A Clear Path to Care

Part 6

Advance Care Directives,
Consent and Resuscitation Planning in Practice

“It is easier to produce ten volumes of philosophical writing than to put one principle into practice”

- Leo Nikolaevich Tolstoy
It’s all about the patient
This presentation will:

• Identify the SA Health Policies, Guidelines and Forms that support implementation of the ACD and Consent Acts

• Discuss the system and processes changes required to support clinical practice in alignment to the Acts
Foundations for practice

A. Four SA Health Policy and Guidelines
   1) Advance Care Directive
   2) Consent to Health Care, Medical Assessment and/or Treatment
   3) Resuscitation and Care Planning
   4) Recognising and Responding to Clinical Deterioration (amended)
Foundations for practice

B. Forms

1) Advance Care Directive
2) Resuscitation Alert – 7 Step Pathway – Developing a Resuscitation Plan
3) Resuscitation Confirmation
4) Adult Rapid Detection and Response Chart  MR59A
Foundations for practice

C. Record systems to receive and alert ACD’s, ACP’s and Resuscitation Plans
   1) EPAS scanning
   2) Certified Copies (ACD) in medical record
   3) Copy of Resus Alert @bedside
   4) Alerting function in e-systems
Foundations for practice

D. Record systems for documenting

1) Substitute decision maker(s) contact details or
2) Person Responsible Contact details (replaces NOK)
3) Emergency contact (if different to SDM or person responsible)
Foundations for practice

• Education
• Governance
• Implementation strategy
• Evaluation- continuous cycles of improvement
• Consumer feedback
• Staff feedback
• Clinical process and outcome data
• Safety learning system
Planning Care

- Are the patient’s wishes, values and binding refusals included in the plan of care?
- Necessary orders (medication, resuscitation)
- Physical care needs
- Family and social needs
- Discharge planning
- Social work, Chaplain
- Coordination of care:
  - Community agencies and health care practitioners
  - Discharge planning
Clinical Processes

- From admission to discharge
- Admission history and assessment
- Clinical decision making and care plan
- Orders
- Patient involvement
- Communication- documentation
- Clinical Handover
- Inter-disciplinary team
- Discharge planning
End of Life Medication Prescribing

• Symptoms experienced by patients in the terminal phase can be anticipated;
  • Ordering medications ahead of time allows for prompt management whenever the symptom arises;
  • Where a patient is already prescribed subcutaneous analgesics, anxiolytics or anti-emetics, extra orders may be unnecessary

SA Health is coordinating development of guidelines to assist clinicians in end of life prescribing

*See Educational Resources
  • Pain Position Statement
  • The Palliative Approach Tool Kit
Resuscitation Plan and Observation Chart
Do Health Practitioners in the primary health setting have what they need to treat the patient?

- GP handover
- Medications available at the community pharmacy and someone to administer
- Residential Aged Care Facility Handover
- Patient/SDM know the plan?
- Plan available to health practitioners treating in the community?
- Can SAAS access the established care plans?
- Referrals for community care/services?
Summary
Putting in Practice

• The Policies:
  • Advance Care Directive
  • Consent to Health Care Medical Assessment and/or Treatment
  • Resuscitation and Care Planning
  • Recognising and Responding to Clinical Deterioration (amended)
  • provide foundations for implementation of the ACD and Consent Acts.
• Health information systems and records
• Clinical practice changes are required to incorporate ACD and Consent Act changes
  • registration/admission
  • assessment and care planning
  • medical orders
  • consent
  • clinical handover/discharge
Questions?

For more info:

policy&legislation@health.sa.gov.au