

**Audit of Communication, CarE Planning, and
DocumenTation:
A multicenter, prospective study**

The ACCEPT Study

**Case Report Form to be used with the
SHORT VERSION (SELF-ADMINSTERED)**

Hospital or Acute Care Setting

To be completed by hospital staff

Date

____-____-____
DD MMM YYYY

Section 5: Documentation of ACP/AD In the Medical Record after questionnaire completion.

1. At the time of questionnaire completion, who is the most responsible person/service looking after the patient?

- Primary Care Physician (i.e. patient's own GP) Hospitalist service
 Clinical Teaching Unit (CTU) Sub-specialty service
 Other: _____

2. A) Does your hospital use a standardized folder or any other strategy to easily localize ACP/AD tools in the medical record?

- Yes No

B) If yes, was the folder on the chart on the day the questionnaire was completed?

- Yes No

3. Were there any elements of ACP/GCD documented on the medical chart on the day the questionnaire was completed?

- Yes No

If Yes, specify below (only fill out the rows that are relevant).

Contents	Tool completed?	Completion Date YYYY-MM-DD	GoC Specified on Document (use taxonomy on last page)
a) Goals of care designation/level of Intervention/MOST Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
b) DNR/DNAR/No CPR form/Options for care order/R3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
c) Representation agreement/ Personal Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
d) ACP Tracking Record	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
e) Advance Directive	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
f) Generic Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
g) "My voice"/ "Respecting Choice"/ "Let me Decide" documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		
h) Other, please specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially		

4. Is there evidence in the chart that some member of the health care team attempted to reach the family physician or a community care worker (e.g. nursing home worker) about this patient's prior expressed wishes?

- Yes No

Comorbidities

0. NONE

MYOCARDIAL

- 1. Angina
- 2. Arrhythmia
- 3. Valvular
- 4. Myocardial infarction
- 5. Congestive heart failure (or heart disease)

VASCULAR

- 6. Hypertension
- 7. Peripheral vascular disease or claudication
- 8. Cerebrovascular disease

PULMONARY

- 9. Chronic obstructive pulmonary disease (COPD, emphysema)
- 10. Asthma

NEUROLOGIC

- 11. Dementia
- 12. Hemiplegia (paraplegia)
- 13. Stroke or TIA
- 14. Neurologic illnesses (such as Multiple sclerosis or Parkinsons)

ENDOCRINE

- 15. Diabetes Type I or II
- 16. Diabetes with end organ damage
- 17. Obesity and/or BMI > 30 (weight in kg/(ht in meters)²)

RENAL

- 18. Moderate or severe renal disease

GASTROINTESTINAL

- 19. Mild liver disease
- 20. Moderate or severe liver disease
- 21. GI Bleeding
- 22. Inflammatory bowel
- 23. Peptic ulcer disease
- 24. Gastrointestinal Disease (hernia, reflux)

CANCER/IMMUNE

- 25. Any Tumor
- 26. Lymphoma
- 27. Leukemia
- 28. AIDS
- 29. Metastatic solid tumor

PSYCHOLOGICAL

- 30. Anxiety or Panic Disorders
- 31. Depression

MUSKOSKELETAL

- 32. Arthritis (Rheumatoid or Osteoarthritis)
- 33. Degenerative Disc disease (back disease, spinal stenosis or severe chronic back pain)
- 34. Osteoporosis
- 35. Connective Tissue disease

MISCELLANEOUS

- 36. Visual Impairment (cataracts, glaucoma, macular degeneration)
- 37. Hearing Impairment (very hard of hearing even with hearing aids)

Goals of Care Designation Taxonomy

Alberta: R1 R2 R3 M1 M2 C1 C2

Refer to the Alberta Health Services Goals of Care Designation Order for a description of each designation.

British Columbia:

St Pauls: DNAR DNAR1 DNAR2 DNAR3 DNAR4 Full CPR

Refer to Providence Healthcare DNAR orders for descriptions of each goals of care designation

Fraser Health: DNR M1 DNR M2 DNR M3 DNR C1 DNR C2 CPR C2

Refer to Fraser Health Medical Orders for Scope of Treatment form for descriptions of each goals of care designation

All other regions: 1 2 3 4 5 6 7 8

- 1 Use machines and all possible measures including resuscitation (CPR) with a focus on keeping me alive at all costs.
- 2 Use machines and all possible measures with a focus on keeping me alive but if my heart stops, no resuscitation.
- 3 Use machines only in the short term to see if I will get better but if my illness is prolonged, change focus to comfort measures only. If my heart stops, no resuscitation (CPR).
- 4 Use full medical care to prolong my life but if my heart or my breathing stops, no resuscitation (CPR) or breathing machines.
- 5 Use comfort measures only with a focus on improving my quality of life and comfort. Allow natural death and no artificial prolongation of life and no resuscitation.
- 6 Unsure, documentation unclear
- 7 No documentation
- 8 Other, specify: _____