

CHANGE CONCEPTS

new ways of thinking

A RESIDENT'S WISHES ARE ALWAYS SIGNIFICANT

THE SUBSTITUTE DECISION MAKER NEEDS TO UNDERSTAND THE ROLE.

CONSENT IS OBTAINED WHEN SOMETHING IS PROPOSED; NOT BEFORE.

A RESIDENT'S CAPACITY CAN COME AND GO; SO CAN THE ROLE OF THE SUBSTITUTE DECISION MAKER.

THE HEALTH CARE PRACTITIONER IS RESPONSIBLE FOR PROPOSING THE TREATMENT PLAN.

USUALLY LOCATION IS NOT RELEVANT; GOALS ARE.

TOOLS DON'T FACILITATE DECISION MAKING; PEOPLE DO

CHANGE IDEAS

new ways of doing things

We will ask about residents' wishes and document them on admission. Update as needed.

We will provide the substitute decision maker with information about the role.

We will make transfer decisions as needed.

We will seek consent from the resident whenever he or she is capable.

We will ask and allow the health care provider to propose a plan based on the current situation.

We will identify the location of care only when relevant

We will use a tool that allows for critical thinking, professional judgment, and application of the consent framework.

This home is participating in the PoET (Prevention of Error-based Transfers) Project which aims to reduce errors related to consent, capacity, and substitute decision making, which will help to ensure that transfers from long term care to hospital are both wanted and beneficial.

If you have any questions about this poster or the project, please contact your home's Change Leader(s):

P o E T
Prevention of Error-based Transfers
www.poetproject.ca

