

This version of the Advance Care Planning (ACP) Screening Interview tool can be used to introduce ACP with a person who may need support to take part in the ACP discussion due to early or moderate dementia.

Knowing whether or not a person has capacity to make decisions is not always clear. Generally, when a person does not have capacity to make a particular decision they cannot:

- Understand and appreciate the facts and choices involved
- Weigh up the consequences
- Communicate the decision

A person's ability to make decisions may also fluctuate over time depending on their health or stress levels.

People should be supported to make their own healthcare decisions as much as possible. When this is not possible, it is then appropriate to discuss ACP with the appropriate **Substitute Decision Maker(s)**.

There is another version of this Advance Care Planning Screening Interview tool that can be used to initiate ACP discussions with the Substitute Decision Maker when the person themselves can no longer make their own health care decisions (e.g. due to advanced dementia).

Notes for Interviewer

Suggested introduction

“As part of our routine care, we ask everyone about their future health wishes. Are you OK to talk with me about this for about 10 minutes?”

OR

“In the next 10 minutes or so, could I ask you a few questions about your future health wishes?”

Consider adding: “Your answers will give me useful information about your needs and wishes and allow me to work out the best way to help care for you”

What is Advance Care Planning?

Advance Care Planning is a process that helps to plan for a person's future health care. This process involves helping the person to think about their values, beliefs and wishes about the health and medical care they would want if they become more unwell or unable to make decisions for themselves. It is a way to make sure that the person's wishes and values are taken into account when planning their care. As part of Advance Care Planning, you may choose to write down your wishes to help guide others who may need to make decisions for you in the future.

Instructions for use

The numbered questions written in bold are questions for the interviewer to ask the client/resident/patient (i.e. the person living with early to moderate dementia) and record their responses. There are prompts and notes for the interviewer with some requiring a written response. On page 4, there is space to write additional notes about the resident/client/patient's wishes or other topics that come up during the interview.

For further information about Advance Care Planning, and substitute (or surrogate) decision making legislation and the appointment of formal legal medical enduring guardians (or equivalent) in your state please refer to:

Advance Care Planning Australia <http://advancecareplanning.org.au>

End of Life Law for Clinicians in Australia <https://end-of-life.qut.edu.au/treatment-decisions/adults/state-and-territory-laws>

1. Have you thought about who you would like to make medical decisions for you if you become too unwell to speak for yourself? If so, who?

Spouse
 Family/friend carer
 Relative
 Friend
 Not sure
 No-one identified

Is this person's name and contact details listed below or clearly recorded in the resident/client/patient's records?

Yes No N/A

Preferred Substitute Decision Maker's Name:

First contact number:

Second contact number:

2. Have you ever signed a legal document to appoint someone to make health decisions on your behalf if you were unable to?

Yes No

Note:

- There are different terms for this in each state/territory
- This is different to appointing someone to make money or finance decisions

If so, is a copy of the documentation available in the resident/client/patient's records?

Yes No N/A

If so, is this person's contact details listed above or in the resident/client/patient's records?

Yes No N/A

Note:

- It is important to encourage the person to legally appoint their preferred Substituted Decision Maker (SDM) if they still have capacity to do so, especially if their preferred SDM is someone who might not automatically be consulted according to the [Hierarchy in your state/territory](#).
- Consider providing a copy of the Advance Project resource **“Who will speak for you if you can't speak for yourself”**

3. Have you talked to (name of preferred Substitute Decision Maker) or other family or friends about your wishes for medical treatment and care in case you become seriously ill or unable to make your own decisions?

Yes No

If yes, with whom?

4. Have you talked to a doctor about your wishes for medical treatment and care in case you become seriously ill or unable to make your own decisions?

Yes No

If yes, with whom?

5. Have you ever written down your wishes for medical treatment and care in case you become seriously ill or unable to make your own decisions?

Yes No

If so, in what type of document?

If so, when was this last reviewed?

Date:

Where do you keep a copy?

Is a copy available in the resident/client/patient's record?

Yes No N/A

Is a copy available in their My Health Record?

Yes No N/A

6. Have you heard of Advance Care Planning?

Yes No

Explain to the person about Advance Care Planning using the script on page 1 as necessary.

7. Would you be comfortable to have a meeting with a member of our team to further discuss Advance Care Planning?

Yes No

8. Which family members (or other people, e.g. close friend or spiritual/community leader) would you like to be there to support you during the Advance Care Planning discussion? (list names and relationships below)

Arrange further follow up meeting to discuss Advance Care Planning as appropriate.

9. If answer to question 7 is 'No': Would you be comfortable for a member of our team to have a meeting with (name of person's preferred Substitute Decision Maker) to discuss your future care?

Yes No N/A

10. Is there anything you would like our team to know about your wishes or priorities for health care now or in the future?

(record details on the next page if more space is required)

Yes No

11. Do you have any questions or concerns that you would like to talk about at the Advance Care Planning discussion? (or prompt the person and their family to write down their questions and bring them to the meeting)

(record details on the next page if more space is required)

Yes No

If appropriate, provide the resident/client/patient with a copy of the Advance Project "Planning together" guide to talk about and possibly complete with their preferred Substitute Decision Maker and/or support person(s) prior to the follow up meeting.

Resident/Client/Patient's Name:

Date of entry:

12. Please rate your level of comfort with our conversation today.

- Very comfortable
- Somewhat comfortable
- Uncomfortable

Was the preferred Substitute Decision Maker present during the screening interview?

Yes No

Was anyone else present?

Yes No

If so, what was their name and relationship to the resident/client/patient?

Notes about the resident/client/patient's wishes or priorities about their future health care:

Notes about the resident/client/patient's questions or concerns they would like to discuss at the Advance Care Planning meeting:

Time taken to complete the interview (minutes)

Interview completed by: