



TITLE

ADVANCE CARE PLANNING AND GOALS OF CARE DESIGNATION

SCOPE

Provincial

DOCUMENT #

HCS-38

APPROVAL AUTHORITY

COEC

INITIAL EFFECTIVE DATE

April 01, 2014

SPONSOR

Seniors Health

REVISION EFFECTIVE DATE

August 16, 2016

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not Applicable

SCHEDULED REVIEW DATE

August 16, 2019

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To guide **health care professionals, patients** and **alternate decision-makers** regarding the general intentions of clinically indicated health care, specific interventions, and the service locations where such care will be provided.
- To provide guidance for health care professionals to assist in rapid decision-making in the clinical environment.

PRINCIPLES

- Alberta Health Services respects human dignity by providing care that is clinically indicated and ethically appropriate and seeks to understand patient values regarding care provision.
- Within Alberta Health Services, **Advance Care Planning** will be the process by which health care professionals and patients and/or alternate decision-makers consider the clinically indicated future care for a patient. These conversations allow for respectful understanding of patient's wishes concerning general care focus as well as initiation, continuation and limits of specific interventions. This process will include communication between health care professionals, patients and when appropriate, alternate decision-makers.
- **Goals of Care Designations** (R-M-C) are the mechanisms by which health care professionals describe and communicate the general focus of care for a patient.
- Goals of Care Designations include direction about the general focus of care and some specific actions within that focus of care.
- Goals of Care Designations incorporate the values and wishes of a patient, as well as guide medically indicated interventions in service of those values and wishes.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

Detailed descriptions of Goals of Care Designations, and important clinical features embedded in them, are included in Appendix A: *Goals of Care Designations* of this policy.

1. Advance Care Planning and Goals of Care Designations

- 1.1 All adults should be given the opportunity to participate in Advance Care Planning as a part of routine care, started early in a longitudinal relationship with a healthcare provider and revisited when the health or wishes of an adult changes.
- 1.2 Goals of Care Designations shall be utilized throughout Alberta Health Services to establish and communicate general care directions, locations of care and transfer opportunities for current and future care for patients.
- 1.3 A **Goals of Care Designation order** is prescriptive but is also subject to clinical judgement of the current **most responsible health practitioner**.
- 1.4 Any member of a patient's health care team may initiate and undertake an Advance Care Planning and or Goals of Care Designation conversation. However, the most responsible health practitioner is ultimately responsible for ensuring that a clinically indicated Goals of Care Designation order has been discussed, established and documented.
 - a) It is understood that the patient and/or alternate-decision maker shall be engaged in all related discussions and decisions.
 - b) While conversation with the patient and/or alternate decision-maker are crucial, the Goals of Care Designation order form itself is a medical order and, as such, does not require a patient or alternate decision-maker's signature.
- 1.5 Once a Goals of Care Designation conversation has been held and if clinically indicated, a Goals of Care Designation order shall be created by the most responsible health practitioner and documented in the *Advance Care Planning/Goals of Care Designation Tracking Record*.
- 1.6 Reviewing, validating or altering a Goals of Care Designation order occurs (in conjunction with the patient):
 - a) when new circumstances or health issues arise;
 - b) when patients are accepted into a new location of care;

- c) at the request of the patient or alternate decision-maker; and/or
 - d) if the patient and/or alternate decision-maker disagrees with the designation.
- 1.7 All patients and all alternate decision-makers (when applicable) shall be made aware of Advance Care Planning and the Goals of Care Designation structure.
- 1.8 Where a Goals of Care Designation has been ordered, patients or their alternate decision-makers should be made aware of their specific Goals of Care Designation.
- In a situation where it is determined that providing such information may negatively impact the health or safety of the patient, it may not be appropriate to inform the patient of his/her Goals of Care Designation. In this case, it is recommended that the most responsible health practitioner consider consulting with, but not limited to:
- a) colleagues;
 - b) Clinical Ethics Service;
 - c) College of Physicians and Surgeons of Alberta;
 - d) Canadian Medical Protective Association; and/or,
 - e) Clinical and Regulatory Team.
- 1.9 If a patient's most responsible health practitioner changes, the previous Goals of Care Designation order remains applicable unless changed by the new most responsible health practitioner.
- 1.10 When a Goals of Care Designation is not documented on a patient's **health record**, then clinically appropriate **life support interventions** are provided if required. If it is known that the adult patient or alternate decision-maker has previously expressed the refusal of such interventions that refusal should be followed except in unusual circumstances where it would be clinically and ethically inappropriate to do so.
- 1.11 Where the patient and/or alternate decision-maker and the most responsible health practitioner disagree on a Goals of Care Designation, a dispute resolution process will be invoked (refer to *Alberta Health Services Advance Care Planning and Goals of Care Designation Procedure*).

DEFINITIONS

Advance Care Planning means a process which encourages people to reflect and think about their values regarding clinically indicated future health care choices; explore medical information that is relevant to their health concerns; communicate wishes and values to their loved ones, their alternate decision-maker and their health care team; and record those choices.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include: a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act*, an agent in accordance with a personal directive, a co-decision-maker, a specific decision-maker or a person designated in accordance with the *Human Tissue and Organ Donation Act*.

Goals of Care Designation means one of a set of short-hand instructions by which health care providers describe and communicate general care intentions, specific clinically indicated health interventions, transfer decisions, and locations of care for a patient as established after consultation between the most responsible health practitioner and patient or alternate decision-maker.

Goals of Care Designation order means the documented order for the goals of care designation as written by the most responsible health practitioner (or designate).

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* or the *Health Professions Act*, and who practices within scope or role.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Life support interventions means interventions typically undertaken in the Intensive Care Unit but which occasionally are performed in other locations in an attempt to restore normal physiology. These may include chest compressions, mechanical ventilation, defibrillation and physiological support.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

REFERENCES

- Appendix A: *Goals of Care Designations*
- Alberta Health Services Governance Documents:
 - *Advanced Care Planning and Goals of Care Designation Procedure* (#HCS-38-01)
 - *Consent to Treatment/Procedure(s) Policy suite* (#PRR-01)
 - *Dispute Prevention & Resolution in Critical Care Settings Policy suite* (#PRR-03)
- Alberta Health Services Forms:
 - *Advance Care Planning/Goals of Care Designation Tracking Record* (#103152)

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ADVANCE CARE PLANNING AND GOALS OF CARE DESIGNATION

EFFECTIVE DATE
August 16, 2016

DOCUMENT #
HCS-38

VERSION HISTORY

Date	Action Taken
August 16, 2016	Revised

APPENDIX A

Goals of Care Designations

The Goals of Care Designation order provides direction regarding specific health interventions, transfer decisions, locations of care, and limitations on interventions for a patient as established after consultation between the most responsible health practitioner and patient or alternate decision-maker where appropriate.

<p><u>R</u></p> <p>Medical Care and Interventions, Including Resuscitation</p>	<p><u>R - May intervene with medical care, including Resuscitative Care if required</u></p> <p>Goals of Care: directed at cure or control of a patient's condition. The patient would desire ICU care if it was required, and would benefit from ICU if their medical condition warranted it.</p> <p>R1 = Medical Care including ICU admission if required, with intubation and chest compressions</p> <p>Goals of care are directed at cure or control of a patient's condition. Treatment of illness may include transfer to an acute or tertiary care facility with admission to the ICU if indicated. Intubation or chest compression may be provided.</p> <p><u>GUIDE:</u></p> <p>i) General guidelines – this designation is for patients who would benefit from, and are accepting of, any appropriate investigations and interventions that the health system can offer, including physiological support in an ICU setting if required. All appropriate supportive therapies are offered, including intubation. Chest compressions and intubation are performed during a resuscitative effort when clinically indicated.</p> <p>ii) Resuscitation – is undertaken for cardio respiratory arrest or acute deterioration.</p> <p>iii) Life Support Interventions – are usually undertaken</p> <p>iv) Life Sustaining Measures – are used when appropriate within overall goals of care.</p> <p>v) Major surgery – is considered when appropriate. The possibility of intra-operative complications including death and the requirement for physiological support post operatively should be addressed with the patient in advance of the proposed surgery, and general decision-making guidance agreed upon.</p> <p>vi) Transfer from current location of care – is considered if an alternative location is required for diagnosis and treatment.</p>
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<p style="text-align: center;">R</p> <p style="text-align: center;">Medical Care and Interventions, Including Resuscitation</p>	<p>R2 = Medical Care including ICU admission if required, with intubation but without chest compressions</p> <p>Goals of care are directed at cure or control of a patient's condition. Treatment of illness may include transfer to an acute or tertiary care facility with admission to the ICU if required. Intubation can be considered when indicated but chest compressions are not performed.</p> <p><u>GUIDE:</u></p> <ul style="list-style-type: none"> i) General guidelines – this designation is for patients who would benefit from, and are accepting of, any appropriate investigations and interventions that the health system can offer, including physiological support in an ICU setting if required, but excluding chest compressions. ii) Resuscitation - is undertaken for acute deterioration, but chest compressions should not be performed. iii) Life Support Interventions – may be offered, without chest compressions. iv) Life Sustaining Measures – are used when appropriate within overall goals of care. v) Major surgery – is considered when appropriate. The possibility of intra-operative complications including death and the requirement for physiological support post operatively should be addressed with patient in advance of the proposed surgery, and general decision-making guidance agreed upon. vi) Transfer from current location of care – is considered if an alternative location is required for diagnosis and treatment.
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<p style="text-align: center;">R</p> <p style="text-align: center;">Medical Care and Interventions, Including Resuscitation</p>	<p>R3 = Medical Care including ICU admission if required, without intubation or chest compressions</p> <p>Goals of care are directed at cure or control of a patient's condition. Treatment of illness may include transfer to an acute or tertiary care facility with admission to the ICU if required, but chest compressions or intubation should not be performed.</p> <p><u>GUIDE:</u></p> <ul style="list-style-type: none"> i) General guidelines – this designation is for patients who would benefit from, and are accepting of, any appropriate investigations and interventions that the health system can offer, including physiological support in an ICU setting if required, but excluding intubation and chest compressions. ii) Resuscitation -is to be undertaken for acute deterioration but chest compressions or intubation should not be performed. iii) Life Support Interventions - may be offered without intubation or chest compressions. iv) Life Sustaining Measures – are used when appropriate within overall goals of care. v) Major surgery – is considered when appropriate. The possibility of intra-operative complications including death and the requirement for physiological support post operatively should be addressed with patient in advance of the proposed surgery, and general decision-making guidance agreed upon. vi) Transfer from current location of care – is considered if an alternative location is required for diagnosis and treatment.
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<p style="text-align: center;"><u>M</u></p> <p style="text-align: center;"><u>Medical Care and Interventions, Excluding Resuscitation</u></p>	<p><u>M - May intervene with medical care, excluding tertiary level ICU</u></p> <p>Goals of care: directed at cure or control of a patient's condition. These patients either choose to not receive care in an ICU or would not benefit from ICU care.</p> <p>M1 = Medical care with transfer to Acute care when required and without the option for life-saving ICU care</p> <p>The goals of care are aimed at cure or control in any location of care, without accessing a tertiary level ICU. Treatment of illness may include transfer to an acute or tertiary care facility without admission to a tertiary level ICU.</p> <p><u>GUIDE:</u></p> <ul style="list-style-type: none"> i) General guidelines – all active medical and surgical interventions aimed at cure and control of conditions are considered, within the bounds of what is clinically indicated, and excluding the option of admission to a tertiary level ICU for life-saving interventions. If a person deteriorates further and is no longer amenable to cure or control interventions, the goals of care designation should be changed to focus on comfort primarily. ii) Resuscitation – is not undertaken for cardio respiratory arrest. iii) Life Support Interventions – should not be initiated, or should be discontinued after discussion with patient or alternate decision- maker. iv) Life Sustaining Measures – are used when appropriate within overall Goals of Care. v) Major surgery – is considered when appropriate. Resuscitation during surgery or in the recovery room can be considered, including short term physiological and mechanical support in an ICU, in order to return the patient to prior level of function. The possibility of intra-operative death (option: life-threatening intra-operative deterioration) should be discussed with patient in advance of the proposed surgery, and general decision-making guidance agreed upon. vi) Transfer to another location of care – is considered if that location provides more appropriate circumstances for necessary diagnosis and treatment.
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<p style="text-align: center;"><u>M</u></p> <p style="text-align: center;"><u>Medical Care and Interventions, Excluding Resuscitation</u></p>	<p>M2 = Medical care without transfer to Acute care and without the option for life-saving ICU care</p> <p>The goals of care are aimed at cure or control, almost always within the patient's current care environment. Treatment of illness may be undertaken in the current location without transfer to acute or tertiary care should that condition deteriorate.</p> <p>GUIDE:</p> <ul style="list-style-type: none"> i) General guidelines – all interventions that can be offered in the current location of care are considered. If a person deteriorates further and is no longer amenable to cure or control interventions in that location, the goals of care designation should be changed to focus on comfort primarily. ii) Resuscitation – is not undertaken for cardio respiratory arrest or acute deterioration. iii) Life Support Interventions – should not be initiated or should be discontinued after discussion with patient. iv) Life Sustaining Measures – are used when appropriate within overall goals of care. v) Major surgery – is not usually undertaken, but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiological and mechanical support in an ICU, in order to return the patient to prior level of function. The possibility of intra-operative death (option: life-threatening intra-operative deterioration) should be discussed with the patient/family in advance of the proposed surgery, and general decision-making guidance agreed upon. vi) Transfer to another location of care – is not usually undertaken, but can be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can best be undertaken at that other location.
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<p style="text-align: center;"><u>C</u></p> <p style="text-align: center;">Medical Care and Interventions, Focused on <u>C</u>omfort</p>	<p><u>C - Provide comfort care</u></p> <p>Goals of care: directed at symptom control rather than at cure or control of a patient's underlying condition that is expected to result in death. All interventions are for symptom relief.</p> <p>C1 = Symptom Comfort Care</p> <p>Goals of care are for maximal symptom control and maintenance of function, without cure or control of the underlying condition. A diagnosis exists which is expected to cause eventual death.</p> <p><u>GUIDE:</u></p> <ul style="list-style-type: none"> i) General guidelines – A diagnosis exists which is expected to cause eventual death. New illnesses are not generally treated unless control of symptoms is the goal. ii) Resuscitation – is not to be undertaken in the event of cardio respiratory arrest/failure. Chest compressions or intubation should not be performed. iii) Life Support Interventions - should not be initiated, or should be discontinued after discussion. iv) Life Sustaining Measures – can be used for goal directed symptom management. v) Major Surgery – is not usually undertaken, but can be contemplated for procedures aimed at symptom relief. Resuscitation during surgery or in the recovery room can be considered, including short term physiological and mechanical support in an ICU, in order to return the patient to prior level of function. The possibility of intra-operative death (option: life-threatening intra-operative deterioration) should be discussed with the patient/family in advance of the proposed surgery, and general decision-making guidance agreed upon. vi) Transfer- should be contemplated if symptom management or diagnostic efforts aimed at understanding symptoms can best be undertaken at another location. Transfer to an ICU is warranted if ICU is deemed to be the best location for palliation, especially in the Pediatric environment.
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<p style="text-align: center;"><u>C</u></p> <p style="text-align: center;">Medical Care and Interventions, Focused on <u>C</u>omfort</p>	<p>C2 = Terminal care</p> <p>Goals of care are aimed at preparation for imminent death (usually within hours or days), with maximal efforts directed at symptom control.</p> <p><u>GUIDE:</u></p> <ul style="list-style-type: none"> i) General guidelines – expert terminal care can be provided in any location. ii) Resuscitation – is not to be undertaken in the event of cardio respiratory arrest/failure. Chest compressions or intubation should not be performed. iii) Life Support Interventions – should not be initiated, or should be discontinued after discussion. iv) Life Sustaining Measures – should be discontinued unless required for goal directed symptom management. v) Major Surgery – is not appropriate. vi) Transfer to another site is usually not undertaken due to risk of death during transport.
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