

HOW IS THIS INFORMATION COMMUNICATED TO OTHER HEALTHCARE PROVIDERS?

The Goals of Care Designation order and the decisions reached about your care are documented on Alberta Health Services' forms and kept in a plastic Green Sleeve that is recognized by healthcare teams in all sectors of the Calgary Zone. When you move throughout the healthcare system, the Green Sleeve and documents should accompany you to inform healthcare providers of the decisions and your current Goals of Care Designation.



CAN MY GOALS OF CARE DESIGNATION BE CHANGED?

Yes. Your Goals of Care Designation should be reviewed if there is a change in your health condition or a change in circumstances such as new understanding or a transfer or admission to another healthcare location. As well, you or your healthcare team can ask that it be reviewed at any time.

WHAT HAPPENS IF WE DON'T AGREE?

In most cases, you, your family, and the healthcare team will agree about the appropriate designation. However, if there is a time when reaching agreement is hard to do for certain reasons, there is a Dispute Resolution process in place. Ask your healthcare provider for information.

The Advance Care Planning: Goals of Care Designation (Adult) Policy has three broad designation categories that summarize your healthcare goals.

These Goals of Care Designations can be documented, communicated, and understood by you and your healthcare providers across all locations for care.

HOW CAN I BECOME BETTER PREPARED?

Advance care planning materials have been developed that may assist you with this process.

To learn more about the *Advance Care Planning: Goals of Care Designation (Adult) Policy* and to get a copy of "My Voice – Planning Ahead" advance care planning materials:



advance care planning/goals of care

403-943-0249

<http://www.albertahealthservices.ca/services.asp?pid=service&rid=1023351>
myvoice@albertahealthservices.ca

for after hours contact Health Link at 403-943-LINK(5465)
or 1-866-408-LINK(5465)

ADVANCE CARE PLANNING: GOALS OF CARE DESIGNATION (ADULT) POLICY – CALGARY ZONE



UNDERSTANDING THE GOALS OF CARE DESIGNATIONS

WHY ARE GOALS OF CARE DESIGNATIONS IMPORTANT FOR ME?

The Goals of Care Designations guide you and your healthcare providers about the decisions that have been agreed upon regarding the location of your care as well as the general intention of your care.

In a medical emergency, the Goals of Care Designations enable healthcare clinicians in all sectors – Supported Living, Emergency Medical Services, Home Care, Emergency Departments and Acute Care – to provide timely care that is both medically appropriate and meets your personal values and wishes.

HOW ARE GOALS OF CARE DESIGNATIONS DETERMINED?

Decisions about Goals of Care Designations are reached over time. They arise out of conversations that you will have with your family (if desired) and members of your healthcare team about your health condition and prognosis, the current and future treatment options that are available to you and your wishes for your future health care.

Arriving at Goals of Care and a Designation that best reflects your values and beliefs, your health condition and the appropriate treatment options may be complex. There are additional resources available to help. These can include Social Work, Spiritual Care, Hospice Palliative Care and Ethics services. As well, there are teams prepared to assist you or your family with questions regarding mental capacity, or to provide further information about cultural or religious diversity. If you feel that you or your family would benefit from any of these services, talk to a member of your healthcare team.

Your doctor will help you decide on the Goals of Care Designation that best reflects your goals of care and will write an order. This order will guide other healthcare providers in carrying out the agreed upon goals of care.

WHAT ARE THE GOALS OF CARE DESIGNATIONS?

The Advance Care Planning: Goals of Care Designation (Adult) Policy provides a framework with three broad categories that have been assigned a letter — **R, M, and C** — that you and your healthcare providers understand and can use to communicate healthcare decisions.

R The aim of the medical and surgical interventions in the “R” designation is cure or control of your health condition. ICU care or resuscitation would be provided, if required.

M The aim of the medical and surgical interventions in the “M” designation is cure or control of your health condition. This would not include resuscitation or admission to ICU.

C The aim of the medical care and interventions in the “C” designation is to control the symptoms and maintain function when a cure or control of your underlying condition is no longer possible. The focus is physical, emotional, and spiritual care and support for you and your loved ones.

Goals of Care Conversations – Individuals, Families, Healthcare Providers In Partnership

This is the Goals of Care Designation Order information as it will appear in your health record.

R Medical Care and Interventions including Resuscitation followed by Intensive Care Unit	R1: Patient is expected to benefit from and is accepting of any appropriate investigations/ interventions that can be offered including the option of ICU care and resuscitation.
	R2: Patient is expected to benefit from and is accepting of any appropriate investigations/ interventions that can be offered including the option of ICU care and intubation, but excluding chest compression.
	R3: Patient is expected to benefit from and is accepting of any appropriate investigations/ interventions that can be offered including the option of ICU care, but excluding intubation and chest compression.
M Medical Care and Interventions excluding Resuscitation	M1: Goals of Care and interventions are for cure or control of illness, excluding the option of ICU care. For non-hospital patients, transfer to an Acute Care facility is considered if required for diagnosis and treatment.
	M2: Goals of Care and interventions are for cure or control of illness, excluding the option of ICU care. For non-hospital patients, transfer to an Acute Care facility or surgical intervention, are not generally undertaken for an acute deterioration but may be considered in special circumstances to better understand or control symptoms.
C Medical Care and Interventions focused on Comfort	C1: Goals of Care and interventions are for maximal symptom control and maintenance of function without cure or control of underlying condition. Transfer may be undertaken in order to better understand or control symptoms. Surgery may be undertaken in special circumstances to better understand or control symptoms.
	C2: Goals of Care and interventions are for physical, psychological and spiritual preparation for imminent death (usually within hours or days). Maximal efforts directed at compassionate symptom control. Transfer is usually not undertaken.

