

LONG TERM CARE HOMES

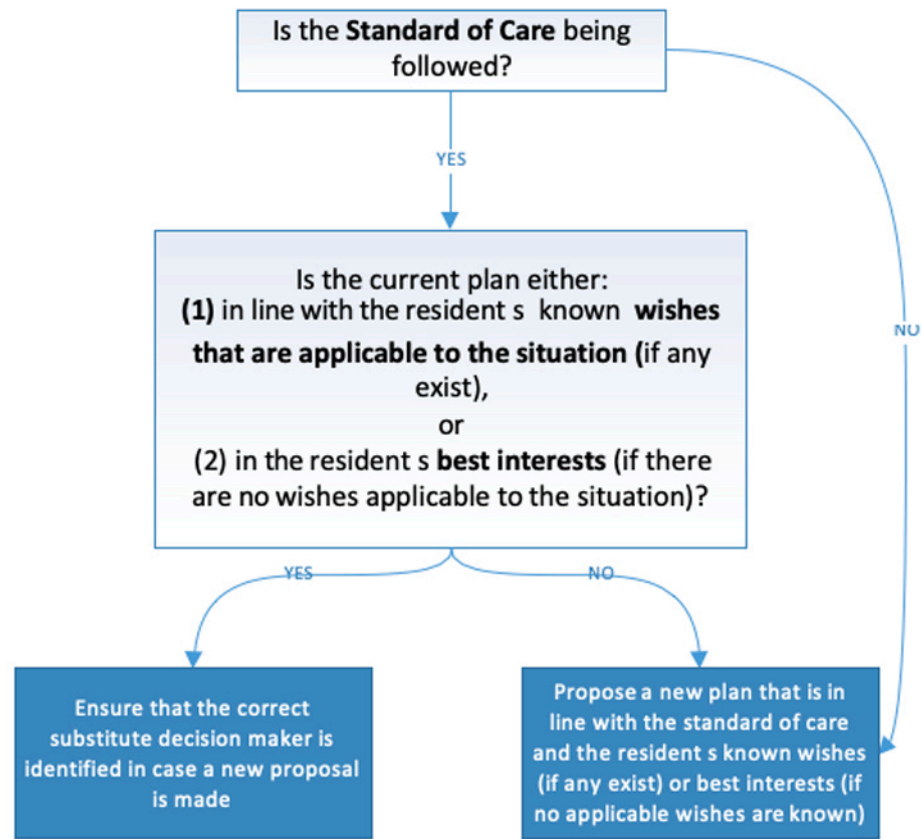
For each resident currently in the home

GOALS

To ensure that current ethical, legal and professional obligations are met

Decisions about transfer to acute care will be made as needed, based on the situation

When death is expected based on current condition, and/or where a previously expressed capable wish precludes transfer to hospital, obtain consent for treatment in place



Ensure the following actions take place throughout:

- Consent and Capacity Board mechanisms are accessed wherever appropriate, and process is started as soon as possible
- The first correct substitute decision maker is identified and contact information recorded
- The next correct substitute decision maker is identified and contact information is recorded
- The resident's wishes, values, and beliefs are asked about and documented
- All substitute decision makers are provided with information about their role
- A person who is incapable, unwilling, or unavailable is not approached as a substitute decision maker
- Substitute decision makers are required to provide their decision within a reasonable time, based on the resident's current condition
- The resident's physician supports aspects of the current treatment plan related to transfer for acute care
- In-home treatment is implemented instead of transfer to hospital whenever possible