakeholders. To achieve its mission, the Quality Institute actively engages with local health care champions to improve community health.

A priority of the Quality Institute is to improve end-of-life care, which includes comprehensive care of the individual’s medical, physical, psychological, spiritual and social needs. New Jersey performs poorly on end-of-life care compared to almost every other state in the nation. These statistics translate into real people treated with unnecessary and unwanted medical care at the end of their lives. Too many people who want to die at home instead die in Intensive Care Units (ICUs). Too few individuals benefit from hospice care — or don’t receive the benefits of hospice care until just days before their death.

The goal of COYL is for more individuals in New Jersey to engage in fruitful dialogue – the Conversation of Your Life – to let their family, friends, and health care providers understand and respect their end-of-life wishes through advance care planning. The program aims to spark a community culture change so that speaking openly about the end-of-life is normal and encouraged.

# Why is the Conversation of Your Life program so important?

Although most New Jerseyans want to die at home surrounded by their loved ones, most residents die in a hospital, surrounded by strangers. A [2019 poll](https://www.njhcqi.org/most-new-jerseyans-have-considered-but-not-planned-for-end-of-life-wishes/) conducted by the Quality Institute and Rutgers Eagleton Center for Public Interest Polling sheds light on the disconnect between what people want and what they actually get. The poll found that 61 percent of New Jersey adults have given a great deal or at least some thought to their wishes for medical care towards the end of their life, but only 47 percent have actually talked to someone about their wishes. And even fewer (just one-third) have a written document detailing their wishes. Surprisingly, even though Medicare and Medicaid reimburse providers for having end-of-life care consultations with patients, the poll found that just 24 percent of people actually talked to a doctor or health care provider about their wishes.

COYL’s program uses a three-tiered strategy:

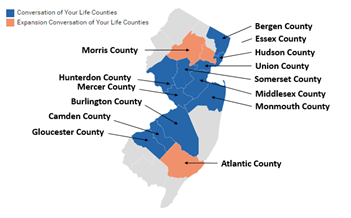
1. **CONSIDER:** COYL programs promote individual and community conversations to help individuals consider their own priorities for end-of-life care.
2. **COMMUNICATE:** COYL programs encourage people to share their end-of-life care wishes with family members and other loved ones, and their health care providers.
3. **CREATE:** COYL programs help individuals know how to designate a health care agent (someone to make health care decisions if the person is unable to communicate their wishes), document their wishes through advance directives, and share these documents with their loved ones and health care providers.

## 

## What is advance care planning?

Advance care planning consists of capturing, in a written form, a person’s preferences for end-of-life care and sharing that document with their loved ones and health care providers. Creating a written document ensures that if an individual is unable to communicate, the health care treatment provided at the end of life is consistent with their wishes in their advance care plan. More than anything, advance care planning is a gift of clarity for both the individual at end of life and their family or caregivers.

# A Brief History of the Conversation of Your Life Program

In 2015, the Quality Institute launched a pilot program called Conversation of Your Life (COYL) in three municipalities: Tenafly, Princeton, and Gloucester Township. The pilot was designed to conduct programming in ‘community living rooms,’ such as libraries and houses of worship. Holding this sensitive conversation in settings where community members already felt comfortable was an important element. It was also important that local leaders and community partners planned, led, and attended the programming in these familiar settings. Programming included film screenings, community book reads and author led discussions, game nights, panel discussions, and more.

Building upon the success of the pilot program and the growing interest in surrounding communities, the following year, COYL expanded into three counties: Bergen, Mercer, and Camden counties. The county-wide programs gained traction and the Quality Institute has since brought COYL into more than a dozen counties.

A Statewide Steering Committee of experts on end-of-life care and advance care planning helped develop COYL programming and continues to provide guidance for the program. The COYL Statewide Steering Committee includes committed individuals, representing clinician, community and consumer perspectives. Visit [www.njhcqi.org/coyl](http://www.njhcqi.org/coyl/) to see the current list of members.

The COYL program is based on a number of elements:

1. Evidence-based practices
2. Best in class resources
3. COYL Task Forces in participating municipalities/counties (THIS IS YOU!)

# The Vital Role of the COYL Task Force

Besides the Statewide Steering Committee, each active COYL county has its own county-wide task force who develop and execute local programming. Because advance care planning is such a sensitive and personal issue, it is essential that the COYL program is led and run by local trusted

community members. The Task Force is vital to making the connection of the COYL program and its resources to the local communities. Experience from the pilot program shows the best success in programming occurs when the Task Force plays a lead role in designing and promoting the events to promote Conversation of Your Life. Each task force convenes in person quarterly to review and plan local programming. As a Task Force member, you are part of an essential group of individuals organizing in your communities to help people and their loved ones to better understand the benefits of advance care planning and the choices available to them. As a result of your work on a COYL Task Force, people and their caregivers will feel empowered to implement the action steps needed to honor their end-of-life care wishes.

# How to Use the COYL Toolkit

This Toolkit is designed for both individuals who are new to the COYL program and those who have been involved but want to grow their involvement or effectiveness of the programming in their community.

***For those individuals just starting out:***

The Quality Institute encourages you to get involved in an existing COYL Task Force or create one in your town or county if one does not yet exist. The materials you need are in this Toolkit in Section One.

***For those already involved:***

The Quality Institute thanks you for your current involvement and urges you to continue to grow your COYL program. This toolkit includes COYL’s most updated resources and templates, as well as additional ideas for you to continue to increase your involvement or the effectiveness of your program. See Section Two.

# Section 1: How to Form and Build Your Task Force

These are the basic steps to begin forming a COYL Task Force:

1. Determine if there is an existing Task Force in your area.
2. Communicate with local partners to develop a network of potential Task Force members.
3. Find a host location for the first Task Force meeting and invite interested parties.
4. Focus your first meeting on building the task force and identifying potential goals.
5. Focus your second meeting on finalizing Task Force goals and member roles. Begin planning an event.

Now you are on your way. Read more details on each of these five steps below:

**Step One:** Determine if there is an existing Task Force in your area. Visit [www.njhcqi.org/coyl](http://www.njhcqi.org/coyl) to see a list of current COYL Task Forces.

If a COYL Task Force already exists in your county, contact [info@njhcqi.org](mailto:info@njhcqi.org) to learn details about the next task force meeting. You can also attend a planned COYL event and speak to any attending task force member about joining. Find a local COYL event at www.njhcqi.org/eventcat/coyl-events/.

If a COYL Task Force does not exist in your county, contact [info@njhcqi.org](mailto:info@njhcqi.org) to get one started. Start brainstorming who should be on the task force.

**Step Two:** Develop a network of potential task force members. Task force membership should be comprised of a cross-sector of your community to allow for a robust COYL program.

Who should serve as a Task Force Member?Task force members bring with them expertise from their respective fields, along with connections and relationships in the community to ensure the success of COYL programming. Consider breaking down your community by industry, geographic sectors, cultural diversity, and age brackets. Task force membership can consist of representatives from local office, members of the community, library coordinators, clergy members, senior resource center coordinators, eldercare attorneys, hospice care facilities, and/or health care providers. Ensuring cross sector partnership in your task force will allow for a robust COYL program.

How to Identify and Recruit Task Force members.Because the leaders and influencers that you will want to serve on your Task Force will likely already be busy professionals, creating a clear Task Force recruitment plan is critical. Personal relationships are the best place to start when building a list of individuals to recruit. Be prepared with an “elevator” pitch using the information in this Toolkit and be clear about the time commitment (quarterly meetings and some work in between).

* Consider who you know professionally and personally. Ask them if they are interested, or if they know someone else who might be a good fit. Ask for an introduction to anyone you don’t know.
* Ask your local librarian for ideas of organizations and individuals who might be interested in this issue.
* Don’t neglect to reach out to traditionally underrepresented communities. Consider what cultural and religious communities have a presence in your county. Be sure their leaders or influencers are included.
* Reach out through social media (Facebook, LinkedIn, Instagram, Twitter) and ask interested people to contact you.
* Contact potential members in a variety of ways – in person, by email, or with a friendly phone call.
* You can refer anyone interested in learning more about COYL to an upcoming task force meeting, an upcoming COYL event, or connect them with Adelisa Perez at the Quality Institute.

**Step Three:** Find a host location for the first Task Force meeting and invite interested parties.

* Consider a convenient location and time based on the composition of your initial recruits of Task Force members. Set an end time for the meeting, so attendees can plan their day. (60-90 minutes should be sufficient for the first meeting.)
* Ask invitees if they have a meeting location to offer, or use a public library or community room.
* Send out a meeting notice or calendar invite and directions in advance. Give people plenty of notice so they have time to clear their schedules.

**Step Four:** Focus the first meeting on building the Task Force and identifying potential goals. Discuss:

* setting the direction of the Task Force by learning about COYL resources,
* discussing who else needs to be at the table,
* begin to identify roles for Task Force members (*see Task Force Roles below*), and
* set the date for your next meeting.

**Step Five:** Focus your second meeting on finalizing Task Force goals and member roles. Begin planning an event:

* set county goals,
* finalize roles for Task Force members,
* begin process for planning programming for the coming year, and
* develop a plan to facilitate routine communication among Task Force members and with community partners.

## Task Force Roles

Each COYL Task Force should include the following roles:

**Task Force Chair**: Individuals in this role lead Task Force meetings with support from Quality Institute staff. The lead could be a mayor, county surrogate, public health officer, or a resident who is a subject matter in this topic. These individuals identify and recruit Task Force members, and set goals for COYL programming with the other Task Force members. The Chair is responsible for setting the agenda and running quarterly meetings. The Chair works closely with the Quality Institute and ensures the work of the Task Force is focused on its goals and program planning stays on schedule.

**Influencers**: Individuals in this role have relationships in their community or work place that they can tap into to support the program. Influencers help recruit other Task Force members and promote attendance at COYL events and engagement throughout the community.

**Communication Leads**: Individuals in this role help publicize COYL programs through local newspaper ads, social media, town websites, etc. These individuals spread the news of COYL events far and wide to guarantee strong event attendance.

**Communication Supports**: These individuals help spread the word of COYL events through their social circle, in their religious congregation, and through their professional networks. These individuals remain in close communication with the Communication Leads to support their efforts by spreading information about events at the ground level.

**Discussion Leads**: Individuals in this role are professional experts on the topics of end-of-life care and advance care planning. They are comfortable leading community discussions on this topic at movie screenings, book talks, and on panels. These individuals may be nurses, social workers, physicians, hospital or hospice employees, members of the clergy, attorneys, etc. These individuals may also be comfortable as Event Volunteers.

**Event Volunteers**: Individuals in this role are qualified to answer questions on end-of-life care and advance care planning. It is our goal to have at least one qualified volunteer at every COYL event to answer questions in private, as needed. These individuals may also be comfortable as Discussion Leads.

**Clergy Coordinator**: Individuals in this role help identify local members of the clergy to engage in COYL, and work with them to host COYL programs in faith-based settings.

**Health Care Professional/Institutional Coordinator**: Individuals in this role help identify health care settings including hospitals, hospices, skilled nursing facilities, and long-term care facilities in which it is appropriate to coordinate grand rounds and/or educational programming on COYL. They also work with local health care providers (hospitals, clinics, physician practices) to share the COYL trifold pamphlet with patients to help them learn more about advance care planning. (See the Resource section of this Toolkit for the pamphlet.)

**Community Coordinator**: Individuals in this role help identify community centers such as libraries, senior resource centers, senior housing complexes, etc. in which it is appropriate to hold COYL programming or share COYL resources with their audiences, clients, or community members

Task force members may choose to fill one role or multiple roles, depending on their expertise and engagement in their community.

## Spread the Word and Identify Partners

Reaching out is a vital step to building a COYL task force. Think broadly when you have formalized your Task Force and are beginning to plan your program. As a new organization in the community, you want to inform your entire community about the new COYL programming that will be launched that year. Contact local clergy members, library directors, senior center coordinators, and other community gathering centers. Build relationships with local hospice care and hospital facilities and interested health care providers to help add clinical expertise to your events and to expand the reach of COYL programming and materials into their patient communities. Reach out to local emergency services professionals and volunteers, such as EMS, paramedics, firefighters and law enforcement.

**Partners:** In addition to the general work of spreading the word about COYL events and programming, you will want to identify potential partners who can support your programming in any number of ways:

* + Hosting an event at their location,
  + Sponsoring refreshments or other giveaways to supplement events with fun,
  + Sharing their knowledge of community members interests to help direct COYL programming, such as a film screening versus community book read, or
  + Offering their expertise by being a keynote speaker or panelist.

# Section 2: How to Implement a Conversation of Your Life Program

Whether you are just starting out, or already have an established COYL Task Force, this section offers important steps to developing and implementing a robust COYL program.

These are the basic steps to begin implementing your COYL program.

1. Establish Program Goals
2. Consider all Elements of Successful Program Planning
3. Make Plans and Develop Timelines
4. Develop and Implement a Promotional Plan
5. Implement the Program
6. Measurement and Evaluation
7. Acknowledgements and Thank You’s

**Step One:** Establish Program Goals

Before planning a COYL program, it is important to strategize implementation in order to make an impact. In your first few meetings, consider adding these questions to your Task Force agenda:

1. What is the purpose of our community COYL program?
2. What do we want to accomplish?
3. Who is our target audience (seniors, younger adults, cultural or religious communities, or specific setting such as an assisted living facility or a town park)? What is the timeline for this plan (the next six months, the entire year, etc.)?

Remember the key elements of the Conversation of Your Life program. Events should support the following concepts:

**CONSIDER:** COYL programs promote individual and community conversations to help individuals consider their own priorities for end-of-life care.

**COMMUNICATE:** COYL programs encourage people to share their end-of-life care wishes with family members and other loved ones, and their health care providers.

**CREATE:** COYL programs help individuals know how to designate a health care agent (someone to make health decisions if the person is unable to communicate their health care wishes), document their wishes through advance directives, and share these documents with their loved ones and health care providers.

**Step Two:** Consider All Elements of Successful Program Planning

When developing your program plan for the year, consider the following elements.

1. Capacity. What is the time availability of your Task Force, volunteers and other partners? Are there other organizations or employers who will help so you can increase your capacity?
2. Budget. What are the cost-free options for offering programming? Are there Task Force members or Partners who would be willing to “sponsor” some of the expenses?
3. Theme. Will you choose a theme under which you will place your COYL program? Some ideas include hospice and/or palliative care, an advance directive workshop, funeral planning, advance care planning, or a game night.
4. Measurement. What will success look like? Develop some goals to reach such as the number of attendees, number of COYL events held, number of pamphlets handed out, addition of new task force members, and/or identification of new partners.

**Step Three:** Make Plans and Develop Timelines

After you are clear on your goals, you can start to develop a detailed plan to implement your COYL program. Dividing up responsibilities and identifying timelines will ensure that you accomplish your program goals. Be sure to review program ideas in this Toolkit when choosing your events. When planning be sure to consider:

1. **Audience** – Based on the target audience you have decided upon, consider the size of your potential audience and address any additional needs that they may have (ex. access for an elderly or disabled population, multilingual materials for a diverse community).
2. **Location** – Contact local community centers, libraries, or senior centers to host your event. Ensure that the venue accommodates the intended audience (parking/public transportation, easy signage, video/audio needs).
3. **Time** – Choose a time for your program that best accommodates your target audience and ensures the largest attendance. Keep important events in mind and consider hosting them during these events, such as National Health Care Decisions Day (www.nhdd.org) on April 16 or National Hospice and Palliative Care Month in November, to capitalize on promotion. Also consider any conflicting community events that might interfere with attendance from your target audience.
4. **Promotional Plan** – To ensure good attendance, create a promotional plan that all members of your Task Force can participate in. See Step Four below for ideas.

**Step Four:** Develop and Implement a Promotional Plan

Keep your target audience in mind when deciding on advertising mediums. Here are some budget-friendly ways to spread the word about your COYL event:

Use Social Media

* Create a Facebook “event” and have all COYL Task Force members RSVP through their Facebook pages. It will show up on their friend’s feeds and is a great way to spread the word.
* Create a sample post for task force members, partners, and community organizations to post on their social media channels (Facebook, LinkedIn,
* Instagram, Twitter). Tag @NJHCQI, #ConversationOfYourLife, and/or #COYL so the Quality Institute and our members can also help promote your events.
* Ask a Mayor, County Executive or other Influencer to do a short video to post on Social media channels inviting people to the event.

Develop “blurbs” (short announcements to be placed in community bulletins/newsletters)

* Distribute to newsletters of local community and civic organizations.
* Email to local clergy and faith-based organizations.
* Send to local newspapers (online and in print).
* Share with COYL Task Force members who can in turn share with their workplaces.

Develop flyers

* Post in community centers, grocery stores, and local provider’s offices.
* Ask local businesses to hang them to advertise events to customers.
* Mail to or drop by large companies to distribute to employees.
* Share with the Quality Institute to include on the COYL event page ([www.njhcqi.org/eventcat/coyl](http://www.njhcqi.org/eventcat/coyl)), on the Quality Institute’s social media channels, and for distribution to surrounding county COYL Task Forces.

Partner with libraries, senior centers, assisted living facilities, and others to promote the event.

**Step Five:** Implement Program

Before the event, confirm all reservations and event speakers/panelists. Confirm responsibilities/tasks with volunteers and Task Force members leading up to and including the day of the event. Follow the group’s plan during the COYL event to ensure that everything runs smoothly. Identify one person to manage any unforeseen problems.

**Step Six:** Measurement and Evaluation

Evaluation is crucial to determining that program goals were accomplished. Consider the evaluation methods most appropriate to assess the success of your program.

1. Record attendance to evaluate the reach of the event.
2. Gather participant feedback through:
   1. Surveys (See a sample event survey in the Resources section of this Toolkit.)
   2. Interviews
3. Collect any press coverage and share with Adelisa Perez at [aperez@njhcqi.org](mailto:aperez@njhcqi.org).

**Step Seven:** Acknowledgement and Thank You’s

Be sure to send thank you letters or emails to all sponsors, volunteers, speakers, and partners. Solicit their feedback as well and be sure to keep in touch with them when planning your next event. It is important to acknowledge the hard work of all involved with the event.

# Frequently Asked Questions

1. **What is COYL?**

Conversation of Your Life, or COYL, is a statewide initiative that aims to bring advance care planning conversations into New Jersey communities. New Jersey performs poorly on end-of-life care compared with almost every other state in the nation. The goal of COYL is simple – to get more people to communicate their end-of-life wishes to their family members, friends, and health care providers, and to document those wishes. Only then can individuals ensure they will receive the care they want at the end of life – no more, no less.

1. **How can I get involved?**

There are many ways to get involved. You can contact Adelisa Perez, Director of Quality, who oversees the Conversation of Your Life initiative at 609-452-5980 or [info@njhcqi.org](mailto:info@njhcqi.org). You can attend an upcoming COYL event and speak to any of the task force members present that day. They’ll be happy to help you get started. Already know a task force member? Ask them about the next task force meeting and join us.

1. **I know someone who would make a great addition to the task force. Can I extend an invite to them to join the task force?**

Great question! Yes, you can always feel free to invite anyone interested in joining Conversation of Your Life or who is passionate about improving end-of-life care to a future task force meeting or COYL event. We’d love to have them join.

1. **Who should be on the task force?**

Anyone can join a COYL task force. Task force members bring with them expertise from their respective fields, and this doesn’t just have to include medical or end of life expertise. Task force members can be representatives from local office, members of the community, librarians, clergy members, police officers, senior resource center coordinators, eldercare attorneys, funeral directors, hospice care facilities, and/or health care providers. All task force members provide valuable insight into the needs and interests of the community to help inform COYL programming.

1. **What is the time commitment to be on a COYL task force?**

COYL task forces meet once a quarter to review past events and discuss future programming. Task force members volunteer for follow-up items such as reaching out to a library to reserve event space, developing a flyer using a template in this toolkit, or helping to promote an event by distributing flyers. Email is used to communicate between quarterly meetings.

1. **Should I be sending the Quality Institute any information before or after a COYL event?**

Before your event, be sure to let us know your plans so we can help promote your programming on the Quality Institute’s website ([www.njhcqi.org/eventcat/coyl](http://www.njhcqi.org/eventcat/coyl)), social media channels, and for distribution to surrounding county COYL Task Forces.

After your event, we’d love to hear about your experience. We encourage you to use our sample program evaluation in the Resources section of this Toolkit. Program evaluation provides insight into whether program goals were accomplished and can be used to improve future programming. It also helps us assess the impact that COYL is having on communities across New Jersey.

We encourage all task force members to send the following information after a COYL event to [info@njhcqi.org](mailto:info@njhcqi.org):

* Number of attendees to evaluate the reach of the event.
* Program evaluation surveys (either by email or mail).
* Pictures of the event, if any.
* Any feedback or comments you may have received.
* Any press coverage.

1. **Am I allowed to distribute the COYL pamphlet?**

Yes. We encourage you to print and distribute the COYL pamphlet at all COYL events. You can also distribute the pamphlet at other end of life or advance care planning events. Many hospitals, hospice facilities, and health care providers share the COYL pamphlet at their organizations and in their offices. Feel free to share it widely. We encourage the pamphlet to be handed out to all residents to help them better understand advance care planning, and its importance.

For any additional questions, please contact the Quality Institute at info@njhcqi.org.

# **Resources**

**Purpose:** The resources below reference relevant material that can be used both to educate your Task Force members and for program activities such as film screenings and book discussions. These resources also serve as an educational tool to spread the importance of advance care planning.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Resource | Description | | Link |
| Death Over Dinner | An interactive website that allows for users to have a virtual “test dinner” to practice the process of discussing end of life planning | | http://deathoverdinner.org/ |
| Department of Health | Features information regarding end of life are, palliative Care, hospice, and advance directives | | http://nj.gov/health/advancedirective/ |
| National Institute on Aging | Provides information about what ACP is, why it is important, and how to set up your Advance Directive | | https://www.nia.nih.gov/health/publication/advance-care-planning |
| New Jersey Hospital Association | Defines advance care planning and resources to help you talk to your doctor and understand the hospital’s role. | | http://www.njha.com/quality-patient-safety/advanced-care-planning/ |
| Baylor Health Care System: Advance Care Planning | Features information on the importance of ACP, multiple parts of ACP, and cites general end of life scenarios where ACP is crucial. | | https://www.baylorhealth.com/SiteCollectionDocuments/Documents\_BHCS/BHCS\_Patient%20Info\_DocumentsForms/AdvanceCarePlanning\_rev10.pdf |
| My Health Care Wishes App | Links to an app that gives individuals the ability to store and share important health care wishes electronically through their mobile device. | | http://www.americanbar.org/groups/law\_aging/MyHealthCareWishesApp.html |
| Advance Care Planning Decisions | Provides consumers with videos that explain the goals of palliative care as well as the kind of medical decisions involved in end of life care. The videos are meant to supplement provider-patient discussions. | | https://www.acpdecisions.org/products/videos/ |
| Family Caregiver Alliance | Information on how to begin end-of-life decision making, why to prepare a directive, and what type of decisions this process entails. | | https://www.caregiver.org/end-life-decision-making |
| Conversation Starter Kit | A user-friendly toolkit on how to start end of life conversations. | | http://theconversationproject.org/starter-kit/intro/ |
| Consumer’s Tool Kit for  Health Care Advance Planning | A detailed 10-part toolkit for consumers on the process of advance care planning and the legal jargon behind advance care directives. | | http://apps.americanbar.org/aging/publications/docs/consumer\_tool\_kit\_bk.pdf |
| Good Books to Read | The Conversation: A Revolutionary Plan for End-of-Life Care, Angelo Volandes  Being Mortal, Atul Gawande  When Breath Becomes Air, Paul Kalanithi  Can’t We Talk About Something More Pleasant?, Roz Chast  The Best Care Possible, Ira Byock | | |
| Good Films to Watch | A Fate Worse Than Death  (Documentary)  Amour  A Little Bit of Heaven  Anna’s Story  Beaches  Considering the Conversation  Defining Hope (Documentary)  End Game  Life as a House  Me Before You | My Sister’s Keeper  One Day (Korean Film)  Stepmom  Sunset Story (Documentary)  The Bucket List  The Diving Bell and the Butterfly  The Fault in Our Stars  Tuesdays with Morrie  You’re Not You | |

## Conversation of Your Life – Trifold Pamphlet

**Purpose:** To help residents better understand advance care planning and why it’s important. This patient-friendly pamphlet includes a checklist to complete an advance care planning journey, easy to understand terms, and useful resources to learn more. Feel free to reproduce this pamphlet and distribute throughout the community - at events, in provider offices if allowed, and in community centers and libraries.

See the COYL Trifold Pamphlet on the next page.



**What is advance care planning and why is it important?**

Advance care planning consists of sharing your preferences for end-of-life care with loved ones and doctors and putting them in writing, so in the case that you are unable to speak for yourself, the health care treatment you receive at the end of life is consistent with what you want. More than anything, advance care planning is a gift of clarity for both you and your family. Indicating your preferences for end-of-life care well ahead of time saves your loved ones from having to make emotionally taxing decisions on your behalf; instead, they can have clarity in their actions and focus on spending time with you.

***Conversation of Your Life*** *is a program of the New Jersey Health Care Quality Institute’s Mayors Wellness Campaign. The program aims to bring advance care planning conversations to NJ communities. Conversation of Your Life is generously supported by The Horizon Foundation for New Jersey. To learn more, visit* [*www.njhcqi.org/COYL*](http://www.njhcqi.org/COYL)*.*

|  |  |
| --- | --- |
| Useful Resources | Link |
| NJ DOH (Instruction Directive & Proxy Directive) | <http://www.nj.gov/health/advancedirective/ad/forums-faqs/> |
| Aging with Dignity (5 Wishes) | <https://www.agingwithdignity.org/five-wishes> |
| Goals of Care (POLST) | http://www.goalsofcare.org/nj-polst/nj-polst-form/ |
| Death Over Dinner | <http://deathoverdinner.org/> |
| National Institute on Aging | <https://www.nia.nih.gov/health/publication/advance-care-planning/> |
| New Jersey Hospital Association | <http://bit.ly/2j9omKk> |
| Advance Care Planning Decisions | https:acpdecisions.org/products/videos/ |
| Family Caregiver Alliance | <http://bit.ly/2k8Q7SR> |
| Conversation Starter Kit | <http://theconversationproject.org/starter-kit/intro/> |
| Toolkit for Health Care Advance Planning | <http://bit.ly/1nSihdi> |
| CSU Institute for Palliative Care | <https://csupalliativecare.org> |

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| --- | --- |
| Good Books to Read | Being Mortal, Atul Gawande  Can’t We Talk About Something More Pleasant?, Roz Chast  Final Exam, Pauline Chen  The Conversation: A Revolutionary Plan for End-Of-Life Care, Angelo Volandes  The Best Care Possible, Ira Byock  When Breath Becomes Air, Paul Kalanithi |
| Good Films to Watch | Amour  Being Mortal: PBS Frontline Documentary  Consider the Conversation  Life As A House  The Bucket List  The Diving Bell and the Butterfly  You’re Not You |

We understand that advance care planning can be daunting – not only because it is difficult for many of us to think about aging and death, but also because there are a lot of terms and forms that can complicate the process. This ***checklist*** simplifies things for you, so you can start—and finish—your advance care planning journey.

1. Consider.

* Consider your own priorities for end-of-life care.
* Consider what might happen if you don’t discuss end-of-life care and become unable to make healthcare decisions for yourself.

2. Communicate.

* Communicate your end-of-life care wishes with your loved ones and doctors.

3. Create.

* Designate your health care agent (the person who can legally make decisions for you if you are incapable of making them on your own), and formalize this relationship by signing your *Proxy Directive.*
* Put your end-of-life care wishes in writing. There are several options. You do not need to fill out all of these forms. Take a look at them and decide what is right for you.
  + *New Jersey Instruction Directive* (requires two witness signatures **or** notarization)
  + *5 Wishes* (requires two witness signatures)
  + *POLST* (requires signature of attending doctor or nurse practitioner)
* Share your advance directives with loved ones and your healthcare providers.
* Keep your advance directives in an accessible and secure location.
* Revisit your advance directives and end-of-life conversations every few years.

**Practitioner Orders for Life-Sustaining Treatment (POLST):**

A POLST form is a medical order indicating your preferences for end-of-life care. In most states, this form is intended for use only during the final stages of life. In New Jersey, the POLST form can be filled out at any time. It is filled out with your doctor or nurse practitioner based on the contents of your directives, discussions with your doctor or nurse practitioner, and your treatment preferences.

POLST forms are intended for people who have already been diagnosed with serious illness, so even if you have one before, it is important to speak with your doctor or nurse practitioner regularly and update your POLST form as your preferences change as you age. The POLST serves as practitioner-ordered instructions—not unlike a prescription—to ensure that, in case of an emergency, you receive the treatment you prefer. A POLST travels with you, at whatever facility you are being cared for.

**Hospice**

Hospice offers medical care toward a different goal: maintaining or improving quality of life for someone whose illness, disease or condition is unlikely to be cured. Each patient’s individualized care plan is updated as needed to address the physical, emotional and spiritual pain that often accompanies terminal illness. Hospice care also offers practical support for the caregiver(s) during the illness and grief support after the death. Hospice is something more that is available to the patient and the entire family when curative measures have been exhausted and life prognosis is six months or less.

**Palliative Care**

A comprehensive approach to treating serious illness that focuses on the physical, psychological and spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering and controlling pain and symptoms. Palliative care may be given at any time during a patient’s illness, from diagnosis on.

**Advance Care Planning: Useful Terms**

**Advance Directive:**

An advance directive is a legal document that allows you to spell out your decisions about end-of-life care ahead of time. Each state’s advance directive varies. In New Jersey, you do not need a lawyer to complete an advance directive. If you choose to get your advance directive notarized, you don’t need additional witnesses; if you choose not to get your advance directive notarized, you must sign and date it in front of two adult witnesses who must also sign and date the document. The form can be updated and/or cancelled at any time. In New Jersey there are two parts to the Advance Directive—the Living Will (Instruction Directive) and the Power of Attorney (Proxy Directive).

**Living Will (Instruction Directive):**

A living will is a written, legal document that spells out medical treatments you would and would not want to be used to keep you alive, as well as other decisions such as pain management or organ donation. Have conversations with your primary care doctor, family, friends, and anyone you feel comfortable with to determine your personal wishes regarding these issues.

**Durable Power of Attorney for Health Care (Proxy Directive):**

The proxy directive is where you name a person to make decisions for you when you are unable to do so. This person can be anyone—family or friend—except for your personal doctor. The Proxy Directive will only go into effect if you are no longer able to speak for yourself.

**Five Wishes:**

The Five Wishes is an alternative form that is acceptable as an Advance Directive in the state of New Jersey. The Five Wishes form is written in everyday language and has become the most popular Advance Directive in America.

## Facts and Figures – What we know about end of life care in New Jersey

**Purpose:** Here are important facts that you may want to use in your work to spread the word about end of life care and advance care planning.

* New Jersey has unique challenges:
  + NJ is the nation’s most densely populated state - 1,218 persons per square mile.[[1]](#footnote-1)
  + NJ is one of the most ethnically diverse states - 1 in 4 speak a language other than English at home.[[2]](#footnote-2)
  + NJ ranks 9th in the number of seniors aged 65 and older. Our senior citizens are expected to make up 20 percent of our state’s population by the year 2030.[[3]](#footnote-3)
* New Jersey patients near the end of life are treated with more aggressive medical care than patients near the end of life in almost any other state in the country
  + NJ ranks 47th on in hospital deaths for seniors at the end of life.[[4]](#footnote-4)
* In 2015, 31 percent of deaths occurred in a hospital, 25 percent in a nursing home, 6 percent in a hospice facility and only 30 percent at home.ᶟ
* A 2019 poll conducted by the Quality Institute and the Rutgers Eagleton Center for Public Interest Polling found:
  + 61 percent of New Jersey adults have thought about their wishes for medical treatment near the end of life.
  + 53 percent have not talked to someone about their wishes.
    - Among those who have had a conversation, 97 percent have talked about their end of life wishes with a loved one, 39 percent have talked to a lawyer or financial planner, 24 percent have talked to a doctor or other healthcare provider, and 7 percent have talked with a spiritual leader.
  + Alarmingly, 70 percent of New Jersey adults have not put their end-of-life wishes in writing.[[5]](#footnote-5)
* Nationally, a 2015 Kaiser Family Foundation poll found that 89 percent of people surveyed said health care providers should discuss how to navigate end-of-life decisions with patients. Only 17 percent had those talks with providers.[[6]](#footnote-6)

End-of-life care cannot be improved in New Jersey without informed conversations about end-of-life care options and documentation of these decisions. Currently, too few New Jersey residents are discussing and documenting their wishes, and many are unaware of or do not have accurate information on important end-of-life care options or advance care planning documents.

## Conversation of Your Life Task Force – First Meeting Sample Agenda

[Insert County Name] County Conversation of Your Life Task Force Meeting

[Insert Date]

1. Welcome & Introductions

(Consider a warm up question to get to know one another: Why improving End of Life Care is important to me?)

1. Conversation of Your Life
   1. Overview of Program
   2. Advance Care Planning – What are the tools available in New Jersey
2. Task Force Toolkit
   1. Task Force Recruitment
   2. Task Force Roles
   3. Programming Ideas
3. Next Steps
   1. Review of Follow-up Items and Assign Tasks
   2. Set Date and Location of Next Meeting

## Conversation of Your Life Task Force – Second Meeting Sample Agenda

[Insert County Name] County Conversation of Your Life (COYL) Task Force Meeting

[Insert Date]

1. Welcome & Introductions
2. [Insert County Name] County COYL Program Goals
   1. What do we want to accomplish?
   2. Who is our target audience?
3. Task Force Toolkit
   1. Task Force Recruitment
   2. Task Force Roles
   3. Programming Brainstorm
      1. Type of Program
      2. Location
      3. Speakers
      4. Event Promotion
4. Next Steps
   1. Review of Follow-up Items and Assign Tasks
   2. Next Meeting

## Conversation of Your Life Task Force – Quarterly Meeting - Sample Agenda

[Insert County Name] County Conversation of Your Life (COYL) Task Force Meeting

[Insert Date]

1. Welcome & Introductions
2. Evaluation of past COYL event
3. Updates on [Insert County Name] Advance Care Planning Activities

(Review end of life and advance care planning events that have occurred within task force member’s organizations since the last task force last meeting. Discuss upcoming events as well.)

1. [Insert County Name] County COYL Event Brainstorming
   * 1. Type of Program
     2. Location
     3. Speakers
     4. Event Promotion
2. Task Force Recruitment

(You should evaluate the task force structure regularly to identify gaps in roles, community leaders, and/or content experts.)

1. Next Steps
   1. Review of Follow-up Items and Assign Tasks
   2. Next Meeting

Conversation of Your Life Task Force Meeting Sample Sign-in Sheet



COYL County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Conversation of Your Life Suggested Programming and Activities

**Purpose:**  When discussing events and programming with your COYL Task Force, consider these suggested activities to introduce the subject of advance care planning to residents in your communities. Be sure to check the appendix for materials and templates to support some of these programs.

|  |  |  |  |
| --- | --- | --- | --- |
| Event Type | Time Required | Materials Needed | Notes |
| Mayors Advance Directive Signing Event | 1 hour (30-min for Mayor event, 30-min discussion) | Mayor  Discussion Leader  Advance Directive  COYL trifold pamphlet  Press  Volunteers  Flyer | Requires advance press to get a crowd. Have materials for attendees to complete their own advance directives. Use the Mayors Wellness Campaign ‘How to Hold a Mayors Signing Day’ tool [here](https://www.njhcqi.org/wp-content/uploads/2016/11/Mayors-Signing-Day.pdf) and in this toolkit to help your mayor get started. |
| Mayors Proclamation Event | 1 hour (30-min for Mayor event, 30-min discussion) | Mayor  Discussion Leader  Proclamation  Advance Directive  COYL trifold pamphlet  Press  Volunteers  Flyer | Requires advance press to get a crowd. Have materials for attendees to complete their own advance directives. Use the sample Mayors Proclamations to help you get started. |
| Panel Discussion Event | 1 hour (30-minutes for content experts to speak, 30-minutes for questions) | Discussion leader  Volunteers  5 Wishes and POLST documents  COYL trifold pamphlet  Sign-in sheet  Exit survey | Feature panelists who are experts on different topics like POLST, 5 Wishes, hospice, palliative care, a member of the clergy, a lawyer, etc. |
| Five Wishes Workshop | 1 hour – 1.5 hours | Discussion leader  Volunteers  5 Wishes documents  COYL trifold pamphlet  Sign-in sheet  Exit survey | This Workshop draws on the resources of COYL to bring fun and engaging advance care planning conversations to your community. Use the Mayors Wellness Campaign ‘How to Hold a Five Wishes Workshop’ tool [here](https://www.njhcqi.org/wp-content/uploads/2016/11/Five-Wishes.pdf) and in this  toolkit to help your mayor get started. |
| Movie Screening & Discussion | Approx. 2 Hours  (90-minute video, 30-minute discussion) | Discussion leader  Movie  Refreshments  COYL trifold pamphlet  5 Wishes and POLST documents  Volunteers  Flyer  Sign-in sheet  Exit survey | Make sure screening location has correct license. Typically, libraries have movie licenses. |
| Community Read | 1 hour | Discussion leader  Volunteers  Book on end-of-life care  List of discussion questions  5 Wishes and POLST documents  COYL trifold pamphlet  Sign-in sheet  Exit survey | Libraries across the state are stocked with *The Conversation: A Revolutionary Plan for End of Life Care* by Dr. Angelo Volandes. The COYL trifold pamphlet lists other suggested books. |
| Game Night | 1.5 hours  (30-minutes for introductory discussion, 1 hour to play) | Discussion leader  Volunteers  Pack of cards (Go Wish or My Gift of Grace)  5 Wishes and POLST documents  COYL trifold pamphlet  Sign-in sheet  Exit survey | Participants can play card games solitaire or as a duo. The purpose of this activity is to start the conversation, and help participants determine their advance care planning priorities. You can learn more about Go Wish or order your own cards [here](http://www.gowish.org/index.php). |
| Visual Displays of The Conversation | n/a | Before I Die board or Before I Leave Tree, supplied by the Quality Institute | Task Forces have successfully placed Before I Die boards or ‘Before I Leave’ drawings around their communities as art installations, to help spark The Conversation among residents. |

## Sample Launch of Task Force or Event Press Release

**Purpose:** Press releases serve as a form of advertisement to promote your work. Use this sample press release to promote your event or announce the launch of your new COYL program. Send your press release to local newspapers and online local news sources (PATCH online papers, etc.) to reach a wider audience. You can also encourage press to attend your event.

FOR IMMEDIATE RELEASE

[INSERT DATE] PRESS CONTACT: [Insert press contact information]

On [insert date], [insert county name] is launching a new initiative called Conversation of Your Life (COYL), a program of the New Jersey Health Care Quality Institute’s (Quality Institute) Mayors Wellness Campaign. COYL is currently active in over a [dozen](https://www.njhcqi.org/coyl/) counties and continues to rapidly expand statewide.

The Essex County COYL Task Force is planning their “Kick-Off” COYL event on [insert date], [insert time], at [insert location], where guest speakers will discuss the importance of planning ahead for future health care decisions and clarify advance care planning concepts. Speakers include: [list speakers including name, title, organization].

COYL aims to provide all the pertinent information you may need to communicate your end-of-life care wishes ahead of time, saving your loved ones from having to make emotionally taxing decisions on your behalf when the time comes.

The Quality Institute is the only independent, nonpartisan advocate in New Jersey working to improve the safety, quality and affordability of health care for everyone. Since 2014, the Quality Institute has been working to change the culture around end-of-life care in New Jersey. COYL was created to promote community-based conversations around advance care planning. Ultimately, the goal is to increase the number of residents who have documented and communicated their end-of-life wishes.

COYL is currently active in over a [dozen](https://www.njhcqi.org/coyl/) counties, including **[insert name]** County, and continues to rapidly expand statewide. COYL works through county-level task forces, comprised of county and municipal officials, mayors, community members, religious leaders, hospital system employees, hospice providers, and other health care professionals, who meet quarterly to plan local programming. COYL is generously funded by [The Horizon Foundation for New Jersey](http://community.horizonblue.com/).

To learn more about COYL or to get involved, contact [info@njhcqi.org](mailto:info@njhcqi.org) or visit [www.njhcqi.org/COYL](http://www.njhcqi.org/COYL).

## 

## Mayor’s Signing Day Tool

**Purpose:** As mayor, you have the opportunity to lead by example. Hold a public signing ceremony in the community to show your dedication to this important issue. Encourage people to learn about advanced planning and fill out the Five Wishes form together.

**Select a venue** – As a community wide event, the Mayor’s Signing Day should take place somewhere easily accessible to the residents. It can be a town hall, city hall office, local recreation center or community center. Make sure it has enough room and an audio system for the mayor and speakers to address the audience.

**Invite a speaker or panel** - Invite a credible expert in the field. Have someone who is comfortable and accustomed to discussing the topic with a large audience. It can be a social worker, a physician, and/or hospice nurse.

**Notify the media** – Send a press release announcing the event. You will want local coverage in order to spread the message quickly throughout your community. You may also consider submitting an op-ed piece to your local paper discussing the importance of the issue and the reason you’ve decided to raise awareness.

**Hold the event and sign your documents** – While the documents do not have to be prepared during this event, it is important that they are made official. That is, work with a physician or lawyer ahead of time to fill out your personal document. At the Signing Day, discuss with the audience the steps you took to create your advance directive and the benefits of doing so. It is not necessary to discuss the specifics of the documents or disclose any choices you have made in the directive. You can sign the documents the day of the event. Also, announce any upcoming programs and events related to your Mayors Wellness Campaign and advance care planning initiatives.

|  |  |  |  |
| --- | --- | --- | --- |
| Signing Event Flyer Template  **Purpose:** A signing event is a great opportunity for local community leaders to lead by example and highlight the importance of advance care planning to community members by sharing why advance care planning is important to them and/or publicly signing their own advance directive. This event can include a speaker or panel session prior to the signing event.  [Insert Headshots of local leaders participating]  [Insert Date], [Insert time]  [Insert Location]  [Insert Address]  **CONVERSATION OF YOUR LIFE**  It is time to have the Conversation of Your Life to let your family, friends and health care providers understand your wishes through advance care planning. The Conversation of Your Life program series aims to provide all the pertinent information you may need to communicate your end-of-life care wishes ahead of time, saving your loved ones from having to make emotionally taxing decisions on your behalf when the time comes.  In this public event, guest speakers will discuss crucial end-of-life care concepts and documents. Following a brief discussion,   * **[Insert Name, Title, Organization]** * **[Insert Name, Title, Organization]**   will lead by example and share why advance care planning is important to them and sign their own advance directives. They are some of many elected and public officials across New Jersey joining Conversation of Your Life events to promote the importance of discussing and documenting your advance care plans early.  Event is Free; Lunch will be Served  Registration Preferred, Please Call [Insert Number]  Invite your friends and neighbors!  [Insert logos of event sponsors or speakers here]  **For more information visit:** [**www.njhcqi.org/COYL**](http://www.njhcqi.org/COYL)  **For more information visit:** [**www.njhcqi.org/COYL**](http://www.njhcqi.org/COYL) | |  | | --- | | **Have you had**  ***the Conversation*?**  Join [Insert County] Conversation of Your Life for a community discussion on advance care planning.  Speakers include:  [Insert Name]  [Insert Title, Organization]  [Insert Name]  [Insert Title, Organization]  [Insert Name]  [Insert Title, Organization] | | C:\Users\aperez\Pictures\QI Logistics\COYL Logo White.png  C:\Users\aperez\Pictures\Horizon Logo\RGB_pngs\HBCBSNJ-«_Foundation_ClosedGap_wht.pngC:\Users\aperez\Pictures\QI Logistics\NJHCQI Logo 2019_WHITE.pngThe New Jersey Health Care Quality Institute runs a program called Conversation of Your Life (COYL) in over a dozen New Jersey Counties. The goal of COYL is to encourage more individuals to engage in fruitful conversations – the Conversation of Your Life – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey. | |

## 

## Sample COYL Proclamation

**Purpose:** A proclamation is an official announcement that affirms the mayor’s or council’s support of the COYL program in your community and offers another opportunity to generate attention to your work and upcoming events. Send the proclamation to the local press with dates of upcoming events.

Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAYOR’S PROCLAMATION**

**WHEREAS,** throughout New Jersey, patients near the end of life are treated with more aggressive medical care than almost any other state; and

**WHEREAS,**according to a report by the New Jersey Health Care Quality Institute and Rutgers-Eagleton Poll, it is estimated that 60 percent of people in New Jersey have not put their end-of-life wishes in writing, and 38 percent have not had conversations expressing their end-of-life wishes; and

**WHEREAS,** a significant reason for these low rates may be the lack of knowledge and considerable confusion about advance care planning and advance directives; and

**WHEREAS,** it is important for individuals to plan ahead for future health care decisions in the event that they are unable to make their own medical decisions and to use advance directives to communicate these important health care decisions; and

**WHEREAS,** Conversation of Your Life is a statewide effort to inspire and empower residents by providing clear and consistent information on advance care planning, and helping residents initiate conversations with their families and healthcare providers; and,

**WHEREAS,** the goal of the Conversation of Your Life is to increase the number of residents who have documented their end-of-life wishes and communicated these wishes to their family and health care providers; and

**NOW THEREFORE BE IT RESOLVED,** that I, Mayor \_\_\_\_\_\_\_, ask all residents of this community to join me in having these important conversations and completing an advance directive; and

**BE IT FURTHER RESOLVED**,that I encourage the residents of [Municipality] to participate in Conversation of Your Life activities as we work towards ensuring our end-of-life wishes are honored.

Signed this [insert number] day of [insert month], [insert year]

*Signature of Mayor*

[Insert Official Seal]

## Sample Health Care Decisions Day Proclamation

**Purpose:** To provide an official announcement that affirms the mayor’s support of National Healthcare Decisions Day (April 16), a nation-wide effort to promote advance care planning.

Municipality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAYOR’S PROCLAMATION**

**WHEREAS,** throughout New Jersey, patients near the end of life are treated with more aggressive medical care than almost any other state; and

**WHEREAS**, according to a report by the New Jersey Health Care Quality Institute and the Rutgers-Eagleton Poll, it is estimated that 60 percent of people in New Jersey have not put their end-of-life wishes in writing, and 38 percent have not had conversations expressing their end-of-life wishes; and

**WHEREAS,** a significant reason for these low rates may be the lack of knowledge and considerable confusion about advance care planning and advance directives; and

**WHEREAS**, in New Jersey, N.J.S.A. § 26:2H-58 allows individuals to name a durable power of attorney for health care and N.J.S.A § 26:2H-53 provides the specifics for a health care directive, offering a model form for patient use; and

**WHEREAS**, health care organizations across New Jersey are assisting residents to plan ahead for future health care decisions in the event that they are unable to make their own medical decisions and to encourage the use of advance directives to communicate these important health care decisions; and

**WHEREAS**, National Healthcare Decisions Day is designed to inspire, educate, and empower the public and health care providers about the importance of advance care planning and encourage physicians and care teams, hospital and health systems, nursing homes, assisted living facilities, retirement communities, and hospices to participate in a statewide effort to provide clear and consistent information to the public about advance care planning; and

**NOW THEREFORE BE IT RESOLVED**,that I, Mayor \_\_\_\_\_\_\_, do hereby proclaim, April 16, as ***Healthcare Decisions Day,*** and I encourage all people in our state to join me in this special observance by discussing and documenting their end of life wishes.

Signed this [insert number] day of [insert month], [insert year]

*Signature of Mayor*

[Insert Official Seal]

## Speaker or Panel Flyer Template

**Purpose:** If you plan a speaker or panel discussion in your community to introduce your community or a particular audience to the subject of advance care planning, you can adapt this template to announce the event. This can be sent to newspapers for inclusion in their calendars, posted in community bulletin boards (both online and in a physical location), and distributed to local businesses (libraries, town halls, restaurants, gyms, bakeries, etc.).

**What Is Advance Care Planning and Why Is It Important?**

Conversation of Your Life is a program of The New Jersey Health Care Quality Institute’s Mayors Wellness Campaign running in over a dozen New Jersey counties. The goal of Conversation of Your Life is to encourage more individuals in New Jersey to engage in conversation – the Conversation of Your Life – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. Conversation of Your Life is generously supported by The Horizon Foundation for New Jersey. To learn more visit:[www.njhcqi.org/COYL](http://www.njhcqi.org/COYL).

Learn how to start the conversation with family, friends, caregivers, and doctors about what you value in life at a panel discussion coming soon:

**[Insert Date]**

**[Insert Time]**

**[Insert Address]**

**Panel Discussion Featuring Local Experts: the legal, medical, ethical, emotional, practical, and, spiritual aspects of advance care planning.**

* [List Panelists Here]

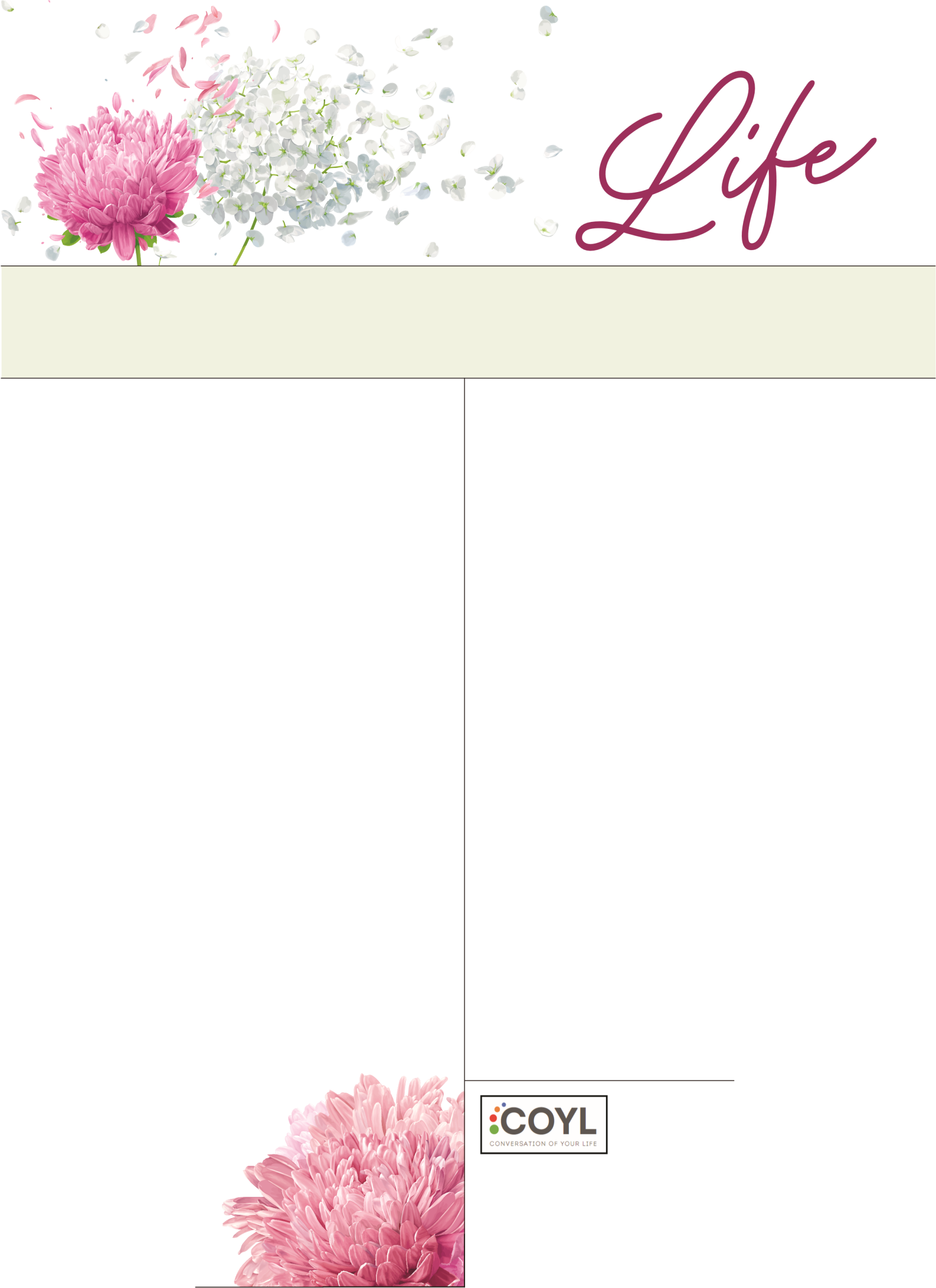
***Light Refreshments will be served.***

***This event is free and open to adults of all ages.***

***Invite your neighbors, family and friends.***

**Please call [insert phone number] or email [insert email] to register.**

[Insert logos of event sponsors, including COYL, and speakers here]

COYL Program Series Flyer Template

**C O N V E R S A T I O N**

**O F Y O U R**

It is time to have the Conversation of Your Life to let your family, friends, and health care providers understand your wishes through advance care planning. The Conversation of Your Life (COYL) series aims to provide you all the pertinent information you may need to communicate your end-of-life care wishes ahead of time, saving your loved ones from having to make emotionally taxing decisions on your behalf when the time comes.

**[Insert Topic Title]**

[Insert Brief Description of event]

**[Insert Date], [Insert Time]**

[Insert Location/Address]

***Advance Care Planning: Why is it important?***

This panel discussion will feature local experts discussing

the legal, medical, ethical, emotional, practical, and spiritual

aspects of important conversations around death and dying.

(Optional to add: Guest Speakers: [Insert Name, Title, Organization])

**[Insert Date], [Insert Time]**

[Insert Location/Address]

***Hospice and Palliative Care; What’s the Difference?***

Gain a comprehensive understanding of hospice and palliative care, the best and least utilized benefits. (Optional to add: Guest Speakers: [Insert Name, Title, Organization])

**[Insert Date], [Insert Time]**

[Insert Location/Address]

***Everything You Wanted to Know About Planning a Funeral (but were afraid to ask)***

You have options ~ Come learn about the interesting and ever-changing options available to you in funeral planning. (Optional to add: Guest Speakers: [Insert Name, Title, Organization])

**[Insert Date], [Insert Time]**

[Insert Location/Address]

***Starting the Conversation: Personal Values***

What you want and how to get it. Our program begins with a short screening of the film *Anna’s Story*, followed by a discussion on personal values and understanding what is important to you at end of life. Guest speakers: Rev. Brenda Ehlers, Morrow Memorial Church; Synergy Home Care.

**May 7, 11:30 a.m. – 1 p.m.**

The Woodland

60 Woodland Road, Maplewood, NJ 07040

**To learn more about COYL, visit: njhcqi.org/COYL.**

*Conversation of Your Life (COYL) is a program of the New Jersey Health Care Quality Institute’s Mayors Wellness Campaign. COYL is active in over a dozen New Jersey Counties. COYL focuses on engaging communities in fruitful dialogue tto let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey.*

## COYL Program Series Sample Internal Agenda

**Purpose:** A program series provides even more information around end-of-life care and advance care planning to residents. Each week focuses on a different subject and includes content experts who can take a deep dive into the topic and answer participant’s questions.

| **Date** | **Topic** | **Session Overview** | **Presenters** |
| --- | --- | --- | --- |
| **Oct**  **2** | **Advance Care Planning:**  **Why is it important?**  **What types of advance care plans are there and which one(s) would be right for me?** | Learn the importance of advance care planning and about different types of advance care planning documents including:   * Living Will * Durable Power of Attorney for Health Care * Five Wishes * Practitioner Orders for Life Sustaining Treatment (POLST) * How to Choose a Health Care Proxy & How to be a Health Care Proxy   Understanding each will help you determine which forms you need for what purpose and when. | **Moderator:**  [Insert Name]  **Panelists:**  [Insert Name, Title, Organization] |
| **Oct**  **9** | **Geriatric Case Managers:**  **Advocates that can help you and your family prepare for end of life** | Geriatric case managers can help you navigate the health care system and even serve as your health care proxy. Learn more about this important advocate. | **Presenters:**  [Insert Name, Title, Organization] |
| **Oct 16** | **Hospice: The Greatest Benefit Medicare Offers** | Gain a comprehensive understanding of hospice, one of the Medicare program’s best and least utilized benefits. | **Presenters:**  [Insert Name, Title, Organization] |
| **Oct 23** | **Personal Values: Understanding What’s important to you at end of life** | Part 1 of this session focuses on what can happen to a patient when he or she receives unwanted medical treatment through a screening of the 20-minute film, *Anna’s Story*.  Part 2 of this session encourages you to take a big leap forward in understanding what is most and least important to you through an interactive, fun and thought-provoking card game that helps you discover and prioritize your personal values. | **Presenter:**  [Insert Name, Title, Organization]  **Round Table Facilitators**  [Insert Name, Title, Organization] |
| **Oct 30** | **Everything you wanted to know about planning a funeral but were afraid to ask** | Options for final arrangements look very different than our grandparents’ days. Come learn about the interesting and ever-changing options in funeral planning. | **Moderator:**  Sidna Mitchell  **Panelist:**  [Insert Name, Title, Organization] |
| **Nov 6** | **Managing Your Finances** | Managing your finances doesn’t have to be a complex chore – gain insights from a daily money manager, a financial planner and an elder care attorney. | **Moderator:** Annette Murphy, MSW, LSW, C-ASWCM  **Panelists:**  [Insert Name, Title, Organization] |
| **Nov 13** | **Meet the Author:**  **[Insert Name]** | [Insert Author Name], author of *[Insert Book Title]* | [Insert Name, Title, Organization] |
| **Nov**  **20** | **The Empowered Health Care Consumer’s Action Plan: Next Steps** | Having shared this journey together for the past seven weeks, it’s time to hear from you! In this session, you’ll have an opportunity to reflect on what you’ve learned and turn it into action!  Go forth feeling empowered with a personalized ACTION PLAN that helps your family and health care team understand YOU and also provides a lasting gift to your loved ones. | **Facilitator:**  [Insert Name, Title, Organization] |

## Five Wishes Workshop Tool

**Purpose:** To guide important conversations about the care you want to receive at the end-of-life. Community members participating in this workshop can gain a better understanding of the importance of advance care planning and their own priorities.

FIVE WISHES WORKSHOP

**Making Advanced Plans**

• Written in easy-to-understand language, Five Wishes is America’s most popular advance directive.

• A Five Wishes Workshop aims to guide important conversations about the care you want to receive at the end-of-life.

• A Five Wishes Workshop draws on the resources of Conversation of Your Life to bring fun and engaging advance care planning conversations to New Jersey communities.

• A program of the New Jersey Health Care Quality Institute’s Mayors Wellness Campaign, Conversation of Your Life is generously supported by The Horizon Foundation for New Jersey.

**ACTION STEPS**

**Prepare the Content for Your Program**

• You can order the Five Wishes form [here](https://fivewishes.org/shop/shop).

• Or you can create your own presentation and discussion questions.

• You can order Five Wishes packets ahead of time and use them to build a workshop agenda that has a learning portion, a discussion portion and a wrap-up with recommended next steps.

**Invite Participants**

• Send out a notice about the workshop using mail, email, and social media. Get the word out with flyers and posters.

• To encourage attendance, include the agenda and interesting materials.

• Decide whether you want to make it an open meeting or ask participants to RSVP.

**Bring the Experts**

• Invite a speaker or convene a panel of experts in the field of end-of-lifecare.

• Bring in an expert accustomed to discussing the topic with a large audience: e.g., a social worker, physician, and/or hospice nurse.

• Make the workshop interactive. Many people will have questions and concerns. Leave time for open discussion.

**Distribute Materials**

• Make workshop materials (including the Five Wishes form) available during and after the session.

• You can have participants fill out their Five Wishes form during the workshop with the help of staff or volunteers. Or, you can ask them to take it home and discuss it with their families and health care providers.

• Emphasize the importance of storing the Five Wishes form in an easily accessible location, and sharing copies of the completed Five Wishes form with family members and health care providers.

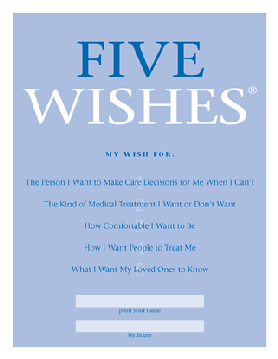
• Encourage participants to share the workshop discussion with their loved ones and to take the materials home.

## Five Wishes Event Flyer Template

**Purpose:** The Five Wishes is an alternative way to document end of life planning that is an acceptable form of an Advance Directive in New Jersey. The Five Wishes form is written in everyday language and has become the most popular Advance Directive in America. Flyers allow you to publicize your program at community centers, senior centers, and other venues where your target population gathers to garner their attention and ensure program participation.

**Have You Had *The Conversation*?**

The [insert county name] Conversation of Your Life Task Force is sponsoring a community panel discussion to discuss available end-of-life options, advance direct documents, and answer any questions you may have about advance care planning.



**[Insert Date]**

**[Insert Time]**

**[Insert Address]**

Join us for a panel discussion on the importance of advance care planning featuring:

* [List Panelists Here]

The panel discussion will be followed by an in-depth discussion on the 5 Wishes, America’s most popular living will. This event is free and open to the public.

***Light refreshments will be served.***

**Please call [insert number] or email [insert email] to register.**

The New Jersey Health Care Quality Institute runs a program called Conversation of Your Life (COYL) in over a dozen New Jersey Counties. The goal of COYL is to encourage more individuals to engage in fruitful conversations – *the Conversation of Your Life* – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey.

****[Insert Logos of sponsoring organizations, including COYL, and speakers

## Film Screening Event Flyer Template in English

**Purpose:** Flyers allow you to publicize your program at community centers, senior centers, and other venues where your target population gathers to garner their attention and ensure program participation. Recommended films can be found on the COYL trifold pamphlet.

**Have You Had *The Conversation?***

The [insert county name] Conversation of Your Life Task Force in partnership with [insert library or other location name] are sponsoring [a community film screening or insert film title] to highlight the importance of discussing your end-of-life wishes with friends, family, and health care providers, and to answer any questions you may have about advance care planning.

[Insert movie picture here]

**[Insert Date[**

[Insert Time]

[Insert Location]

Join us for a film screening of [insert film title] followed by a discussion led by [insert name, title, and/or organization].

Light refreshments will be served.

Please call [insert phone number] or email [insert email[ to register.

The New Jersey Health Care Quality Institute runs a program called Conversation of Your Life (COYL) in over a dozen New Jersey Counties. The goal of COYL is to encourage more individuals to engage in fruitful conversations – *the Conversation of Your Life* – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey.

****[Insert Logos of sponsoring organizations, including COYL, and speakers]

## Film Screening Discussion Questions

**Purpose:** To guide discussion after viewing the film, ask participants to consider the following questions while watching the film which will be discussed as a group afterwards. Optional: have pens and paper available for participants to write down a few thoughts.

Consider the questions below as you watch the film:

1. What kind of things are most important to you? What makes you happy?
2. What fears do you have about getting sick or needing medical care?
3. If you were very sick, are there any specific medical treatments that might be too much for you?
4. Do you have any beliefs that guide you when you make medical decisions?

## Film Screening Event Flyer Template in Spanish

**Purpose:** Flyers allow you to publicize your program at community centers, senior centers, and other venues where your target population gathers to garner their attention and ensure program participation. Recommended films can be found on the COYL trifold pamphlet.

**¿Has tenido *la conversación*?**

El New Jersey Health Care Quality Institute y [inserte location] están patrocinando la [inserte el título de la película]en la comunidad para destacar la importancia de conversar con tus amigos, familiares y médicos sobre tus deseos para la etapa final de la vida.

[Insert movie picture here]

**[Inserte Fecha]**

[Inserte Hora]

[Inserte Lugar]

Únete a nosotros en una conversación guiada por [insertar el nombre, el título, y la organización] y la [inserte el título de la película].

Llama al [inserte el número de teléfono] o envía un correo electrónico a [correo electrónico] para inscribirte.

La New Jersey Health Care Quality Institute’s Mayors Wellness Campaign dirige un programa llamado Conversation of Your Life en los condados de Atlantic, Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Somerset, y Union. El objetivo de *Conversation of Your Life* es animar a más personas en Nueva Jersey a entablar conversaciones productivas con el fin de que los amigos, familiares o médicos de la persona entiendan y respeten sus deseos para la etapa final de la vida por medio de la planificación anticipada de la atención médica. Conversation of Your Life cuenta con el generoso apoyo de The Horizon Foundation for New Jersey. Para conocer más, visita: www.njhcqi.org/COYL.



Book Discussion Flyer Template

**Purpose:** Flyers allow you to publicize your program at community centers, senior centers, and other venues where your target population gathers to ensure program participation.

**Have You Had *The Conversation?***

The [insert county name] Conversation of Your Life Task Force in partnership with [insert library or other location name] are sponsoring a community book discussion on [insert book title] by [insert author name] to highlight the importance of discussing your end-of-life wishes with friends, family, and health care providers.

[Insert book picture here]

**[Insert Date]**

[Insert Time]

[Insert Location]

Join us for a discussion led by [insert name, title, and/or organization], and a book discussion of [insert book title].

Please call [insert phone number] or email [insert email] to register.

The New Jersey Health Care Quality Institute runs a program called Conversation of Your Life (COYL) in over a dozen New Jersey Counties. The goal of COYL is to encourage more individuals to engage in fruitful conversations – *the Conversation of Your Life* – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey.

****[Insert Logos of sponsoring organizations, including COYL, and speakers]

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | |  | | Book Discussion Flyer Template  **Purpose:** Flyers allow you to publicize your program at community centers, senior centers, and other venues where your target population gathers to ensure program participation.  Author talk with [insert name] on [his/her] book: *[insert book title]*  [Insert author or book picture]    [Insert day], [insert date]  [Insert Location]  [Insert time]  [{Insert address]  \_\_\_  [Insert author name] is author of the book: [insert book title], [insert book awards, if any]. [Insert brief author bio].  *Example: Ellen Rand is the author of the book “Last Comforts: Notes from the Forefront of Late Life Care,” a 2017 Independent Publisher book Awards silver medalist. Ellen has been a journalist for more than 40 years, including five years as a columnist for The New York Times. Ellen will visit the Hamilton Senior Center and Hopewell Borough Town Hall to talk about her book and how you can educate yourself about the different key treatments for end-of-life care, so that you can make informed decisions about what you do or do not want.*  [Insert logos of event sponsors] | |  | |  | |  |  | | --- | --- | | **Have you had**  ***the conversation*?**  LL;L  Join [insert county name] Conversation of Your Life for a community discussion on advance care planning.  TO LEARN MORE, VISIT: WWW.NJHCQI.ORG/COYL |  | |  | | C:\Users\aperez\Pictures\QI Logistics\COYL Logo White.png  The New Jersey Health Care Quality Institute runs a program called Conversation of Your Life (COYL) in over a dozen New Jersey Counties. The goal of COYL is to encourage more individuals to engage in fruitful conversations – the Conversation of Your Life – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey  C:\Users\aperez\Pictures\QI Logistics\NJHCQI Logo 2019_WHITE.pngC:\Users\aperez\Pictures\Horizon Logo\RGB_pngs\HBCBSNJ-«_Foundation_ClosedGap_wht.png | |

## Community Game Night – Flyer Template

**Purpose:** Flyers allow you to publicize your program at community centers, senior centers, and other venues where your target population gathers to ensure program participation.

**Have You Had *The Conversation"*?**

The [insert county name] Conversation of Your Life Task Force and [insert location] are sponsoring a community game night and discussion to highlight the importance of discussing your end-of-life wishes with your friends, family, and health care providers. Community members will have the opportunity to play “Go Wish,” an easy, fun card game that lets players think about what’s most important to them.



**[Insert Date]**

[Insert Time]

[Insert Location]

Join us for a discussion led by [insert name, title, and/or organization], and an engaging community game night featuring “Go Wish.”

Please call [insert phone number] or email [insert email] to register.

The New Jersey Health Care Quality Institute runs a program called Conversation of Your Life (COYL) in over a dozen New Jersey Counties. The goal of COYL is to encourage more individuals to engage in fruitful conversations – *the Conversation of Your Life* – to let individuals’ friends, family, and health care providers understand and respect their end-of-life wishes through advance care planning. COYL is generously supported by The Horizon Foundation for New Jersey.

****[Insert Logos of sponsoring organizations, including COYL, and speakers]

## Go Wish Game Template

**Purpose**: Go Wish is an easy, engaging way to encourage participants to talk about what is most important to them. Playing the game can help participants learn how to best comfort their loved ones. Go Wish can be played by one or more people. Each deck has 36 cards that describe things that people often say are important when they are very sick or dying. The cards describe how people want to be treated, who they want near them, and what matters to them. One card is a "wild card." You can use this card to stand for something you want that isn't on any of the other cards.

***THE GO WISH GAME***

**Instructions:**

1. Read cards aloud one at a time.
2. After you read a card aloud, decide whether that wish is very important to you, somewhat important to you, or not important to you.
3. Record that wish in the appropriate space below.
4. As a group, share (voluntarily) your thoughts about each wish.

|  |  |  |
| --- | --- | --- |
| **VERY IMPORTANT** | **SOMEWHAT IMPORTANT** | **NOT IMPORTANT** |
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## 

## Event Sign-In Template

**Purpose:** Keeping record of COYL program attendance allows you and the Quality Institute an opportunity to measure the scope of COYL programs and serves as a feedback mechanism to improve program promotion.

**[Insert name of Event and date]**

**Event Sign In**

|  |  |  |
| --- | --- | --- |
| **Name** | **How did you hear about this program?**  **(Print Ad/ Facebook/Other)** | **Are you interested in joining the COYL Task Force? If yes, please enter contact information.** |
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## Program Evaluation Survey

**Purpose:** To evaluate your programming, we recommend you collect evaluations at the end of events. This is a cost-effective way of collecting data on behaviors, values, beliefs which can help you in planning future programs.

Please complete this brief survey and hand it in at the end of the Conversation of Your Life (COYL) event you are attending. Your feedback will help inform future programming. Thank you.

1. Before attending this event, how familiar or comfortable were you with the concept of advance care planning on a scale of 1 to 3, 3 being the most familiar and comfortable (please circle).

-----------------------------------------------------------------------------------------------------

1. 2 3
2. After attending this event, how familiar and comfortable are you now with the concept of advance care planning on a scale of 1 to 3, 3 being the most familiar and comfortable (please circle).

-----------------------------------------------------------------------------------------------------

1. 2 3
2. Do you have your own advance directive (please circle)? YES NO
3. If you don’t currently have an advance directive, do you have plans to complete one in the coming year (please circle)?

YES NO

1. Ideas or suggestions for future programs?

COYL is a program of the New Jersey Health Care Quality Institute’s Mayors Wellness Campaign. It aims to bring advance care planning conversations into New Jersey communities. COYL is generously supported by The Horizon Foundation for New Jersey.

**The New Jersey Health Care Quality Institute**

**MISSION**

To improve the safety, quality, and affordability of health care for everyone.

**Statement of Values**

To support healthy communities and individuals,

the Quality Institute believes that health care should be:

**Safe** and of **high quality**

**Accessible** and **affordable**

**Equitable**, respecting individual dignity

**Transparent** to promote accountability and quality improvement

1. <https://nj.gov/health/chs/hnj2020/documents/sha2018.pdf> [↑](#footnote-ref-1)
2. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF> [↑](#footnote-ref-2)
3. <https://www.state.nj.us/health/advancedirective/documents/NJAdvisoryCouncil_EOL_FinalReport.pdf> [↑](#footnote-ref-3)
4. <https://assets.americashealthrankings.org/app/uploads/ahrsenior18-finalv1.pdf> [↑](#footnote-ref-4)
5. <https://www.njhcqi.org/most-new-jerseyans-have-considered-but-not-planned-for-end-of-life-wishes/> [↑](#footnote-ref-5)
6. <https://www.kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-september-2015/> [↑](#footnote-ref-6)