Brisbane South Palliative Care Collaborative
Metro South Palliative Care Service
Queensland Government

CCQ Country to Coast, QLD
Healthy, connected communities

phn Central Queensland, Wide Bay, Sunshine Coast
An Australian Government Initiative

Advance Care Planning (ACP) in Community

Statewide Office of Advance Care Planning

ACP Community Champion Guide

Citation

Brisbane South Palliative Care Collaborative, 2023. *ACP Community Champion Guide*, Brisbane South Palliative Care Collaborative.

Acknowledgements

This document has been adapted from the ACP Train-the-Trainer Guide as part of the Improving End-of-Life Care for Residential Aged Care Facilities initiative. It was developed as part of the Supporting Advance Care Planning Activity in Community Project created in partnership between Metro South Health, operating through Brisbane South Palliative Care Collaborative and Country to Coast QLD, Primary Health Network.

Enquiries

All enquiries about this document should be directed to **Brisbane South Palliative Care Collaborative**.

T: 07 3156 9735

Disclaimer

Table of Contents

Glossary

Capacity	This legal term refers to a person's ability to make a specific decision in a particular area of their life such as the health care they receive, support services they may need, where they live and how they manage their finances. It is presumed that every adult has capacity to make all decisions until proven otherwise. A person has capacity for health care decisions when they are capable of (i) understanding the nature and effect of decisions about the matter; and (ii) freely and voluntarily making decisions about the matter; and (iii) communicating the decisions in some way. Capacity can change or fluctuate and can be influenced by the complexity of the decision, support available to the person and when the decision is made. For more information visit: **https://www.publications.qld.gov.au/dataset/capacity-assessment-guidelines**
Good Medical Practice	Requires the doctor responsible for a person's care to adhere to the accepted medical standards, practices and procedures of the medical profession in Australia. All treatment decisions, including those to withhold or withdraw life-sustaining treatment, must be based on reliable clinical evidence and evidence-based practice as well as recognised ethical standards of the medical profession in Australia. Good medical practice requires respecting an adults' wishes to the greatest extent possible.
Legal Effect	This term refers to information that contributes to clinical decisions. For example, the Statement of Choices document informs clinicians about the views, wishes and preferences of individuals who have lost decision-making capacity. A document with legal effect supports clinicians to make informed decisions on behalf of individuals regarding their health care.
Office of the Public Guardian	This independent statutory body protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.
Organ or Tissue Donation	For information about donation and to register your wishes visit: **www.donatelife.gov.au**

Glossary

Statutory Health Attorney (SHA)

This term refers to someone with automatic authority to make health care decisions on behalf of an adult whose capacity to make health care decisions is permanently or temporarily impaired. A person acts in the role of SHA because of their relationship with the impaired adult. By law, this attorney is the first available, culturally appropriate adult from the following:

- A spouse or de facto partner (as long as the relationship is close and continuing)
- A person who is responsible for the adult's care*
- A friend or relative in a close personal relationship with the adult.* Relation can also include a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as a relation
- If there is no-one suitable or available, the Public Guardian acts as the SHA of last report.

Note* = This person cannot be the adult's health provider, a service provider for a residential service where the adult is a resident, or a paid carer (although they can be receiving a carer's pension).

Substitute Decision-maker

This term describes someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own decisions. This may be a person appointed in an Enduring Power of Attorney or Advance Health Directive document, a tribunal-appointed guardian or a statutory health attorney.

Tribunal

Each State and Territory have an independent, accessible Tribunal that makes decisions on applications about adults who may have impaired decision-making capacity. Their role can include appointment of a guardian for personal / health matters. In Queensland this Tribunal is called the Queensland Civil and Administrative Tribunal (QCAT).

01

ACP Community Champion

This section contains the purpose of the guide, the ACP Community Champion role and the education outline delivered to the ACP Community Champions.

Introduction

Advance care planning (ACP) refers to a voluntary process of planning for future health care, relevant to all adults regardless of their health or age. Ideally, ACP involves the completion of a recognised Queensland ACP document.

ACP is recognised as a cornerstone of person-centred quality care for Australians. Making ACP part of a healthy lifestyle within our community allows people to make their future health care plans known, so that their views, wishes and preferences can be respected and supported. This ensures that people in the community receive the right care in the right place and at the right time.

The aim of this guide is to offer a package of evidence-based resources developed to support ACP Community Champions. This guide will support you to encourage and assist your community to participate in ACP. While being involved in informing and directing your community to engage in meaningful ACP may be challenging, we hope you find the role very rewarding.

Remember: It is important to note that your role is not to deliver any legal advice. As an Advance Care Planning Community Champion your role is to help the community navigate advance care planning by connecting people to ACP information, support and resources.

ACP Community Champion role

The role of the ACP Community Champion is to be available to their community to **define**, **promote, direct,** and **connect** people to advance care planning and the support and resources available.

Define	Facilitate community discussions defining advance care planning. This can be in a formal or informal setting.
Promote	Promote the advantages of advance care planning to local community.
Direct	Assist community members to know how to access ACP support and resources. Be a source of information about further support and resources.
Connect	Connect community members to the Statewide Office of Advance Care Planning and the Queensland ACP documents.

ACP Community Champion workshop

After completing the education, the ACP Community Champion will be able to:

1. Define advance care planning
2. Explain the benefits of ACP to peers and community
3. Direct community members to further ACP resources and support
4. Recognise and explain commonly used Queensland ACP documents
5. Outline the steps to accessing the documents in community
6. Understand the importance of keeping ACP documents safe and accessible.

Program

Time	Topic
	Registration ***Tea and coffee***
	Welcome to country Overview of the workshop Introductions
	Role of the ACP Community Champion
	What, why, when, where of ACP
	Terminology
	Morning tea
	Queensland documents
	Group activity – Completing a SoC in pairs
	ACP Community Champion support
	The Statewide Office of Advance Care Planning
	Quiz – In groups
	Conclusion, questions and answers

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Acknowledgement of Country

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Quality healthcare every day

Advance Care Planning Community Champion Workshop

Jo Sanders
Clinical Nurse Consultant, BSPCC

This presentation has been adapted from *'Advance Care Planning: Planning your future care today'* booklet developed by the Gold Coast Primary Health Network.

phn GOLD COAST

Queensland Government

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Introduce yourself…

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Workshop objectives

1. Define advance care planning
2. Explain the benefits of ACP
3. Commonly used Queensland ACP documents
4. Keeping ACP documents safe and accessible
5. Further ACP resources and support.

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ACP Community Champion Volunteer

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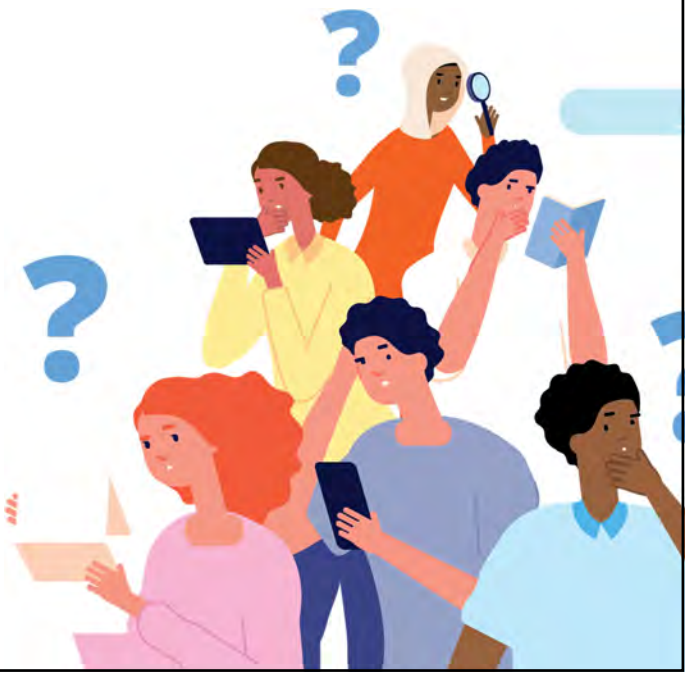
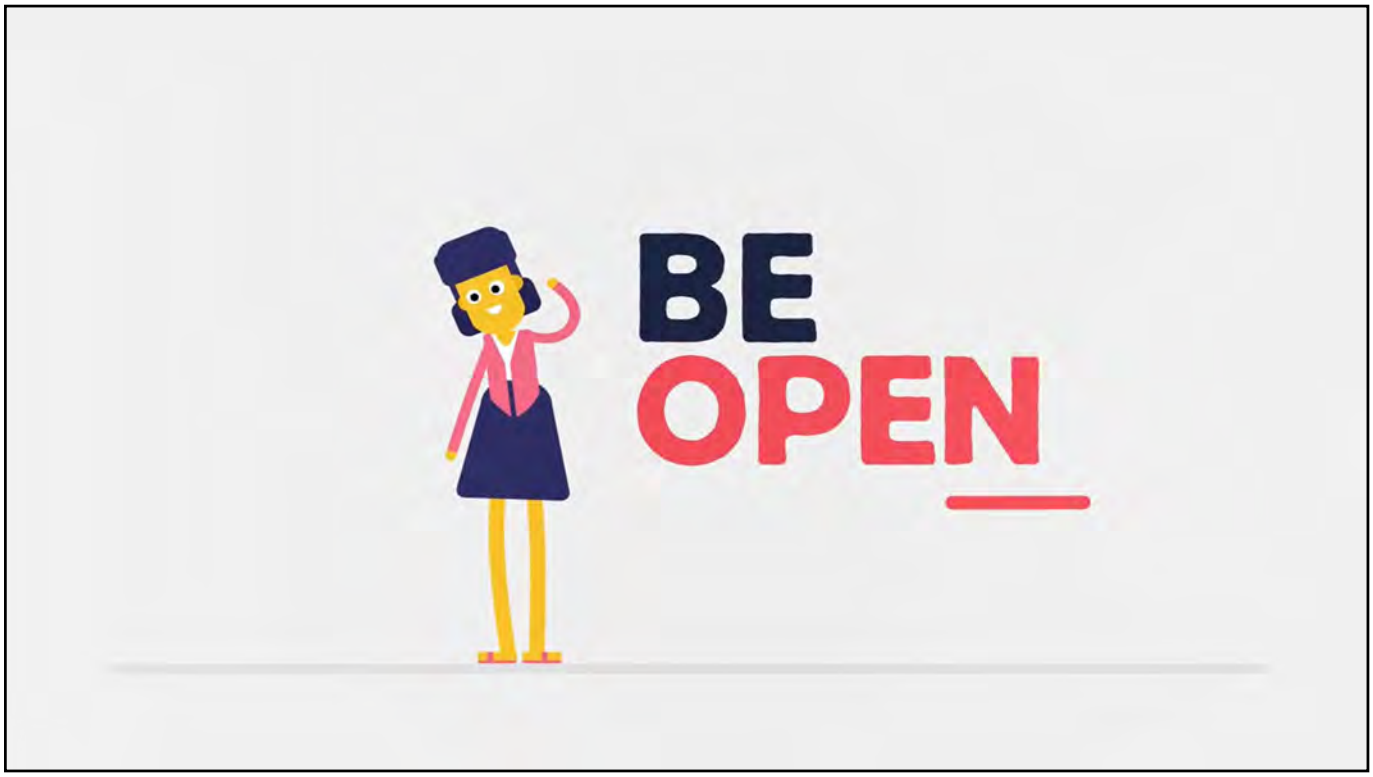
The role of a volunteer ACP Community Champion

1. **Define** advance care planning
2. **Promote** the importance within your community
3. **Direct** community to further resources and support
4. **Connect** community to the ACP documents and the Statewide Office of Advance Care Planning.

ACP defined

1. **What** is ACP?
2. **Why** is ACP so important?
3. **When** should ACP happen?
4. **Where** should ACP be kept?





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What is ACP?

Advance **Care** **Planning**

FUTURE

HEALTH

CHOICES

Why is ACP so important?

- ☑ Relieves the burden of decision making in difficult moments from family and loved ones.
- ☑ Helps health professionals make sure the care expected by people and families is delivered.
- ☑ Improves family satisfaction with care given relieving stress in an already sad time.
- ☑ Reduced avoidable hospital transfers.

When should ACP happen?

Everyone over 18 can benefit from ACP

Moments that may trigger this include:

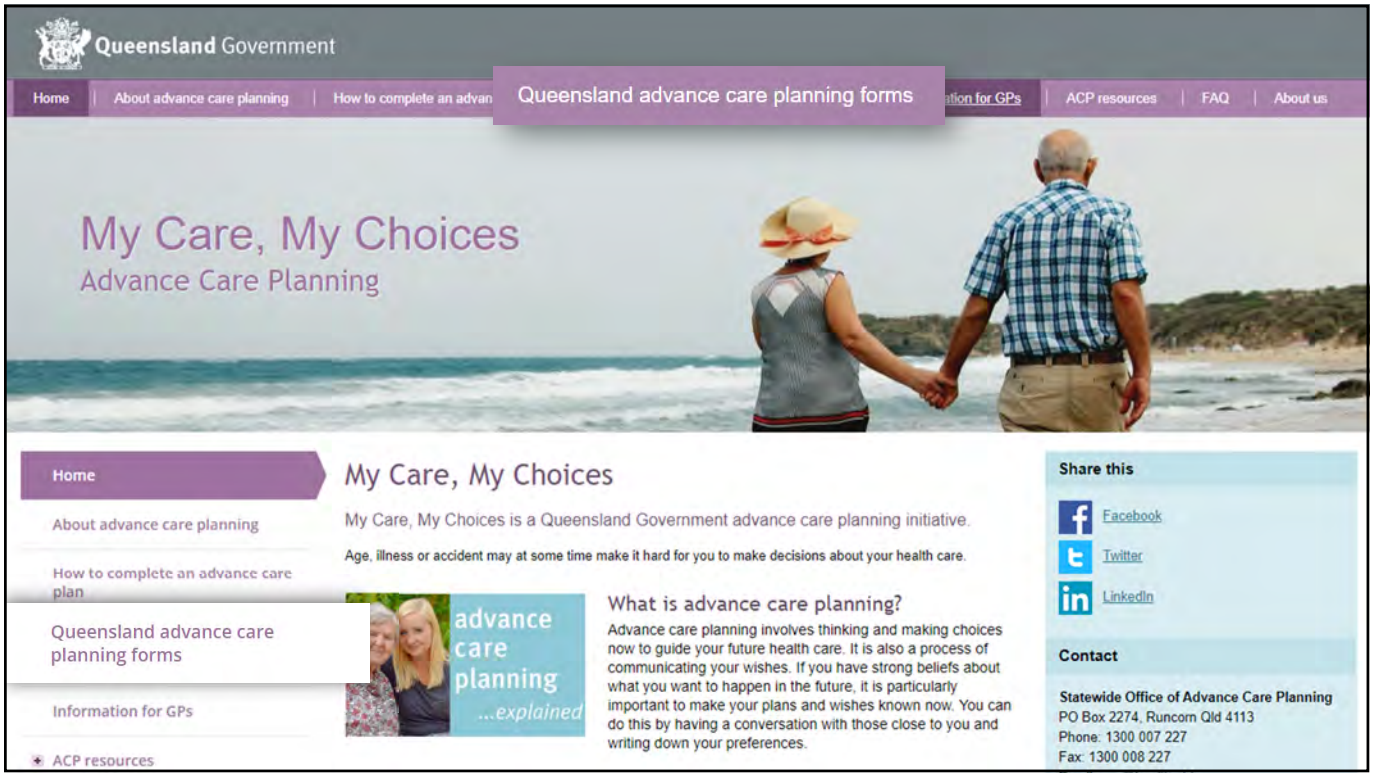
- An unexpected accident
- A new diagnosis
- Personal concern for yourself, loved ones and family
- Change in living arrangements
- Travel
- Short term memory loss
- Ageing
- Increased frailty.

Where should ACP documents be kept?

1. Keep completed original advance care planning documents in a **safe and accessible** place.
2. Provide copies of completed ACP documents to **The Statewide Office of Advance Care Planning** (OACP) in Queensland.
3. Give copies of your completed ACP documents to those you trust who may need to be involved in decisions about your future health care.

www.mycaremychoices.com.au

The Statewide Office of Advance Care Planning



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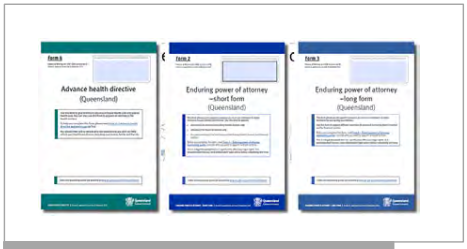
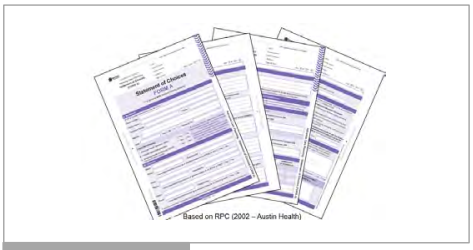
QLD Documents

- ☑ Advance Health Directive
- ☑ Enduring Power of Attorney
- ☑ Statement of Choices.



Power of attorney and advance health directive forms



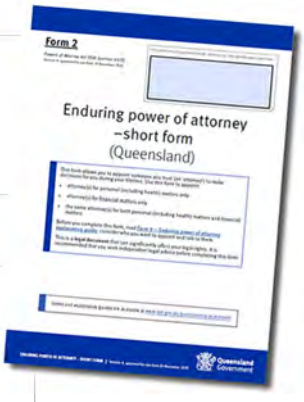
Statement of Choices

Advance Health Directive

Document purpose	This document can be used in certain circumstances to provide directions about future health care preferences for specific medical treatments and to appoint an attorney for health matters.
Legally binding	Yes.
Signatures required	• Person **with capacity** • GP/Doctor • Justice of the Peace (JP)/ Commissioner of Declarations (C. Dec)/ Notary Public/ Lawyer.

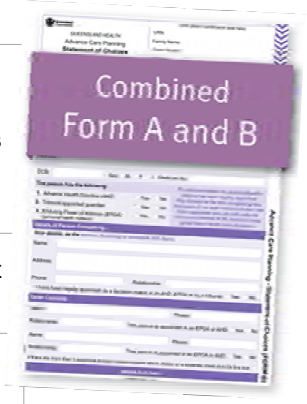
Enduring Power of Attorney

Document purpose	This document allows a person to legally nominate one or more person/s to make health and/or financial decisions on their behalf.
Legally binding	Yes.
Signatures required	• Person **with capacity** • Justice of the Peace (JP)/ Lawyer/ Commissioner of Declarations (C. Dec)/ Notary Public/ Lawyer.



Statement of Choices

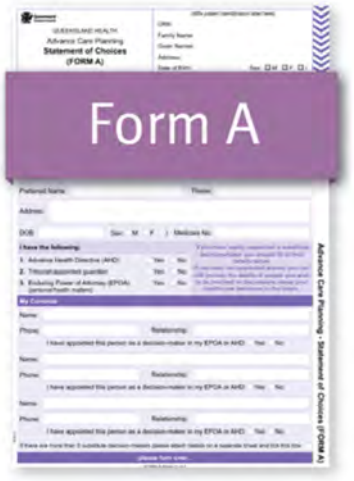
Document purpose	This values-based document informs the substitute decision-maker, family/friends and health professionals about the person's views, wishes and preferences for future health care.
Legally binding	No. This document is not legally binding but does have a legal effect.
Signatures required	• Person **with capacity** (Form A) • Substitute decision-maker (Form B) • GP/Doctor/Nurse Practitioner.



Statement of Choices

For people who **can** make health care decisions for themselves.

It is a good idea to include the clinicians, family, and substitute decision-maker/s in the process to ensure they understand your wishes.



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Statement of Choices

- A record of understanding of values and preferences of a person **without** decision making capacity.

What is the purpose?	Is it legally binding?	Who signs it?			
		GP/Dr/ Nurse Practitioner	Person with capacity	Nominated attorney	JP/Comm Dec/ Notary Public/ Lawyer
Advance Health Directive					
Gives direction about your future health care in specific medical circumstances. It also allows you to appoint an attorney for health.	Yes, the document is legally binding.	✓	✓	✓	✓
Enduring Power of Attorney					
Nominates one or more person/s to make decisions on your behalf for health and/or financial matters.	Yes, the document is legally binding.		✓	✓	✓
Statement of Choices Form A					
Provides guidance to substitute decision maker and clinicians about a person's views, wishes and preferences for care in the event they are unable to make those health care decisions for themselves.	No, but can have legal affect.	✓	✓		
Statement of Choices Form B					
Provides guidance to substitute decision maker and clinicians about a person's views, wishes and preferences for care in the event they are unable to make those health care decisions for themselves.	No, but can have legal affect.	✓		✓*	

For further information please contact Statewide Office of Advance Care Planning. **Phone** 1300 007 227 or **Email** acp@health.qld.gov.au

*can be signed by the substitute decision maker.

Diana and Rui

Click to watch video

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ACP Language

Terminology

1. Palliative care
2. End-of-life care
3. Capacity
4. Substitute decision-maker
5. Eligible witness
6. Statutory Health Attorney
7. Life prolonging treatment.

Palliative care

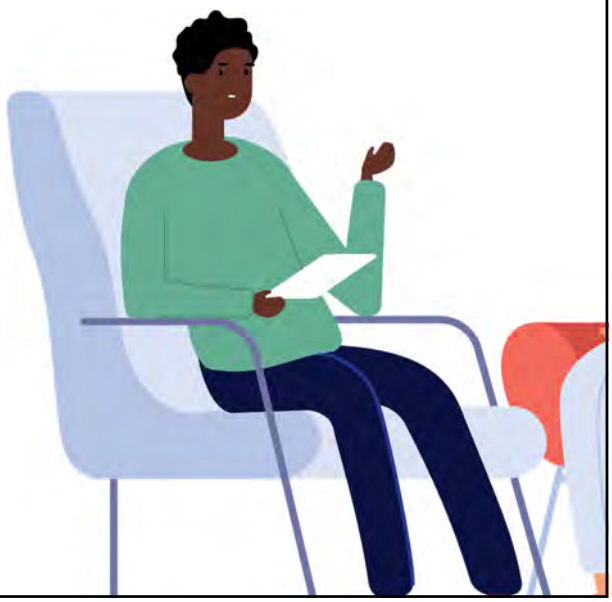
- Respects patient wishes
- Maximises patient function, symptom relief, comfort
- Minimises the impact of progressive disease
- Tailors interventions to the patient and family optimising quality of life.

End-of-life care

Care delivered in the last 12 months of life.

Capacity

- Understand and retain the information relating to the decision
- Understand and weigh up the consequences of the decision
- Communicate the decision
- Make the decision freely and voluntarily.



Substitute Decision-maker

Someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own.

This person can be appointed in and Enduring Power of Attorney, or Advance Health Directive document, a tribunal appointed guardian, or a Statutory Health Attorney.

Statutory Health Attorney (SHA)

If you haven't decided on and documented a substitute decision-maker, a Statutory Health Attorney will be referred to for decision making.

Power of Attorney Act 1998 authorises the role of the Statutory Health Attorney.

Who can be the SHA?

Note: Paid staff in a health care setting cannot act as the SHA

- ☑ Spouse or de facto partner
- ☑ Person who is responsible for their primary care, but not a paid carer
- ☑ Close friend or relative over the age of 18.

Eligible Witness

- ☑ Justice of the Peace
- ☑ Commissioner of Declarations
- ☑ Notary Public
- ☑ Lawyer.

https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/about-justice-of-the-peace/search-for-your-nearest-jp-or-cdec

Life prolonging treatment

Medical care, procedures or interventions which focus on extending biological life without necessarily considering quality of life.

What's been said..

"I would like my priest called to comfort my family."

"If I cannot look after my self – can't shower toilet feed myself then I wouldn't want to be kept alive."

"I am a registered organ donor."

"She hates being in bed all the time."

"I don't want to be kept alive on machines."

"I love the football – never miss a game of NRL."

"She doesn't like the TV on all day – play some music"

"I love spending time **in the garden."**

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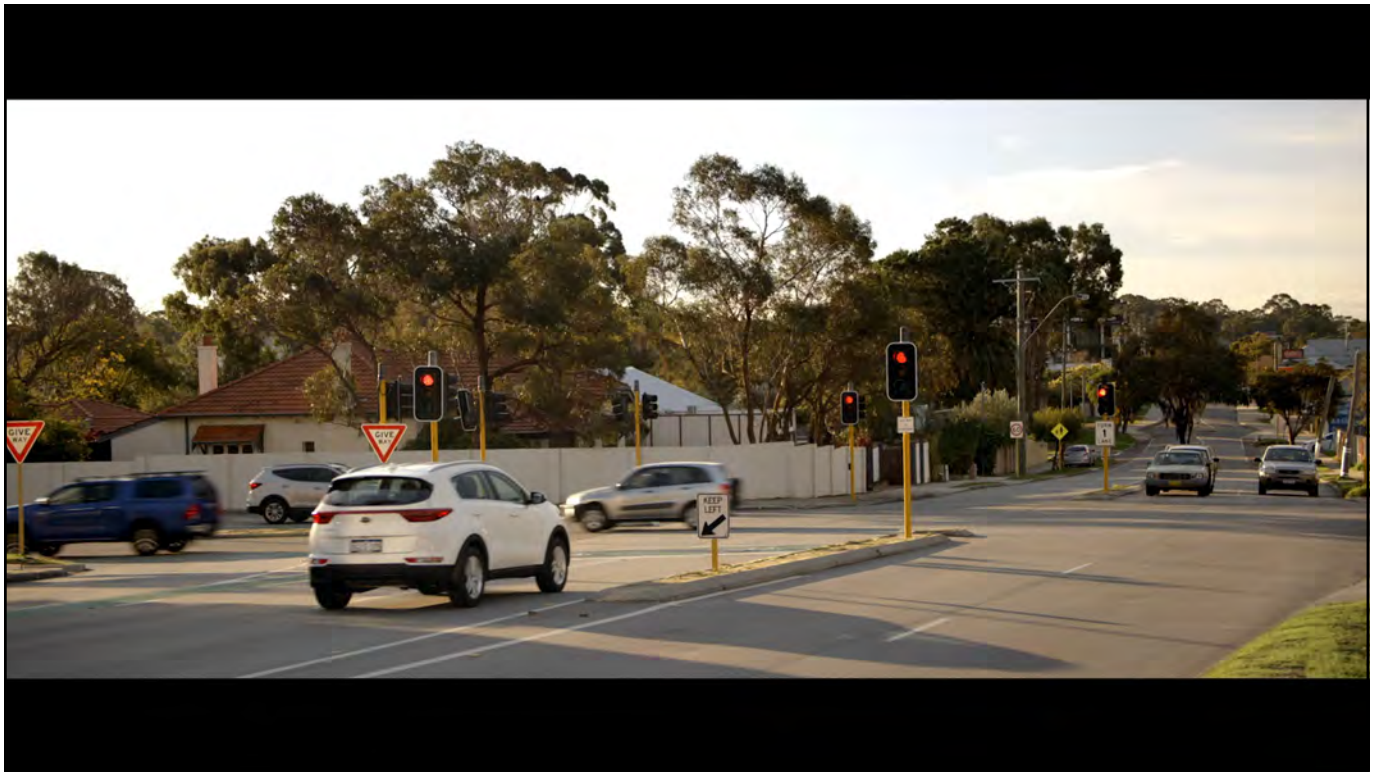
When to review ACP documents

It is recommended that advance care planning documents are reviewed and updated when:

- ☑ When your health, personal or living situations change
- ☑ When your preferences change
- ☑ If you wish to change who you have appointed as your attorney for health
- ☑ Every 12 months.



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Support and Resources

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Advance Care Planning Australia

1300 208 582

Mon to Fri 9am-5pm

www.advancecareplanning.org.au

SCAN TO VISIT WEBSITE

Metro South Health

Palliative Care Queensland

07 3842 3242

Mon to Fri 9am-4pm

www.palliativecareqld.org.au

SCAN TO VISIT WEBSITE

Metro South Health

Office of the Public Guardian

1300 653 187 (Fax: 07 3738 9496)

Mon to Fri 9am-4pm

www.publicguardian.qld.gov.au

SCAN TO VISIT WEBSITE

Metro South Health

Public Trustee

SCAN TO VISIT WEBSITE

1300 360 044

Mon to Fri 9am-4pm

www.pt.qld.gov.au

Metro South Health

Queensland Civil and Administrative Tribunal

SCAN TO VISIT WEBSITE

1300 753 228

Mon to Thurs 8:30am-3pm
Fri 8:30am-12pm

www.qcat.qld.gov.au

Justice of Peace

13 74 68

Find your nearest JP:
https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/about-justice-of-the-peace/search-for-your-nearest-jp-or-cdec

SCAN TO VISIT WEBSITE

Recap and Review

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ACP Community Champion Support

- ☑ Define
- ☑ Promote
- ☑ Direct
- ☑ Connect.

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The Statewide Office of Advance Care Planning

1300 007 227 (Fax: 1300 008 227)

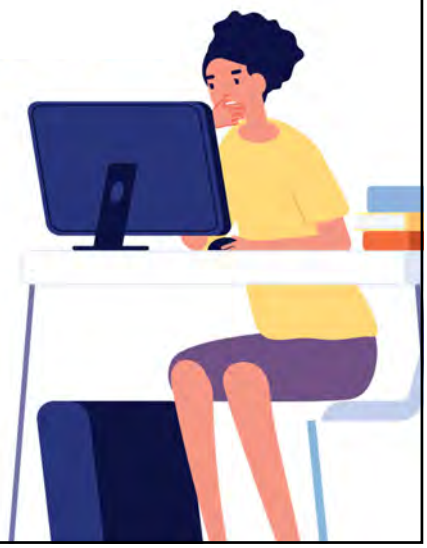
acp@health.qld.gov.au

PO Box 2274, Runcorn QLD 4113

Navigating the Statewide Office of Advance Care Planning Website

What does the OACP do?

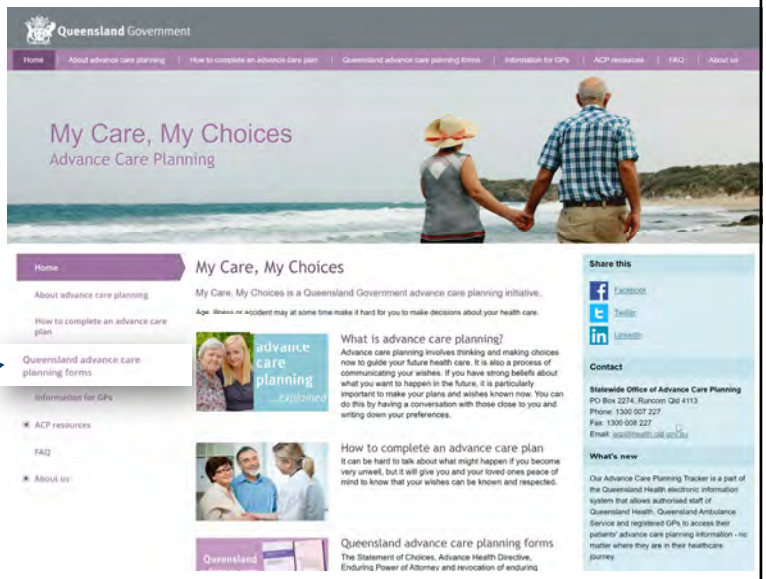
- ☑ Advance care planning information packs
- ☑ Over the phone information (no legal advice)
- ☑ Local support
- ☑ Auditing
- ☑ Notifying your GP
- ☑ Upload your ACP documents.



Navigating the website

Advance care planning documents

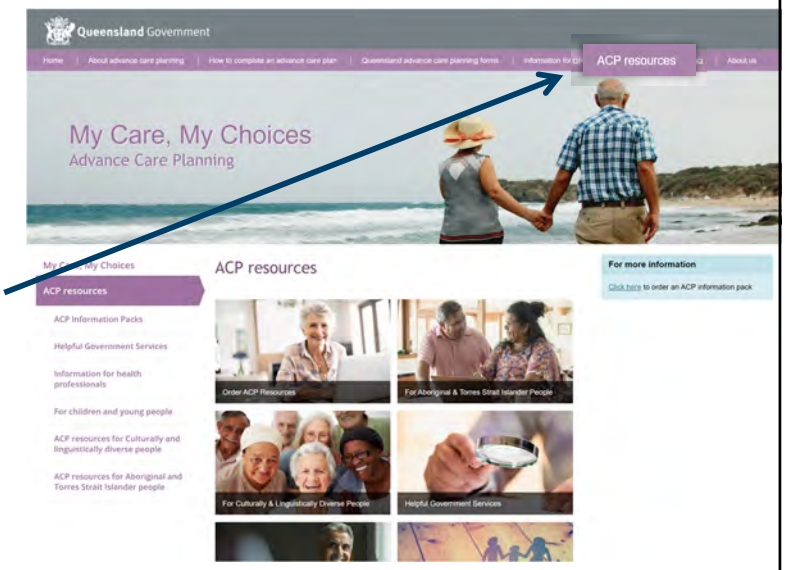
www.mycaremychoices.com.au



Navigating the website

Advance care planning resources

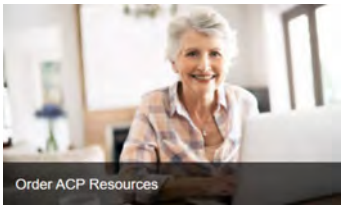
www.mycaremychoices.com.au

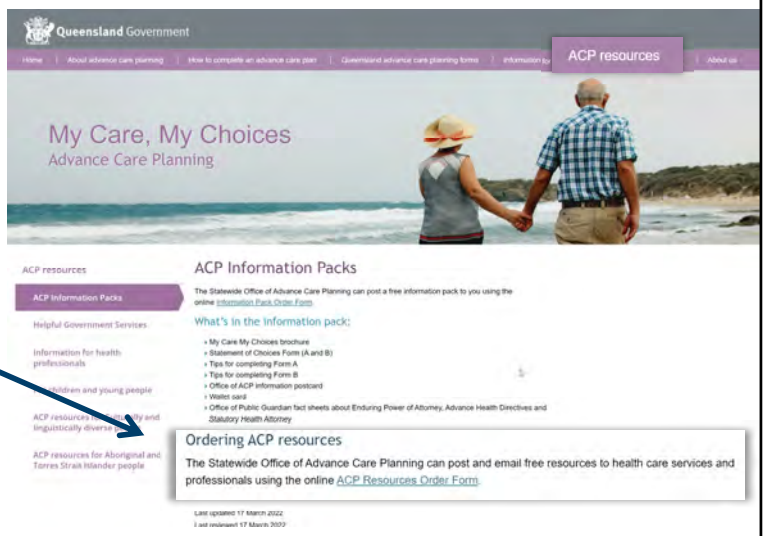


Navigating the website

Ordering ACP resources

www.mycaremychoices.com.au

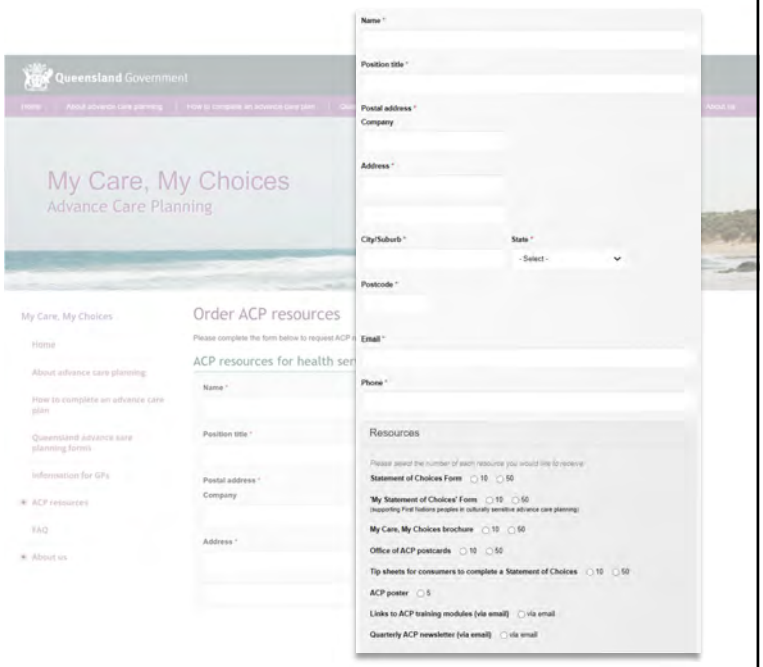




Navigating the website

ACP ordering form

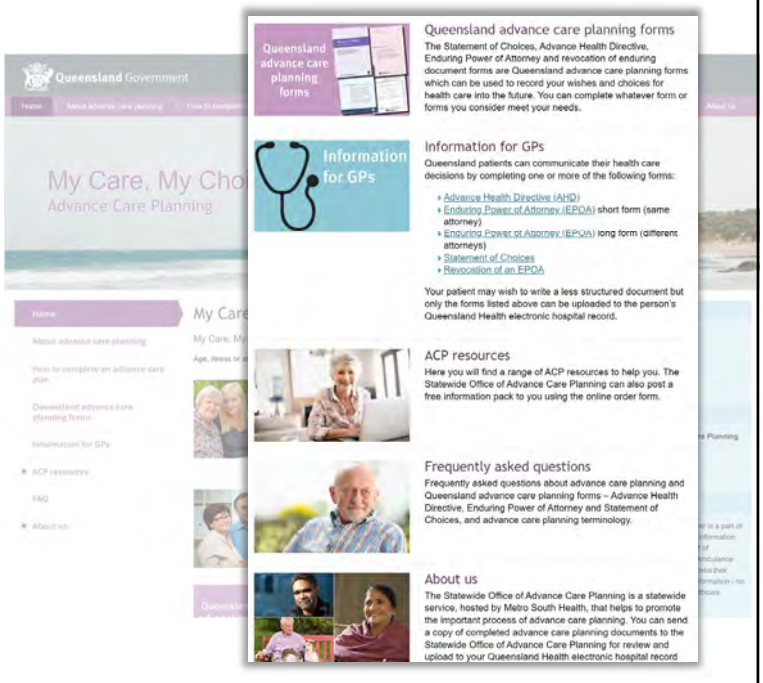
www.mycaremychoices.com.au



Navigating the website

Resources and FAQs

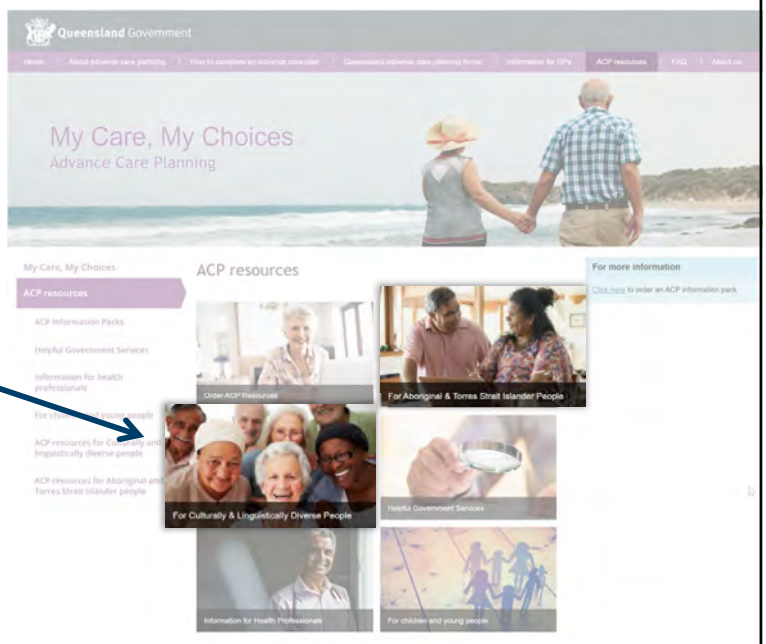
www.mycaremychoices.com.au



Navigating the website

Indigenous and CALD

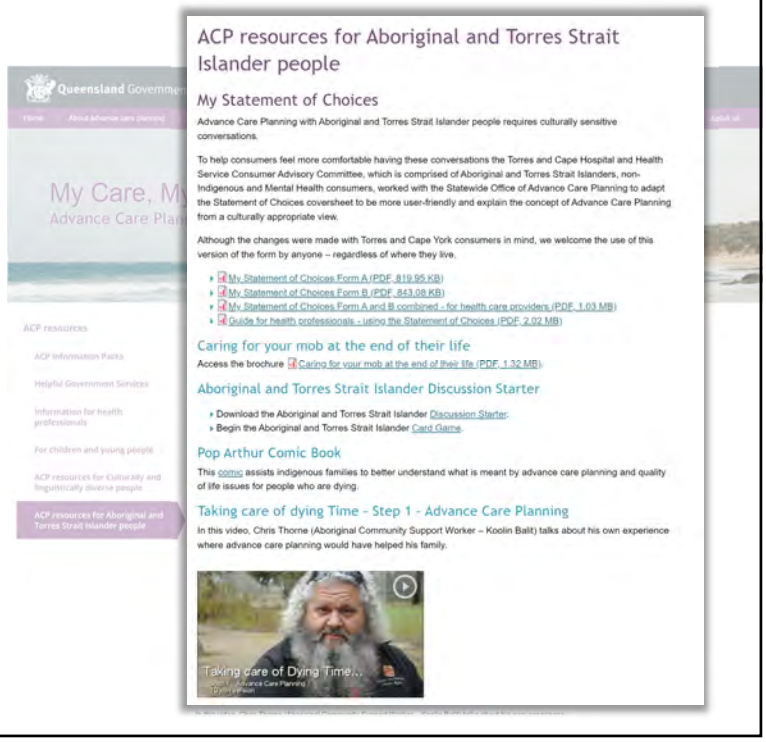
www.mycaremychoices.com.au



Navigating the website

Aboriginal and Torres Strait Islander Support

www.mycaremychoices.com.au



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Quiz

Quiz

1. Form groups of 2 or 3
2. Write your team name at the top of the page
3. Use the form to write your answers
4. When complete – swap with another group for correcting
5. Group discussion.

Question 1

Why is advance care planning so important?
Write down (3) important reasons.

Question 2

Name (3) Queensland advance care planning documents.

Question 3

Name (3) different eligible witnesses.

For bonus points list which documents need signing by an eligible witness.

Question 4

Which is the correct statement regarding the Statement of Choices?

A. The Statement of Choices is a legally binding document and can not be refuted at anytime.

B. The Statement of Choices is a values based document not legally binding, that records a person's views, wishes and preferences.

C. Is another name for an Advance Health Directive.

Question 5

Where can you access Queensland advance care planning forms?

Question 6

Name (3) qualities that are important when choosing a substitute decision-maker.

Question 7

Name (2) places to keep completed advance care planning documents.

For a bonus point write down who should keep the originals.

Question 8

The law presumes every adult has capacity to make their own decisions unless proven otherwise.

1. Who do you refer people to if they are concerned about capacity?
2. Write down (2) important points about decision making.

Question 9

Which advance care planning documents do I need a doctor sign?

(Please feel free to refer to the document summary table in your guide).

Question 10

When should advance care planning be reviewed?

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Answers

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FAQs

1. What will happen if I don't have an EPOA for Health?
2. What will happen if I don't have an advance care plan?
3. Do I need to complete all 3 documents?
4. Which of the 3 documents will be best for me?
5. Who should I choose to be my SDM?

ACP Community Champion quiz

Q1	
Q2	
Q3	
Q5	

Q6	
Q7	
Q8	
Q9	
Q10	

Answers

Question 1
ACP can lead to a person receiving the right care in the right place at the right time. It relieves the burden of decision-making in difficult moments from loved ones and family.

1. Helps health professionals like your nurse and doctor make sure care expected by community members is delivered.
2. Improves family satisfaction with the care given relieving stress in an already sad time – positive bereavement legacy.
3. Reduces avoidable hospital transfers.

Question 2

1. Advance Health Directive
2. Enduring Power of Attorney
3. Statement of Choices.

Question 3

1. Justice of the Peace
2. Commissioner of Declarations
3. Notary Public
4. Lawyer.

Bonus answer: AHD or Enduring Power of Attorney

Question 4
B) The Statement of Choices is a values-based document not legally binding, that records a person's views, wishes and preferences.

Question 5
Statewide Office of Advance Care Planning website.

Question 6

1. Someone who knows you.
2. Someone who can listen and make informed decisions.
3. A substitute decision-maker is expected to act in the community member's best interests and make decisions they believe the person would have made for themselves.

Question 7

1. The Statewide Office of Advance Care Planning
2. The person's GP.

Bonus answer: The person completing the documents should keep the originals.

Question 8

1. Their General Practitioner
2. Two important points about decision-making:
    a. Based on individual decision at a particular time
    b. Capacity can be supported.

Question 9

- Advance Health Directive
- Statement of Choices.

Question 10

- When your health, personal or living situation changes.
- When your views, wishes and preferences change.
- If you wish to change who you have appointed as your attorney for health.
- Every 12 months.

02

Queensland ACP Documents

This section contains the Queensland ACP documents, tip sheets and explanatory notes.

Queensland ACP documents

This section contains the following Queensland advance care planning documents, tip sheets and explanatory notes. All Queensland advance care planning forms can be re-ordered on the Statewide Office of Advance Care Planning website.

A digital copy of each document is available below. Please click the corresponding link to access the document.

- Advance health directive
- Enduring power of attorney – short form
- Enduring power of attorney – long form
- Statement of Choices
    - Form A
    - Tips for completing a Statement of Choices Form A
    - Form B
    - Tips for completing a Statement of Choices Form B
- Advance health directive explanatory notes
- Enduring power of attorney explanatory notes

03

Delivering the ACP Community Presentation

This section contains the ACP Community presentation in a PowerPoint with facilitator notes, resources that are recommended to be delivered to community and the suggested presentation outline.

ACP Community presentation

This section contains the ACP Community presentation and facilitator notes.

The education is a short 30-minute presentation with example Queensland ACP documents, brochures and fact sheets to enhance the ACP learning experience for community.

Program

Time	Topic
	Welcome to country Introductions Acknowledgements
	Definition of ACP
	What are the benefits of ACP?
	Definitions
	Video from ACPA – Be Open
	5 easy steps: 1. Views, wishes, preferences 2. Talking and discussing 3. Documenting 4. Safe and accessible documents 5. Revise and update
	The Statewide Office of Advance Care Planning: Where to find the Queensland ACP forms
	The checklist
	Conclusion, questions and answers

Acknowledgement of Country

ACP Community Champion notes:

In the spirit of reconciliation I'd like to acknowledge the Traditional Custodians of country throughout Australia and their connections to land, waterways and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

ACP Community Champion notes:

Introduction
Introduce yourself and tell the audience about your role today and why you are doing this.

Suggested speaking points
- Unexpected things really do happen all the time. LATER rarely happens, "And when we get to this point, its not the conversations we do have that we regret but those we don't" – (Shae Miller, Clinical Nurse Consultant, ACP Facilitator, Metro South Palliative Care Service)
- Advance care planning is a voluntary process
- Its all about having a meaningful conversation
- You may decide to complete one, three or none of the documents that we will discuss today. It is up to you.

Metro South Health

Overview

1. ACP: What, where, why and how
2. Terminology
3. Documents
4. Statewide Office of Advance Care Planning
5. Resources and support.

Metro South Health

What is advance care planning (ACP)?

Advance care planning is the ongoing process of sharing your views, wishes and preferences with your family, friends, doctors and health professionals.

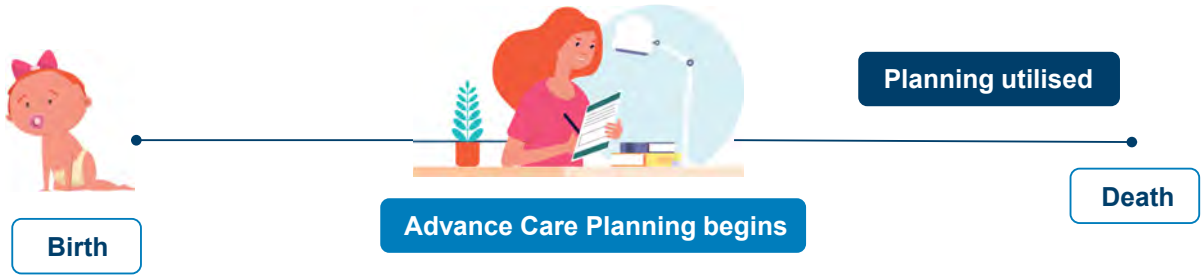
ACP Community Champion notes:

Suggested speaking points

- Advance care planning is a fancy phrase but “What exactly does it mean?”.
- When it comes to talking about it with our family and friends the concept of ACP can feel a little overwhelming.
- There are also misconceptions about it being end of life care – but it is more than that.
- If we break it down simply –
    1. The first word is ‘advance’, note it does not have a ‘d’ on the end.
        - It is not about advanced age, or advanced illness or advanced complexity – it actually means the future.
    2. The second word is care, and health care is what we are concerned about.
        - Lots of people have their finances sorted – funeral plans, Wills etc but not many people sort out their healthcare in advance. We are interested in your health.
    3. The last word, planning, translates to choices.
- So, putting it all together – “future health care choices” – a great way to reframe advance care planning and a good tool in your conversation pocket to help significant others understand what you are talking about without being too complex.

Metro South Health

ACP – It's not just about the end of life



ACP Community Champion notes:

Talk about the right time for ACP

- Advance care planning is not just about death and dying.
- You can see here from this figure that along the medical journey, starting at birth, ACP is undertaken (hopefully early) and can be updated and changed as things progress.
- It can then be used at the appropriate time.
- This may actually be earlier on in a patient's medical journey, not just the end-of-life e.g. temporarily unconscious due to an operation or car accident.
- When surveying local communities we have found that people think it is important to complete advance care planning when diagnosed with a terminal disease, when diagnosed with dementia or if they become too frail to care for themselves.
- We consider this much too late! It is important to remember that documenting your views wishes and preferences must be done whilst you can still understand and communicate those health care choices.

Latest Research

The Lifetime Risk of Dying

ACP Community Champion notes:

Suggested speaking points

- We do know the risks! Lets look at our risks. Because there is definitive scientific proof.
- We can't prevent death. Death is expected. So why wouldn't we plan?
- We plan weddings births christenings parties – all the big moments why not one of the biggest?

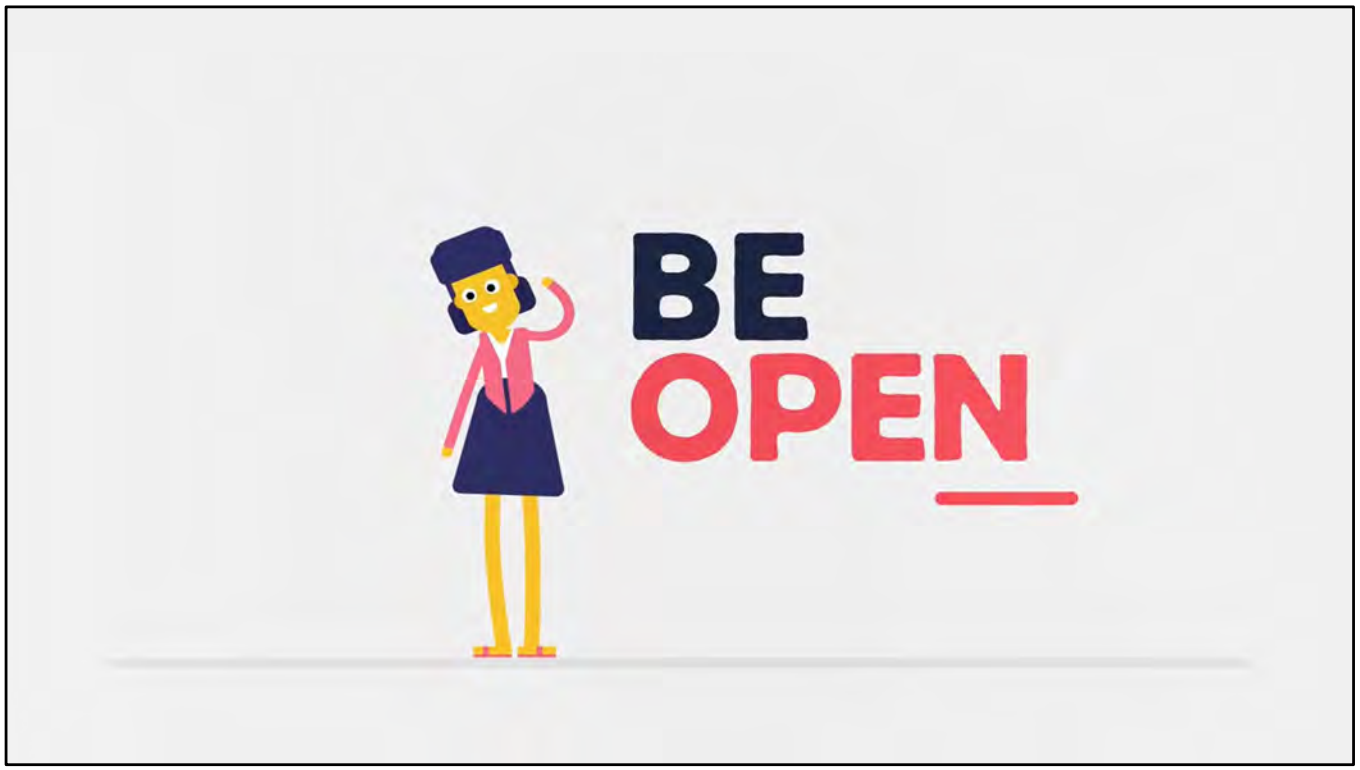
What are the benefits of ACP?

- ☑ Health wishes and expectations are discussed, known and more easily met by your health team.
- ☑ Reduced stress and anxiety for loved ones, families and/or others making decisions on their behalf.
- ☑ Improved family and/or decision-maker(s) satisfaction with care provided.
- ☑ Reduced hospital transfers when/if the patient preference is not to go.

ACP Community Champion notes:

Suggested speaking points

- We need advance caring planning for a time when we can't speak for ourselves – that is the only time these ACP documents are used.
- Advance care planning can also:
    - Ensure your health expectations are known and more easily met.
    - Reduce stress and anxiety for the person involved and their loved ones and family because you have written your choices down for them to know.
    - Increase family and substitute decision-maker satisfaction with the care delivered.
    - Reduces avoidable hospital transfers. No sitting in emergency departments when you really didn't want to be there in the first place.



ACP Community Champion notes:

Lets look at how we get started.

Play video

- Click on the cursor to get started.

Metro South Health

Advance care planning

1. If you were suddenly injured or seriously ill, **who would know your wishes?**
2. Who would speak for you if you couldn't?
3. Would they know **the important things?**

ACP Community Champion notes:

Suggested speaking points

Consider these questions:

- If you were suddenly unable to speak for yourself who would know your wishes.
- Who would speak for you.
- Would they know the important things.

We often hear the statement "Oh my daughter knows what I want. But does she? And does your son know that this is the case? Your husband?"

- Have you discussed this with our GP? Loved ones?
- You are more likely to have your wishes respected when they are made known.

ACP Community Champion notes:

Introduce the next section

- We have been through the what why and who of advance care planning. Lets get stuck into the how.

Metro South Health

Step 1. Think about views, wishes and preferences

Think about your personal views, wishes and preferences for future health care and who could make decisions on your behalf.

Scan to visit discussion starters on the Palliative Care Australia website.

ACP Community Champion notes:

Discussion starter questions

- Draw the participants attention to the below questions.
- Discuss the different perspective of culture and people in general.
- Refer people to the ‘Dying to Talk Resources’ from Palliative Care Australia.

Starter questions

- What do you value or like about your life?
- What would you like known about you when health care decisions are being made?
- What are the health outcomes that you would find unacceptable?
- Who are the people you would like to have by your side?
- If you were nearing death, describe what would be important or comforting to you.
- Consider your spiritual, religious and cultural practices during and after dying.

Metro South Health

Substitute Decision-maker

A trusted person who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own.

Can be formally appointed.

ACP Community Champion notes:

Suggested speaking points

- A substitute decision-maker(s) is an individual who has legal power to make decisions on behalf of another individual, if they have lost decision-making capacity.
- The decision-maker is required to fully take into account the person's views (current where appropriate, and previous in oral or written form) and make the decision they truly believe the person would make in the current circumstances.
- The decision-maker needs to consider whether the outcomes of care and treatment, as they understand them to be, are consistent with the values and preferred outcomes that have been previously expressed by the person.
- This is called substituted judgement.
- This means to ‘stand in the shoes’ of the person who lacks decision-making capacity.
- Ideally a person with capacity will formally appoint their substitute decision-maker using either the Enduring Power of Attorney form or the Advance Health Directive form.
- We will talk about these documents shortly.
- Think about:
    - Who you trust
    - Is easy to contact and preferably local
    - Can make difficult decisions with your views, wishes and preferences in mind
    - Who will read your ACP to make informed decisions for you.

Step 2. Start the conversation

- ☑ Start the conversation with your doctor and loved ones.
- ☑ Choose a person you trust to make medical treatment decisions on your behalf.

ACP Community Champion notes:

Suggested speaking points

- These conversations can be so difficult for yourself and those around you.
- Make sure you include the trusted person/people who might make decisions for you.
- In a health care setting, we often find that patients are waiting to talk. They feel the need to ensure these matters are discussed.
- They often feel a sense of relief once these matters are discussed and documented.
- A good way to start this conversation is listed on the next slide.

Metro South Health

Initiating the conversation

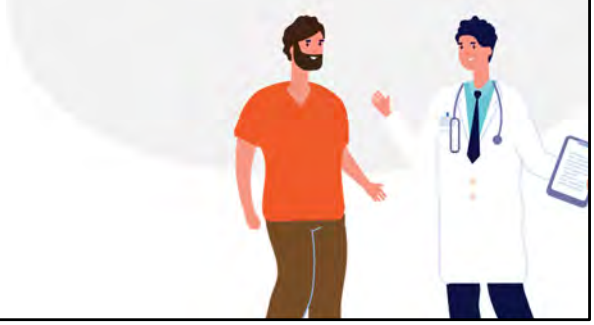
"I am keen to do some forward planning just in case, would you help me out by listening to my ideas?"

"I don't want to leave you with difficult decisions to make. Can I let you know what I've decided?"

"Just in case I can't tell people myself, I want you to know what I would like regarding my future health care."

"My memory is not so good lately. Would you mind listening to my ideas about how I want my healthcare if I can't tell the doctor myself?"

"Hello Dr. – **I'd like to discuss my advance care plan**."

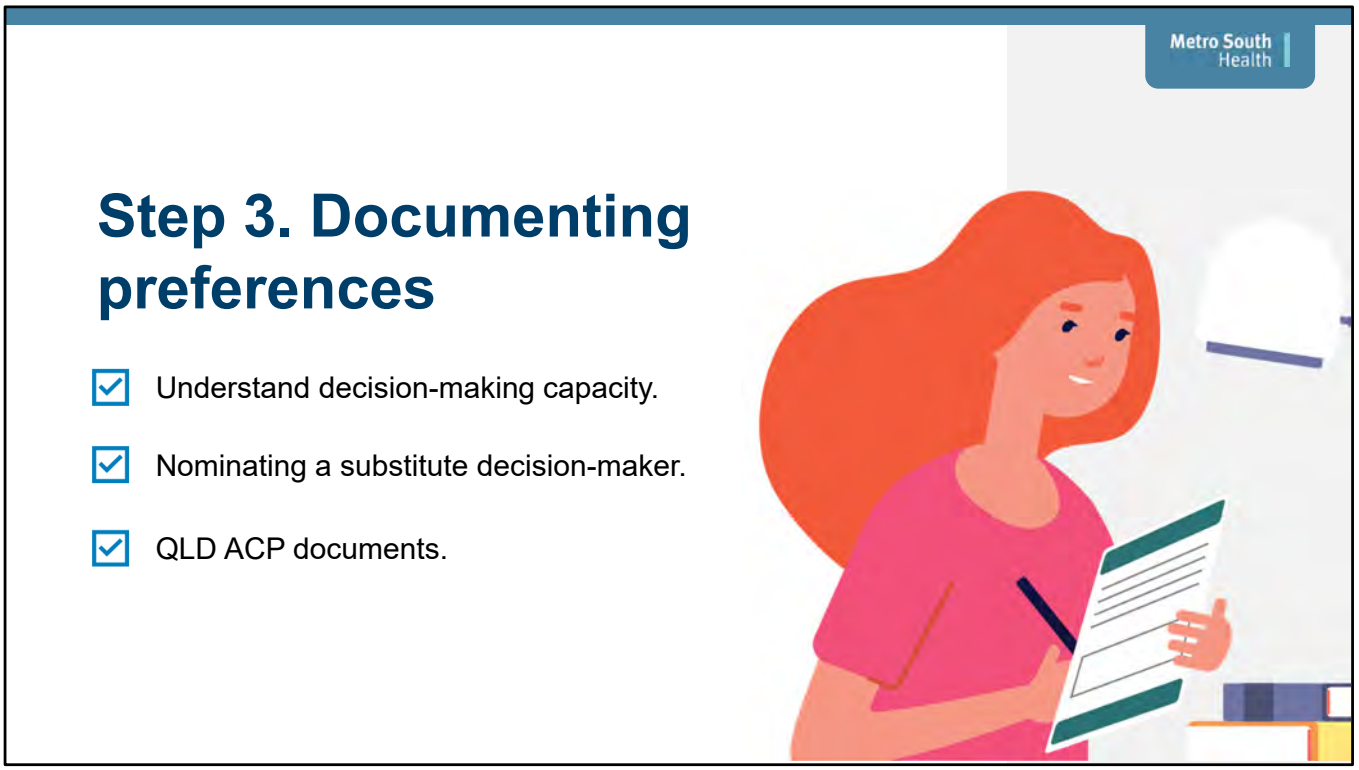


ACP Community Champion notes:

Ask participants if they have started a conversation like this and how they approached it.

Suggested speaking points

- Sometimes a key phrase, planned out, helps support people to start this conversation.



ACP Community Champion notes:

Suggested speaking points

- For some people having a conversation about advance care planning is all they want to do.
- They feel confident that their chosen decision-makers would respect their views wishes and preferences.
- To ensure your loved ones, doctors and health professionals know your choices, you can choose to formally document your views, wishes and preferences in a Queensland Advance Care Planning document.
- These include:
    - Advance Health Directive
    - Enduring Power of Attorney,
    - Statement of Choices.
- There are a number of different types of Advance Care Planning documents relevant to Queensland. You can complete all, one or none of these documents. This is a voluntary process and should be based on your individual circumstances. We will review these shortly.

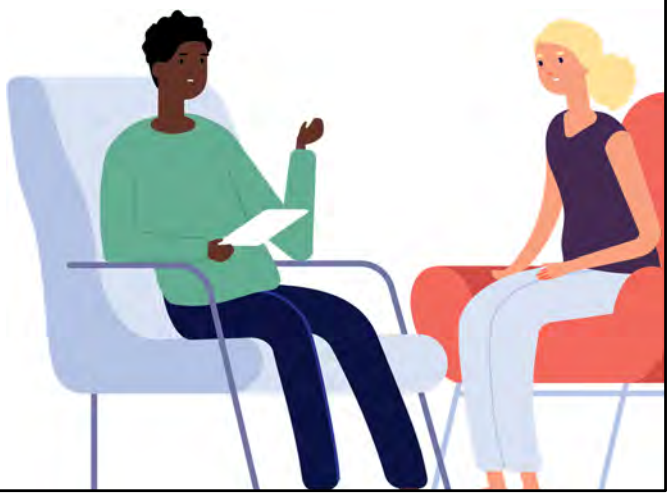
Firstly we will talk about capacity to make decisions.

Metro South Health

Capacity

All adults are presumed to have capacity.

If you are concerned about a person's capacity seek advice from the person's Doctor.

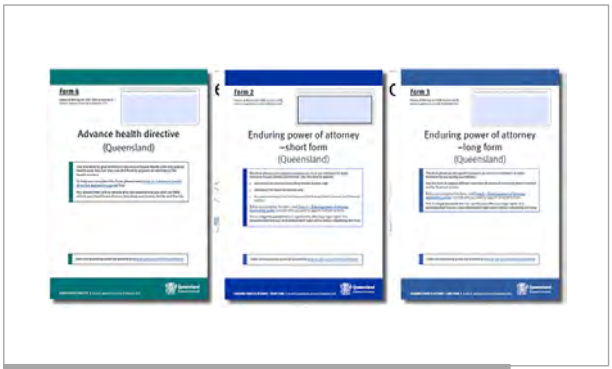


ACP Community Champion notes:

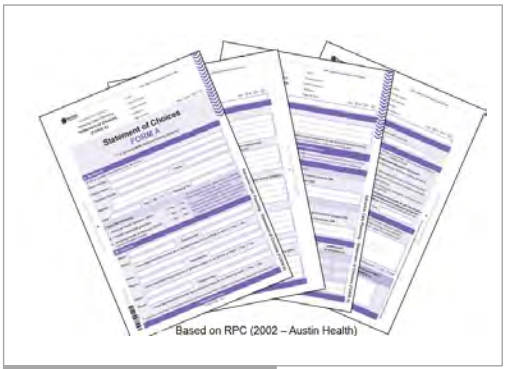
Suggested speaking points

- Most advance care planning requires the person to have decision-making capacity.
- This refers to the ability to make informed decisions about personal, health and financial matters.
- All adults are presumed to have capacity to make decisions unless it can be shown otherwise.
- If you are concerned that your loved one does not have capacity to make health decisions, seek advice from your Doctor.
- Capacity needs to be confirmed in advance care planning documents with the sign off from the doctor and the eligible witness.

QLD ACP Forms



Power of attorney and advance health directive forms



Statement of Choices Form

ACP Community Champion notes:

This image shows us what those Queensland ACP documents look like.

Advance Health Directive

Document purpose	This document can be used in certain circumstances to provide directions about future health care preferences for specific medical treatments and to appoint an attorney for health matters.
Legally binding	Yes.
Signatures required	• Person **with capacity** • GP/Doctor • Justice of the Peace (JP)/ Commissioner of Declarations (C. Dec)/ Notary Public/ Lawyer.

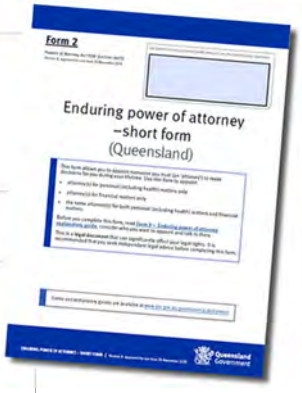
ACP Community Champion notes:

Suggested speaking points

- This is a legal document that states your decisions and directs your future health care in specific situations at a time when you may be unable to make decisions and communicate.
- It must be signed by your doctor and legal witness. You can also use it to formally nominate your substitute decision-maker.
- The Advance Health Directive has an explanatory guide that can support individual's to complete the form.

Enduring Power of Attorney

Document purpose	This document allows a person to legally nominate one or more person/s to make health and/or financial decisions on their behalf.
Legally binding	Yes.
Signatures required	• Person **with capacity** • Justice of the Peace (JP)/ Lawyer/ Commissioner of Declarations (C. Dec)/ Notary Public/ Lawyer.



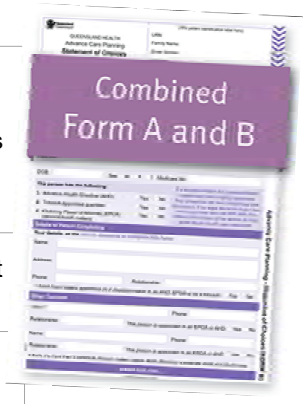
ACP Community Champion notes:

Suggested speaking points

- This document is where you can nominate your substitute decision-maker for personal, health and financial decision-making.
- It sets out the terms for how and when the decision-making power operates.
- The EPOA comes with an explanatory guide that can support an individual to complete the form.

Statement of Choices

Document purpose	This values-based document informs the substitute decision-maker, family/friends and health professionals about the person's views, wishes and preferences for future health care.
Legally binding	No. This document is not legally binding but does have legal effect.
Signatures required	• Person **with capacity** (Form A) • Substitute decision-maker (Form B) • GP/Doctor/Nurse Practitioner.



ACP Community Champion notes:

Suggested speaking points

- This is a values based document that can help the substitute decision-maker, family and friends, and health clinicians understand what is important to you at end-of life, and also asks your preferences regarding CPR and life prolonging treatments.
- Some people prefer this document because it only involves a signature from you and your Doctor, uses really simple language and is a great conversation starter regarding future care planning.
- Remember advance care planning is voluntary. You can complete none, one, or all of these documents.

Statement of Choices

For people who **can** make health care decisions for themselves.

It is a good idea to include the clinicians, family, and substitute decision-maker/s in the process to ensure they understand your wishes.

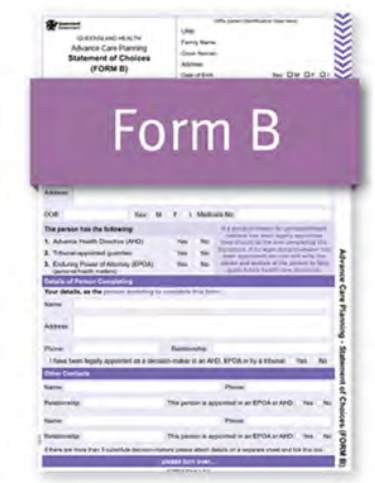
ACP Community Champion notes:

Suggested speaking points

- This document when meaningfully completed can really give your loved ones and clinicians a clear picture of yourself, your personality and your values and beliefs.
- Although not legally binding the Statement of Choices can still have guiding effect by assisting substitute decision-makers and clinicians if a person is unable to communicate their choices themselves.
- You can also document these preferences in the Advance Health Directive, making them legally binding.
- This document can be used to reiterate that for example, hospital is not for you. Or that you would prefer to die in a palliative care unit or even at home.

Statement of Choices

A record of understanding of values and preferences of a person **without** decision-making capacity.



ACP Community Champion notes:

Suggested speaking points

- What do we do if our loved one has lost capacity already?
- The Statement of Choices Form B can be completed by the person's legally appointed substitute decision-maker, or the person/s in a close and continuing relationship with the individual.
- A person's paid health provider should NOT complete the Statement of Choices on a person's behalf.
- It should reflect the best understanding the person's views about what's important to them, their wishes for care and the outcomes they might find acceptable.
- It needs to reflect what the person has said and done in the past, their personal, cultural, religious, and spiritual beliefs and practices they might want respected.

Safeguards

ACP Community Champion notes:

Suggested speaking points

- Whether you have an advance care plan or not, you will still receive the best care possible.
- If you cannot make decisions or speak for yourself and you have not made a plan or appointed someone as your decision-maker, Queensland law has set out clear processes for supported decision-making.
- These processes protect the rights, interests and wellbeing of adults with impaired decision-making capacity.
- Be reassured, your health conditions will be managed by health professionals according to good medical practice and you and your family will be well cared for and your rights respected.
- By participating in advance care planning, you can ensure that your views, wishes, and preferences are known and accessible.

What's been said…

"I would like my priest called to comfort my family."

"If I cannot look after my self – can't shower toilet feed myself then I wouldn't want to be kept alive."

"I am a registered organ donor."

"She hates being in bed all the time."

"I don't want to be kept alive on machines."

"I love the football – never miss a game of NRL."

"She doesn't like the TV on all day – play some music"

"I love spending time **in the garden."**

ACP Community Champion notes:

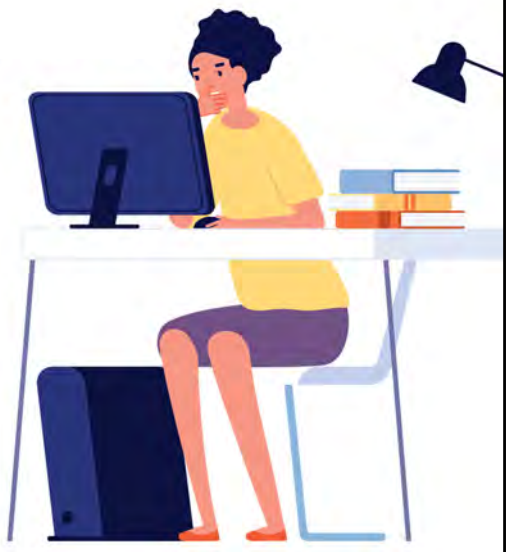
Suggested speaking points

- Why don't we pull out the Statement of Choices and discuss responses.
- Lets look at some of the things people write in their statement of choices – so you can get an idea.
- Often people also choose at the end to not go to hospital. They prefer the security of a familiar environment and just wish to be kept comfortable.
- Especially if they know interventions will not increase their quality of life.
- Often that place is home but also can be an aged care facility as well and we often see people ask to be cared for in a hospice or palliative care unit.

Metro South Health

Step 4. Store

- ☑ Keep your completed original advance care planning documents in a safe and accessible place.
- ☑ Give copies of your completed ACP documents to those you trust who may need to be involved in decisions about your future health care (family and/or close friends) and doctors.
- ☑ Provide copies of your completed ACP documents to the **Statewide Office of Advance Care Planning (OACP)** in Queensland.
- ☑ Upload your ACP documents to My Health Record.



ACP Community Champion notes:

Suggested speaking points

- It is important that you keep all the original documents yourself and keep them in a safe and accessible place. This means they are safe and kept in plain sight, and it is easy to direct someone to where they are kept.
- Queensland is fortunate to have The Statewide Office of Advance Care Planning. Once your documents are complete, make a copy to send to the Office.
    - All the documents sent in are reviewed. If there is something missing and they are not legal, they will contact you and walk you through the corrections.
    - Once they have reviewed the document and its all correct, they upload the document to your Queensland health hospital record.
- If your advance care planning needs to be accessed, authorised health staff who are looking after you (i.e. the ambulance, the Royal Flying Doctors Service, Aged Care, community nurses, GP nurses, hospital nurses) can see your important documents when needed.
- If you only have private hospital record, it is worth sending a second copy to the hospital and uploading your documents to the My Health Record – see the website: www.myhealthrecord.gov.au or ask your GP for help.
- Remember, the Statewide Office of Advance Care Planning can audit all Queensland ACP documents to ensure they are legally correct.

Where do I find the QLD ACP forms?

- www.mycaremychoices.com.au
- Phone the Statewide Office of Advance Care Planning 1300 007 227
- Ask your GP

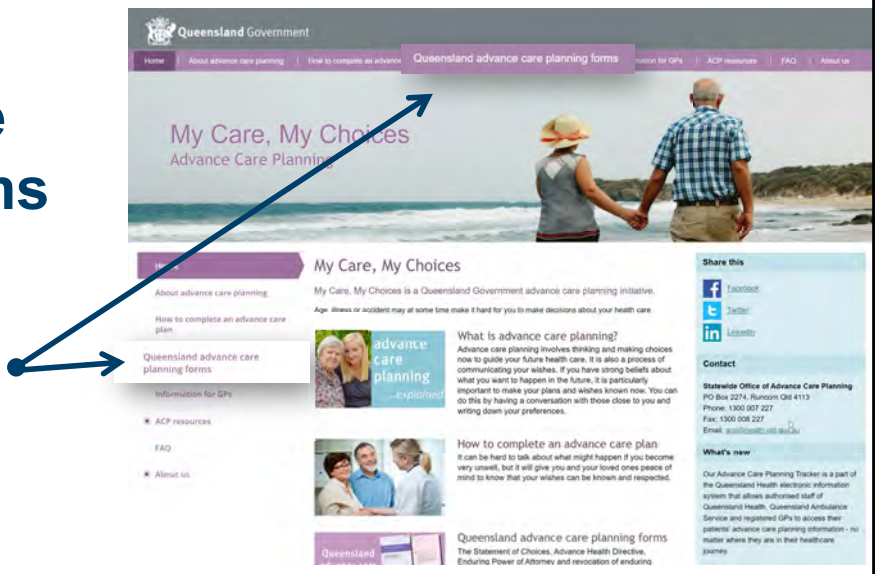
ACP Community Champion notes:

Suggested speaking points

- You can download and print the forms directly from the My Care My Choices website.
- If you are having trouble call the Statewide Office Of Advance Care Planning. They will post or email them to you.
- Your Doctor can also do this for you.

Advance care planning forms

www.mycaremychoices.com.au



ACP Community Champion notes:

Instructions on navigating mycaremychoices

- Open the mycaremychoices web page.
- On the left hand side there is a column with a list written in purple.
- Click on the ‘Queensland advance care planning forms’ link.
- You can then click on the forms and print them.
- This website also has resources in English and 14 other languages.
- Resources are available for Aboriginal and Torres Strait Islander people
- There are also factsheets, videos, explanatory notes for forms, and tip sheets

Metro South Health

Step 5. Revise and Update

Your advance care planning documents should be reviewed:

- ☑ When your health, personal or living situation changes.
- ☑ When your preferences change.
- ☑ If you wish to change who you have appointed as your attorney for health.
- ☑ Every 12 months.

ACP Community Champion notes:

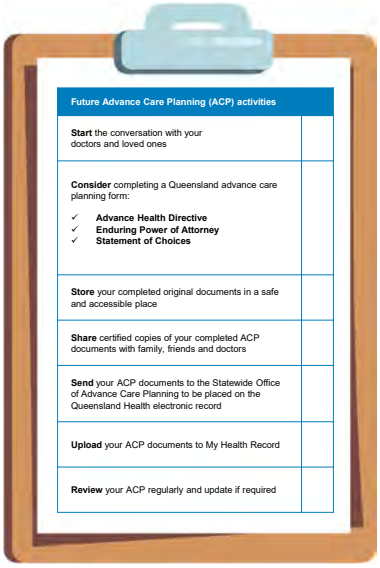
Suggested speaking points

- It is important to review your ACP documents regularly.
- You may change your documents whenever you like while you still have capacity.
- We suggest you do this annually but also if things change. Just to make sure that your documentation remains in line with your wishes.
    - When your health, personal or living situation changes.
    - When your preferences change.
    - If you wish to change who you have appointed as your attorney for health.
- Remember, if you have changed a document, make a copy and send the updated version to the Statewide Office of Advance Care Planning.

Your Future Health Care Checklist

Advance care planning is a voluntary process

1. Start the conversation with your doctors and loved ones
2. Consider completing a Queensland advance care planning form:
    - Advance Health Directive
    - Enduring Power of Attorney
    - Statement of Choices
3. Store your documents in a safe place
4. Share certified copies of your documents with family, friends and doctors
5. Send to the Statewide Office of Advance Care Planning
6. Upload to My Health Record
7. Review and update if required



ACP Community Champion notes:

Recap

- Let's recap: Advance care planning is a voluntary process. You may like to consider completing one, all or none of the documents discussed today. You may prefer to simply have the conversation.
- If you are keen to go ahead, we have created a list to guide you.

Metro South Health

Quality healthcare every day

Thank you!

Questions and answers

04

Educational Resources and Support for ACP Community Champions

This section contains ACP services and contact details to support community.

ACP support services and resources

In this section we have provided information regarding advance care planning resources and support organisations. As an ACP Community Champion, you can refer community members to these groups for further information and support.

The resources and support offered in this section includes websites, factsheets, and brochures. Please see specifically Table 4.1 for a summary of ACP services and contact details to support your community.

Included are:

- Queensland Document Summary
- Table 4.1: Summary of ACP Services
- Contact details for:
    - The Statewide Office of Advance Care Planning
    - Advance Care Planning Australia
    - Palliative Care Queensland
    - Public Trustee
    - Office of the Public Guardian
    - Queensland Civil and Administrative Tribunal
    - Justice of the Peace.
- Statewide Office of Advance Care Planning brochure
- Office of Public Guardian factsheets
    - Advance Health Directive
    - Enduring Power of Attorney
    - Understanding the role of the Statutory Health Attorney.

Queensland Document Summary

Advance Care Planning (ACP) in Community

Brisbane South Palliative Care Collaborative
Metro South Palliative Care Service
Queensland Government

What is the purpose?	Is it legally binding?	Who signs it?			
		GP/Dr/ Nurse Practitioner	Person with capacity	Nominated attorney	JP/Comm Dec/ Notary Public/ Lawyer
Advance Health Directive					
Gives direction about your future health care in specific medical circumstances. It also allows you to appoint an attorney for health.	Yes, the document is legally binding.	✓	✓	✓	✓
Enduring Power of Attorney					
Nominates one or more person/s to make decisions on your behalf for health and/or financial matters.	Yes, the document is legally binding.		✓	✓	✓
Statement of Choices Form A					
Provides guidance to substitute decision maker and clinicians about a person's views, wishes and preferences for care in the event they are unable to make those health care decisions for themselves.	No, but can have legal affect.	✓	✓		
Statement of Choices Form B					
Provides guidance to substitute decision maker and clinicians about a person's views, wishes and preferences for care in the event they are unable to make those health care decisions for themselves.	No, but can have legal affect.	✓		✓*	

For further information please contact Statewide Office of Advance Care Planning. **Phone** 1300 007 227 or **Email** acp@health.qld.gov.au

*can be signed by the substitute decision maker.

Table 4.1 ACP Services

Statewide Office of Advance Care Planning	
Phone: 1300 007 227 **Fax:** 1300 008 227 **Contact Hours:** Monday to Friday, 7:30am to 4pm **Website:** www.mycaremychoices.com.au	The Statewide Office of Advance Care Planning is a statewide service that helps promote the important process of advance care planning (ACP), and a standardised clinical approach to receiving reviewing and uploading ACP documents. They help community by: • Providing information and resources about advance care planning to a diverse range of communities • Adding ACP documents to the Queensland Health electronic hospital record for authorised clinicians to view • Sharing health care views, wishes and preferences with clinicians involved in a person's care • Connecting people to advance care planning services in their local community.
Advance Care Planning Australia	
Phone: 1300 208 582 **Contact Hours:** Monday to Friday, 9am to 5pm **Website:** www.advancecareplanning.org.au	Advance Care Planning Australia is a government funded organisation whose work covers many fields related to advance care planning including: • Volunteer support and opportunities • Bespoke information for diverse communities and specific health needs • Advice and support on ACP across Australia • Education and training guidance and support for health professionals, carers and community • Education frameworks for educators • Research on ACP.
Palliative Care Queensland	
Phone: 07 3842 3242 **Contact Hours:** Monday to Friday, 9am to 4pm **Website:** www.palliativecareqld.org.au	Palliative Care Queensland is a charity and peak body representing palliative care providers. They provide resources and support for carers and health professionals on: • Palliative Care • Grief and bereavement • Negotiating end-of-life support services • Palliative Care Queensland consultancy and support services • Palliative Care Queensland Networks and Community of Practices.

Office of the Public Guardian	
Phone: 1300 653 187 **Fax:** 07 3738 9496 **Contact Hours:** Monday to Friday, 9am to 4pm **Website:** www.publicguardian.qld.gov.au	The Office of the Public Guardian (OPG) is an independent statutory office established to protect the rights, interests, and wellbeing of adults with impaired decision making. The purpose of the OPG is to advocate for the human rights of their clients: this means advocating for their rights, access to services, independence, and choice as part of a supported decision-making model. The OPG does not manage a person's money and cannot make any decisions regarding money or finances.
Public Trustee	
Phone: 1300 360 044 **Contact Hours:** Monday to Friday, 9am to 4pm **Website:** www.pt.qld.gov.au	The Public Trustee is an authority that helps make decisions that enhance the dignity, rights, and interests of Queenslanders. They do not help with health decision. The Public Trustee: • Provide a free will making kit and enduring power of attorney service • Help Queensland's most vulnerable and are often appointed as financial administrator for people who have impaired capacity and no one else to help them manage money • Help people manage investments and trusts for beneficiaries who are either minors or have a disability, and are Trustee for many trusted philanthropic trusts and organisations.
Queensland Civil and Administrative Tribunal	
Phone: 1300 753 228 **Contact Hours:** Monday to Thursday, 8:30am to 3pm, Friday 8:30am to 12pm **Website:** www.qcat.qld.gov.au	QCAT is an independent accessible tribunal that efficiently resolves disputes on a range of matters. When considering advance care planning QCAT can help with decision making for adults with impaired capacity who have not nominated and enduring power of attorney and may not have an individual who can act as a statutory health attorney.
Justice of the Peace	
Phone: 13 74 68 **Website:** https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/about-justice-of-the-peace/search-for-your-nearest-jp-or-cdec	Most Queensland ACP Documents need the signature of a legal witness. Please access this site/phone number to contact a legal witness local to your community.

Metro South Health

The Statewide Office of Advance Care Planning

1300 007 227 (Fax: 1300 008 227)

acp@health.qld.gov.au

PO Box 2274, Runcorn QLD 4113

The Statewide Office of Advance Care Planning, hosted by Metro South Health, promotes the important process of advance care planning. The staff at OACP are happy to answer queries and help with the forms, however do not give legal advice.

Metro South Health

Advance Care Planning Australia

SCAN TO VISIT WEBSITE

1300 208 582

Mon to Fri 9am-5pm

www.advancecareplanning.org.au

Advance Care Planning Australia (ACPA) is a government funded organisation whose work covers many fields related to advance care planning:

- Advice and support on ACP across Australia
- Education, training, guidance and support for health professionals carers and community.
- Education frameworks for educators
- Research on ACP
- Volunteer sup[port and opportunities
- Bespoke information for diverse communities and specific health needs.

ACPA believe advance care planning is a heartfelt conversation and a personal statement that goes beyond filling in a form. It's a commitment to honour and respect an individual's values, beliefs and choices.

Metro South Health

Palliative Care Queensland

07 3842 3242

Mon to Fri 9am-4pm

www.palliativecareqld.org.au

SCAN TO VISIT WEBSITE

Palliative Care Queensland is a charity and peak body representing palliative care providers. They provide resources and support for carers and health professionals.

Metro South Health

Office of the Public Guardian

SCAN TO VISIT WEBSITE

1300 653 187 (Fax: 07 3738 9496)

Mon to Fri 9am-4pm

www.publicguardian.qld.gov.au

The Office of the Public Guardian (OPG) is an independent body working to protect the rights and interests of adults who have impaired decision-making capacity. They may be called upon to make health care decisions directly on behalf of an individual or may provide assistance to their substitute decision-maker. For adult clients, this means advocating for their rights, access to services, independence and choice as part of a supported decision-making model.

The Office of the Public Guardian does not manage a person's money, and cannot make any decisions regarding money or finances. Financial administration for people with impaired decision-making capacity is often handled by The Public Trustee of Queensland.

Metro South Health

Public Trustee

SCAN TO VISIT WEBSITE

1300 360 044

Mon to Fri 9am-4pm

www.pt.qld.gov.au

The Public Trustee is a Authority that helps to make decisions that enhance the dignity, rights and interests of Queenslanders. They do not help with health decisions. The Public Trustee provides a free will-making service for all Queenslanders and offers to make Queenslander's enduring powers of attorney.

They also help some of Queensland's most vulnerable and are often appointed as financial administrator for people who have impaired capacity and no one else to help them manage their money. They can help to manage investments and trusts for beneficiaries who are either minors, or have a disability and are Trustee for many trusted philanthropic trusts and organisations.

Metro South Health

Queensland Civil and Administrative Tribunal

SCAN TO VISIT WEBSITE

1300 753 228

Mon to Thurs 8:30am-3pm
Fri 8:30am-12pm

www.qcat.qld.gov.au

The Queensland Civil and Administrative Tribunal (QCAT) is an independent, accessible tribunal that efficiently resolves disputes on a range of matters

Metro South Health

Justice of Peace

13 74 68

Find your nearest JP:
https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/about-justice-of-the-peace/search-for-your-nearest-jp-or-cdec

SCAN TO VISIT WEBSITE

Google Justice of the Peace and you will take you to a site that will search your closest JP/Comm Dec.

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References

This section contains the references used for the contents of the guide.

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