ST VINCENT'S CARE SERVICES

# Advance Care Planning Policy V0.1

*CC-CC-Adv-7650*

***Purpose:***

Advance Care Planning (ACP) provides a framework for health professionals and other staff to improve the journey of individuals receiving services from St Vincent's Care Services. ACP is a discussion that occurs between the individual, their representative, family members, significant others (if appropriate) and health professionals involved in care. It takes into consideration the individual's wishes, values and beliefs about future health care in order to prepare for end-of-life care.

***Glossary of Terms:***

*Advance Care Planning*: The process by which an individual, together with their chosen representative, family and healthcare practitioners, considers their values and goals and articulate their preferences for future care. (1)

*Representative*: Is a person who by nature of the authority of their relationship to the individual, or by appointment by the individual, or by legal appointment, can make decisions on behalf of the individual in the event the individual cannot speak for him/herself. (2)

*Capacity:* When an adult can understand the nature and effect of decisions (including the consequences of refusing treatment), can freely and voluntarily make those decisions, and then communicate the decisions in some way. (3)

*Advance Health Directive (AHD) or Advance Care Plan (ACP):* A formal or informal document containing instructions that consent to, or refuse, specified medical treatments and that articulate care and lifestyle preferences in anticipating future events or scenarios.(4)

- Formal legal document in QLD is the "QLD Advance Health Directive Form 4"
- Informal document e.g. St Vincent's Care Services "Statement of Wishes for Future Health Care" or any other written instruction (not legally binding)

*Health Practitioner/Professional:* A health practitioner or health professional has the appropriate accreditation, authority and/or expertise to assist a person in the process of informed decision-making and can include medical, dental, and nursing practitioners, pharmacists, physiotherapists, social workers and other allied health professionals, radiographers, ambulance paramedics, Aboriginal and Torres Strait Islander health workers and linguistic interpreters. (5, 6)

*ACP Facilitator:* A staff member who has completed the St Vincent's Care Services ACP Education Program.

***Principles:***

1. Advance Care Planning is a right of all people if they so choose
2. Advance Care Planning reflects the individuals own values and views and respects their autonomy to make decisions about what they want
3. Advance Care Planning should be commenced early to allow the individual time and assistance to reflect on the meaning of end-of-life care, to face and resolve personal differences within their

families, and to minimise potential future conflict between family members

4. Some individuals may trust their families and health care professionals to know and do what is best for them; others prefer to provide specific guidance for their treatment in the form of a written advance care plan or other document e.g. Statement of wishes for future health care
5. The health care environment and an individual's health care status are dynamic. Earlier expressions of advance care planning provide evidence of the individual's past wishes; however health care professionals must still make responsible decisions in the present circumstances, with the guidance of the individual's appointed representative.

***Applies to:***

- All staff

***Delegation of Authority and Responsibilities:***

**Manager**

- To implement this policy and ensure that all staff are informed of what is expected of them
- To ensure staff are provided with or have access to this and related policies / procedures
- To monitor, discuss and document the implementation of the policy
- To address ongoing issues with implementation of policy as they arise

**Staff**

- To be familiar with policy and related policies / procedures
- To seek clarification on any aspect of the policy / procedure from either their manager or other nominated staff if unsure.

## *Policy Overview:*

- All ACP activities in St Vincent's Care Services will be conducted within the ethos and the guidance of the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, 2001.
- Individuals receiving care from St Vincent's Care Services residential and community services will be provided with opportunities to participate in ACP.
- The individual's GP/specialist will be informed of their wish to participate in ACP and be an integral part of ongoing discussions.
- Where an individual has lost capacity as determined after a clinical assessment by their General Practitioner (GP), the individuals representative, family members and significant others (as appropriate) are provided with opportunities to participate in ACP.
- Health professionals facilitating ACP discussions and making records of those discussions should have completed the internal St Vincent's Care Services ACP education program or a recognised external education program on advance care planning e.g. Respecting Patient Choices. They must be able to relate ethical codes and guidelines of CHA as they apply to advance care planning and end of life care.
- All documents (legal and/or otherwise) recording ACP wishes will be recognised and with consent of the individual or their representative be shared with key stakeholders involved in care.
- In the event an individual verbally requests staff to make a formal record/s of their wishes, staff will record their statements as accurately and clearly as possible, and identify the record as an ACP.
- As a minimum ACP records must identify the individual's appointed representative who will be responsible for decision making in the event of a loss of capacity.
- When a clinical situation arises which is likely to invoke ACP all attempts will be made to provide care in-line with the individuals expressed wishes. This will be done in consultation with the individual's GP/specialist and appointed representative. Consultation may include but is not

restricted to the following questions:

a) Do the present circumstances correspond to the situation that the individual imagined when he or she recorded his or her values and wishes?

b) Do the treatment and care options available correspond to those of the individual's Advance Care Plan?

c) Do the effects of implementing the individual's values and wishes correspond to the effects that the individual understood would be their consequence?

d) Are there new or changed factors in the present circumstances that the individual may not have taken into account but might have wanted to be considered in the present circumstances?

- ACP documentation must be accessible for clinical staff to refer to in the event of a health change.

| ***Document Management System (DMS) Data Field Summary*** | |
|---|---|
| ***Facility:*** | St Vincent's Care Services |
| ***Document name:*** | Advance Care Planning Policy |
| ***Document type:*** | Policy |
| ***Document identification number:*** | CC-CC-Adv-7650 |
| ***Primary document category:*** | Continuum of Care |
| ***Secondary document category:*** | Client Care |
| ***Short description (summary):*** | The process by which a resident/client, together with their chosen representative, family and healthcare practitioners, considers their values and goals and articulate their preferences for future care. |
| ***Initial date created:*** | 13/08/13 |
| ***Document visibility:*** | Visible |
| ***Key word search:*** | Advance care planning, palliative, advance care directive, end of life, care planning, advance care plan, end of life care plan, terminal |
| ***Evaluation method:*** | Clinical audit |
| ***Accreditation standard:*** | Residential Aged Care Standards: 2 & 3<br>Community Care Standards: 2 & 3 |
| ***Act:*** | Aged Care Act 1997; Powers of Attorney Act 1998; Guardianship and Administration Act 2000 |
| ***Australian standards:*** | Australian National Safety and Quality in Health Care Standards – Standard 1 & Standard 9<br>Palliative Care Australia –Standards of Care |
| ***Guideline:*** | Department Of Health and Ageing**:** Guideline to a Palliative Care - Approach to Care in Residential Settings |
| ***Code of practice:*** | *Catholic Health Australia:* "*Code of Ethical Standards for Catholic Health and Aged Care Services in Australia"*, 2001 |
| ***Reference documents:*** | 1. Respecting Patient Choices, *Frequently asked medico-legal questions*, http://www.respectingpatientchoices.org.au/index.php?option=com_content&view=article&id=42&Itemid=43 viewed |

| | |
|---|---|
| | 10/01/13<br>2. Catholic Health Australia, (2009), *Provision of Palliative Care in Catholic Health and Aged Care Services*, p.54<br>3. Queensland Government, Office of the Adult Guardian, Making an Advance Health Directive, http://www.justice.qld.gov.au/justice-services/guardianship/making-health-care-decisions/advance-health-directives/making-an-advance-health-directive, viewed 10/01/13<br>4. Palliative Care Australia, Advance Care Planning, Position Statement, http://www.palliativecare.org.au/Portals/46/PCA%20Advance%20Care%20Planning%20Position%20Statement.pdf, viewed 10/01/13<br>5. Australian Health Ministers' Advisory Council, (2011), A National Framework for Advance Care Directives<br>6. Queensland Health, (2011), *Guide to Informed Decision-Making in Healthcare*, p.viii, Patient Safety and Quality Improvement Service<br>7. CareSearch: Advance Care Planning: accessed on 14.02.11 via http://www.caresearch.com.au/caresearch/ClinicalPractice/PatientConsiderations/AdvanceCarePlanning<br>8. Catholic Health Australia – *"A guide for people considering their future health care"*<br>9. Catholic Health Australia – *" Briefing note on the obligation to provide nutrition and hydration (brochure)"*<br>10. Catholic health Australia – *"End of life issues (brochure)"*<br>*11.* Palliative Care Australia – "*Standards for providing quality palliative care for all Australians* |
| ***This review date:*** | 1/10/13 |
| ***Planned revision date:*** | 1/10/16 |
| ***Risk assessment:*** | Low |
| ***Associated documents:*** | St Vincent's Care Services Advance Care Planning Procedure |
| ***Approved by:*** | St Vincent's Care Services Executive<br>Dr. Ray Campbell (Director of the QLD Bioethics Centre and John Paul Centre for Family and Life |
| ***Enquires to:*** | St Vincent's Care Services Operational Manager |

| ***Version Control:*** | | | |
|---|---|---|---|
| **Revision number:** | **Description of changes made:** | **Who by:** | **Date:** |
| Version 0.1 | New document | Clinical Learning and Development Coordinator – St Vincent's Care Services | 1/10/13 |