

OUR MISSION: Guide organizations and communities worldwide to effectively implement and sustain evidence-based systems that provide person-centered care.

OUR VISION: Transform healthcare culture by integrating and disseminating best practices to achieve person-centered care.

Respecting Choices shares your commitment to provide person-centered care. For nearly 30 years, Respecting Choices has focused on the *human touch* that person-centered care requires, through care team and organizational capacity training, program design and implementation support for advance care planning (ACP) and serious illness care. More than just classroom courses, Respecting Choices has the experience, tools, and solutions to support you and your organization through person-centered care transformation.

One of the most important attributes of person-centered care is **person-centered decision making**—the active engagement and support of individuals on their journey through the decision-making process, ensuring that their goals, values, and beliefs guide all clinical decisions. Respecting Choices has two programs that work together to embed person-centered decision making as a standard: **Advance Care Planning (ACP)** and **Shared Decision Making in Serious Illness (SDMSI)**.

Person-Centered Decision Making based on What Matters Most



- **Advance care planning (ACP)** promotes conversations designed to *prepare individuals, healthcare agents, and families for future healthcare decisions*.
- **Shared decision making in serious illness (SDMSI)** focuses on the interaction between individuals and their physicians – to assist patients with serious illness *make current healthcare decisions*.

The Synergies of Advance Care Planning + Shared Decision Making:

Implementing effective systems for advance care planning (ACP) and shared decision-making (SDM) requires much more than conversation skills. Each of these programs are designed to integrate with the other, creating an interprofessional approach that supports individuals through their decision-making process by using consistent language, strategies, and processes across sites of care and over time. Implementation of the Respecting Choices programs ensure that patients receive proactive, timely support to discern what matters most to them as a basis to establish their preferences and decisions, as appropriate to their stage of health, resulting in improved outcomes.

Education and Certification

Respecting Choices offers a range of flexible educational opportunities, depending on the goals of your program, organization, or community. Respecting Choices courses promote an interprofessional team approach. Certification for Facilitators and Instructors associated with specified skills-based educational programs for ACP and SDMSI, includes: 1) The use of standardized curricula, conversation guides, and materials; 2) Competency validation through demonstrated acquisition of knowledge and skills; 3) Completion of initial certification requirements; and 4) Ongoing maintenance of competency and/or recertification (as applicable).

For more information, visit our website at <https://respectingchoices.org/types-of-curriculum-and-certification/>

HOW RESPECTING CHOICES CAN SUPPORT YOU

Building, Growing, and Sustaining Your Program

Organizations and communities across the country are using Respecting Choices in different ways to support their advance care planning and shared decision-making programs.

The following section describes Respecting Choices consultation services currently available.

 CONSULTING SERVICES	 EDUCATION AND CERTIFICATION	 PRODUCTS AND MATERIALS
■ Program Implementation ■ Customized Consultation ■ Program Assessment & Leadership Engagement ■ Subscription-Based Consultation	■ National Certification Courses ■ Online Courses ■ Facilitator and Instructor Certification ■ Faculty Certification via Fellowship Program	■ Public Education & Engagement Materials ■ Fact Sheets ■ Certified Decision Aids ■ Books and Manuals

CONSULTING SERVICES

The Respecting Choices team of experts bring the necessary consultation skills to help organizations better understand their person-centered decision-making needs, more effectively engage top-level leadership, and assist in the development of unique workflows and systems. Contact us to learn more about these Respecting Choices consultation opportunities.

Program Implementation

Consultation is a crucial component of all Respecting Choices implementation services and is provided by Respecting Choices Faculty and consultants using a team approach. To promote success, consultation is customized to meet the needs of each implementation project. Our philosophy of *Freedom within a Framework* encourages adaptation of the Respecting Choices framework, developed with 25+ years of practice and research-based evidence, to meet your individualized needs. Respecting Choices Implementation Consultation addresses elements beyond education to include focusing on the systems to support the process, such as documentation systems, metrics, leadership engagement, and sustainability plans

Respecting Choices offers implementation packages that address all populations and stages of health, resulting in an effective system that will ensure all individuals' preferences and decisions are known and honored. All three stages of advance care planning—*First Steps*®, *Next Steps*™, and *Advanced Steps*—and *Shared Decision Making in Serious Illness*™ can be implemented individually or concurrently in a phased approach as part of a longer-term implementation package.

Customized Consultation

We understand each program, organization, or community is unique and we are happy to work with you to develop a set of customized services with that in mind. We start by getting to know you through an initial leadership call. Consultation services are designed and provided by experienced Respecting Choices Faculty through onsite visits and/or virtual meetings and events.

Program Assessment & Leadership Engagement

Respecting Choices offers an onsite program assessment delivered by Respecting Choices Faculty who will: 1) meet with representatives and leaders from the organization to thoroughly evaluate the organization's existing program, and 2) make expert recommendations to strengthen and build a sustainable systems approach to person-centered decision making. We engage with organization leaders and key stakeholders to discuss ACP and person-centered decision making, introduce the Respecting Choices programs, develop momentum and support, create shared understanding, and discuss strategies to make a fully informed decision regarding how systems of care can be improved using the Respecting Choices model.

Subscription-Based Consultation

Respecting Choices Prime provides you with exclusive access to discounted products and ongoing support for your ACP and SDMSI programs. Prime includes access to national Instructor and/or Faculty meetings and networking, additional consultation, discounted online curriculum and course registration fees, and more.

EDUCATION AND CERTIFICATION

Respecting Choices offers a range of flexible educational opportunities, depending on the goals of your program, organization, or community.

National Certification Courses

Available for First Steps® ACP, Next Steps™ ACP, and Advanced Steps ACP, our National Certification courses provide three opportunities:

- **Design and Integration** – This program focuses on systems that must be hardwired into routines of care to assist healthcare and community organizations in delivering consistent, evidence-based care.
- **Facilitator Certification** – This course introduces participants to learning effective communication and conversation skills for person-centered ACP facilitation.
- **Instructor Certification** – This course is for individuals already certified as a Facilitator who are interested in becoming certified to replicate the Facilitator Certification course in their own organization or community. The instructor candidate and sponsoring organization must sign an agreement to replicate the standardized Respecting Choices ACP Facilitator curriculum.

For more information and national virtual course schedules, visit our website at <https://respectingchoices.org/advance-care-planning-courses/>

Online Courses

Online ACP Facilitator Curriculum

This online program consists of a series of six interactive distance-learning modules designed for healthcare and community-based professionals who want to enhance their ACP facilitation skills. The online program is a prerequisite to the ACP Facilitator course to become certified as a Respecting Choices Facilitator yet is also an effective stand-alone curriculum for building a team approach to ACP. Social workers and nurses can earn continuing education hours.

Note: A digital version of our **ACP Facilitator Manual** is available to download with this Online ACP Facilitator Curriculum.

Communication Skills for Facilitating ACP Conversations

This single online module is for learners in any role involved in promoting advance care planning.

Note: This is the same module #4 included in the Online ACP Facilitator Curriculum.

Building Physician Skills in Basic ACP

This three-module online curriculum is intended to build person-centered ACP skills of physicians and advanced practitioners. The overall goal of this curriculum is to assist physicians in identifying practical steps to integrate basic ACP into their everyday practice, especially for patients who have not started the planning process. Each module builds incrementally toward this goal.

For more information about all our online courses, visit <https://respectingchoices.org/types-of-curriculum-and-certification/online-curriculum/>

- For a single purchase, go to <https://respectingchoices.myabsorb.com/>.
- For multiple purchases (2 or more), go to <https://store.respectingchoices.org/> and select the Online Learning tab.

Faculty Certification via Fellowship Program

This program is available to experienced teams who have completed one or more Respecting Choices implementation programs. A qualified individual from the organization is selected to be mentored in the appropriate consultation and educational competencies. Upon certification by Respecting Choices, the ACP or SDMSI Faculty may lead implementation and dissemination of the program in which they are certified Faculty within a healthcare system or a geographic community. If interested in our Faculty Fellowship program, contact Respecting Choices at info@respectingchoices.org.

PRODUCTS AND MATERIALS

Education and Engagement Materials

Explore our comprehensive selection of engagement and education material from basic information about ACP to promote advance care planning and clinician-facing tools focused on treatment options to use during ACP and shared decision-making conversations. You can trust the quality and content in our evidence-based materials, such as ACP Planning Guides, Healthcare Agent Information, Fact Sheets, and certified Decision Aids (see below).

Public Education Materials

Talk up the benefits of advance care planning with our informational handouts intended for use with the general adult population. In designing our new materials:

Advance Care Planning, Health Care Agent, and CPR Facts, we used [evidence-based messaging principles](#) to convey what resonates most with people about advance care planning: *choice* and *control in their care*. These easy-to-read handouts are available in English and Spanish.

Cardiopulmonary (CPR) Facts

More advance directives include a decision about cardiopulmonary resuscitation (CPR). Yet many people have limited knowledge about CPR. This handout provides factual, unbiased information to help people understand their options and outcomes statistics for the general population. This handout is intended to be used by those who facilitate conversations to help people make a CPR decision. Available in English and Spanish.

Certified Decision Aids

Decision aids are tools designed to help people participate in decision making about healthcare options, with the goal of promoting deliberation and discussion between patients, healthcare providers, and others about those options. The Respecting Choices decision aids are specific for individuals with serious illness and their surrogate decision makers. Our decision aids have been awarded certification through the Washington State Healthcare Authority, using criteria established by the International Patient Decision Aids Standards (IPDAS). Our certified decision aids for CPR, Help with Breathing, and Long-Term Tube Feeding are available in English and Spanish.

Note: The **CPR Facts** handout is intended to provide basic education for the general adult population, whereas the certified **Decision Aids (CPR, Help with Breathing, Tube Feeding)** are intended for people with serious illness and to be used by trained facilitators and clinicians.

Purchase Options include:

1. **Buy pre-printed packs** of our Public Education Materials are available through the Respecting Choices online store at <https://store.respectingchoices.org/>. Easy online ordering allows you to select the items and quantities you need.
2. **License our Public Education Materials.** A la carte and entire library of material licensing options available. Materials can be co-branded with your organization's logo to print or distribute electronically. More information about a Materials Subscription Agreement is available at https://respectingchoices.org/mc_da_materials_subscription/.

Books and Manuals

Learn from the experts. Respecting Choices co-creators Bernard (Bud) Hammes and Linda Briggs share the background on the internationally recognized, evidence-based Respecting Choices approach to designing a person-centered decision-making culture that has the power to transform the way healthcare is delivered.

Building a Systems Approach to ACP

This manual provides key principles in developing an ACP microsystem, the value of standardized education for ACP Facilitators, strategies for community engagement, and the role of ongoing quality improvement to sustain an ACP initiative.

ACP Facilitator Manual

This manual provides a more in-depth look at the Respecting Choices stages of planning (First Steps, Next Steps, and Advanced Steps) and related ACP Facilitator skills to quality ACP conversations. This manual acts as a supplement to the Online ACP Facilitator Curriculum modules.

Find all these products and materials in the Respecting Choices online store at <https://store.respectingchoices.org/>.

THE OUTCOMES YOU CAN ACHIEVE

Improved outcomes are demonstrated when the Respecting Choices model has been fully implemented. This evidence-based program has been successfully implemented in various settings, from small critical access hospitals to complex multi-region integrated health systems and from local faith-based organizations to state-wide partnerships.

Evidence-Based Outcomes

Demonstrated research-based outcomes include the following:

- Individualized, person-centered planning discussions facilitated in a consistent and standardized manner^{1-3,8}
- Provision of care and treatment that is consistent with patient goals and values^{3,4,6}
- ACP plans that are clear and available to healthcare providers^{1, 4-6}
- Specific and easy-to-understand plans integrated into medical decision making⁴⁻⁶
- High patient and family satisfaction with ACP conversations⁹⁻¹⁴
- High satisfaction with hospital care in general^{7,9}
- Decreased decisional conflict⁹
- Increased surrogate understanding of patient's goals of care^{10,19}
- Increased congruence in patient and surrogate decisions¹⁰⁻¹⁴
- Positive impact on family members through reduced stress, anxiety, and depression in surviving relatives^{9,15-16}
- Increased prevalence of planning in racially, ethnically, and culturally diverse communities^{11-24,16-18}
- Increased hospice use at end of life^{8,15}
- Increased hospital CPR success (alive at discharge), decreasing CPR prevalence with associated poor outcome^{20, 21}

Experiential Evidence

Respecting Choices has experience working with over 500 healthcare organizations and communities in 50 states and 12 countries to implement this model of person-centered decision making.

Experience across diverse populations and settings has led to these experiential conclusions:

- Clinician competency and comfort level with conversations improved by developing and enhancing communication and facilitation skills
- Patient goals of care clarified by exploring the concept of “living well” (i.e., experiences most important to give life meaning)
- Time spent by physicians and healthcare teams on crisis end-of-life decision making (e.g., family meetings, conflict resolution) shifted to time spent on early and effective planning conversations
- Patients' goals and decisions translated into written plans to guide clinical decision making
- Specific guidance in making clinical decisions provided as patients live with advanced illness
- Timely and appropriate referrals for other needed services (care coordination) promoted
- Moral distress of healthcare providers and clinicians working with patients and surrogates on end-of-life decision making decreased
- Delivery of a consistent patient and clinician experience standardized through a systems approach

For more information about published research involving Respecting Choices®, visit our website at <https://respectingchoices.org/research-and-reports/>.

References

1. Yael Schenker et al. Facilitated Versus Patient-Directed Advance Care Planning Among Patients With Advanced Cancer: A Randomized Clinical Trial. *JCO Oncol Pract* 21, 1447-1457(2025).
2. Boettcher I, Turner R, Briggs L. Telephonic advance care planning facilitated by health plan case managers. *Palliative and Supportive Care*. 2015;13(3):795-800.
3. Hammes, B. J.; Briggs, L. A. (2011). *Respecting Choices®: Building a Systems Approach to Advance Care Planning*. La Crosse, WI: Gundersen Lutheran Medical Foundation, Inc.
4. Hammes, B. J., & Rooney, B. L. (1998). Death and end-of-life planning in one Midwestern community. *Archives of Internal Medicine*, 158(4), 383-390.
5. Hammes, B. J., Rooney, B. L., & Gundrum, J. D. (2010). A comparative, retrospective, observational study of the prevalence, availability, and specificity of advance care plans in a county that implemented an advance care planning microsystem. *Journal of the American Geriatrics Society*, 58(7), 1249-1255.
6. Hammes, B. J., Rooney, B. L., Gundrum, J. D., Hickman, S. E., & Hager, N. (2012). The POLST program: A retrospective review of the demographics of use and outcomes in one community where advance directives are prevalent. *Journal of Palliative Medicine*, 15(1), 1-9. doi:10.1089/jpm.2011.0178
7. Kirchhoff, K. T., Hammes, B. J., Kohl, K. A., Briggs, L. A., & Brown, R. L. (2012). Effect of a disease-specific advance care planning intervention on end-of-life care. *Journal of American Geriatric Society*, 60(5), 946-50.
8. Schellinger, S., Sidebottom, A., & Briggs, L. (2011). Disease-specific advance care planning for heart failure patients: Implementation in a large health system. *Journal of Palliative Medicine*, 14(11), 1224-1230.
9. Detering, K. M., Hancock, A. D., Reade, M. C., & Silvester, W. (2010). The impact of advance care planning on end-of-life care in elderly patients: Randomised controlled trial. *BMJ*, 340, c1345.
10. Kirchhoff, K. T., Hammes, B. J., Kehl, K. A., Briggs, L. A., & Brown, R. L. (2010). Effect of a disease-specific planning intervention on surrogate understanding of patient goals for future medical treatment. *Journal of the American Geriatrics Society*, 58(7), 1233-1240.
11. Lyon, M., Garvie, P., McCarter, R., Briggs, L., He, J., & D'Angelo, L. (2009). Who will speak for me? Improving end-of-life decision-making for adolescents with HIV and their families. *Pediatrics*, 123(2), 199-206.
12. Lyon, M., Garvie, P., Briggs, L., He, J., McCarter, R., & D'Angelo, L. (2009). Development, feasibility, and acceptability of the Family/Adolescent-Centered (FACE) advance care planning intervention for adolescents with HIV. *Journal of Palliative Medicine*, 12(4), 363-372.
13. Lyon, M., Jacobs, S., Briggs, L., Cheng, Y., & Wang, J. (2013). Family-centered advance care planning for teens with cancer. *JAMA Pediatrics*, 167(5), 460-467.
14. Lyon, M., Jacobs, S., Briggs, L., Cheng, Y., & Wang, J. (2014). A longitudinal, randomized, controlled trial of advance care planning for teens with cancer: Anxiety, depression, quality of life, advance directives, spirituality. *Journal of Adolescent Health*, 54(6), 1-8.
15. Wright, A. A., Zhang, B., Ray, A., Mack, J. W., Trice, E., Balboni, T., Mitchell, S. L. ... Prigerson, H. G. (2008). Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *JAMA: The Journal of the American Medical Association*, 300(14), 1665-1673.
16. Lyon, M. E., Fraser, J. L., Thompkins, J. D., Clark, H., Brodie, N., Detwiler, K., Torres, C., Guerrero, M. F., Younge, T., Aoun, S., & Trujillo Rivera, E. A. (2024). Advance Care Planning for Children With Rare Diseases: A Pilot RCT. *Pediatrics*, 153(6), e2023064557.
17. In der Schmitten, J., Lex, K., Mellert, C., Rothärmel, S., Wegscheider, K., & Marckmann, G. (2014). Implementing an advance care planning program in German nursing homes: results of an inter-regionally controlled intervention trial. *Deutsches Ärzteblatt International*, 111 (4), 50-57.
18. Pecanac, K. E., Repenshek, M. F., Tennenbaum, D., & Hammes, B. J. (2014). *Respecting Choices®* and advance directives in a diverse community. *Journal of Palliative Medicine*, 17(3), 282-7.
19. Younge T, Moore H, Thompkins JD, Lyon ME. Parental Goals of Care for Children With Rare Diseases: A Content Analysis of Pediatric Advance Care Planning Conversations. *American Journal of Hospice and Palliative Medicine®*. 2025;0(0).
20. Okubo M, Komukai S, Andersen L W, Berg R A, Kurz M C, Morrison L J et al. (2024). Duration of cardiopulmonary resuscitation and outcomes for adults with in-hospital cardiac arrest: retrospective cohort study *BMJ* 2024; 384:e076019.
21. Mowbray, F. I., et al. (2021). Prognostic association of frailty with post-arrest outcomes following cardiac arrest: A systematic review and meta-analysis. *Resuscitation*, 167, 242-250.