

## Changes to Advance Care Planning & Medical Order for Scope of Treatment Policy & Forms

*Frequently Asked Questions for Long Term Care (LTC) and Assisted Living (AL)*

- For all Owned and Operated **and** Affiliated homes

### Why have the acronyms changed for Do Not Resuscitate (DNR) to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) on the MOST?

This new acronym was recommended and agreed upon by a provincial consensus driven clinical working group. The goal was to collate input and identify recommendations for standardized terminology across BC Health Authorities. The word resuscitate is inclusive of a wide variety of treatments for which escalation is a continuum and which are not all available in all environments. Cardiopulmonary resuscitation (CPR) is a more current and appropriately specific term, and an intervention that can be performed in all settings. The addition of the word “attempt” helps health care professionals and the general public understand that CPR is not always effective and may not produce desirable results. We are aware of the overlap with the DNA acronym (do not acknowledge). To reduce confusion with DNA, please ensure use of the full acronyms (eg. DNACPR M1).

Previous MOST Form Acronyms	Revised MOST Form Acronyms
CPR C2 →	CPR C2
DNR C2 →	DNACPR C2
DNR C1 →	DNACPR C1
DNR M3 →	DNACPR M3
DNR M2 →	DNACPR M2
DNR M1 →	DNACPR M1

### What is the process to ensure MOST and ACP documents are accessible in the event a resident goes to hospital?

Going forward, there is no need to complete order entry at your site. MOST and ACP documents are to be faxed to the Fraser Health central fax line (604-587-3748). The documents are received at Surrey Memorial Hospital, where a clerk completes the order entry and scans the documents into Meditech.

### Why is the Order Entry process changing?

At many locations, when a resident goes to hospital, all of their paperwork is scanned together into Meditech under ‘miscellaneous’, and not separated for easy access to MOST and ACP information. The process is changing to minimize the loss of important information necessary for person-centred care.

## Do existing MOST and ACP documents need to be updated with the new forms?

No. There is no need to update existing forms; we anticipate a period of transition to the new forms. Existing documents remain valid for one year from the date signed. Going forward, all MOST and ACP documents will use the new forms.

## Areas of Clarification and Reminders:

- MOST is not a consent form.
- MOST is not required for everyone. It is recommended for those with advanced medical illness.
- Site transfer for M1 and M2 designations can and should be considered, if required for symptom control, pain or symptom crisis.
- MOST, when dated more than 12 months ago, is temporarily valid in certain situations.
- ACP conversations and information are documented on the three approved forms (MOST, ACP Record, Identification of Substitute Decision Makers).
- ACP forms are stored in a central standardized area in Meditech (Risk/Legal). They are also viewable in UCI and CareConnect. This ensures access across FH care settings and with other health authorities.
- ACP forms, when completed in settings without a scanning process (including LTC and AL), must be faxed to the number listed at the bottom of the form, where they will be scanned into Meditech. \*Note: Scanned forms are attached to the patient's most recent visit and therefore the date listed may not match the date the document was completed. Therefore, it is important to open the document to verify the date.

For more information:

- [ACP Pulse page](#) (Internal)
- [Medical Staff, Clinical Resources](#) (External)

For questions or queries contact:

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