

Advanced Care Planning

PRESENTED BY

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SOCIAL WORK COORDINATOR,

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SW REGIONAL PRACTICE
RESOURCE

ISLAND HEALTH

LONG TERM CARE PROGRAM

Introduction

Many people are confused by the different roles and responsibilities when it comes to advanced care planning. Sometimes the medical team is also confused about who they should be speaking to for different decisions.

The goal of this presentation is to explain the different options and answer some questions so that you will be sure that you are asking the right person. We will also show you where this information is located in the electronic health record (Powerchart) so that you will be able to access it yourselves.

Feel free to ask us questions throughout the presentation.



Health care decisions, who to ask?

Question: As a health care provider, you may have a question for your patient. Who should be your 1st choice to answer your question?

- Capable adult
- Committee of person (supreme court-appointed legal representative)
- Representative with a Section 9 Health Representation Agreement (more capacity needed)
- Representative with a Section 7 Health Representation Agreement (less capacity required)

If none of these options are available, the next step is to look for a TSDM

What is a TSDM?

Temporary Substitute Decision Maker in ranked order:

- Adult's spouse (married or common-law)
- Adult child (gender/ birth order doesn't matter)
- parent
- sibling
- grandparent
- grandchild
- anyone related to the adult by birth or adoption
- a close friend
- a person immediately related to the adult by marriage.





How do you qualify as a TSDM?

- be at least 19 years of age
- have been in contact with the adult in the preceding 12 months
- have no dispute with the adult
- be capable of making the decision
- be willing to comply with the duties of a TSDM



Financial and Legal decisions, who to ask?

- Capable Adult
- Committee of Estate (Supreme Court appointed representative)
- Enduring Power of Attorney (valid even when someone becomes incapable and while they are alive. Once they pass away, it is the executor who will take over.
- Representation Agreement, section 7 (some banks don't respect these)
- Pension Trustee (Federal pensions only: CPP, OAS and GIS)

Options to consider

When an individual has difficulties managing their financial, legal or personal affairs

Term	Mechanism	Process	Who becomes substitute decision maker	Powers granted	Mental capability of the individual
Informal Resolution	N/A	N/A	N/A	Examples: <ul style="list-style-type: none"> • Direct Deposit or Payment • Retirement Planning • Community Supports • Income Tax Clinics 	Assume capability.
Enduring Power of Attorney	Power of Attorney Act	Capable person signs a document with witnesses.	Any capable adult – family, friends, trust company, and only in exceptional circumstances, the Public Guardian and Trustee.	The attorney may direct on legal or financial decisions. Powers can be either general or specific. Enduring clause allows attorney to act if donor becomes incapable.	Capable (See s.12 of the Act).
Representation Agreement	Representation Agreement Act	Adult creates individual agreement. Witnessing is done in required format.	Any capable adult – family, friends, trust company, and in limited circumstances, the Public Guardian and Trustee, for finances only.	Depending on type and scope of agreement, representative may be authorized to make personal and health care decisions, or manage routine financial affairs, when adult is no longer able to.	Section 9 agreement – Capable (See s. 10 of the Act). Section 7 agreement – Assume capability and refer to factors (See s. 8 of the Act).
Pension Trusteeship	Federal Income Security Programs (ISP) – standard form	One physician signs form and applicant sends to ISP.	Any capable adult – family, friends, Public Guardian and Trustee.	Trustee can manage monies paid through OAS/GIS/ CPP only. A trustee cannot manage any other income or assets.	Mentally incapable of managing federal funds.
Temporary Substitute Decision Maker (TSDM) for Health Care	Health Care (Consent) & Care Facility (Admission) Act – Part 2	Health Care Provider (HCP) chooses as per hierarchy of qualified near relatives and close friends in the Act. PGT can authorize someone as TSDM or act as TSDM as last resort.	TSDM is chosen by the HCP or failing that, the PGT may authorize someone to make the decision, or as a last resort, make the decision.	Authority to consent to or refuse the health care proposed, subject to some limitations.	Mentally incapable of making a specific health care decision as determined by the HCP.
Substitute Decision Maker (SDM) for Facility Admission	Health Care (Consent) & Care Facility (Admission) Act – Part 3	A manager responsible for admission to a care facility chooses as per hierarchy of qualified near relatives and friends in the Act. PGT can authorize someone as SDM or	SDM is chosen by the manager or failing that, the PGT may authorize someone to make the decision or as a last resort, make the decision.	Authority to consent, refuse or revoke consent to facility admission or continued residence, subject to some limitations.	Mentally incapable of making a care facility admission or continued residence decision as determined by the assessor.

Incapacity form confusion

Service Canada

PROTECTED B (when completed)
Personal Information Banks
ESDC PPU 116, 146

Certificate of Incapability

Information about the Old Age Security and/or Canada Pension Plan beneficiary

☐ Mr. ☐ Mrs. Usual First Name and Initial

☐ Mr. ☐ Miss

Last Name

Address (No., Street, Apt., P.O. Box, R.R. and City)

Province or Territory

Country - If other than Canada

Postal Code

Beneficiary's Social Insurance Number

Note: If you are applying on behalf of an individual who is homeless or at imminent risk of being homeless please enter the community where the individual resides.

Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment. (Please refer to the questions below.) If you are related by blood or marriage to the incapable individual or to the person applying to administer the benefits of the incapable individual, you cannot certify the individual's incapability.

Does the person named above have:

1. Good general knowledge of what is happening to their money or investments?	<input type="radio"/> Yes <input type="radio"/> No	Comments
2. Sufficient understanding of the concept of time, in order to pay bills promptly?	<input type="radio"/> Yes <input type="radio"/> No	Comments
3. Sufficient memory to keep track of financial transactions and decisions?	<input type="radio"/> Yes <input type="radio"/> No	Comments
4. Ability to balance accounts and bills?	<input type="radio"/> Yes <input type="radio"/> No	Comments
5. Significant impairment of judgement due to altered intellectual function?	<input type="radio"/> Yes <input type="radio"/> No	Comments

In addition:

6A. How long have you known this person?	6B. Please state this person's date of birth.
7. Do you consider this person capable of managing their own affairs? <input type="radio"/> Yes <input type="radio"/> No	If no, is improvement expected? (Provide date)

Complete questions 8 and 9 if you are a medical professional (Physician, Registered Nurse, Nurse Practitioner, Psychologist, or Psychiatrist).

8. Diagnosis of impairment	Date impairment started
9. Comments	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

SC ISP-3505 (2024-03-15) E1 of 2Disponible en françaisCanada

BRITISH COLUMBIA | Ministry of Health

INCAPABILITY ASSESSMENT REPORT

HLTH 3910 2019/06/23

This form is to be used to document the assessment of incapability to give or refuse consent to care facility admission, or continued residence, giving due consideration to Part 3 of the Health Care (Consent) and Care Facility (Admission) Act, Health Care Consent Regulation and the Practice Guidelines for Seeking Consent to Care Facility Admission (Ministry of Health). Information is being collected under the authority of the Health Care (Consent) and Care Facility (Admission) Act. This form is to be completed by the assessor, defined as a medical practitioner, registered nurse, nurse practitioner, registered psychiatric nurse, social worker, occupational therapist, or psychologist (registered by their respective professional college).

INFORMATION OF ADULT ASSESSED

Last Name of Adult Assessed	First Name of Adult Assessed	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	

CONFIRMATION OF CAPABILITY OR DETERMINATION OF INCAPABILITY

Name of Assessor	Date Assessment Complete (YYYY / MM / DD)	
Professional Designation	Registration Number	Regulating College

☐ By checking this box, I, the above-named Assessor, confirm that I have assessed whether the above-named Adult is incapable of giving or refusing consent to care facility admission or continued residence in a care facility. I confirm that I have assessed this adult according to the requirements of the Health Care (Consent) and Care Facility (Admission) Act and Health Care Consent Regulation.

My assessment is that the above-named adult is (check appropriate box and cross out unnecessary wording):

☐ capable of giving or refusing consent to care facility admission to, or continued residence

☐ Incapable of giving/refusing consent to care facility admission to, or continued residence

MEDICAL INFORMATION

Confirmation that medical information reviewed (mandatory):

☐ I have reviewed the client's medical information, including relevant diagnoses and prognoses, to ensure that there are no underlying or potentially reversible health conditions that are affecting the adult's decisional capability.

Please describe relevant diagnoses and prognoses affecting capacity to make the decision, including the source of this information:

BRITISH COLUMBIA

Adult Guardianship Act

FORM 1: REPORT OF ASSESSMENT OF INCAPABILITY

(Section 32 to 34 of the Adult Guardianship Act, Section 10 of the Statutory Property Guardianship Regulation)
(to be completed by a qualified health care provider)

I,

(name and profession)

 am a qualified health care provider under the Adult Guardianship Act.

I confirm that I have assessed

(name of adult)

 born

(date of birth of adult - YYYY / MM / DD)

 to determine whether he/she is incapable of managing his/her financial affairs.

Purpose of Assessment
(mark the appropriate button)

☒ Assessment under section 32 of the Adult Guardianship Act

☐ Second assessment under section 33 of the Adult Guardianship Act

☐ Reassessment under section 34 of the Adult Guardianship Act, including for the purposes of section 35(3) of that Act

Determination of Qualified Health Care Provider
(mark the appropriate box)

My determination based on my assessment is that

(name of adult)

 is:

☐ Capable of managing his/her financial affairs

☐ Incapable of managing his/her financial affairs


Details of the assessment are attached. (attach securely to this form all supporting documents)

Signature of Qualified Health Care Provider	Name of Qualified Health Care Provider	
	Address	
Date Signed (YYYY / MM / DD)	Telephone Number	Fax Number

HLTH 3902 2023/10/01

SavePrintClear Form

Certificate of Incapability

 Service Canada

PROTECTED B (when completed)
Personal Information Banks
ESDC PPU 116, 146

Certificate of Incapability

Information about the Old Age Security and/or Canada Pension Plan beneficiary

☐ Mr. ☐ Mrs. Usual First Name and Initial

☐ Ms. ☐ Miss

Last Name

Address (No., Street, Apt., P.O. Box, R.R. and City)

Province or Territory

Country - If other than Canada

Postal Code

Beneficiary's Social Insurance Number

Note: If you are applying on behalf of an individual who is homeless or at imminent risk of being homeless please enter the community where the individual resides.

Please note that, to be considered incapable of managing his/her own affairs, a person must be suffering from severe mental impairment or a physical illness or impairment. (Please refer to the questions below.) If you are related by blood or marriage to the incapable individual or to the person applying to administer the benefits of the incapable individual, you cannot certify the individual's incapability.

Does the person named above have:

1. Good general knowledge of what is happening to their money or investments?	<input type="radio"/> Yes <input type="radio"/> No	Comments
2. Sufficient understanding of the concept of time, in order to pay bills promptly?	<input type="radio"/> Yes <input type="radio"/> No	Comments
3. Sufficient memory to keep track of financial transactions and decisions?	<input type="radio"/> Yes <input type="radio"/> No	Comments
4. Ability to balance accounts and bills?	<input type="radio"/> Yes <input type="radio"/> No	Comments
5. Significant impairment of judgement due to altered intellectual function?	<input type="radio"/> Yes <input type="radio"/> No	Comments

In addition:


6A. How long have you known this person?	6B. Please state this person's date of birth.
7. Do you consider this person capable of managing their own affairs? <input type="radio"/> Yes <input type="radio"/> No	If no, is improvement expected? (Provide date)

Complete questions 8 and 9 if you are a medical professional (Physician, Registered Nurse, Nurse Practitioner, Psychologist, or Psychiatrist).

8. Diagnosis of impairment	Date impairment started
9. Comments	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.

SC ISP-3505 (2024-03-15) E1 of 2Disponible en français




Name? Certificate of Incapability

Who is it for? The Canadian Federal government

What is it for? This is used for Service Canada for applying for a Pension Trustee to administer Old Age security and Canada Pension plan on behalf of an adult. It is for finances.

Who completes it? Medical professional, social worker, lawyer or member of the clergy

Incapacity Assessment Report

 **BRITISH COLUMBIA** | Ministry of Health

INCAPABILITY ASSESSMENT REPORT HLTH 3910 2019/09/23

This form is to be used to document the assessment of incapability to give or refuse consent to care facility admission, or continued residence, giving due consideration to Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act*, *Health Care Consent Regulation* and the *Practice Guidelines for Seeking Consent to Care Facility Admission* (Ministry of Health). Information is being collected under the authority of the *Health Care (Consent) and Care Facility (Admission) Act*. This form is to be completed by the assessor, defined as a medical practitioner, registered nurse, nurse practitioner, registered psychiatric nurse, social worker, occupational therapist, or psychologist (registered by their respective professional college).

INFORMATION OF ADULT ASSESSED		
Last Name of Adult Assessed	First Name of Adult Assessed	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	

CONFIRMATION OF CAPABILITY OR DETERMINATION OF INCAPABILITY		
Name of Assessor		Date Assessment Complete (YYYY / MM / DD)
Professional Designation	Registration Number	Regulating College

☐ By checking this box, I, the above-named Assessor, confirm that I have assessed whether the above-named Adult is incapable of giving or refusing consent to care facility admission or continued residence in a care facility. I confirm that I have assessed this adult according to the requirements of the *Health Care (Consent) and Care Facility (Admission) Act* and *Health Care Consent Regulation*.

My assessment is that the above-named adult is (check appropriate box and cross out unnecessary wording):

☐ capable of giving or refusing consent to care facility admission to, or continued residence

☐ incapable of giving/refusing consent to care facility admission to, or continued residence

MEDICAL INFORMATION
<small>Confirmation that medical information reviewed (mandatory):</small> <input type="checkbox"/> I have reviewed the client's medical information, including relevant diagnoses and prognoses, to ensure that there are no underlying or potentially reversible health conditions that are affecting the adult's decisional capability.
<small>Please describe relevant diagnoses and prognoses affecting capacity to make the decision, including the source of this information:</small>

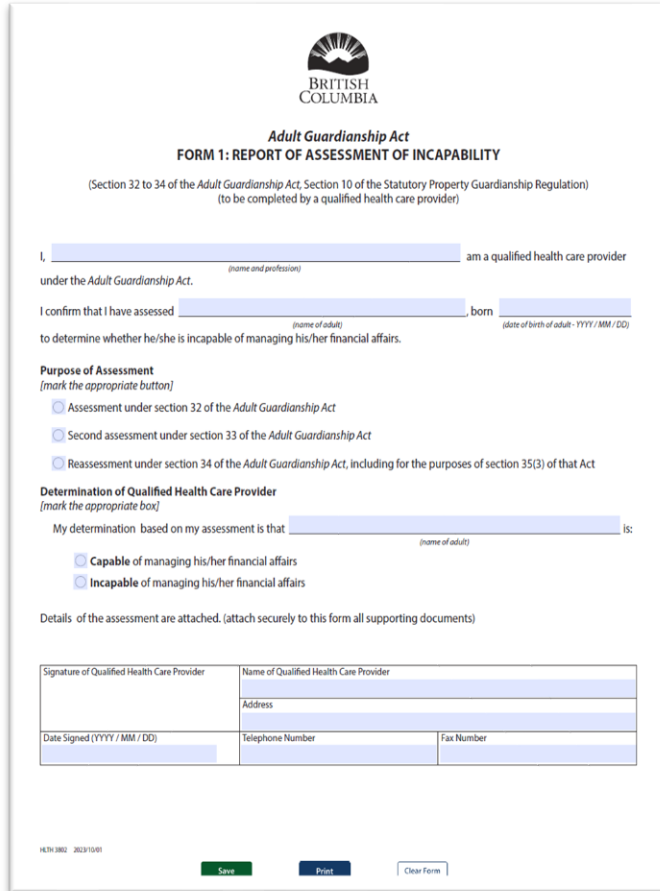
Name? Incapability Assessment Report (IAR)

Who is it for? Ministry of Health of BC

What is it for? This form is used for consent to facility admission to long term care in BC. It determines if someone can consent to care facility admission only.

Who completes it? A qualified Assessor who has completed the training [Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors - LearningHub \(phsa.ca\)](#) and who is either a SW, RN, NP, OT, psychologist or physician.

Report of Assessment of Incapability



The form is titled "Adult Guardianship Act" and "FORM 1: REPORT OF ASSESSMENT OF INCAPABILITY". It is a document from the British Columbia government, used for reporting on the incapability of an adult. The form includes sections for the assessor's information, the adult being assessed, the purpose of the assessment, and the determination of the adult's capacity. It also has a section for the assessor's signature and contact information.

British Columbia
Adult Guardianship Act
FORM 1: REPORT OF ASSESSMENT OF INCAPABILITY
(Section 32 to 34 of the *Adult Guardianship Act*, Section 10 of the *Statutory Property Guardianship Regulation*)
(to be completed by a qualified health care provider)

I, _____ am a qualified health care provider
under the *Adult Guardianship Act*.
(name and profession)

I confirm that I have assessed _____, born _____
to determine whether he/she is incapable of managing his/her financial affairs.
(name of adult) (date of birth of adult - YYYY / MM / DD)

Purpose of Assessment
(mark the appropriate button)

☐ Assessment under section 32 of the *Adult Guardianship Act*

☐ Second assessment under section 33 of the *Adult Guardianship Act*

☐ Reassessment under section 34 of the *Adult Guardianship Act*, including for the purposes of section 35(3) of that Act

Determination of Qualified Health Care Provider
(mark the appropriate box)

My determination based on my assessment is that _____ is:
(name of adult)

☐ Capable of managing his/her financial affairs

☐ Incapable of managing his/her financial affairs

Details of the assessment are attached. (attach securely to this form all supporting documents)

Signature of Qualified Health Care Provider	Name of Qualified Health Care Provider	
	Address	
Date Signed (YYYY / MM / DD)	Telephone Number	Fax Number

HE 711 (2002) 2023/10/01

Name? Form 1 Certificate of Incapability

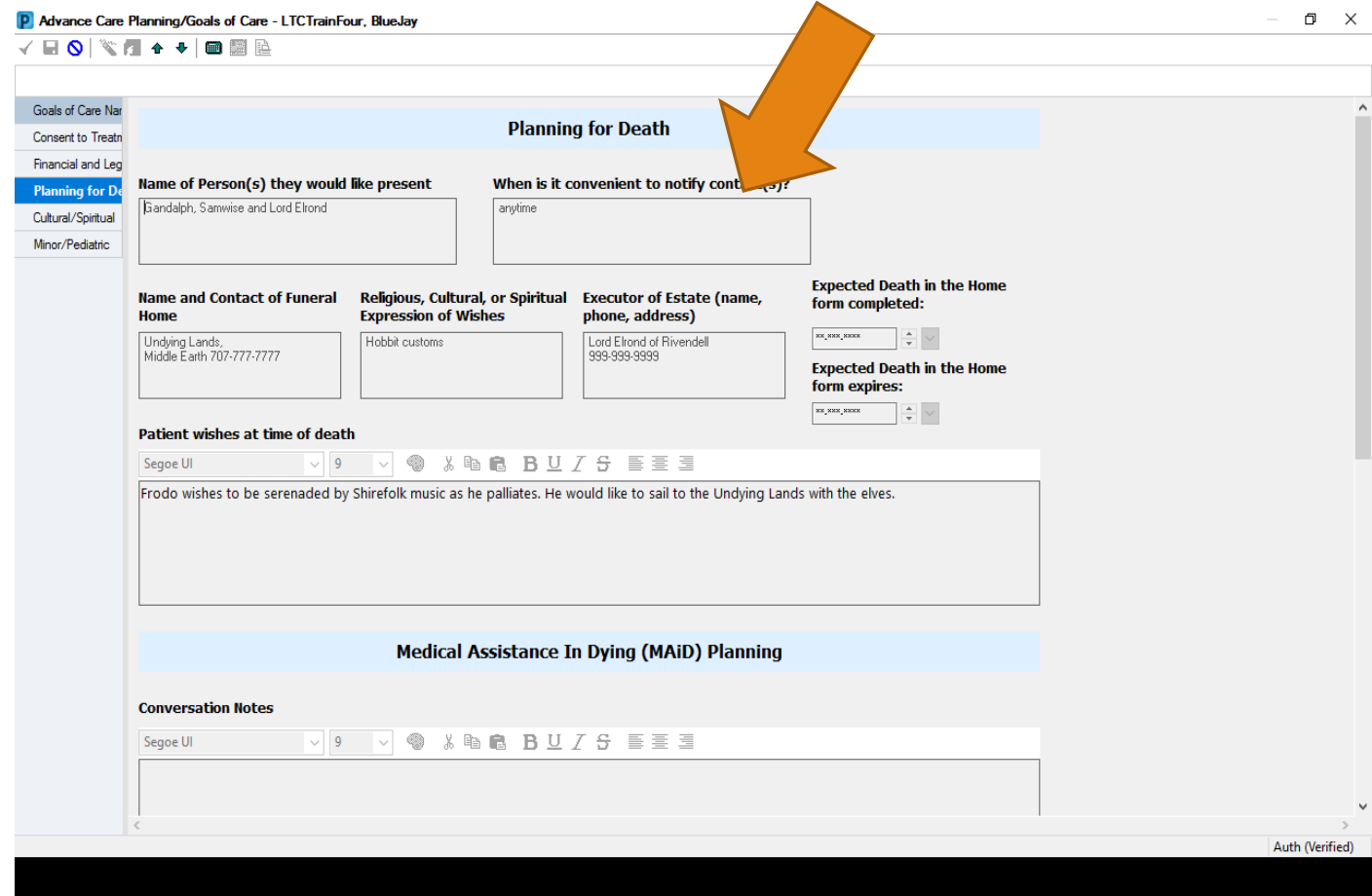
Who is it for? The Public Guardian and Trustee of BC

What is it for? This form is used by the PGT to notify the adult/other interested parties that the PGT has been granted authority for financial affairs under the AGA.

Who completes it? The Health Authority Designate (usually a director for Island Health). This form comes after the Form 1 that the QHCP completes and sends to the PGT along with the 15 page functional assessment.

When someone passes away. Who decides?

If the resident made a Will and named an Executor, they will follow the instructions in the will for a funeral, cremation or burial. They should be the one contacted when a resident passes away, as a POA's authority ends at death. This information is located in the Advanced Care Planning Powerform under "Preparing for Death".



The screenshot shows a web-based form titled "Advance Care Planning/Goals of Care - LTCTrainFour, BlueJay". The left sidebar contains a menu with options: "Goals of Care Narrative", "Consent to Treatment", "Financial and Legal", "Planning for Death" (highlighted in blue), "Cultural/Spiritual", and "Minor/Pediatric". The main content area is titled "Planning for Death" and contains several sections:

- Name of Person(s) they would like present:** A text box containing "Gandolph, Samwise and Lord Elrond".
- When is it convenient to notify contact(s)?** A text box containing "anytime".
- Name and Contact of Funeral Home:** A text box containing "Undying Lands, Middle Earth 707-777-7777".
- Religious, Cultural, or Spiritual Expression of Wishes:** A text box containing "Hobbit customs".
- Executor of Estate (name, phone, address):** A text box containing "Lord Elrond of Rivendell 999-999-9999".
- Expected Death in the Home form completed:** A dropdown menu with "N/A, XXX, XXXX" selected.
- Expected Death in the Home form expires:** A dropdown menu with "N/A, XXX, XXXX" selected.
- Patient wishes at time of death:** A text box containing "Prodo wishes to be serenaded by Shirefolk music as he palliates. He would like to sail to the Undying Lands with the elves."
- Medical Assistance In Dying (MAiD) Planning:** A section header.
- Conversation Notes:** A text box with a rich text editor toolbar.

An orange arrow points to the "Name of Person(s) they would like present" field. The bottom right corner of the form shows "Auth (Verified)".

What if the resident did not have a will?

If the resident had family or friends that are willing to act to administer their estate, they need to apply to be the administrator of the estate.

The people who can apply to **administer** the estate are listed [under the law](#) by order of priority. The spouse of the deceased is the first person who can apply or nominate someone else to apply.

If the deceased did not have a spouse or if the spouse is unwilling or unable to be the administrator, then a relative can apply.

If there are no relatives willing or able to do this, then any other eligible person can apply to be the administrator. This may include a friend of the deceased, or a professional such as a lawyer or accountant. The Public Guardian and Trustee — as Official Administrator for the province of BC — might also apply to administer the estate, if no one else is willing to do it.

If the person passed away in LTC without a will/executor:

During regular business hours, social work or another delegate will complete a referral to the Public Guardian and Trustee's office by using their online referral form: [Refer a Deceased Person's Estate | Public Guardian and Trustee of British Columbia](#) .

The PGT will make an assessment to determine if their services are needed. They do not administer all estates that are referred to them (ex. if the value of the estate's assets are not sufficient to pay funeral costs and PGT fees).

If there is no executor or [next of kin](#) willing to make funeral arrangements and the PGT is not administering the estate, they will make a referral to the [Funeral Services Program](#) with the Ministry of Social Development and Poverty Reduction. This program may provide financial assistance with funeral costs and authorize funeral arrangements when necessary.

The resident's body will need to be transferred to the morgue for this process to take place.

If the resident does not have anyone to contact the funeral home on their behalf:

- ☐ Consult with social work during regular business hours.
- ☐ Try contacting the health representative, POA or TSDM listed in the ACP Powerform.
- ☐ Check the Advanced Care Planning Powerform for information about the funeral home. If there is one listed, call them to see if the resident had made pre-arrangements. If so, ask the funeral director to arrange for transportation of the deceased.
- ☐ Check the Patient Demographic Record (PDR) for name of funeral home (if available)

Where can I find this information in Powerchart?

The social workers will put all this information in the Advanced Care Planning Powerform. You can find it in a few different ways:

- Results Review : MOST/ACP tab

irs	Lab - Recent	Lab - Extended	Microbiology	Diagnostics	Vitals - Recent	Vitals - Extended	Delivery Record	Clinical Information	Documents	MOST/ACP	NRS Flowsheet View	Safet
Saturday, April 27, 2024 16:20 PDT - Wednesday, May 01, 2024 16:20 PDT (Clinical Range)												
Show more results												
Results												
29-Apr-2024 16:21 PDT												
29-Apr-2024 16:11 PDT												
28-Apr-2024 20:00 PDT												
28-Apr-2024												
Measurements												
<input type="checkbox"/> Height/Length Measured												
<input type="checkbox"/> Weight Measured												
<input type="checkbox"/> Weight Dosing												
Vital Signs												
<input type="checkbox"/> Temperature Oral												
<input type="checkbox"/> Heart Rate Monitored												
<input type="checkbox"/> Respiratory Rate												
<input type="checkbox"/> Systolic Blood Pressure												
<input type="checkbox"/> Diastolic Blood Pressure												
Oxygen Therapy & Oxygenation Information												
<input type="checkbox"/> SpO2												
Cultural/Spiritual Information												
Faith/Denomination												
Other: Hobbit												
Goals of Care												
Goals of Care Narrative												
Goals of Care Narrative												
Potential TSDMs - Unranked												
Potential TSDM A Name												
Potential TSDM A Relationship												
Potential TSDM A Eligible?												
Potential TSDM A Phone Number												
Potential TSDM B Name												
Potential TSDM B Relationship												
Potential TSDM B Eligible?												
Potential TSDM B Phone Number												
ACP Financial and Legal												
Enduring POA, Name												
Enduring POA, Tel No(s)												
Enduring POA, Address												
Enduring POA, Location/Comments												
Planning for Death												
Patient Wishes at Time of Death												
Person(s) Present at Time of Death												
Notify Person(s) Present at T.O.D												
Executor of Estate												
Name/Contact of Funeral Home												
Religious/Faith Expression of Wishes												
Consents/Directives												
Advance Care Planning/Goals of Care												
Advance Care Planning/Goals of Care												
Advance Care Planning/Goals of Care												

Another option is Summary Page under ACP

LTCTrainFour, BlueJay | 89 years | Male | MRN:10209604 | Enc:10209604 | Loc:BLU-SUM; 4204; P | Alerts: Precautions: Meas. Wt:55 kg | MOST: See Results Review | Allergies: methotrexate, w

Menu

- Social Work Summary
- Interactive View and I&O
- Single Patient Task List
- Orders
- Medication List
- Clinical Notes
- Diagnosis & Problems
- Allergies
- Stories
- AR Summary
- Results Review
- Documentation
- Form Browser
- Plan of Care Summary
- Patient Information
- Patient Schedule
- Form
- Historical View
- Remote Patient Monitoring

Social Work Summary

100%

Medical Orders for Scope of Treatment(0)

No MOST Found

ACP (see MOST/ACP tab in Results Review)(1)

Advance Care Planning/Goals of Care	30-May-2024 12:07
Goals of Care Narrative	I am Frodo's nurse practitioner and I have discussed the goals of care with him. He wishes to be serenaded by traditional Shirefork music as he palliates.
Advance Care Planning/Goals of Care	View Form

Create New: [Advance Care Planning/Goals of Care Form](#)

Informal Team Communication

Actions

Enter new action here

No actions documented.

Displaying information for the selected care team only. [View All](#)

Situational Awareness & Planning

Enter new comment here

No comments documented.

Displaying information for the selected care team only. [View All](#)

Clinical Handoff Communication(0)

No Clinical Handoff Communication

Annotations(0)

No Chart Annotations

Forms

Forms (2)

[Psychosocial Assessment](#)

Under the Patient Information tab in Summary view, click on Representatives

Patient Information



Information

Representatives (2)

Patient Preferred Info...

Additional Contacts

Provider Relationship(s)

Patient Information

Preferred Name	Home Address		
--	4312-955 Hillside Avenue, The Summit at Quadra Village Victoria, BC, Canada, V8T1Z9		
Primary Phone (250) 519-3750	Mobile Phone --	Int/Alt Phone --	Business Phone --
Pronouns --	Gender Identity --	Spiritual Care --	Religion --

Primary Emergency Contact

Primary Emergency Contact

Name	Relationship to		
John Doe	Patient		
Primary Phone (778) 555-1234	Mobile Phone (778) 555-5678	Alternate Phone --	Business Phone --

► Healthcare Decision Maker on behalf of Minor

Another option is Form Browser

LTCTrainFour, BlueJay

LTCTrainFour, BlueJay
DOB: 07-Jan-1935
PHN: [redacted]

89 years Male
MRN: 10209604

Enc: 10209604
Residential Care; Reg Date: 11-October-2023 06:00:00 PDT
Disch DT:

Menu

- Social Work Summary
- Interactive View and I&O
- Single Patient Task List
- Orders + Add
- Medication List
- Clinical Notes
- Diagnosis & Problems
- Allergies
- Histories
- MAR Summary
- Results Review
- Documentation + Add
- Form Browser**
- Plan of Care Summary
- Patient Information
- Patient Schedule
- eForm
- Historical View
- Remote Patient Monitoring

Form Browser

Sort by: Date

All Forms

Thursday, May 30, 2024 PDT

12:07 PDT Advance Care Planning/Goals of Care (Auth (Verified)) - Social Worker01, TRAIN

Last option is under Clinical Notes

LTCTrainFour, BlueJay

LTCTrainFour, BlueJay

DOB:07-Jan-1935

PHN:

89 years

Male

MRN:10209604

Enc:10209604

Residential Care; Reg Date: 11-October-2023 06:00:00 PDT

Disch DT:

Loc:BLU-SUM: 4204; P

MRP:Test DR, Physician LTC

PCP:Test DR, Physician LTC

Alerts:

Precautions:

Meas. Wt:55 kg

MOST: See Results Review/Paper

Allergies: methotrexate, watermelon

← List →

Recent

Name

Menu

Social Work Summary

Interactive View and I/O

Single Patient Task List

Orders

Medication List

Clinical Notes

Diagnosis & Problems

Allergies

Histories

MAR Summary

Results Review

Documentation

Form Browser

Plan of Care Summary

Patient Information

Patient Schedule

eForm

Historical View

Remote Patient Monitoring

Consents/Directives

Advance Care Planning/Goals of Care

30-May-2024 12:07 PDT Social Worker01, TRAIN - "Advance Care Planning/Goals of Care"

Performed by:

Verified by:

Encounter info:

Social Worker01, TRAIN on Thursday, May 30, 2024 12:07 PDT

Social Worker01, TRAIN on Thursday, May 30, 2024 12:07 PDT

10209604, SUM, Residential Care, 11-Oct-2023 -

* Final Report *

Advance Care Planning/Goals of Care Entered On: 30-May-2024 12:11 PDT

Performed On: 30-May-2024 12:07 PDT by Social Worker01, TRAIN

Goals of Care Narrative

Goals of Care Narrative : I am Frodo's nurse practitioner and I have discussed the goals of care with him. He wishes to be serenaded by traditional Shirefork music as he palliates.

Social Worker01, TRAIN - 30-May-2024 12:07 PDT

Consent to Treatment

Potential TSDM Grid

	Potential TSDM A	Potential TSDM B
Name :	Gandalf the Grey	Samwise Gamgee
Relationship :	Friend	Friend
Eligible? :	Eligible	Eligible
Phone Number(s) :	604-555-5555	250-777-7777
	Social Worker01, TRAIN - 30-May-2024 12:07 PDT	Social Worker01, TRAIN - 30-May-2024 12:07 PDT

Financial and Legal

Financial Representatives Grid

	Enduring Power of Attorney
Name of Representative(s) :	Lord Elrond
Telephone Number(s) :	888-888-8888
Address :	Rivendell, Middle Earth
Comments/Exact Location of Document :	Legal section of chart
	Social Worker01, TRAIN - 30-May-2024 12:07 PDT

☒ By type

☐ By status

☐ By date

☐ Performed by

☐ By encounter

↓

↑

If you are creating a new ACP Powerform

Please: **NEVER MODIFY AN EXISTING ACP POWERFORM**

Create a new one by clicking on Create New Advanced Care Planning/Goals of Care button

The screenshot shows the LTCTrainFour, BlueJay software interface. The top header bar displays patient information: LTCTrainFour, BlueJay, 89 years, Male, MRN:10209604, Enc:10209604, Residential Care, Reg Date: 11-October-2023 06:00:00 PDT, Disch DT: Loc:BLU-SUM; 4204; P, MRP:Test DR, Physician LTC, PCP:Test DR, Physician LTC, Alerts: Precautions: Meas. Wt:55 kg, MOST: See Results Review/Paper, Allergies: methotrexate, watermelon. The left sidebar contains a menu with options like Social Work Summary, Interactive View and I/O, Single Patient Task List, Orders, Medication List, Clinical Notes, Diagnosis & Problems, Allergies, Histories, MAR Summary, Results Review, Documentation, Form Browser, Plan of Care Summary, Patient Information, Patient Schedule, eForm, Historical View, and Remote Patient Monitoring. The main content area is titled 'Social Work Summary' and shows several sections: 'Medical Orders for Scope of Treatment(0)', 'ACP (see MOST/ACP tab in Results Review)(1)', 'Informal Team Communication', and 'Clinical Handoff Communication(0)'. The 'ACP' section includes a table with 'Advance Care Planning/Goals of Care' and 'Goals of Care Narrative'. The 'Informal Team Communication' section has 'Actions' and 'Situational Awareness & Planning' sub-sections. The 'Clinical Handoff Communication' section shows 'No Clinical Handoff Communication'. A yellow arrow points to the 'Create New: Advance Care Planning/Goals of Care Form' button in the 'ACP' section.

Medical Orders for Scope of Treatment(0)

No MOST Found

ACP (see MOST/ACP tab in Results Review)(1)

Advance Care Planning/Goals of Care	30-May-2024 12:07
Goals of Care Narrative	I am Frodo's nurse practitioner and I have discussed the goals of care with him. He wishes to be serenaded by traditional Shirefork music as he palliates.
Advance Care Planning/Goals of Care	View Form

Create New: [Advance Care Planning/Goals of Care Form](#) [PED Degree of Interventions Form](#)

Informal Team Communication

Actions

Enter new action here

No actions documented.

Situational Awareness & Planning

Enter new comment here

No comments documented.

Displaying information for the selected care team only. [View All](#)

Clinical Handoff Communication(0)

No Clinical Handoff Communication

Selected Visit ▼

When creating a new ACP form, please check all the sections to make sure they pull through

If you do not click on each section, the form will not pull through the previously documented information about the Health Rep/financial decision-maker and it will show up blank.

Advance Care Planning/Goals of Care - LTCTrainOne, BlueJay

*Performed on: 17-Jul-2024 1023 PDT

Goals of Care Narrative

Please note: In order for your ACP documentation to be visible for other care team members, you must select the sign/ **GREEN CHECK MARK** at the top left hand side of this powerform.
If you select the save/floppy disk icon, the documentation will only be visible to the author within Form Browser.

Goals of Care Narrative

Segoe UI 9

I am Frodo's physician and I have discussed his wishes with him. He would like to go with the elves to the Undying Lands. |

No qualifying data available.

Serious Illness Conversation Guide:

- Patient illness understanding
- Patient information preferences
- Prognostic information shared
- Goals
- Fears and worries
- Sources of strength
- Critical abilities
- Trade-offs
- How much does the family know
- Recommendations made



*Performed on: 17-Jul-2024 1030 PDT

Goals of Care Nar
Consent to Treatm
Financial and Leg
Planning for Deatl
Cultural/Spiritual
Minor/Pediatric

Financial and Legal

Representatives - Financial

	Name of Representative(s)	Telephone Number(s)	Address	Comments/Exact Location of Document
Court Appointed Committee of Estate				
Enduring Power of Attorney	Lord Elrond	777-777-7777	Rivendell	copy in legal section of chart
Statutory Property Guardian/Public				
Representative, Section 7				
Pension Trusteeship				
Other (specify in comments)				

Documents - ACP Financial/Benefits

	Comments/Exact Location of Document
Palliative Care Benefits	
Other (specify in comments)	

BC Palliative Care Benefits Form Registration Date:

xx-xx-xxxx

BC Palliative Care Benefits Form Reassessment Date:

xx-xx-xxxx

Conclusion

We must determine alternate decision makers for incapable adults as outlined in legislation.

Health care decision making and financial decision-making powers are granted under separate legislative processes.

There are many options for alternate decision makers, and each has varying decision making powers.

After someone passes away the powers of Committee, POA, Representatives etc. stop and it transfers to executor.

Information about these Advanced Care options can be recorded and found in the Advance Care Planning Powerform.

Helpful resources

[Personal planning tools | Public Guardian and Trustee of British Columbia](#)

[Your choice. Your plan. Your life. – Nidus](#)

[Advance Care Planning \(islandhealth.ca\)](#)

[Advance Care Planning - Province of British Columbia \(gov.bc.ca\)](#)

[After a Death: Manage Wills & Estates - Province of British Columbia \(gov.bc.ca\)](#)

Please feel free to reach out if you have any questions:

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Michele Martin 250-519-7700 ext. 32269 Michele.Martin@islandhealth.ca

[ACP Day April 16th! Advance Care Planning Canada: A CHPCA Initiative](#)

[Advance Care Planning Day 2024 – NNPBC](#)