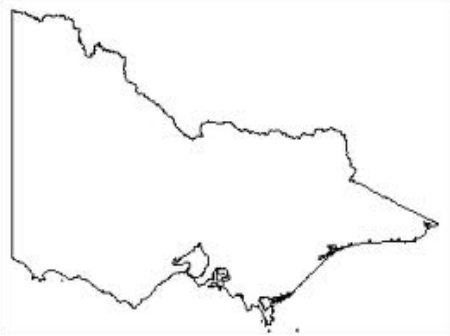
Initiatives to promote shared-decision-making:

ACP, GOPC, CPR decision-making

a Victorian perspective



Dr Barbara Hayes
Palliative Care Physician
Clinical Leader – Northern Health ACP Program

2015

Northern Health

- Advance Care Planning
- Goals of Patient Care
- CPR/NFR decision-making

→ *SHARED DECISION-MAKING*

Northern Health

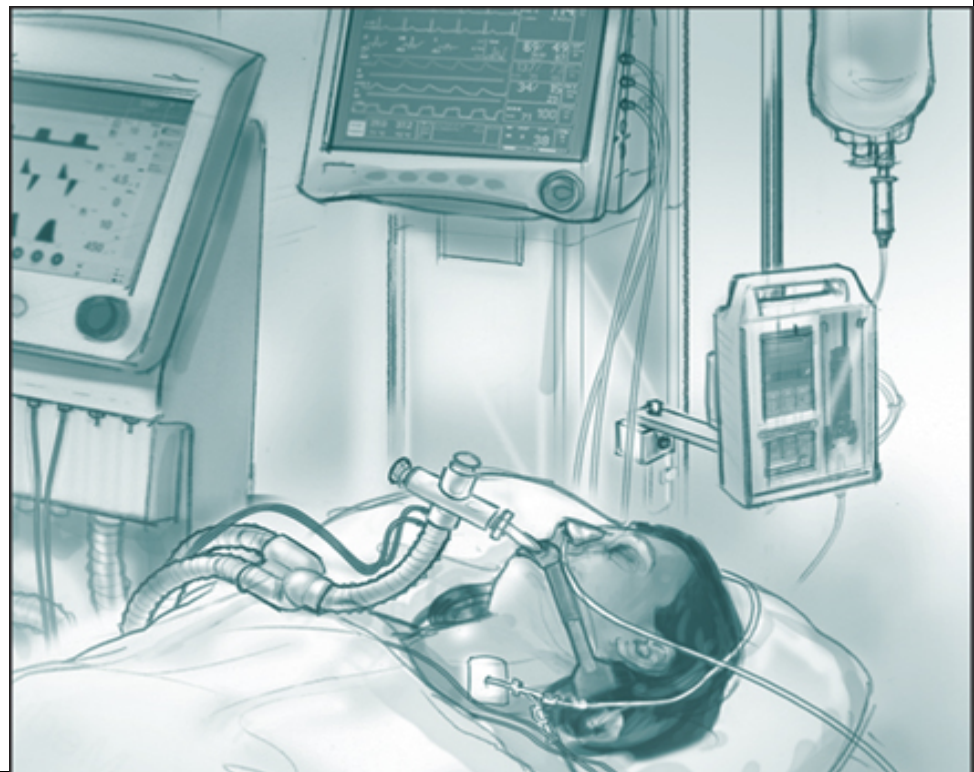
Goals of Patient Care Summary

- Doctor directed
- In consultation with patient
  and/or Person Responsible and family
- Planning for urgent situations
  or for when treating clinicians
  are not around

Northern Health

Advance Care Planning

- Patient directed
- In consultation with the clinicians
- Planning for when the patient can't speak for themselves



Northern Health

- Advance Care Planning
- Goals of Patient Care
- CPR/NFR decision-making

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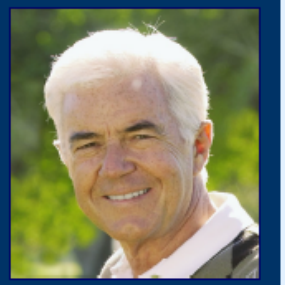

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If you become ill and cannot talk to your doctor about your treatment…

Σε περίπτωση που είμαι σοβαρά άρρωστος και δεν μπορώ να μιλήσω ο /η ίδιος/α, ποιος/α θα δώσει τη συγκατάθεσή του σε αποφάσεις ιατρικής αγωγής,και πως θα ξέρει τι θέλω εγώ να γίνει;

Who will make medical decisions for you & how will they know what you want?

Кој ќе има право да одлучува за медицински одлуки кога јас ќе бидам многу болен/а и како тие ќе знаат што јас сакам?

Think about **A**dvance **C**are **P**lanning…

…for more information take a brochure or phone **9495 3235**

Interpreter 131 450

Updated February 2014

- Advance Care Planning
- Goals of Patient Care
- CPR/NFR decision-making

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GOALS OF PATIENT CARE SUMMARY

DATE: ___ / __ __ / ____

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: _____

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____/_____/_____ SEX: _____

Diagnosis: _____

Advance Care Directive/Plan available for this patient → ❑ Yes ❑ No ❑ Referred for ACP advice

Name of Medical Enduring Power of Attorney (if appointed) _____

OR

Name of 'Person Responsible' (Legal Substitute decision-maker) _____

♦ Personal & Legal relationship to patient _____

Doctor's name (print): _____ Doctor's Designation: _____

Date: _____ Doctor's Signature: _____

Choose ONE option from A, B, C or D

NO LIMITATION OF MEDICAL TREATMENT

(standard medical care unless Limitations of Medical Treatment are recorded below)

A **Goal of Care: CURATIVE OR RESTORATIVE. Treatment is aimed at PROLONGING LIFE**

❑ **FOR CPR and all appropriate life-sustaining treatments** → For CODE BLUE / MET CALL

Additional comments (including use of blood products):

LIMITATION OF MEDICAL TREATMENT

B **Goal of Care: CURATIVE OR RESTORATIVE but following treatment limitations apply.** *(Tick ONE)*

❑ **NOT FOR CPR**
- but is for intubation for deteriorating respiratory function
→ For CODE BLUE / MET CALL

❑ **NOT FOR CPR or INTUBATION**
- but is for all other appropriate ACTIVE MANAGEMENT
→ NOT for CODE BLUE (if cardiac arrest)
→ For MET CALL *(Code Blue in Subacute)*

Additional comments (eg inotropes, non-invasive ventilation):

C **Goal of Care: PRIMARILY NON-BURDENSOME TREATMENT & SYMPTOM MANAGEMENT**

❑ **NOT FOR CPR or INTUBATION**
- is for ACTIVE MANAGEMENT that would not be burdensome for THIS patient. Optimise symptom control
→ NOT for CODE BLUE (if cardiac arrest)
→ For MET CALL ❑ No ❑ Yes *(Code Blue in Subacute)*
OR MET CALL for SYMPTOMS only ❑ Yes *(Code Blue in Subacute)*

Additional comments (eg antibiotics, IV fluids…):

D **Goal of Care: COMFORT DURING DYING – TERMINAL CARE** **(prognosis is assessed to be hours or days)**

❑ **NOT FOR CPR, INTUBATION, VENTILATION**
→ NOT for CODE BLUE
→ MET CALL for SYMPTOMS only *(Code Blue in Subacute)*

Additional comments:

I have discussed above Goals of Care with: → ❑ Patient ❑ Medical EPOA or 'Person Responsible' (named above)

Others involved in discussion _____

Limitations of Treatment discussed with Consultant (print name) _____

Doctor's name (print): _____ Doctor's Designation: _____

Date: _____ Doctor's Signature: _____

Endorsed for extended use in community/other health service: ❑ **for 30 days or** ❑ **until** _____/_____/_____

Doctor's signature and name _____ Date_____

THE PATIENT AND 'PERSON RESPONSIBLE' MUST BE AWARE OF AN EXTENDED ORDER

CPR = Cardiopulmonary Resuscitation MET = Medical Emergency Team ACP = Advance Care Plan / Directive

GOALS OF PATIENT CARE SUMMARY

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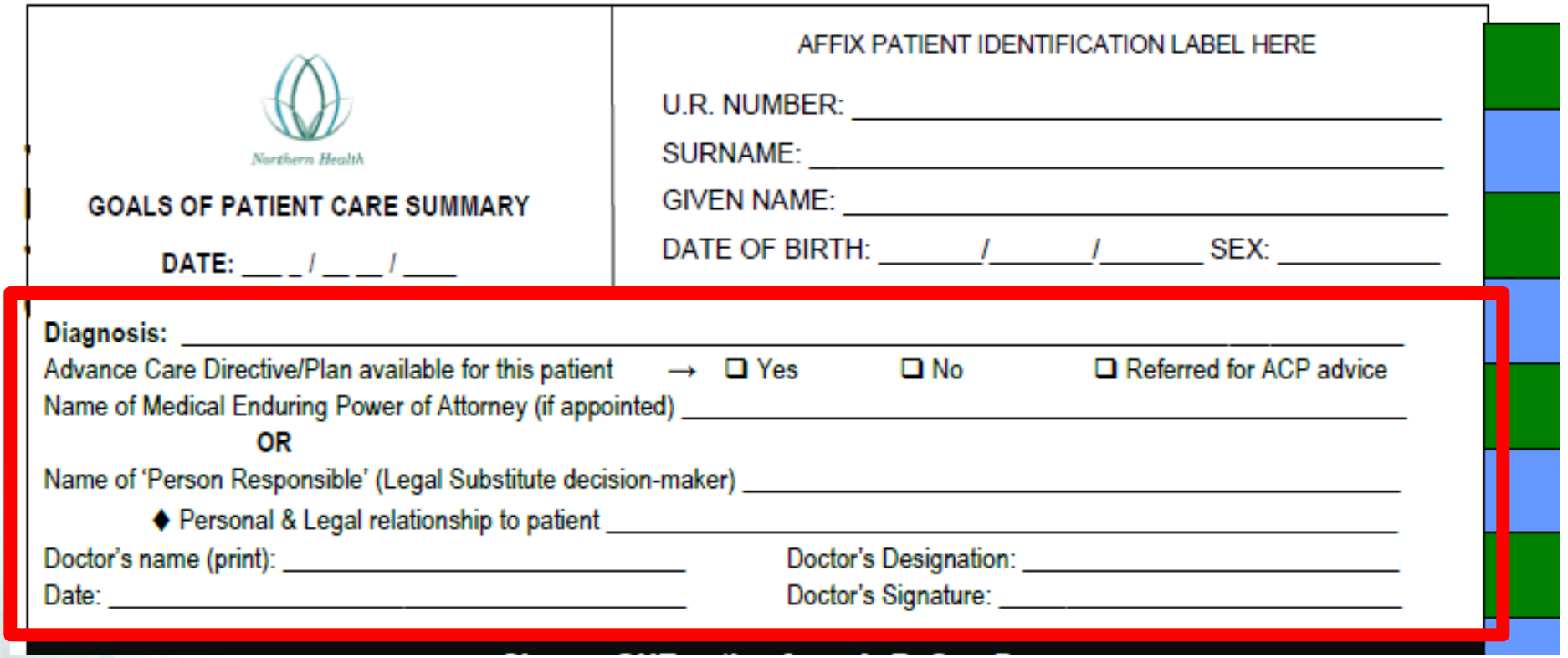
Northern Health

GOALS OF PATIENT CARE SUMMARY

DATE: ___ _ / __ __ / ____

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: _____

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____/_____/_____ SEX: _____

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Name of Medical Enduring Power of Attorney (if appointed) _____

OR

Name of 'Person Responsible' (Legal Substitute decision-maker) _____

♦ Personal & Legal relationship to patient _____

Doctor's name (print): _____ Doctor's Designation: _____

Date: _____ Doctor's Signature: _____

Firstly –

Documents correct 'Person Responsible'
and Medical Enduring Power of Attorney if appointed

Documents prior Advance Care Planning

Northern Health

HEALTH NORTHERN

GOALS OF PATIENT CARE SUMMARY

Choose ONE option from A, B, C or D

NO LIMITATION OF MEDICAL TREATMENT

(standard medical care unless Limitations of Medical Treatment are recorded below)

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Additional comments (eg antibiotics, IV fluids…):

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Additional comments:

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Others involved in discussion _____

Limitations of Treatment discussed with Consultant (print name) _____

Doctor's name (print): _____ Doctor's Designation: _____

Date: _____ Doctor's Signature: _____

Northern Health

Last

Medical treatment goals based on -

(i) A medical assessment & a medical decision about treatment and what is clinically possible

…then within those constraints

(ii) A shared decision-making discussion between clinician and patient and/or substitute decision-maker

…leading to

- An agreed medical treatment plan including:
  - Overall medical treatment goals &
  - Specific emergency medical treatments / limitations

Northern Health

Medical treatment goals based on -

(i) A medical assessment & a medical decision about treatment and what is clinically possible

…then within those constraints

(ii) A shared decision-making discussion between clinician and patient and/or substitute decision-maker

Taking into account prior ACP

…leading to

- An agreed medical treatment plan including:
  - Overall medical treatment goals &
  - Specific emergency medical treatments / limitations

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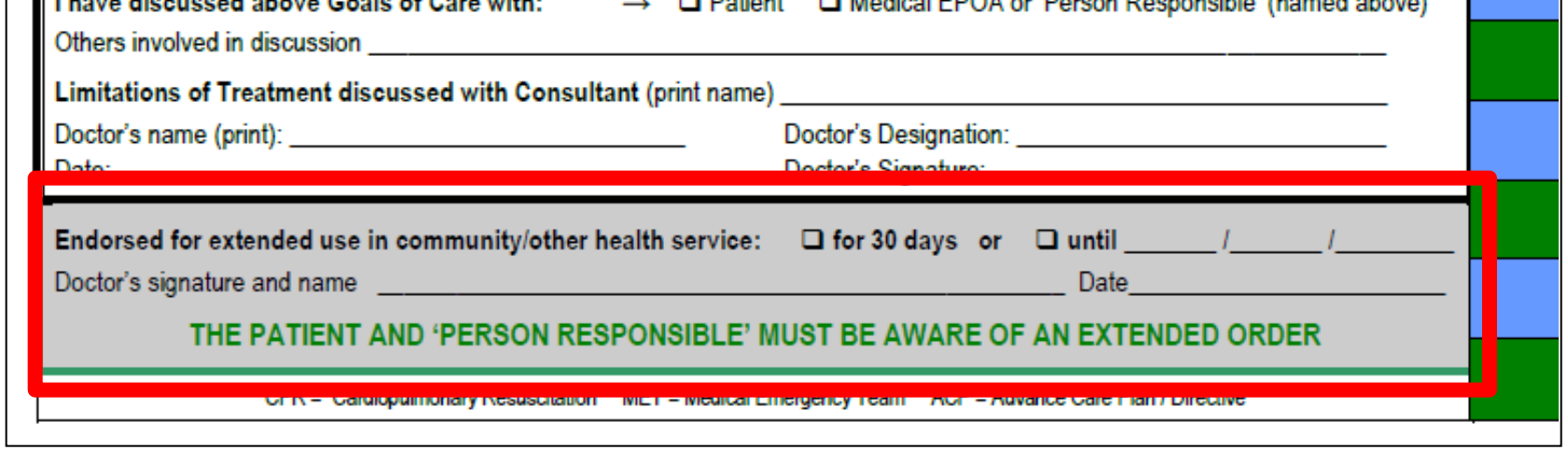
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Doctor's signature and name _____ Date_____

THE PATIENT AND 'PERSON RESPONSIBLE' MUST BE AWARE OF AN EXTENDED ORDER

CPR – Cardiopulmonary Resuscitation MET – Medical Emergency Team ACP – Advance Care Plan / Directive

Thirdly -

- The medical orders can be endorsed after Consultant review to continue in the community or at another health service such as Residential Aged Care:

  - should NOT come as a surprise after discharge

Northern Health

- Advance Care Planning
- Goals of Patient Care
- CPR/NFR decision-making

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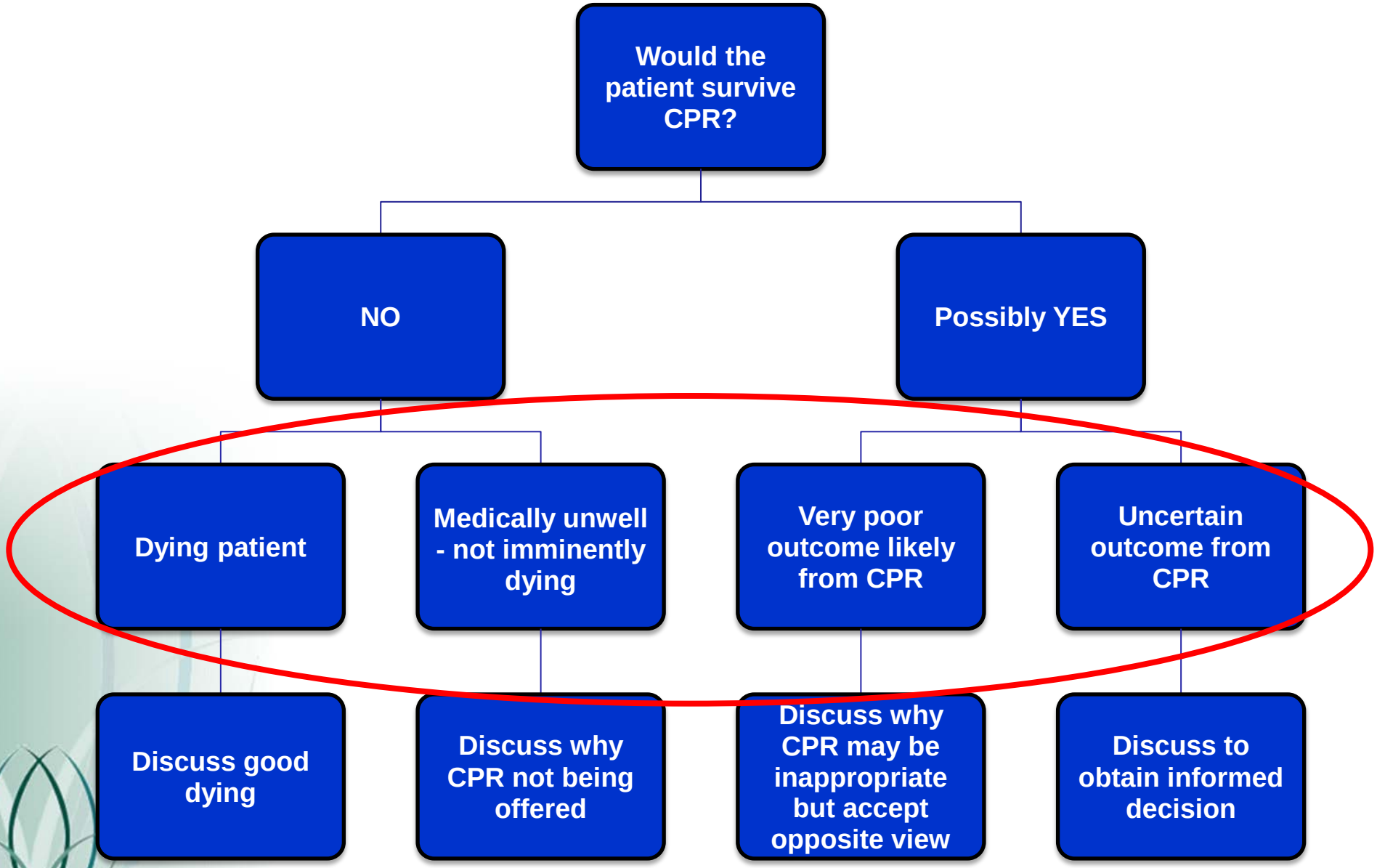

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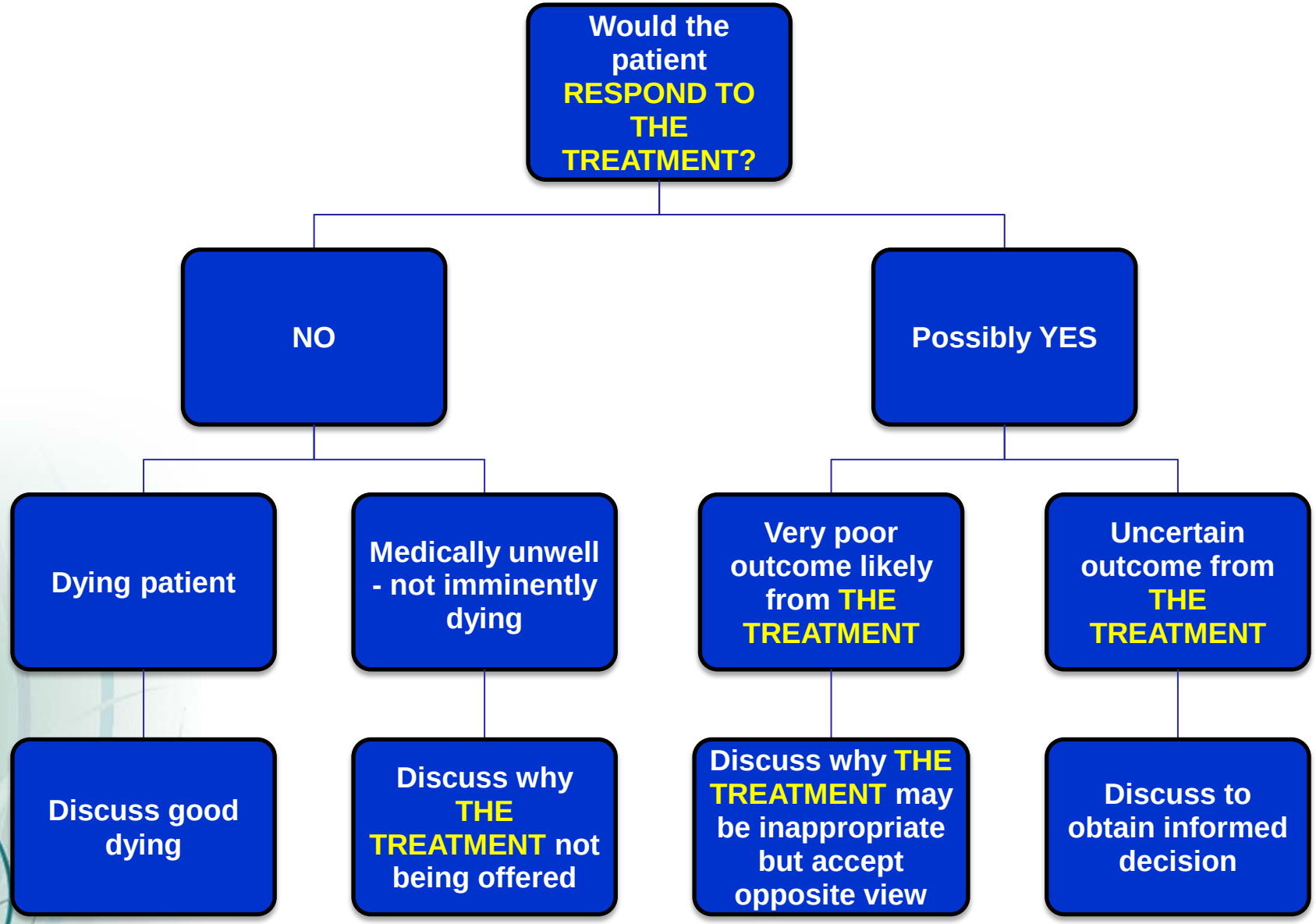

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Two experts in shared decision-making

The doctor
and treating team
are the experts
in the medicine

+

The Patient
their SDM and broader family
are the experts
on the patient

They interpret the medicine –
within the patient's context

They interpret who the patient is-
and what is important to them.

=

Together
they come to a shared understanding
about what would be in the best interests of the patient

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References

- Brimblecombe C, Crosbie D, Lim WK, Hayes B. The Goals of Patient Care project: implementing a proactive approach to patient-centred decision making. Internal Medicine Journal. 2014; 44(10):961-966
- Thomas R, Hayes B, Ashby M. Goals of care: a clinical framework for limitation of medical treatment. MJA. 201 (8):452-455
- Hayes B. Clinical model for ethical cardiopulmonary resuscitation decision-making. Internal Medicine Journal. 2013; 43:77-83.

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