



About Honoring Choices® Tennessee

The Honoring Choices®Tennessee coalition is leading the discussion in Tennessee on the importance of conversations between healthcare providers and their patients on advance directives. Honoring Choices® Tennessee, launched in 2015, is a well-established non-profit statewide coalition dedicated to the vision that all Tennesseans complete an advance directive. An Advance Directive (sometimes called a “Living Will”) is a legal document defining a person’s wishes regarding medical treatment, made to ensure those wishes are carried out should the person be unable to communicate them (“the voice of the voiceless”) to a physician. An advance directive also allows a person to appoint an advocate to make health care decisions for them if they become unconscious or are no longer competent to make their own medical choices. A consequence of not having Advance Directives is the potential for unwanted medical treatments, causing potential health disparities and placing an economic and psychological/emotional burden onto families and health systems.

Mission

The mission of Honoring Choices®Tennessee is that Tennesseans: 1) discuss their choices for care at the end of life with family, friends, and their physician; 2) complete an advance directive memorializing their choices; and 3) they live with the knowledge and freedom that they have expressed their choices and that their choices regarding care will be honored.

OUR WORK

We offer a broad program of information, education and promotion of advance directives. The Advance Directives TN is an initiative led by Honoring Choices® Tennessee, to encourage all Tennesseans to create an Advance Directive. We:

- Encourage Tennesseans to think about their wishes for end-of-life care, to understand their options for achieving those wishes, and to make their preferences known to their families, caregivers and healthcare providers in the event they should become unable to speak for themselves in the future.
- Provide resource materials such as our website and advance directives toolkits for healthcare and faith-based organizations.



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FUNDING

Honoring Choices[®] Tennessee has 501(c)(3) status and has filed documents with the IRS to receive not-for-profit tax-exempt status. The Tennessee Hospital Education and Research Foundation, a 501(c)(3), tax-exempt not-for-profit, is the fiscal agent for Honoring Choices[®] Tennessee and can receive and disburse grant funds on behalf of Honoring Choices[®] Tennessee. We are funded by donations from organizations, healthcare associations and businesses, state government agencies, and individuals that support the work that we do. Our services are provided by the in-kind work of our coalition members.

HONORING CHOICES[®] TENNESSEE PARTNERSHIP

Partners of Honoring Choices[®] Tennessee are the Tennessee Hospital Association, Tennessee Health Care Association, Tennessee Hospice Organization, Tennessee Department of Health, Tennessee Department of Intellectual and Developmental Disabilities, Tennessee Department of Mental Health and Substance Abuse Services, Hospice of Chattanooga, Alive Hospice, Ballard Health, Erlanger Health System, Qsource, AARP, Phil Martin Affiliates, Tennessee Nurses Association, and the Tennessee Medical Association.

INTRODUCTION

Honoring Choices[®] Tennessee and its member organizations are focused on promoting patient-centered care which includes opportunities for Tennesseans to have conversations about their choices for care at the end of life with family, friends and health care providers. The ultimate measure of such patient-centered care is whether patient values and preferences are honored, across the lifespan. For an assortment of reasons, these preferences are not always known. We would like to assist you and your workforce to move goals of patient-centered care and advance care planning conversations upstream where direct patient care is provided.

Honoring Choices[®] Tennessee is charting a new course for improving how we train and educate healthcare professionals on advance directives to enhance their knowledge, communication skills, and capabilities to facilitate the process. To equip and educate healthcare professionals with useful information to have conversations with their patients about advance directives and answer their questions, Honoring Choices[®] Tennessee, has developed resources and toolkits specifically designed for physicians, nurses, social workers, case managers, chaplains and other health care providers. At the heart of this voluntary Advance Directives Initiative, Honoring Choices[®] Tennessee hopes to partner with healthcare systems to improve patient-centered care by increasing the number of healthcare providers that are trained and demonstrate the necessary skills to then successfully facilitate a "conversation" with patients and their families of the importance of planning ahead for end of life.

The Advance Directives Initiative is a voluntary awareness campaign on advance directives and provides an opportunity to engage all levels of healthcare providers. We invite you and your organization to implement an internal program focused on your workforce to implement strategies to embed education into new employee



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orientation, required annual mandatory competency training, and general in-service sessions. Coordination of educational programs that meet Tennessean's needs and preferences for end of life planning requires a commitment from regional and state governments, healthcare providers and the private business sector to actively move development and implementation to access to resources/toolkits through strong collaborations with these multiple partners.

The contents of the Faith-based Organization Advance Directives Toolkit include:

1. Briefing for Faith-based Organizations
2. How to Guide for Faith-based Organizations
3. Faith-based Organization PowerPoint
4. Contemplations on Faith and Planning
5. Sample Script for Completing Advance Directive
6. Faith-based Organization Announcement
7. Faith-based Organization News Release
8. Event Tracking Form
9. Dashboard for Faith-based Organization
10. Resources for Faith-based Organization

This information packet is meant to help you and your organization make a decision on voluntary participation. We believe the workforce should be actively involved in promoting advance care plans and are hopefully that you will join this initiative by starting with your workforce.



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Advance Directives: A Briefing for Faith-based Organizations

RATIONALE

Advance Directives TN is an initiative led by Honoring Choices® Tennessee, to encourage all Tennesseans to create an advance directive. An advance directive (sometimes called a “Living Will”) is a legal document defining a person’s wishes regarding medical treatment, made to ensure those wishes are carried out should the person be unable to communicate them (“the voice of the voiceless”) to a physician. An advance directive also allows a person to appoint an advocate to make health care decisions for them if they become unconscious or are no longer competent to make their own medical choices. A consequence of not having advance directives is the potential for unwanted medical treatments, placing an economic burden onto families and health systems and emotional and psychological hardship on patient families.

The Advance Directives TN initiative is focused on a process of encouraging people to talk about their values and wishes for future health care choices, culminating in the selection of an Agent (health care power of attorney) and writing of a health care advance directive (similar to a living will). Research has shown that holding these types of conversations can reduce stress for family members and patients during times of medical crisis and at end of life.

We encourage you to create a plan complete with goals, objectives, leadership support resources, events and materials.

SUGGESTED GOALS

1. All congregation members will understand what an Advance Directive (AD) is and why it matters
2. All congregation members will have an opportunity to learn about an AD and receive the AD form
3. Congregation members will conduct educational training sessions and outreach events

SUGGESTED OBJECTIVES

An education and outreach campaign will be designed and implemented including

- Availability of forms in church office or in other appropriate areas
- Features in church newsletters and e-newsletters
- Annual campaign related to National Healthcare Decisions Day (April 16)
- Online links and resources to Advance Directives information
- Add a link from your website to www.advancedirectivesTN.org
- “Lunch and Learn” sessions at various community events and locations about AD
- Small group studies and discussion opportunities
- Trained volunteers and/or staff available to meet one-on-one with congregation members to facilitate advance directives conversations and documentation



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SUPPORT

To maximize success, support is needed at several levels:

- Senior leadership at the regional level
- Congregation-level staff: Pastor, Governing Groups (e.g. board, vestry, elders, deacons, etc) Leaders of both men and women's groups, classes, or ministries
- Congregation Members: interested volunteers from committees such as health and wellness, community outreach, congregational care, etc.

HOSTING AND ORGANIZING EVENTS FOR FAITH COMMUNITIES

Communities of faith are natural environments for talking about tender and vital topics related to illness and wishes for care at the end of life. People gathering in familiar places with people they know and trust seem open and willing to talk about matters of mortality. With guidance from their clergy leaders, congregants are better prepared to embrace the reality of their mortality. With education, appropriate tools, encouragement and support, congregations are strengthened to share their wishes and give their loved ones the gift of knowing what matters most to them when it comes to end-of-life-care. Hosting events at various congregations is one of the best ways to get the message out to a lot of individuals who share similar values.

Here are some tips for hosting such events:

- Embrace the time you are given, whether it is 90 minutes, 40 minutes or just 15 minutes. Make sure you include the basics of why Advance Directives are important as well as a time for questions and answers.
- Invite a member of the clergy staff (or teachers, scholars or ethicists) to share their perspective. It is our experience that if the clergy is involved, attendance and interest increases.
- Split up the couples. We've found that it can be helpful if spouses are not together in the initial discussion of this topic. People need time to think through their answers about what matters to them about care. Talking about specifics can be easier to do with a friend—or even with a stranger—than with a marriage partner.
- Suggest that congregations offer a follow-up session 2-6 weeks later so participants can come back together to share how their individual conversations went with those they love. A second session provides folks with an opportunity to be accountable for having the conversation by a specific date, as well as a space for processing their experience and getting support to keep going.

Having “the conversation” unleashes a lot of questions about next steps, forms, changes of heart and the like. Organizers might be alerted to that so they can be thinking about scheduling a program with legal and/or medical advisors who can coach them on the Tennessee-specific form people will need to record their wishes so they can be respected. Similarly, you may want to provide information about funeral and burial options available as part of your faith's traditions.



HONORING CHOICES PARTNERSHIP

Honoring Choices® Tennessee (HCTN) will be a resource for you each step of the way as you plan and build your Advance Directives TN Program. HCTN staff will work with the appropriate team members to determine which types of components and strategies will work best in your congregation and community.

Samples, templates, graphics, content, and other resources will be provided or designed to meet your needs. Speakers can be arranged, training opportunities provided, and coordination with your local leadership to assist with your campaign.

How to Guide for Faith-based Organization Leadership:

Planning Phase: How to begin an Advance Directive initiative:

- Determine the goals of the initiative.
- Decide who needs to be involved in the initiative.
 - Identify established existing relationships with other area faith communities where appropriate.
 - Coordinate with key staff, volunteers and community leaders (e.g. local colleges, universities or seminaries with faith community affiliations).
 - Achieve buy-in from faith leaders (e.g. contact regional denominational offices).
 - Hold internal meetings for those who will be implementing the initiative.
- Formulate an implementation plan.
 - Devise calendar.
 - Schedule an event (e.g. adult educational group, Sunday school class, prayer meeting, etc).
 - Establish training and orientation for staff.
- Marketing efforts
 - Announcement in internal newsletter or bulletin
 - Press release for greater local community
 - Bulletin board notices or hallway banners

Implementation Phase: What tools are available to assist in accomplishing goals?

- Marketing:
 - Advance Directive pocket guide
 - Advance Directive rack card
 - Banner design
 - Written press release and internal newsletter announcement (templates)
- Education:
 - PowerPoint presentation
 - Contemplations on Faith and Planning
 - Video on “How to have an Advance Directive conversation”
 - Script for Completing and Advance Directive

Continuous Improvement: How do I monitor success of initiative?

- Dashboard
- Event tracking form
- Evaluation survey or Suggestion card

Sustainment Phase: How to sustain Advance Directive initiative?

- Training for faith-based leaders
- Continued follow-up with key staff and faith leadership to achieve buy-in
- Cultivate “champions” to further momentum




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An Advance Directive is....

*a written statement of a person's wishes
regarding medical treatment, made to ensure those
wishes are carried out
should the person be unable to communicate them to a
doctor.*



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A warm, close-up photograph of a woman with curly hair and a young girl. They are both smiling and looking down at a cupcake that the girl is holding. The background is softly blurred, suggesting an indoor setting with natural light. The overall mood is intimate and joyful.

“I ALREADY HAVE A WILL.”

Veronica, 55

Actually, an Advance Directive is not about what happens to your assets. It's about what happens to you. In case of a medical emergency, serious illness or, end of life care. And though that's not something you can easily predict, you can at least be prepared for when it happens. That's why talking with your loved ones concerning your care wishes, treatment goals and expectations is so important. Sure, having a conversation about illness and end of life wishes is scary and uncomfortable, but even more scary and uncomfortable is not having one and putting others in the difficult position of having to make critical decisions for you. Is it time to change your story?

To see Veronica's miraculous story and to write your own, visit TNadvanceDirective.org

*Absent an advance directive
providers are obligated to keep a patient alive with
any means possible...*

*Regardless of consequences
Regardless how poor the quality of life of the patient
Regardless of cost
Regardless of the burden on the patient's family*

Less than half of Americans over 50 have an advance directive or living will.



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In Tennessee that number is significantly lower.

*Less than one third of adult Tennesseans
say they have an advance directive.*

*Approximately 86 percent of Tennesseans over 65
believe they have an advance directive of some kind.*

*...but approximately 82 percent of Tennesseans ages 18-29
don't have an advance directive.*

*...and among core working-age Tennesseans (ages 30 to 65),
45 percent say they do not have an advance directive.*

-Source: 2016 Tennessee Advance Directives Initiative research

The purpose of Honoring Choices Tennessee's AdvanceDirectivesTN program is to encourage all Tennesseans to discuss health care decisions, document their choices and enjoy greater peace of mind and quality of life as a result.

Why do we need to have this conversation with those we love?

Families are conflicted when they have to make these decisions.

Our faith calls us to be good stewards of all gifts and many find this is good stewardship of both time and limited health care resources.

An Advance Directive ensures caregivers will honor the choices of the individual unable to speak for themselves.



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Having an Advance Directive is more important than ever because of many factors...

Today's growing and aging population lives longer.

Chances of chronic illnesses like dementia are greater.

We live in a mobile and global world where young adults tend to settle farther away from their families.

Many have concluded that longer life doesn't necessarily mean better quality of life.



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More than 9 in 10 Americans think it is important to talk about their wishes for end-of-life care, yet only 3 in 10 actually have these conversations.

As a result many who prefer to be in their own homes surrounded by their family and loved ones die in sterile settings like a hospital intensive care unit.

-Source: The Conversation Project



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Individuals are more likely to have their wishes known and respected if they have an Advance Directive.

—Source: Research by the Pew Charitable Trust

Patients and their families are usually more satisfied with the care received once they have had conversations about their wishes with their doctors.

-Source: Research by the Pew Charitable Trust

A person is less likely to receive unwanted aggressive medical treatments in their last weeks of life if they have talked with their family and doctors and completed an Advance Directive.

-Source: Research by the Pew Charitable Trust

Typically after losing a loved one, depression rates are lower for family members left behind if the loved one “had the conversation”.

-Source: ABC News

The average hospital stay for a patient without an Advance Directives is three times greater than for one who has had the conversation and created an Advanced Directive.

-Source: Medicare Patient Study (Chambers, Diamond, Perkel)

With an Advance Directive in place, a person is less likely to die in the hospital or an intensive care unit and more likely to be where they want to be when they leave this world.

-Source: Research by the Pew Charitable Trust



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Though it's a difficult conversation to have, with a little practice, you can do it!



https://www.youtube.com/watch?time_continue=6&v=pyMXtVprN74

*Visit www.AdvanceDirectivesTN.org
for additional resources.*

AdvanceDirectivesTN

← → ↻ 🏠 ⓘ www.advancedirectivestn.org



Lets Get Started

Create your Advance Directive using the form on this website.

It is very easy and absolutely FREE.

[Contact us](#) if you have questions or need more information.

LEAD ME THROUGH
THE FOUR EASY
STEPS

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Contemplations on Faith and Advance Directives

Physical mortal death is a certainty for all of us. The Psalmist put it this way: “Who can live and not see death?” ([Psalm 89:48](#)) Because of death’s certainty, it is good to be prepared for it. As part of their preparation, many people have made out advance directives in the form of either a living will, durable power of attorney for health care, or both.

Scripture does not mention advance directives, but it does present some examples of people who planned ahead. In the Old Testament when King Hezekiah was ill and “at the point of death,” God sent the prophet Isaiah to him with a message: “This is what the LORD says: ‘Put your house in order, because you are going to die’” ([Isaiah 38:1](#)). Today, having some form of advance directive in place could be considered part of “putting one’s house in order.”

A living will is a legal document that gives instructions regarding life-prolonging health care treatment. In the event that a person is incapacitated or cannot speak for himself, a living will relates that person’s wishes regarding giving or withholding medical treatment. Durable power of attorney for health care gives the authority to make decisions regarding a person’s health care to those they trust to exercise it, like a spouse, family member or close friend. Tennessee’s Advance Directive is a combination of living will and durable power of attorney (agent) for health care decisions. It allows someone to have a choice in who speaks for them if they cannot speak for themselves allowing individuals to give direction on how much medical intervention they want in the event they ever are in a position they cannot speak for themselves.

End of life can be a complicated time. Many people face questions about what type of treatment to pursue, whether or not to even seek treatment, and how to weigh the risks against the benefits of each course of action. Creating one’s advance directive and committing those wishes to a written document is often considered “a matter for prayerful consideration.”

Psalms 116:15

Jeremiah 10:23

Philippians 1:22-26

Job 14:5

Galatians 6:2

Genesis 9:5b-6

Psalms 139:16

Ecclesiastes 3: 1-2



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Advance Directive Conversation SAMPLE Script: Faith-based Organizations

- Conversation Preface: **WHAT** is an advance directive? An advance directive tells your doctor what your goals or wishes are for your healthcare treatment. It includes healthcare decisions such as defining quality of life, CPR, life support, organ donation and appointing someone to speak on your behalf in the event you were not able to speak for yourself. **WHO** needs an advance directive? **EVERYONE** regardless of age or current health state. **WHEN** should you complete an advance directive? Anytime is a good time. I have my Advance Directive, **DO YOU** have yours? **HOW** do you get an advance directive? By filling one out like we are about to show you. Anyone can educate on advance directives, the important part is that we are telling others so they can complete theirs. If you have questions you should always refer to your medical doctor or legal agent depending on the question.
- Person 1: I'm here to show you **HOW** to complete an advance directive. I understand you are interested in talking about your healthcare wishes.
- Person 2: Yes I am, I heard about an advance directive from a friend and I want to talk to someone about it.
- Person 1: I think it's great that you've made the decision to talk about your healthcare goals, let's get started.

Using the fold-up Tennessee form, Person 1 leads person 2 in completing the form.

- Person 1: First can you tell me your full name?
- Person 2: (States their name)
- Person 2: Do I have to have an advance directive to get treatment?
- Person 1: No. Your healthcare providers cannot require you to have an advance directive before providing treatment. They do encourage you to have an advance directive so they know what kind of treatment you want.
- Person 1: Have you thought about an agent? You can choose anyone that you would want to make decisions for you in the event you were unable to make them for yourself.
- Person 2: I would want my brother,
- Person 1: We will need to include his address and telephone number:
- Person 2: (Brother's address and telephone number)
- Person 1: You can put two agents on your directive. Would you like to list someone else?
- Person 2: No I think my brother is enough for now.
- Person 2: So can my brother now make decisions for my healthcare?
- Person 1: No your brother is only able to make decisions for you if you are unable to make decisions for yourself.
- Person 1: This section is entitled Quality of Life. You want your doctors to help you maintain an quality of life that you believe is right for you. Here are a few examples and I would like for you to tell me if you feel such a quality of life is acceptable or not. Unconscious condition with little chance of ever waking up from the coma. Would you consider that acceptable?
- Person 2: No that wouldn't be a quality of life that is acceptable.



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- Person 1: Permanent confusion. In other words, you are unable to remember or make decisions and do not recognize loved ones.
- Person 2: No that is not something that would be a quality of life.
- Person 1: You are dependent in all activities of daily living meaning you have to have help walking, feeding, bathing, dressing, and rehab will not help at this point.
- Person 2: No that is not a quality of life either.
- Person 1: Having an end stage illness that is in its final stages despite treatment such as cancer or heart disease.
- Person 2: No that isn't a quality of life I would want.
- Person 1: Ok so you are saying none of the above situations would be an acceptable quality of life.
- Person 2: Right. None of those would be an acceptable quality of life to me.
- Person 1: So let's talk about Treatment – If your quality of life becomes unacceptable and is not going to improve would you want any of the following treatments? Checking “yes” means you want the treatment. Checking “no” means you do not want the treatment. CPR - In the event your heart has stopped would you want someone to do chest compressions or electric shock to attempt to start your heart again?
- Person 2: Well on television, CPR works most of the time.
- Person 1: CPR in real life looks very different than on tv. I would encourage you to speak with your doctor about CPR statistics.
- Person 2: Ok, but I think I do want CPR for now.
- Person 1: Ok I will mark yes to CPR.
- Person 1: Life support. Would you want to have a breathing machine or other equipment to help keep you alive?
- Person 2: No I don't want to be hooked up to a machine
- Person 1: Treatment of new conditions. If you were to develop a new condition along with your main illness, would you want to treat the new condition with surgery, blood transfusions or antibiotics? For example if you have end stage cancer, but get pneumonia, would you want us to treat your pneumonia?
- Person 2: No I don't think I would want treatment for a new condition if I still have another condition that isn't getting any better.
- Person 1: Artificial nutrition or IV fluids. Would you want tubes to deliver food and water to your stomach or veins to maintain nutrition and hydration?
- Person 2: So I wouldn't be able to eat or drink at that point?
- Person 1: More than likely you would not be able to maintain enough nutrition to sustain life which is why you might need artificial means of nutrition or fluids.
- Person 2: I want IV fluids, but I do not want a feeding tube.
- Person 1: Ok so you are saying you do want CPR and IV fluids, but you do not want to be put on life support, treatment for new conditions, or artificial nutrition including a feeding tube?
- Person 2: Right.
- Person 1: Do you have any other specific instructions such as burial arrangements or hospice care you want me to put on your form?



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- Person 2: Yes. I want to have hospice and be cremated. I would like to use an organ donation service and donate organs to others who might need them, if possible.
- Person 1: Sure. I can put that and give you some information about organ donation services when we are finished.
- Person 1: Health care providers are required to contact donor services if they feel like you might be a candidate and then donor services has to speak to your family or agent prior to being able to use your organs. Donor services cannot take any organs without your agent's consent.
- Person 1: Ok what organs would you like to donate or would you like to donate your entire body?
- Person 2: I think I will donate my heart, lungs, and kidneys if I am able.
- Person 2: What happens if I change my mind about anything I have put on my form?
- Person 1: You can change your directive at any time. At any point you can change or destroy your directive. Just make sure and let your agent, family and doctor know if you make changes.
- Person 1: Do you have any other questions about your directive?
- Person 2: No I think you have answered all the questions I have for now
- Person 1: Now you will just need to sign your name
- Person 2: (signs the form)
- Person 1: Now we just have to have two witnesses or a notary to sign it so that way it is recognized.
- Person 1: (witnesses)
- Person 3: (witnesses)
- Person 1: Now that we are finished with **YOUR** advance directive, I want you to go home and talk to your family about your decisions so everyone is on the same page. I want you to give your doctor and agent a copy as well as keep a copy for yourself. This folds up and fits neatly in your wallet so it's always available if you ever need it.
- Person 2: So this is all I need?
- Person 1: Yes this is all you need! You are all set!



Advance Directives Event: Newsletter Announcement

LEARN HOW TO EXPRESS YOUR WISHES EVEN WHEN YOU CAN'T COMMUNICATE

Everyone has a life story. It is the essence of what has happened in our lives and encompasses our entire life experience. Each is unique and no two are alike. Like any good story, life takes many twists and turns. Chapters often unfold in unforeseen ways. You've got your story and you probably find meaning in the progression from each of life's events to the next.

How do you want others to remember you? Especially those you love the most--your family, your closest friends. Make the last chapter one they'll always cherish. Sharing your life story and its final chapter in advance is a way to connect with and touch the people you care most about. You don't have to be a gifted writer to write the best possible ending to your life story. Simply let the last chapter reflect the voice and spirit of the storyteller: **you**.

An advance directive is how you let your voice be heard and your wishes known even if you cannot communicate your wishes. Strictly speaking, it is a written statement of a person's wishes regarding medical treatment, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor. And it's never too early to think about this.

On (date) at (time), in (specific location venue) (congregation name) will host an event to help each participant understand the importance of writing their own final chapter in the form of an advance directive and how to talk with their friends and family so their wishes are honored when the time comes they can no longer express those wishes themselves. It will be a great opportunity for couples and families of all ages to worship together on this very important subject. To reserve your spot, (describe how to register).



Advance Directives: Community News Release

CONGREGATION OFFERS EDUCATION TO COMMUNITY ON ADVANCE DIRECTIVES

CITY NAME, TN, (date)--In the case of a medical emergency, do you know who will speak for you if you are not able? (Congregation Name) will hold a special (class/workshop/educational event) on (date and time) about initiating an advance directive--a legal document that tells health care providers about your wishes if you should ever find yourself in that position. The event will be held at (location and address). (Reverend/Pastor/Father/Brother/Rabi) (Name), who will participate in the workshop, said the event is open to the public at no cost.

(Rev. Name) said many times, families and caregivers are left with the burden of trying to guess what the person might want if they are unconscious and that adds stress and hardship to an already-difficult time. "No matter what our individual wishes, every one of us needs to consider this and have this conversation before it is too late," (he/she) said. "Such an act is a great gift to those we love."

Honoring Choices Tennessee, a statewide nonprofit coalition, is supporting the program — called AdvanceDirectivesTN — with the goal of getting more Tennesseans to express their wishes in the form of an advance directive.

For more information or to register for the event, call (phone number) or visit the congregation's website, (www.exwebsite.org). For more information on the topic, go to www.advancedirectivesTN.org.



Event Tracking Form

Organization :				
Title of Event:				
Primary Contact person:				
Insert Date	Insert Date	Insert Date	Insert Date	Insert Date
Insert location including address & estimated capacity	Insert location including address & estimated capacity	Insert location including address & estimated capacity	Insert location including address & estimated capacity	Insert location including address & estimated capacity
*** List facilitators	*** List facilitators	*** List facilitators	*** List facilitators	*** List facilitators
Insert Date	Insert Date	Insert Date	Insert Date	Insert Date
Insert location including address & estimated capacity	Insert location including address & estimated capacity	Insert location including address & estimated capacity	Insert location including address & estimated capacity	Insert location including address & estimated capacity
*** List facilitators	*** List facilitators	*** List facilitators	*** List facilitators	*** List facilitators



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Dashboard for Faith-based Organizations

Location:		Date:		
Facilitator:				
Total Attendance	Advance Directives Given Out	Advance Directives Completed at Event	Previously Completed Advance Directive	Declined Advance Directive Education
Total:	Total:	Total:	Total:	Total:
Special Comments, Input or Commonly-Heard Responses				



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Resources for Faith-based Organizations

General Resources

- [Honoring Choices[®] Tennessee website](#)
- [Brochure](#)
- [Download Advance Directive Fold-up Form](#)
- [Tennessee Department of Health: Advance Directive Form](#)
- [Tennessee Department of Safety and Homeland Security](#)
Description: Tennessee drivers or identification card holders may now enter emergency contact information for use by law enforcement in crisis or emergency situations. To submit this information into the Tennessee driver license data base, please follow instructions on the “Driver Services” website. More than one emergency contact may be submitted.
- [The Conversation Project– Resources for Faith Leaders](#)
- Caring Connections: [“ It’s About How You Live In Faith: Community Outreach Guide”](#)
- “Advance Care Directives”–a three-module computer-based learning program
Format: Videos (Free, but [login and account](#) required)
Source: Vanderbilt Medical Center
[Module 1](#) [Module 2](#) [Module 3](#)
- Wisconsin Medical Society: [“Advance Care Planning and Dementia”](#)

Videos

- [Planning the Final Chapter of Your Life](#)
3-minute video advocating advance directives–Gregory L. Phelps, M.D.
- [National Health Care Day, Speak Up](#)
- [Begin the Conversation](#)