Site # Physician# Participant #

<u>Audit of Communication, CarE Planning, and DocumenTation</u>

The ACCEPT Study

Chart Abstraction Form

For the Family Practice Patient

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Site #	Physician#	Participant #

Health Co	enditions
Are there any existing comorbidities documented in Yes, select all that apply No, not able	•
(Instructions: Examine the cumulative patient profit the current list of medications to determine chronic has been considered as a second	·
Consult the Medications Associated with Health Con	nditions resource
0. NONE	
MYOCARDIAL 1. Angina 2. Arrhythmia 3. Valvular 4. Myocardial infarction 5. Congestive heart failure (or heart disease)	GASTROINTESTINAL 18. Mild liver disease 19. Moderate or severe liver disease 20. GI Bleeding 21. Inflammatory bowel 22. Peptic ulcer disease 23. Gastrointestinal Disease (hernia,reflux)
VASCULAR 6. ☐ Hypertension 7. ☐ Peripheral vascular disease or claudication 8. ☐ Cerebrovascular disease (Stroke or TIA)	CANCER/IMMUNE 24. Any Tumor 25. Lymphoma 26. Leukemia 27. AIDS 28. Metastatic solid tumor
PULMONARY 9. Chronic obstructive pulmonary disease (COPD, emphysema) 10. Asthma	PSYCHOLOGICAL 29. ☐ Anxiety or Panic Disorders 30. ☐ Depression
NEUROLOGIC 11. Dementia 12. Hemiplegia (paraplegia) 13. Neurologic illnesses (such as Multiple sclerosis or Parkinsons)	MUSKOSKELETAL 31. Arthritis (Rheumatoid or Osteoarthritis) 32. Degenerative Disc disease (back disease, spinal stenosis or severe chronic back pain) 33. Osteoporosis 34. Connective Tissue disease
ENDOCRINE 14. ☐ Diabetes Type I or II 15. ☐ Diabetes with end organ damage 16. ☐ Obesity and/or BMI > 30 (weight in kg/(ht in meters)²	MISCELLANEOUS 35. Visual Impairment (cataracts, glaucoma, macular degeneration 36. Hearing Impairment (very hard of hearing even with hearing aids)
RENAL 17. Moderate or severe renal disease	

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Goals of Care Chart Abstraction

Instructions: Examine the area of the paper chart or electronic medical record where goals of care designation would routinely be recorded by this physician or practice.

Date of patient's c	linic visit:	/	_/	(DD/MMM/YYYY)	
Looking back 2 ye designation noted		•	linic visi	it, is there any goals of care (GoC	;)
□ Yes ↓	□ No (stop h	nere)			
What was the sour ☐ Patient pro ☐ Periodic he ☐ Advance D ☐ Other, spec	file (CPP) ealth exams i pirective docur	n the past 2 mentation	-		
Please select your Alberta Fraser Hea BCCA MOS	alth MOST ST				
Using the taxonon	ny for your re	gion, spec	ify the ex	existing Goals of Care designatio	n:

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Goals of Care designation Taxonomy

Alberta Goals of Care

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R1	Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care.
R2	Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation, intubation and ICU care, but excluding chest compression.
R3	Patient is expected to benefit from and is accepting of any appropriate investigations/interventions that can be offered including attempted resuscitation and ICU care, but excluding intubation and chest compression.
M1	All clinically appropriate medical and surgical interventions directed at cure and control of condition(s) are considered, excluding the option of attempted life-saving resuscitation followed by ICU care.
M2	All clinically appropriate interventions that can be offered in the current non-hospital location of care are considered. If a patient does not respond to available treatments in this location of care, discussion should ensue to change the focus to comfort care. Life-saving resuscitation is not undertaken except in unusual circumstances.
C1	All care is directed at maximal symptom control and maintenance of function without cure or control of an underlying condition that is expected to cause eventual death. Treatment of intercurrent illnesses can be contemplated only after careful discussion with the Patient about specific short-term goals.
C2	All care is directed at preparation for imminent death [usually within hours or days] with maximal efforts directed at symptom control.

Fraser Health MOST

	Symptom Control	Resuscitation	Intubation	ICU	Site Transfer	Treat reversible conditions
DNR M1	✓	Х	Х	Х	Х	Х
DNR M2	✓	Х	Х	Х	Х	✓
DNR M3	✓	Х	Х	Х	>	✓
DNR C1	✓	Х	Х	>	✓	✓
DNR C2	1	Х	✓	>	1	✓
CPR C2	✓	→	✓	>	1	1



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BCCA MOST

CPR 1	Do Critical care	Critical care interventions (transfer to CCU/ICU) including intubation. CPR
CPR 2	Critical care but no intubation	Critical care interventions excluding intubation. CPR Yes to Non-invasive ventilation
CPR 3	Critical care but no intubation, no non-invasive ventilation	Critical care interventions excluding intubation. CPR No to Non-invasive ventilation
DNR 1	Major Intervention	Full medical treatments including any major or surgical intervention excluding critical care. DNR
DNR 2	Additional Measures	Supportive care plus additional therapeutic measures e.g. antibiotics and other medications, intravenous therapy, tube feeding. DNR
DNR 3	Supportive Care only	Symptom management & comfort measures. Allow natural death. DNR

All other regions

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 measure 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: