Advance care planning - a mapping of practices in nursing homes

1. Name of the nursing home: ................................................  2. Municipality: .................................................................

3. Position of the person completing the form: ...........................................................

4. How many beds are there in the nursing home? ........................................

5. What departments of the following types are there in the nursing home? (Cross all that apply)
   - Somatic long-term department
   - Short-term department/rehabilitation
   - Sheltered unit for dementia patients
   - Palliative unit
   - Other

6. How many doctors are affiliated with the nursing home? ............  7. Doctor-hours per week in total ............

8. When patients are admitted, do you have an admission interview with the patient and/or the next of kin? (Cross one)
   - Always
   - Usually
   - Occasionally
   - Rarely or never
   - Don’t know

9. Do you have written guidelines for the matters to be included in an admission interview?
   - Yes
   - No
   - Don’t know

10. Which topics are usually included in the admission interview? (Cross all that apply)
    - Former life story
    - Practical matters
    - Information on next of kin
    - Questions about treatment in case of failing health
    - Don’t know
    - Other (please specify) ........................................................................................................................................................................................................

11. Do you practise what we refer to as ‘advance care planning’ in your nursing home? This means a conversation in which the patient and/or next of kin accompanied by staff seek to elicit the patient’s wishes for future treatment should his or her health condition deteriorate. (Cross one)
    - Always
    - Usually
    - Occasionally
    - Rarely or never
    - Don’t know

   (If the answer is rarely/never/don’t know, go to Question 19)

12. If the nursing home practises ‘advance care planning’ such as described above, do you have written guidelines for such conversations? (Cross one)
    - Yes
    - No
    - Don’t know
13. Which topics are usually included in the ‘advance care planning’ sessions? (Cross all that apply)

- Palliation
- Hospitalisation
- Cardiovascular resuscitation
- Use of antibiotics
- Artificial feeding
- Other issues associated with the end-of-life stage and death (Please specify)

14. Who participates in such conversations: (Put one cross in each line)

<table>
<thead>
<tr>
<th>Who:</th>
<th>Usually</th>
<th>Occasionally</th>
<th>Rarely/never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient</td>
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<tr>
<td>Next of kin</td>
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<tr>
<td>Head of department</td>
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<tr>
<td>Nursing home doctor</td>
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<tr>
<td>Primary contact person</td>
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<tr>
<td>Others:</td>
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</tr>
</tbody>
</table>

15. When are such conversations undertaken? (Cross all that apply)

- Shortly after admission
- When the patient’s condition deteriorates
- At annual check-ups/interviews
- When it is assumed that the patient is entering the terminal stage
- Repeatedly, as part of a process

16. Do you have routines for revision or renewed discussion of the patient’s wishes and preferences? (Cross one)

- Yes
- No
- Don’t know

17. Is any special model or checklist used for this type of interview? (Cross one)

- Yes
- No
- Don’t know

If yes, please specify: ........................................................................................................................................................................

18. Are the patient’s wishes/preferences documented in the patient records? (Cross one)

- Usually
- Occasionally
- Rarely or never
- Don’t know

18 A Are the patient’s wishes/preferences documented anywhere else? ...........................................................................................................

19. Would your nursing home be interested in participating in systematic implementation and evaluation of advance care planning?

- Yes
- No

Thanks for completing the form!