GENERIC HEALTH RECORD REVIEW FORM

Study ID number
Study site
Date form completed ___ /___ /___

SECTION 1. TYPE AND PLACE OF DOCUMENTATION		
1. Can you find any Advance Care Planning (ACP) documentation regarding health and personal care and preferred health outcomes within 15 minutes?	☐ Yes (If YES, please complete the date of most recent documentation) ☐ No (If NO, go to Section 2)	Date of most recent documentation __/__/__
2. How long did it take you to find the ACP documentation?	☐ Less than 5 minutes ☐ 5-10 minutes ☐ 10-15 minutes	
3. Where did you find the ACP documentation? (please tick all that apply)	☐ Paper record ☐ Electronic record	
4. In which section of the record did you find the ACP documentation? (please tick all that apply)	☐ Specified area for ACP documentation ☐ Legal section ☐ Notes section ☐ My Health Record ☐ Other (please specify)_____	
5. What type of documentation did you find? (please tick all that apply)	☐ Statutory ACD - preferences for care (if YES please go to Question 6) ☐ Statutory ACD - SDM appointed by the person (If YES, please go to Question 7)	

	☐ Interstate statutory ACD - preferences for care ☐ *ACT: Health Direction* ☐ *NT: Direction Under Natural Death Act (prior to 17/03/2014)* ☐ *NT: Advance Personal Plan (from 18/13/2014)* ☐ *QLD: Advance Health Directive* ☐ *SA: Anticipatory Direction (prior to 01/07/2014)* ☐ *SA: Advance Care Directive (from 02/07/2014)* ☐ *TAS: Enduring Guardian (a statutory document that contains information about preferences for care)* ☐ *VIC: A Refusal of Treatment Certificate (competent)* ☐ *VIC: A Refusal of Treatment Certificate (incompetent)* ☐ *WA: Advance Health Directive* ☐ Interstate statutory ACD - SDM appointed by the person ☐ *ACT: Enduring Power of Attorney (HealthCare Matters)* ☐ *NSW: Enduring Guardian* ☐ *NT: Enduring Power of Attorney (prior to 17/03/2014)* ☐ *NT: Decision Maker (Healthcare Matters) (from 18/13/2014)* ☐ *QLD: Enduring Power of Attorney (Personal Matters)* ☐ *SA: Medical Power of Attorney (prior to 01/07/2014)* ☐ *SA: Advance Care Directive – Substitute Decision Maker Appointment (from 02/07/2014)* ☐ *TAS: Enduring Guardian* ☐ *VIC: Enduring Power of Attorney Medical Treatment* ☐ *VIC: Enduring Power of Guardianship (prior to 31/08/15)*

	☐ *VIC: Enduring Power of Attorney (Personal Matters) (from 01/09/2015)* ☐ *WA: Enduring Guardian* ☐ Non-statutory or common law ACD documentation (If YES please go to Question 8) ☐ Other documentation (If YES please go to Question 9) (please specify)
6. Details of the person's statutory ACD documentation (preferences for care)	☐ Yes, there is a copy in the record ☐ No – I did not find a copy of a statutory ACD (preferences for care), but the record indicates the person has completed one. ☐ No document or notes (regarding the existence of it) located in the record
	If YES, please specify the name of the document
	Was the document signed ☐ Yes ☐ No (Please proceed to the next question)
	Who signed the document? (please tick all that apply) ☐ Person ☐ Doctor ☐ Legal practitioner ☐ Justice of Peace ☐ SDM appointed by the person ☐ Unable to determine ☐ Signatures were not found ☐ Other (please specify)
	☐ Not Applicable
	Is the document signed in accordance with legislation? ☐ Yes

	☐ No ☐ I don’t know
7. Details of the person’s statutory ACD – SDM appointed by the person	☐ Yes, there is a copy in the record ☐ No - did not find a copy of the statutory ACD (SDM appointed by the person), but the record indicates the person has completed one. ☐ No document or notes (regarding the existence of it) located in the record
	If YES, please specify the name of the document
	What is the relationship of the substitute decision maker to the person? (Please tick all that apply) ☐ Spouse/partner ☐ Child ☐ Sibling ☐ Other family ☐ Friend ☐ Other (please specify) ☐ Not stated
	Was the document signed? ☐ Yes ☐ No (Please proceed to the next question)
	Who signed the document? (please tick all that apply) ☐ Person ☐ Doctor ☐ Legal practitioner ☐ Justice of Peace

	☐ Appointed decision maker ☐ Unable to determine ☐ Signatures were not found ☐ Other (please specify)
	☐ Not Applicable
	Is the document signed in accordance with legislation? ☐ Yes ☐ No ☐ I don't know
8. Details of the person's non-statutory ACD documentation	☐ Yes, there is a copy ☐ No – I did not find a copy of a non-statutory ACD but the record indicates the person has completed one. ☐ No document or notes (regarding the existence of it) located in the record
	If YES, please specify the name of the document
	Was the document signed? ☐ Yes ☐ No (Please proceed to the next question)
	Who signed the document? (Please tick all that apply) ☐ Person ☐ Doctor ☐ Legal practitioner ☐ Justice of Peace ☐ Appointed decision-maker ☐ Unable to determine

	☐ Signatures were not found ☐ Other (please specify)
9. Details of the person's other type of ACP documentation (please tick all that apply)	Please specify the name(s) of the document(s)_____
	The document(s) are in the form of (please tick all that apply): ☐ Notes ☐ Charts ☐ Letters ☐ Goals of Care with person's wishes clearly stated ☐ Evidence or statement of family awareness of person's advance care plan (please specify)_____ ☐ Other correspondence (please specify)_____
	Who completed the documentation? ☐ Person ☐ Doctor ☐ Nurse ☐ Other (please specify)
PERSON'S PREFERENCES	
10. In the person's ACP documentation did it include documentation of their preferences for care?	☐ Yes ☐ No (If NO go to SECTION 2)
	If YES, what is selected? ☐ Life prolonging treatment ☐ Life prolonging treatment with specific outcomes / or some limitations of treatment ☐ No life prolonging treatment ☐ Person wants to delegate decisions to another person (e.g. SDM)

11. Other preferences (please tick all that apply)	☐ Preferred place of care/location (please specify) ☐ Preferred place of death/location (please specify) ☐ Other preferences and values (please specify) ☐ None
SECTION 2. MEDICAL ORDERS	
12. Is there a medical order?	☐Yes ☐ No (go to SECTION 3)
13. Does the medical order limit treatment?	☐ Yes ☐ No (Please go to **Question 15**)
14. What are the limitations on the order?	**If there is a limitation on treatment (please tick all that apply):** ☐ Not for cardiopulmonary resuscitation (CPR) ☐ Not for intubation ☐ Not for intensive care unit (ICU) ☐ Not for hospitalisation ☐ Not for antibiotics ☐ Other limitations (please specify)_____
15. Does the medical order acknowledge the person's ACD/advance care plan?	☐ Yes ☐ No ☐ Not applicable (no ACD or advance care plan) ☐ Unclear
16. If there is an ACD/advance care plan, are the medical orders consistent with the person's wishes?	☐ Yes ☐ No ☐ Unclear ☐ Not applicable (no ACD or advance care plan)

17. Does the medical order acknowledge discussion with the person?	☐ Yes ☐ No, not documented ☐ No, reason for not discussing with person is documented (e.g. person not competent)
18. Does the medical order acknowledge discussion with person's family?	☐ Yes ☐ No, not documented ☐ No, reason for not discussing with family is documented (e.g. discussed with person, no family available)
SECTION 3. PERSON'S DETAILS	
19. Age	
20. Sex	☐ Male ☐ Female ☐ Indeterminate/Intersex/Unspecified
21. Postcode	
22. Country of birth	☐ Australia ☐ Other (please specify)_____ ☐ Unknown – information not available in record
23. Indigenous status	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Neither ☐ Not stated (information not available in record)
24. Ethnicity	☐ Available (please specify) ☐ Unknown – information not available in record

25. Religion	☐ Available (please specify) ☐ Unknown – information not available in record	
26. Language status	☐ Speaks English ☐ Interpreter required (please specify the language) ☐ Unknown – information not available in record	
27. Date of person's admission/visit		
28. Person came from	☐ Aged care facility ☐ Hospital ☐ Home ☐ Other (please specify)_____ ☐ Unknown	
29. Medical condition (please tick all that apply)	☐ Circulatory system ☐ Respiratory system ☐ Neurological system ☐ Gastrointestinal system ☐ Musculoskeletal and connective tissue ☐ Endocrine, nutritional and metabolic disorders ☐ Urinary/excretory and reproductive ☐ Cancer ☐ Mental Illness ☐ Dementia ☐ Other (please specify) _____	
30. Is this person receiving palliative care?	☐ Yes	If Yes, is the palliative care from the specialist palliative care service?

	☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
31. Eastern Cooperative Oncology group (ECOG) performance status – this is a scale used to assess how a person's disease is progressing and how the disease impacts the daily living abilities of the person. This information can help to determine appropriate treatment and prognosis	☐ Fully active, able to carry on all pre-disease performance without restriction ☐ Restricted in physically strenuous activity, but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work ☐ Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours ☐ Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours ☐ Completely disabled; cannot carry on any selfcare; totally confined to bed or chair ☐ Information not available	

Staff member to complete	
Person's ability to participate in this survey (please choose one option)	☐ Person is able to participate ☐ Person does not want to take part in the study ☐ Person is unable to consent ☐ Person does not speak English ☐ Other (please specify) _____