

# Auditing of Statement of Choices Documents

Office of Advance Care Planning

www.mycaremychoices.com.au

The clinical audit of each Statement of Choices (SoC) document received by the Office of Advance Care Planning (ACP) is an important and systematic process which provides quality assurance of readability, ensures adequate completion, clarity of values and consistency of selected treatment preferences prior to upload to The Viewer.

Where issues are identified, the Office of ACP will contact the person who submitted the SoC.

## Adequate completion of the SoC

A person may complete all or part of the SoC. Certain elements of the SoC are mandatory before the SoC can be uploaded to The Viewer (see below).

Completion of all elements maximises the SoC utility. Completion of the personal values section is highly recommended and provides important information for substitute decision makers and the medical team (who may not have previously known the individual) about the values and beliefs of the individual which may clarify decisions related to medical options.

## Essential SoC elements

The minimum and mandatory elements of the SoC required to be completed prior to upload to The Viewer include:

1. personal details
2. current health conditions (Form A) or current medical conditions (Form B)
3. life prolonging treatment preferences
4. signed and dated declaration
5. substitute decision maker/s contact details
6. signed and dated Doctor's review of plan.

It is preferable that sections of the SoC that have been intentionally left blank are clearly marked to reflect this e.g. 'nil' or line drawn through.

## Rationale for essential SoC elements



1. Completion of *personal details* (or the addition of a patient identification label) is required to help the Office of ACP locate existing records of this person on The Viewer, ensure the SoC is uploaded to the right person's records and provide doctors with certainty the SoC belongs to the right person.



2. Information about *health and medical conditions* indicates the person's knowledge of health at the time they completed the SoC and can inform health professional's discussion/decision making if an individual is unable to make or communicate decisions.



3. Provides guidance to the health care team/substitute decision maker/s about preferences regarding *life prolonging treatments* and informs discussion/decision making if an individual is unable to make or communicate decisions.



4. A SoC *signed and dated declaration* by an individual/substitute decision maker acknowledges their understanding as to the importance and purpose of the SoC, when it will be used, their request for wishes, beliefs and values to be respected, and consent to share information with persons/services relevant to their health.



5. *Substitute decision maker/s* information provides the health care team with contact details of the appropriate person/s to speak with if an individual is not able to make or communicate decisions.



6. A *signed and dated Doctor's review* provides confidence to the health care team that on the date signed, the person had the capacity necessary to make the SoC (Form A) or for substitute decision maker/s (Form B) that they understand the importance and implications of the SoC and are acting in the best interests of the person.

Checking these elements before sending SoCs to the Office of ACP will support efficient processing and upload of SoCs to The Viewer.

**Please ensure copies of all completed SoC from acute and community services in your HHS are sent in, either via you or directly, to the Office of ACP.**