Options for Care

Approved Date: February 1, 2007
Reviewed/Revised Date: October 1, 2013

1.0 Policy

Providence Health Care is a Catholic Health care organization that respects and promotes the sacredness of life from conception until natural death. The Options for Care policy provides a model of compassionate care for end of life conversation between patients, residents, families, friends and their health care providers. It also promotes our commitment to provide person- and family-centred care.

This policy sets out Options for Care and the selection procedures for use in both residential and acute care. It establishes a framework and a process for assisting residents/patients and their families in reflecting on and communicating their general preferences for treatment and care should (i) the need arise and/or (ii) in circumstances where the resident/patient is incapable of making medical decisions for themselves. These preferences are referred to as the resident/patient's "Option for Care."

Options for Care are designed to guide health professionals in developing individualized treatment plans and are intended to promote respect for the dignity of the resident/patient as a free and informed decision maker.[i]

2.0 Definitions

The phrase "Options for Care" replaces "Level of Intervention" or "Degree of Intervention which were present in previous policy versions. The new labels in bracket indicate the equivalent designations used by Fraser Health Authority and piloted by Vancouver Coastal Health regarding options for medical care and critical care.

This policy sets out four "Options for Care" in the event of a serious illness or sudden collapse.

Option One (M1)*:	Supportive care such as nursing care, relief of pain, control of fever, provision of fluids and continued management of standing chronic conditions. No C.P.R.
Option Two (M2):	Option one plus therapeutic measures and medications to manage acute conditions within the limits of the residential care facility or program to which the patient/resident is admitted. No C.P.R.
Option Three (M3):	Option two plus admission to an acute care hospital (if not already admitted) for medical and/or surgical treatment as indicated. No referral to critical care. No C.P.R.
Option Four (C1 & C2):	Maximum therapeutic effect as in Option three above plus transfer to critical care. No C.P.R.

*** M1, M2, M3, C1, and C2 are the equivalent designations used by Fraser Health Authority and piloted by Vancouver Coastal Health regarding options for medical care and critical care.**

DNAR refers to Do Not Attempt Resuscitation, i.e. do not initiate CPR. Please refer to the corporate policy "Code Status: CPR/DNAR"

Health care provider is a person who, under a prescribed BC Act, is licensed, certified, or registered to provide health care in British Columbia.[ii]

Spouse is defined as the person who is married to the adult or who lives with the adult in a marriage-like relationship (common law), including same sex relationships.[iv]

Substitute Decision Maker (SDM) means any of: a Representative, a Committee of the Person or a Temporary Substitute Decision Maker as defined below.

Representative means a person chosen by the patient/resident when the patient/resident was capable, who meets basic criteria and has entered into a Representation Agreement (a proxy type of advance health care directive).

Committee of the Person means a person appointed by court order of the Supreme Court of B.C. under the Patients Property Act, giving them broad decision-making powers on behalf of the patient/resident. This order will usually be in force for a long period of time.

Temporary Substitute Decision Maker (TSDM) means a person temporarily appointed under the Health Care (Consent) and Care Facility (Admission) Act as a substitute decision-maker. The health care provider must choose the first of these, who is available and qualifies:

- the patient/resident's spouse. (In the case of a married person who is separated but in a "common law" relationship, the common law spouse should be selected.)
- the patient/resident's child;
- the patient/resident's parent;
- the patient/resident's brother or sister;
- the patient/resident's grandparent/grandchild;
- anyone else related by birth or adoption to the patient/resident;
- a close friend of the adult;
- a person immediately related to the adult by marriage.

If not one listed is available or if there is a dispute about who is to be chosen, the office of the Public Guardian and Trustee can be contacted

3.0 Scope

This policy applies to:

a. All residents living in residential care;

b. Patients in acute care for whom end of life treatment and care is appropriate.

4.0 Procedure

a) **In Acute Care:** Options for Care shall be discussed with patients on or as soon as possible after admission to the clinical area, when judged appropriate as related to health status or when viewed as integral to the treatment/discharge plan. This discussion is to take place in conjunction with a discussion of the patient's code status (See Corporate Policy [Code Status: CPR/DNAR] hyperlink). In cases where the Option for Care has already been established, it shall remain in effect unless and until it is changed as the result of shared decision-making.

b) **In Residential Care:** Options for Care shall be discussed with all residents prior to, or within the first week of, their moving into the residential care home. In cases where the Option for Care has already been established, it shall remain in effect until changed as the result of shared decision-making.

c) Informed consent and the selection of an Option for Care must be recognized as an ongoing process, not as a single event, in which the health care provider and theresident/patient/SDM reassess treatment goals over time and as the resident/patient's circumstances change.

   Discussions with the resident/patient/SDM that are devoted to their general preferences for treatment and care should be held in a spirit of shared decision-making and to ensure that the resident/patient/SDM's decision is free and informed.

   At a minimum, the resident/patient's chosen Option for Care will be reviewed when:

   i. there is significant and unexpected change in the resident/patient's health condition;

   ii. the resident/patient/SDM asks for a review - or indicates in conversation that he/she may have changed his/her mind about the preferred Option for Care;

   iii. any member of the health care team or the resident/patient's SDM, significant other, or member of their family believes that there is reason for review.

   iv. the patient/resident transfers between institutions or on readmission to the facility

d) To assist the resident/patient or their SDM in making an informed decision about Options for Care, the health care provider shall discuss the resident/patient's goals for treatment with them. At the resident/patient's discretion, significant others and/or family members may be involved in this process.

e) The preferred Option for Care shall be written in the resident/patient's chart using the Prescriber's Order form. The health care provider who undertakes the discussion with the resident/patient shall document the outcome and the selected Option for Care in the resident/patient's chart. See Appendix B for documentation.

f) In acute care, consultation with the most responsible physician (MRP) is required prior to completion of the Prescriber's Order form. The MRP must support the decision. If support cannot be given, the dispute resolution mechanism is initiated as in j). After the order has been signed notification must be given to the MRP as well as the Clinical Nurse Leader (CNL) or charge nurse. See Appendix B. Each clinical area will determine the appropriate procedure for initiating discussions with patients or residents and notification of the MRP and CNL or charge nurse.

g) In residential care, consultation with the most responsible physician (MRP) is recommended prior to completion of the Prescriber's Order form. After the order has been signed notification must be given to the MRP as well as the Clinical Nurse Leader (CNL) or charge nurse. See Appendix B. Each clinical area will determine the appropriate procedure for initiating discussions with patients or residents and notification of the MRP and CNL or charge nurse.

h) If the resident/patient does not have the mental capacity to make a decision regarding Options for Care, decisions will be made in consultation with the substitute decision maker (see corporate policy CPF0500: Consent to Health Care).

These decisions will be based on:

i. the resident/patient's previously expressed wishes/instructions, including a written advance directive or advance care plan

ii. the resident/patient's known beliefs and values; or

iii. the resident/patient's best interest if her/his beliefs and values are not known.

The resident/patient's best interest is determined by:

i. the resident/patient's current wishes;

ii. whether the resident/patient's condition or well-being is likely to be improved by the proposed intervention;

iii. whether the resident/patient's condition or well-being is likely to improve without the proposed intervention;

iv. whether the benefit the resident/patient is expected to obtain from the proposed health care is greater than the risk of harm; and

v. whether a less restrictive or less intrusive form of health care would be as beneficial as the proposed health care, including having no healthcare.

i) If the resident/patient does not have an appropriate SDM and the resident/patient's wishes, values and beliefs are not known, the Social Worker designated to the unit/residential care neighborhood shall contact the Office of the Public Guardian and Trustee to determine the resident/patient's best interests and to seek appropriate consent. See Appendix A for flowchart.

j) Dispute Resolving Mechanism: Differences of opinion between the health care team and resident/patient/SDM regarding the selection of an Option for Care should be approached in a constructive manner;

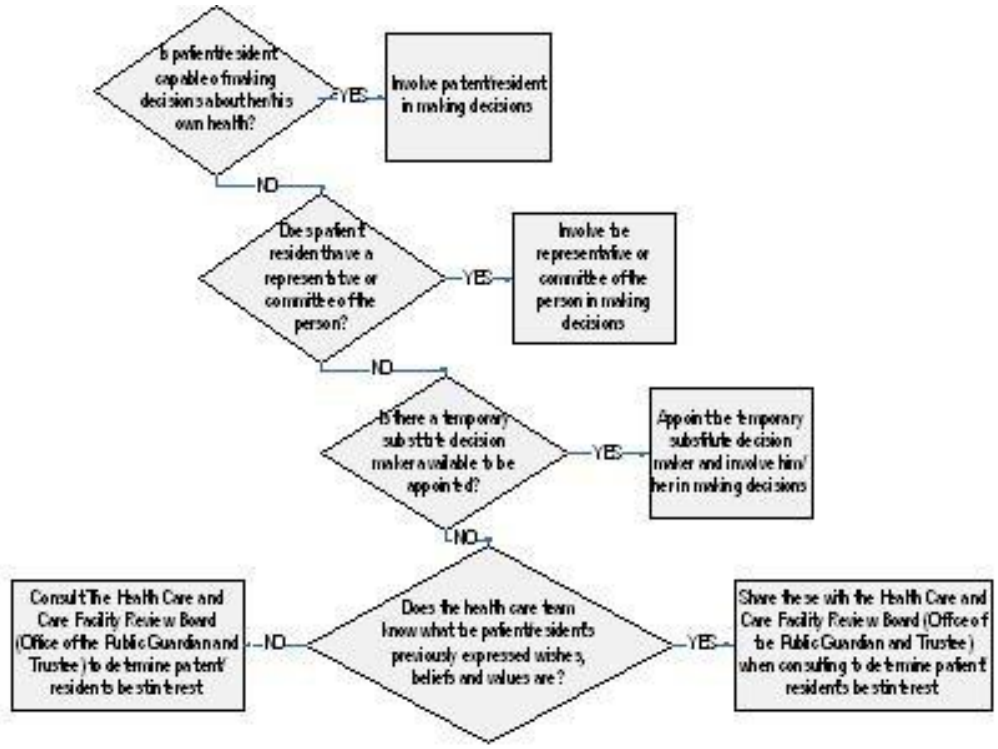
I. Health care providers shall make every attempt to avoid an impasse by engaging in regular and sustained discussion with the resident/patient/SDM;

II. In circumstances of disagreement health care providers shall attempt to clarify any factual misunderstanding through the sharing of information and education;

III. When a dispute remains unresolved the most responsible physician may transfer the case to another physician and withdraw. Alternatively those involved may meet as a group with the Providence Health Care ethicist to attempt to resolve the matter.

Appendix A
Flowchart for Determining Appropriate Decision Maker

To be revised



Appendix B
Documentation
DRAFT Pending Approval

IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 604-806-8886 IMMEDIATELY

Providence HEALTH CARE

PRESCRIBER'S ORDERS

Enter Order into SCM (facilities with SCM order entry)

OPTIONS FOR CARE AND RESUSCITATION/DNAR ORDERS

Reminder: A decision/Option change necessitates the completion of a new Prescriber's Order Page 1 of 1

Patient/Resident: ☐ is competent to make own medical decisions

☐ is **NOT** competent to make own medical decisions (PHC-MR081 completed)

Substitute Decision Maker: _____
Full printed name Telephone number

☐ **Attempt Resuscitation (CPR)**
In the event of serious acute illness: Maximum therapeutic effort including referral to Critical Care.

☐ **Do Not Attempt Resuscitation** (DNAR: **NO** CPR)
In the event of serious acute illness:

☐ **Option 1 (M1)** * No CPR. Supportive care such as nursing care, relief of pain, control of fever, provision of fluids and continued management of standing chronic conditions.

☐ **Option 2 (M2)** No CPR. Option one plus therapeutic measures and medications to manage acute conditions within the limits of the residential care facility or program to which the patient/resident is admitted.

☐ **Option 3 (M3)** No CPR. Option two plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to critical care.

☐ **Option 4 (C1&C2)** No CPR. Maximum therapeutic effort as in Option 3 (M3), including referral to critical care.

Other Relevant Information: _____
_____
_____

Most Responsible Physician consulted: _____
Printed name Date

Registered Health Care Provider:

_____
Printed Name Discipline Signature Date

Patient/Resident/Substitute Decision Maker: (Optional)

_____
Printed Name Signature Date

ADDITIONAL INFORMATION

Information Attached:

☐ Advance Directive ☐ Living Will ☐ Other:_____ ☐ Not Applicable

Consulted: ☐ **ICU**

☐ Decision has changed from Option 3 (M3) to Option 4 (C1&C2)
☐ Other:_____

Form No. PHC-PH254 (Draft: 07/30/13)

ALL NEW ORDERS MUST BE FLAGGED
PLACE AT FRONT OF PATIENT/RESIDENT'S CHART

Guidelines for Options for Care and Resuscitation Discussions

*** M1, M2, M3, C1, and C2 are the equivalent designations used by Fraser Health Authority and piloted by Vancouver Coastal Health regarding options for medical care and critical care.**

Definitions:

CPR: Cardiopulmonary resuscitation refers to chest compressions and artificial respiration used to provide basic life support. Initiation of CPR is followed by the calling of a "Code Blue".

Code Blue: code blue procedures differ depending on the setting:

- **Acute:** (including MSJ ECU) chest compressions; artificial respiration; advanced life support procedures and medications.
- **Residential:** (other than MSJ ECU) chest compressions and artificial respiration until ambulance team arrives.
- **Rehabilitation:** chest compressions; artificial respiration and automated external defibrillator until ambulance team arrives.

Informal Competency Assessment:

All patients/residents are presumed to be capable of making medical decisions unless shown otherwise. Recommended guidelines for informally determining the patient's capability can be found in CPF0500: Consent to Health Care.

If unsure of a patient's/resident's capability after informal assessment based on clinical presentation, request formal capability assessment.

If determined incapable to make medical decisions, please refer to PHC-MR081 and the Health Care (Consent) Act for assistance appointing a Substitute Decision Maker.

Previously Expressed Wishes and Advance Directives:

When available, attach copies of any documentation regarding patient's/resident's wishes to this form (advance directive, completed "My Voice" document, living will, verbally expressed wishes, documentation from the community or previous facility, etc.) Regardless of prior documentation, a PHC Options for Care and Resuscitation/DNAR Order must be completed.

Resuscitation (CPR) Discussion:

Discuss the option for CPR with the Patient/Resident or Substitute Decision Maker, including:

- Patient's/Resident's values and preferences for resuscitation (CPR)
- The effectiveness of CPR and benefits/risks of attempted resuscitation (CPR)
- Description of resuscitation (CPR) and 'Code Blue' for the setting (Acute care or Residential care)
- Policy for unwitnessed cardio-pulmonary arrest (Residential Care only)

Options for Care Discussion:

Discuss the Options for Care with the Patient/Resident or Substitute Decision Maker, including:

- Patient's/Resident's values and goals for treatment
- The benefits/burdens of different Options for Care
- The capacity of the clinical program or service

If Consensus Cannot be Achieved:

Attempt to clarify any factual misunderstanding and review decision with attending physician and/or family physician.

Request consultation with Ethics Services, Pastoral Care, Risk Management, Patient Relations, or Palliative Care.

Document in Interdisciplinary Progress Notes points of disagreement, attempts made to clarify factual misunderstandings and actions taken to resolve disagreements.

Care Provider Resources:

For more information refer to corporate policies: Resuscitation/Do Not Attempt Resuscitation (DNAR**) Policy CPF0700** and Options for Care **Policy CPF1100.** Staff may also consult Ethics Services for mediation in difficult situations.

Patient, Resident and Family Education Resources:

'Making Decisions about Life and Care' booklets are available for Residential and Acute Care. Large print and translations available from Royal Printers.

My Voice Advance Care Plan and Planning Guide (http://www.health.gov.bc.ca/library/publications/year/2013/MyVoice-AdvanceCarePlanningGuide.pdf)

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Endnotes

[i] Health Ethics Guide, Articles 25,34
[ii] Health Care (Consent) and Care Facility (Admission) Act, Section 1
[iii] Ibid.
[iv] Ibid.
[v] Health Care (Consent) and Care Facility (Admission) Act, Section 16.1
[vi] Health Ethics Guide, Articles 40, 41
[vii] Health Care (Consent) and Care Facility (Admission) Act