

# Topic of the Month

## My Plan: My Wishes



### Step 1: Plan

Review the following Network and community resources to plan a patient engagement activity to encourage patients to be active in determining and sharing their wishes about their healthcare.

### Network Resources

- [Making My Wishes Known](#)
- [My Questions and Goals](#) **handout**: This resource provides a checklist to help patients select questions to ask of staff and to set goals they wish to reach.
- [Health Status Release Form](#): This form was developed from ideas shared by Facility Peer Representatives to address patients' wishes to share information with fellow patients about their health.
- **Shared Decision-Making Series**: This staff resource was developed to provide staff with a tool to educate and discuss shared decision making with their team.



### Shared Decision Making Overview



### Shared Decision Making Process



### Shared Decision Making Case Example



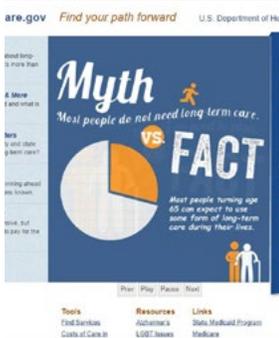
## National Resources

### Advance Care Planning Online Tools



[Decision Points](#) are online tools, provided by the University of Wisconsin-Madison Hospital and Clinics, designed to guide you through key health decisions. Decision Points combine medical information with your personal values to help you make a wise health decision, including decisions related to kidney failure.

- [Should I Start Dialysis?](#)
- [What Type of Dialysis Should I Have?](#)
- [When Should I Start Dialysis?](#)



[Long-Term Care \(LTC\) Pathfinder](#) is a resource available to help with planning ahead and for people already receiving long-term care services.



Visit the [ESRD Network Coordinating Center website](#) to download the following resources:

- [Health status release form and overview](#);
- Downloadable [sympathy card](#) and [memorial posters](#);
- [Celebration announcements](#) for patients transitioning to home dialysis and who received a transplant.



[My Dialysis Plan](#) is an interdisciplinary plan of care program designed to align dialysis care with patient-identified priorities and improve the care planning experience. It provides both staff and patient resources to improve the process including a:

- Care Team Guide
- Patient brochure
- Pre-Meeting Questionnaire
- Care Plan Form
- My Dialysis Plan Use Case Examples

## Step 2: Act

Team up with your Facility Peer Representative (FPR) to complete a patient engagement activity.

- Educate patients and staff using the resources in step 1. Use the “My Questions” resource to engage in a discussion and use the [Goal Setting Change Plan](#) to document any patient goals. Incorporate the Health Status Release form into your clinic activities.
- Review the [Health Status Release form](#) with your FPR and your team to determine the best way to use this resource in your clinic.
- Use the [ESRD NCC resources](#) to remember those who have passed and celebrate transplants and patients moving to home.
- Share the My Questions and Goals handout with patients prior to their Plan of Care meeting.
- Create a bulletin board sharing:
  - information on Advance Directives; or
  - the importance of being involved in their Plan of Care; or
  - special memories, dreams or what is important in their life from both patients and staff.

## Step 3: Share

Share what your clinic has done with the rest of the Network!

- Ask your FPR for their feedback and encourage them to attend the next [FPR Connection Call](#) (the third Wednesday and Thursday every other month starting Feb. 2020 at 2 pm CT) to share with others!
- Take a photo of your activity and send it to our [Patient Services Department](#).

## Three Levels of Patient Engagement



For more information or to file a grievance, please contact:  
Qsource ESRD Network 10 | 911 E. 86th Street, Suite 202  
Indianapolis, IN 46240 | Toll-Free Patient Line: (800) 456-6919  
[ESRDNetwork10@qsource.org](mailto:ESRDNetwork10@qsource.org)

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