

Goals of Care Guideline

Victoria-South Island LTCI
Community of Practice
Working Group



BACKGROUND

A person's interest in medical interventions changes with aging, particularly when they enter LTC. In order to match their care to their goals, a LTC provider must have Goals of Care (GOC) conversations. This document, based on input from South Island LTC providers and specialist physicians, aims to provide practical advice for making these conversations more productive and meaningful.

CONSOLIDATED ADVICE

The GOC conversations go beyond the MOST* level by helping a resident and their family (or substitute decisions maker) to consider their circumstance and make thoughtful determinations that guide care. Ideally, the first GOC conversation occurs prior to a resident's initial care conference and **again** whenever a medical decision is needed or there is a change in medical status. Inserting a GOC question into a care conference can be helpful too. The resident's MOST level determination can be drawn from these conversations.

*Medical Orders for Scope of Treatment

QUESTIONS TO CONSIDER

ASKING THE *Family/SDM:*

- What do you understand about your loved one's health?
- What was your loved one's usual approach to treating or preventing illnesses?
- Did your loved one ever talk about medical care they would like at this stage of their life?
- How does your loved one feel about medications?
- Would they want to continue daily medications to prevent illness?
- Do you or your loved one have any fears about being in LTC?
- What do you imagine your loved one would have said if they saw what life is like now? Would they want to have this life extended?
- What do I need to know about your loved one to care for them?

Suggestions for Providers:

- Describe what a transfer to the ED and hospitalization might be like
- Review LTC stats (typical length of stay, prognosis, etc.)
- Discuss and confirm MOST level, eg. "From what I have heard, I will write an order for a MOST level ____, which means _____."
- Reassure them if a medical event occurs they will be contacted.
- Ensure family is reflecting their loved one's perspectives.

¹ "The emergency environment is often chaotic and crowded with patients suffering from a variety of ailments, including contagious infections. Investigations and treatment can take many hours at times. This can present real health risks to older patients."

-Dr. Wale, ERP

QUESTIONS TO CONSIDER

ASKING THE *Resident:*

- What is your understanding of where your health is now?
- What should I know about you?
- How do you feel about taking medications?
- Do you have any fears about being in LTC?
- When facing difficult times in your life, how did you cope?
- If you get sick, how much are you willing to go through for the possibility of gaining more time?
- How do you feel about going to hospital if you become ill?

Suggestions for Providers:

- When discussing health status, use "I hope, but I worry" language when giving information, e.g. "I hope you live a long time, but I'm worried that your health could deteriorate."
- Describe what a transfer to the ED and hospitalization might be like.
- Describe the care home's capabilities to treat the resident.
- If a resident has communication difficulties or unfamiliar with talking about death, observe for tone, themes and metaphor to get some indication of their desire for medications and prolonging life.
- In spite of dementia and frailty, residents may be clear about GOC.