

ACCEPT Study

Assessment of Degree of System Implementation

This questionnaire is to be filled out by a **Hospital staff member with responsibility for overall unit or specific involved program(s)** from which patients are recruited (e.g. Patient Care Coordinator, Manager).

Audit of Communication, CarE Planning, and DocumenTation:

A multicenter, prospective study

The ACCEPT Study

Date: _____ Hospital Name: _____

Program/Department/Unit: _____

Total number of beds/admitted patients in your unit: _____

Name of respondent: _____

Title and description of responsibilities of above individual: _____

Definitions:

Advance Care Planning (ACP): the facilitation of understanding, reflection, and discussion of choices for future medical care, including determination of goals of care in in-patient units.

Goals of Care conversation: the facilitation of understanding, reflection, and discussion of considerations of medically suitable treatment options, such as the use or non-use of life sustaining technologies like CPR

Advance Directives (AD): Specific instructions or written documentation that the patient has completed (e.g. Personal Directives/Living Wills) with documentation of choices for future medical care, including end-of-life choices.

Medical Orders: including Goals of Care Designation/DNR/MOST regarding resuscitation and levels of care.

Please answer the following questions:

	Yes	No
Is there a mechanism in place to enable access to the most current ACP/GCD documents with the patient in other settings within the healthcare system (i.e., electronic medical record, paper files)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution use a standardized folder or other strategy to locate Advance Care Plan/Goals of Care documents in the medical record?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution ensure that clinical staff has access to the necessary professional development resources to ensure advance care planning facilitation skills can be attained or maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution have documented advance care planning policies and/or procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution have policies and procedures in place so that 'high risk' (as defined by the institution) patients participate in ACP/GCD processes?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution have a continuous quality improvement initiative that audits and provides feedback to teams on specific advance care planning elements outlined in previous items?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution's management evaluate advance care planning knowledge and skills amongst relevant staff?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Institution have a process in place whereby patients with a specific disease, such as advanced Chronic Obstructive Pulmonary Disease, cancer, neurological disease, or heart failure, are offered disease-specific advance directives?	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your participation in this survey.