**Purpose**

- Improve quality of and accessibility to ACP conversations through shared health care decision making for all South Carolinians
- Promote awareness, education, collaboration with consumers and clinicians
- Establish statewide repository/directory to allow access and retrieval of ACP documentation

**In the past dying, like being born, was generally a family, communal and religious event, not a medical one.**

**How we Experience Death**

- Impacts attitudes and behavior, including conversations about death
- Limits experiences with death and dying
- Results in lack of conversations about these issues

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1949</td>
<td>46%</td>
</tr>
<tr>
<td>1980</td>
<td>74%</td>
</tr>
<tr>
<td>Today</td>
<td>80%</td>
</tr>
</tbody>
</table>

Although most people would prefer to die at home, the majority of deaths in the United States occur in facilities.

**Collaborative Framework**

- South Carolina Hospital Association
- Integration of ACP into the hospital’s health care system
- University of South Carolina
- Data sharing, access, rapid cycle evaluation

**Collaborative Implementation**

This approach allows for leveraging of the strengths of each organization and its ability to influence patient and family education.

**Future State**

- Although death is not what it used to be, we can make efforts to reorient the experience to one that is patient-centered, family oriented by working collaboratively across all sectors.
- “The new hope is that we can change the culture to treat the patients as they wish to be treated rather than treating them because we can.”