Medical Care Guidance (MCG)

What: The development of a parallel process to ACP for patients who permanently lack capacity.

Why/rationale: As ACP became more established in Canterbury we saw an increasing number of ACPs and Advance Directives (ADs) being submitted on behalf of a person who did not have capacity to create their own. While the information captured was important it did not meet the criteria for a valid AD.

The MCG was an opportunity to develop a consistent process to support ACP in those permanently lacking capacity in Canterbury, using Right 7(4) of The Code as a framework.

Who: Canterbury DHB

Benefits/value added:

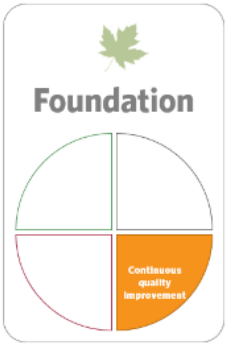
- Many of those in ARC facilities have fluctuating or permanent loss of decision-making capacity. The MCG provides a framework to support decision making in this context.
- Provides a consistent reference point for locum staff who do not know the patient and may be called on to make decisions about escalation of care out of hours (nursing and medical).
- The discussions surrounding an MCG creation provides an opportunity for preparatory thinking for family and staff ahead of a medical crisis.
- The MCG flags any potential variance in thinking between family and medical staff ahead of a medical crisis.
- Scope for ARC registered nurse to be involved in family/EPA discussion for most of MCG detail but must be signed off by doctor.
- MCG provides a template and process that meets external auditing criteria.
- Resuscitation status clearly defined.

Risks/challenges:

- The ARC and intellectual disability sector would not see the value in the MCG.
- Key staff working in older persons' health would not see the value in the MCG.
- ARC facilities may have own ARC branded documents and be reluctant to adopt an alternative template and process.
- General practitioners would not see the value in MCG and will decline to support the process. Feedback or comments we have encountered include: resistance to another process that is new, questions about legal standing and/or lack of time.

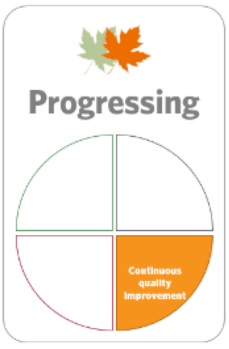
Steps: How this looked on the ground

Foundation



1. The ACP team drafted the MCG following Right 7(4) of The Code and in consultation with ARC, medical, legal and ethicist representatives. The MCG aims to capture:
    - the thoughts of the person (to their level of capacity)
    - the thoughts of those close to the person including:
        - any activated legal representatives (EPA or Welfare Guardian)
        - family/whānau etc.
    - the appropriate level and goals of medical care (a medical decision)
    - the discussions that have taken place around this
    - any divergent viewpoints.
2. Six ARC facilities trialled the form supported by a clinical nurse specialist. All trial facilities had some patients with dementia.
3. External auditors monitored use of the MCG and provided feedback on its content and compliance with audit requirements.
4. Alterations made and first version of MCG finalised.
5. Administration process established for submitting, reviewing and publishing an MCG.
6. Health Pathways webpage created to support health care staff working with MCG.
7. Health Info pages created to provide consumer information about MCG and support conversations.
8. Negotiated with planning and funding department to allow general practitioners who create MCG to be eligible for the ACP subsidy.

Progressing



1. Roll-out across district:
    - meetings with ARC facilities to introduce MCG, rationale for use and opportunities for support
    - teaching sessions with staff of participating ARC facilities
    - teaching sessions with those closely involved in the sector (eg, HCOE consultants and nurse specialists).
2. Promotion with and to GP teams.
3. Presentation by Dr Rachel Wiseman at Christchurch Hospital Grand Round.
4. Inclusion of an MCG slide/s in all ACP teachings/education to sector (both consumer and health care) to develop a health professional's skill base across specialties to advocate for and complete MCGs.

5. International promotion with poster outlining process for MCG creation submitted to International ACP conference (ACPEL) Banff, Canada September 2017.

Impact:

1. 36 MCG's published as of 31st December 2017.
2. Several facilities have adopted ACP as part of their standard policy and processes when admitting new dementia patients.
3. Article included in Ministry of Health's 'HealthCert Bulletin' (page 5).

Future opportunities:

1. We are currently in discussions to enable the ACP subsidy to be accessed by ARC facilities who have lead the MCG process for their residents.
2. Processes being established with paediatrics to include MCG as part of the transition process for patients moving from the child to adult health services if permanently unable to make decisions about their own health care (see process example).