

APPENDICES

Appendix 1: Medical Order for Scope of Treatment (MOST)

The Island Health Authority has developed a tool to help your doctor document your health care wishes and direct your care if you are unable to speak for yourself.

Information can sometimes be lost. As part of our study, we are trying to make sure that what is documented in your chart is consistent with your wishes.

Please note that your selection will only be used for research purposes. It will not be shared with your health care team, family or included in your medical chart.

Please circle the level of care consistent with your wishes.

Medical Order for Scope of Treatment	
M1	Supportive care, treat symptoms to ensure comfort only. Do not transfer to hospital unless I cannot be kept comfortable in my current location. No active medical treatments or life support. Allow natural death.
M2	Medical treatment within current location if possible. Treat issues in current location but consider transfer to hospital for tests or symptom control if needed. Treat to cure or control symptoms. No life support.
M3	Medical Care including transfer to hospital. Medical treatments including transfer to hospital if appropriate to do tests and treat illness. No life support.
C0	Limited Critical Care. Medical and life support treatments to cure or control symptoms. Consider life support but not a breathing tube. Do not try to restart the heart.
C1	Full Critical Care without attempting Resuscitation. Full medical and critical care treatments including life support and a breathing tube if needed but do not try to restart the heart.
C2	Full Critical Care including attempting Resuscitation. Full life support including a breathing tube and attempts at restarting the heart with chest compressions and electric shocks if it has stopped.

Appendix 2: Patient Advance Care Planning Knowledge Quiz

*This quiz is meant to gauge your knowledge of key Advance Care Planning concepts.
Please select the BEST answer.*

- 1) What is advance care planning?**
 - a) Planning your financial future.
 - b) Planning where you will live, as you get older.
 - c) Helping your doctor plan what medication to give you.
 - d) Planning your current and future medical care.
 - e) Talking to your family doctor about changing your medication.

- 2) What is a benefit of advance care planning for patients and their families?**
 - a) It increases your life expectancy.
 - b) It creates discomfort between patients and health care professionals.
 - c) It may reduce conflict at the end of life.
 - d) It helps with medication.
 - e) There are no benefits to advance care planning.

- 3) What is a substitute decision-maker?**
 - a) Someone who can make decisions on your behalf when you are too sick to communicate your wishes.
 - b) Someone who offers spiritual counseling.
 - c) Someone who makes important decisions about your finances.
 - d) Someone who cares for your partner while you are sick.
 - e) Someone who teaches medical classes at university.

- 4) Who appoints your temporary substitute decision maker (TSDM) if you do not have a representation agreement and are unable to speak for yourself?**
 - a) My family will appoint my TSDM.
 - b) My family or a close friend would make all my health care decisions.
 - c) The doctor will make all my health care decisions.
 - d) The health care provider caring for me will appoint my TSDM.
 - e) Any of the above.

- 5) What is a Medical Order for Scope of Treatment (MOST)?**
 - a) A document that outlines the scope of your medical problems.
 - b) A doctor's order that outlines your health care wishes.
 - c) A document that outlines the treatment plans for your current medical conditions.
 - d) A medical order that lists your medications and doses.
 - e) A medical order to arrange a specific intervention such as a knee scope.

- 6) Intensive Care Interventions are most appropriate when a patient?**
 - a) Suffers from incurable cancer and does not improve with chemotherapy.
 - b) Checks in with their doctor because they are regularly participating in an intense diet and exercise regime.
 - c) Is satisfied with their quality of life and suffers an acute reversible illness.
 - d) Has catastrophic injuries and is unlikely to wake up or return home.
 - e) Is elderly and content with their life, and looking forward to death.

- 7) What is the most important difference between Medical and Critical care?**

- a) Medical care includes all interventions likely to save your life including life support such as a breathing machine.
 - b) Critical care does not include antibiotics or medications meant to keep you comfortable.
 - c) Medical care only includes medications but never surgery.
 - d) Critical care includes all medical treatments plus life support interventions such as a breathing machine.
 - e) Medical and Critical care are essentially the same.
- 8) What is the default level of care for a patient that has not completed a Medical Order for Scope of Treatment (MOST)?**
- a) Electrical shocks but no chest compressions.
 - b) Supportive care including antibiotics but no critical care.
 - c) Spiritual counseling.
 - d) Full care including CPR, electric shocks and admission to critical care.
 - e) Emergency legal representation if necessary.
- 9) Which patient is most likely to benefit from having a Medical Order for Scope of Treatment (MOST) order on file?**
- a) A patient admitted to the hospital with the flu.
 - b) A patient with an acute medical condition like appendicitis.
 - c) A patient with pet allergies.
 - d) A patient with an advanced chronic illness like cancer or emphysema.
 - e) A patient with sleeping difficulties.
- 10) Once completed, how can your Medical Order for Scope of Treatment (MOST) be changed?**
- a) Once completed, the MOST cannot be changed.
 - b) Your MOST can be changed at any time through discussions with your doctor.
 - c) The MOST level can be modified at any time by any health care provider involved in your care.
 - d) If you are not able to express your wishes, your MOST may be changed by any family member.
 - e) Once completed, the MOST may only be changed with a lawyer's consultation

Quiz answers: 1 – D, 2 – C, 3 – A, 4 - E, 5 - B, 6 - C, 7 - D, 8 - D, 9 - D, 10 - B

Appendix 3: Usual care and video-intervention cohorts' performance on the Patient Advance Care Planning Knowledge Quiz

Question	Correct response rate		Difference in % patients selecting multi-choice options A-E (usual care minus video-intervention)				
	Usual care	Video-intervention	A	B	C	F	E
1	83.3%	95.1%	0.0%	0.2%	-10.6%	11.8%	-1.4%
2	77.8%	96.5%	-10.9%	-5.8%	18.7%	-2.8%	0.7%
3	95.4%	97.9%	2.5%	-3.0%	0.0%	0.5%	0.0%
4	37.4%	83.1%	-28.5%	-10.5%	-6.5%	-0.2%	45.7%
5	58.9%	83.6%	-17.9%	24.7%	-2.8%	-4.0%	0.0%
6	58.3%	78.9%	-17.8%	-9.7%	20.6%	7.2%	-0.2%
7	60.7%	90.8%	-6.8%	-10.5%	-12.9%	30.1%	0.0%
8	64.5%	95.1%	-15.9%	-12.9%	-4.0%	30.6%	2.1%
9	58.9%	97.9%	-4.7%	-31.3%	-2.8%	39.0%	-0.2%
10	55.1%	74.6%	-14.3%	19.5%	-6.7%	0.7%	0.7%

*Bold indicates the correct multiple choice response.

Appendix 4: Breakdown of the chart-recorded MOST category for patients in the usual care and video-intervention cohorts.

Most category	Usual care		Video-intervention	
	#	%	#	%
M1	3	3%	2	1%
M2	4	4%	6	4%
M3	8	7%	9	6%
C0	12	11%	19	13%
C1	7	6%	5	4%
C2	67	62%	91	64%
No MOST	7	6%	10	7%
Total	108	100%	142	100%

Chi-square= 2.16, df= 6, *p*-value = 0.90