



Product User Guide

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Start ACP Session or View Patient Documents

Help create, follow up, and update patient accounts. Upload existing documents, start medical orders, state directives, etc.

Start ACP Session or View Patient Documents



Engage patients at the point of care and help them create an account and advance care plan. You can also upload existing advance care directives and create portable medical orders.

Review your Reporting and Metrics

View and export detailed reports and metrics of all sessions for an individual or your organization

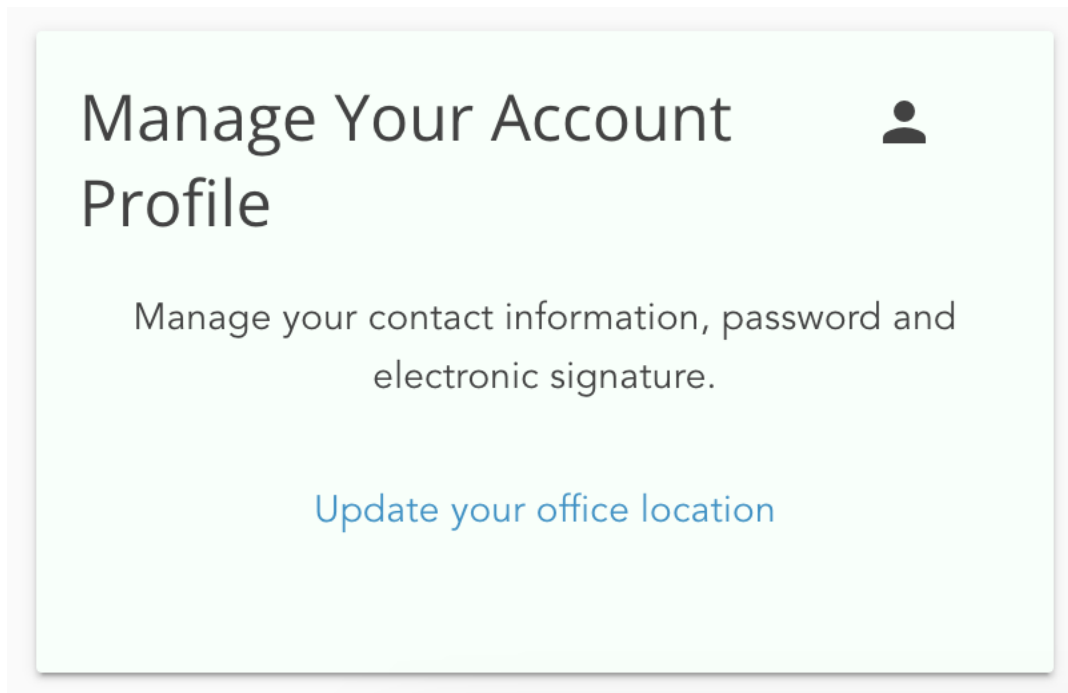
Review your Reporting and Metrics




Click to view detailed reporting and metrics for your
advance care planning sessions.

Manage your Account Profile

Change and update your account, as well as alternate between office locations, as needed

A screenshot of a user interface for managing an account profile. The background is a light green color. At the top left, the text "Manage Your Account Profile" is displayed in a large, dark font. To the right of this text is a small, dark icon of a person. Below the title, there is a line of text: "Manage your contact information, password and electronic signature." At the bottom center, there is a blue link that says "Update your office location".

Manage Your Account Profile 

Manage your contact information, password and electronic signature.

[Update your office location](#)

Patient Account

Gives a broad overview of the patient information and documents currently on file and in the patient's record.

The screenshot shows the MyDirectives Patient Account interface. The top navigation bar includes the MyDirectives logo, user information (elite training, MD | ADV Healthcare Maryland - Office...), and a search icon. Below the navigation bar, the patient's name and gender are displayed: MyDirectives Training, Gender: Female, Date of Birth: 01/01/1990. The main content area is divided into two columns. The left column contains a vertical list of document categories: Patient Summary, Name a Healthcare Agent (1), Digital Advance Care Plan (Signed), Document Upload (2), Portable Medical Order, State Advance Directive, Mental Health Directive, and Record a New Video. The right column displays the Patient Summary, including contact information (Address: 123 Main, Dallas, TX 75204; Email: lmcdonell@advaultinc.com; Phone: (615) 830-0546; Username: lizmcdonell) and a list of documents. The ACP Documents section shows a document titled 'MyDirectives® Advance Care Plan' updated on 04/17/2024. The Uploaded Documents section shows a document titled 'Five Wishes®' updated on 04/17/2024. The Healthcare Agents section is currently empty.





Patient Summary

An overview of the patient account; will show what has been uploaded, added, completed, etc.





Patient Summary

Name	MyDirectives Training Resend Welcome Message	My advance care directives can be found at:
Address	123 Main, Dallas, TX 75204	https://secure-ui-training.mydirectives.com/qr/77335ed
Email	lmcdonell@advaultinc.com	
Phone	(615) 830-0546	
Username	lizmcdonell	

ACP Documents

 ACP	  
MyDirectives® Advance Care Plan	Updated: 04/17/2024

Uploaded Documents

 Five Wishes	  
Five Wishes®	Updated: 04/17/2024

Healthcare Agents

Sandy Miller
▼ Primary Healthcare Agent

Name a Healthcare Agent

Patients can name their primary and alternate healthcare agent(s) and grant them powers that allow them to speak of their behalf, if they are not able to do so.

Please Note: Review the signature requirements with your legal team to ensure it's up to date in accordance with DC Code § 21-2207.

Name Your Primary Healthcare Agent

Who does the patient want to speak for them if they can't?

Select from existing contacts or Add New

Richard Wright

Prefix	Richard
Middle Name	Wright
Suffix	Brother
Email	Mobile Phone
rwright@mailinator.com	(972) 803-2134

Notify this person that you have chosen him or her to be your healthcare agent.

We strongly recommend that this person is notified that they are chosen to make decisions.

How much power would you like to give your healthcare agent in the event you can't speak for yourself?

All powers I want to limit the powers they have

Powers normally given to healthcare agents

Help choose the overall goal of treatment including:

- Whether or not to try to maintain life at all costs, or

Digital Advance Care Plan

Facilitators can walk through the patient's ACP with them and answer any questions they may have.

Digital Advance Care Plan

▶ What Matters Most to Me

▼ Preferences in Major Health Events

🗨️ If your heart stops beating and you stop breathing, would you want your medical team to use CPR to try to revive you?

Yes

No

I'll let my healthcare agent decide based on what they know about my values

I do not wish to answer at this time

Write additional thoughts you have on this topic:

I want CPR attempted unless my doctor says any of the following:

- I have a terminal illness or a severe, irreversible brain injury;
- I have little chance of long-term survival if my heart or breathing stop, and an attempt to resuscitate me would cause me significant suffering.

🗨️ Imagine your health is failing due to a terminal illness, you are dying, and you no longer can communicate. What are your thoughts on life-sustaining treatments?

Do everything possible

For

Indefinitely

Until my healthcare agent decides it is time to stop life-sustaining treatments and let me die gently.

Only try treatments that have a good chance of working

I do not want life-sustaining treatments. Focus on making me comfortable.

Let my healthcare agent decide based on what they know about my values.

I do not wish to answer at this time

Document Upload

Any paper or filed documents the patient has and would like to include in their account can be uploaded and stored.

Document Upload

Complete the fields below to upload a document

What do you want to call this document?

What type of document is this?

When was this document created?

Select a File

Record a New Video

The patient and/or their healthcare agent can record a video to include an “in their own words” recording on topics such as location of care, healthcare proxy, life sustaining treatment, organ donation, CPR preferences, etc.

Record a video

Organ Donation

Contacts

Anyone that the patient would like to be contacted in case of an emergency can be added to their account.

Contacts

Patient Contacts

Add contact information for anyone that receive access to the patient's files.

Prefix	▼	First Name
<hr/>		<hr/>
Last Name		Suffix
<hr/>		<hr/>
Email		Mobile Phone
<hr/>		<hr/>

SAVE AND ADD ANOTHER

CANCEL SKIP **SAVE AND FINISH**

Portable Medical Order

Offers state specific POLST, MOST, MOLST documents the facilitator's can review and complete with their patient.

Portable Medical Order

DC Medical Orders for Scope of Treatment (MOST)

Medical Conditions/Patient Goals

Cardio-Pulmonary Resuscitation (CPR): Person has no pulse and is not breathing. *

Attempt Resuscitation/CPR

Do Not Attempt Resuscitation (DNAR) / Allow Natural Death (AND)
Choosing DNAR will include appropriate comfort measures.

Medical Interventions: Person has pulse and/or is breathing. *

FULL TREATMENT - primary goal of prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures. Includes care described below. Use medical treatment, IV fluids and cardiac care as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible.

COMFORT FOCUSED TREATMENT - primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer: EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.

State Advance Directive

If an organization chooses, they can have a state-specific advance directive added to the system for their clinicians to use.

Tennessee Advance Directive

Part 1

Part 2

Indicate Your Wishes for Quality of Life: By marking "yes" below, I have indicated conditions I would be willing to live with if given adequate comfort care and pain management. By marking "no" below, I have indicated conditions I would not be willing to live with (that to me would create an unacceptable quality of life).

Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance *
of ever waking up from the coma.

Yes

No

Permanent Confusion: I become unable to remember, understand, or make decisions. I do not recognize *
loved ones or cannot have a clear conversation with them.

Yes

No

Dependent in all Activities of Daily Living: I am no longer able to talk or communicate clearly or move by *
myself. I depend on others for feeding, bathing, dressing, and walking. Rehabilitation or any other
restorative treatment will not help.

Yes

No

End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: *
Widespread cancer that no longer responds to treatment; chronic and/or damaged heart and lungs, where
oxygen is needed most of the time and activities are limited due to the feeling of suffocation.

Yes

Mental Health Directive

MyDirectives for Clinicians offers state specific mental health directives that can be completed in addition to advance care planning documents.

DC Psychiatric Advance Directive

Part I: Statement of Intent ▼

Part II: Statement of My Instructions Regarding My Behavioral Health. ▼

Part III: Appointment of Substitute Decision Maker. ▲

In the event that a court decides to appoint a guardian or substitute decision maker to make decisions regarding my behavioral health treatment, I desire that the following person be appointed:

🔍 Name

🔍 Relationship

🔍 Phone

🔍 Address (line 1)

🔍 Address (line 2)

🔍 Address (City, State Zip)

Part IV: Instructions for Notification of Others, Visitors, and Custody of My Children. ▼

Part V: Signature of Principal (Consumer) and Witnesses. ▼

Edit Patient

The facilitator can edit patient details at any time using this function, update address and phone number, for example.

Edit Patient

Prefix	First Name Jennifer	X	Middle Name	Last Name Wright	X	Suffix
Date of Birth	12-12-1963	X	Gender Female	Preferred Name Jennifer Wright	X	
Mobile Phone	(972) 804-4104	X	Email	jwright63@mailinator.com	X	
Username	jenniferwright63	X	i			
Address 1	2355 Lebanon Road	X	Address 2			
City	Frisco	X	State	TX	▼	
Zip Code	75034	X	Country	USA	▼	
SSN	🗑️	DL State	▼	Drivers License	🗑️	

Cancel Save