Advance Care Planning Australia

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National Advance Care Directive Prevalence Study

APPLICATION FORM

2018

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National Advance Care Directive Prevalence Study Application

Please refer to the Application Guidelines and Frequently Asked Questions for assistance in completing this Application Form.

Please note:

- If more than one site from the same organisation intends to apply, all sites must complete a separate application form.
- You will be able to save your application at any point and return to complete it at a later date.

If you require further assistance or clarification, please contact:

Advance Care Planning Australia
Phone: (03) 9496 5660
Email: acpa@austin.org.au

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Application Form

Section 1

ASSESSMENT OF ELIGIBILITY **This section is designed to assess your site's eligibility for the National Advance Care Directive Prevalence Study.** **Please note: If you answer 'no' to any of the questions in this section, your site is ineligible for the study.**	
1. Is your site an accredited general practice, hospital, or residential aged care facility?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
1. **Type of organisation**	□ General practice □ Hospital □ Residential aged care facility
3.1 If 'yes' to RACF or hospital: **Do you expect that your site will have at least 50 patients/clients that (1) are aged 65 years or older and (2) have been admitted for at least 48 hours on the nominated day(s) of the study?** Note: This question is designed to ensure that your service will have access to enough patients/residents who are eligible for the record audit (which will take place over 1-3 consecutive days during the data collection period, mutually agreed by your site and ACPA). Although your site will only be required to audit a minimum of 30 records, we require at least 50 eligible patients/residents on the day(s) of the study in order to be able to randomly select a subgroup of these patients/residents to be included in the record audit.	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')

3.2 If 'yes' to RACF or hospital: **Does your site have a records management system with the ability to extract a list of all admissions of persons 65 years or older admitted for more than 48 hours at the time of the study?**	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
3.3 If 'yes' to RACF or hospital: **Does your site have adequate capacity for staff nominated as the Study Lead and/or data collector(s) to undertake up to three hours of mandatory online training in data collection?** Note: the Study Lead is the person responsible for coordinating the study at your site and the key contact for Advance Care Planning Australia. Study Leads may also collect data for the study.	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
3.4 If 'yes' to RACF or hospital: **Does your site have adequate capacity for data collector(s) to review a minimum of 30 health records?** Note: Each record audit is expected to take between 30 and 45 minutes. Therefore, the total time required for data collection is likely to be between 15 and 25 hours.	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
3.1 If 'yes' to general practice: **Do you expect that at least 30 patients aged 65 years or older will attend your practice on the nominated day(s) of the study?**	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')

3.2 If 'yes' to general practice: **Does your site have a records management system with the ability to extract a list of all persons 65 years or older attending the practice on the day of the study?**	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
4. Does your site have the approval and endorsement of the executive team to participate in this study?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
5. Does your site have access to the internet?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
6. Does your site have access to electronic devices (e.g. computers or tablets) to collect and enter the data?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
7. Do staff involved in the study have email and telephone access?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')

8. Does your site have policies in place about privacy and confidentiality?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
9. Can your site sign a research collaboration agreement, preferably within four weeks of being accepted to participate in the study?	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
9.1 If 'yes' to hospital: **If your site requires additional ethics approval and/or a site specific assessment, can this be achieved within 6-8 weeks of being accepted to participate in the study?** Note: If this is likely to be infeasible, please contact Advance Care Planning Australia to discuss alternative arrangements.	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')
10. I agree that the information provided in this application will be used to generate our Research Collaboration Agreement, if successful. Note: The Research Collaboration Agreement is a contract between your site and Austin Health (the lead site for the National Advance Care Directive Prevalence Study), which outlines the terms and conditions of conducting the study at your site.	□ Yes □ No (if selected, the following message will appear: 'You have selected 'no' for this question. *** Unfortunately this means that your site is not eligible to participate in the National Advance Care Directive Prevalence Study *** Please close this window to end your application.')

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Section 2

APPLICANT DETAILS This section collects information about your site and contact details for the Study Lead and data collector(s).	
11. Name of organisation Note: The organisation name should be the official business name registered with the Australian Business Register and linked to your organisation's ABN.	
12. Name of site (if different to organisation name). If the names are the same, please write 'as above'.	
13. STUDY LEAD DETAILS **Please note: the Study Lead will be the key contact for the study and responsible for coordinating the research within the site.**	
First name of Study Lead	
Last name of Study Lead	
Job title	
Telephone number (please include area code)	
Alternative telephone number	
Email address	
Direct postal address of Study Lead. Please include: Department name (if applicable), site name, PO Box or street number and name, suburb, state and postcode.	
Please describe your experience in advance care planning and/or research and data collection (maximum 50 words).	

14. DETAILS OF OTHER STAFF MEMBER(S) TO BE INVOLVED IN DATA COLLECTION	
For general practice only: **ACPA recognises that staffing limitations may make it difficult for general practices to conduct the audit. If this is the case, ACPA is able to provide data collector(s) to complete the audit. Any data collector(s) employed by ACPA will have completed all required training procedures and be required to meet privacy and confidentiality requirements of the organisation.** **Would your site prefer ACPA to provide data collector(s)?**	□ Yes (if selected, please skip to question 15) □ No (if selected, please complete question 14)
Data collector 1: First name	
Last name	
Job title	
Email address	
Telephone number	
Please describe their experience in advance care planning and/or data collection (maximum 50 words).	
Data collector 2 (if applicable): First name	
Last name	
Job title	
Email address	
Telephone number	
Please describe their experience in advance care planning and/or data collection (maximum 50 words).	

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SITE DETAILS	
15. State/territory	□ Australian Capital Territory □ New South Wales □ Northern Territory □ Queensland □ South Australia □ Tasmania □ Victoria □ Western Australia
16. Location	□ Metropolitan □ Regional □ Rural or remote
17. Service funding (select all that apply)	□ Government □ Not for profit □ Private
18. Does your site have access to individual records through My Health Record?	□ Yes □ No □ Not sure
19. Which electronic system does your site use to store health records (e.g. iCare, Citrix, Clinical Record Information System, Cerner, Best Practice, etc)? If your site does not use an electronic system, please enter 'paper based'.	
Hospitals only	
20. Approximate number of inpatient beds	
21. Approximate number of separations per year	
General practice only	
20. Approximate number of general practitioners full time equivalent (FTE)	
21. Approximate number of nurses full time equivalent (FTE)	

Residential aged care facilities only	
20. Approximate number of residents	
21. Approximate number of nurses full time equivalent (FTE)	

Section 3

REASON FOR APPLYING
22. Please provide a brief rationale for your site's participation in this study (maximum 200 words).

Section 4

ADVANCE CARE PLANNING AT YOUR SITE **Please note that this section will NOT be used in the assessment process. The information provided in this section will allow us to describe the characteristics of the organisations participating in the study at the aggregate level. It will also help us to better understand the current status of advance care planning implementation across Australian healthcare services. It collects information about current advance care planning practices and processes within your organisation.**	
23. Does your site have an advance care planning program? This could include advance care planning being offered as part of routine care, for example, during the admission process (hospitals and RACF only)/routine health assessment (general practice only).	□ Yes □ No □ Not sure
If yes, what year was this program implemented?	_____
24. How does your site fund or support advance care planning?	□ ACP consultation: A clinician(s) is funded to facilitate ACP conversations

	□ ACP administration: A clinician(s) is funded to coordinate signing and filing of ACP documentation and to update patient records □ ACP recruitment: A clinician(s) is funded to introduce, recruit patients and schedule ACP consultations □ ACP supervision: A doctor is funded to provide medical supervision to ACP clinicians □ ACP supervision: A nurse is funded to provide medical supervision to ACP clinicians □ ACP training and education: An ACP educator is provided to upskill staff or mentor clinicians □ Other (please specify) _____ □ No funding or support □ Not sure
25. Is advance care planning training available for your staff?	□ Yes □ No □ Not sure
If yes, how is this training offered?	□ Internally □ Externally □ Both internally and externally
26. Does your site have an advance care planning policy or guideline?	□ Yes □ No □ Not sure
If yes, please upload a copy/copies of the advance care planning policy and/or guideline.	
27. Does your site have other policies or guidance documents that reference advance care planning (e.g., documents regarding end of life care, palliative care, etc)?	□ Yes □ No □ Not sure
28. Does your site provide advance care planning information or resources to people accessing your service?	□ Yes □ No □ Not sure
If yes, what form are the resources or information? Please select all that apply.	□ Brochure □ Information sheet □ Advance care directive or plan □ Online resources □ Resources in languages other than English □ Verbal consultation □ Other _____

	□ Not sure
29. Does your site have mechanisms to record an advance care directive or that an advance care planning discussion has occurred?	□ Yes □ No □ Not sure
If yes, please indicate the mechanisms used.	□ Electronic alert □ Paper-based mechanism □ Alert sticker □ Patient handover list □ Not sure □ Other (please specify) _____
30. Does your site use any template advance care directives / plans (e.g. a legislated state-based advance care directive, a form like "Statement of Choices" or an advance care planning form developed by your organisation)?	□ Yes □ No □ Not sure
If yes, please provide the names of any advance care directives / plans used in your organisation.	
If yes, please upload a template / copy of the advance care directive(s) or plan(s) used within your organisation.	

Section 5

GOVERNANCE AND ETHICS	
31. Details to be included on the research collaboration agreement, if successful.	
Name of CEO or duly authorised representative who will sign the Research Collaboration Agreement.	
Telephone number of CEO or duly authorised representative (please include area code).	
Email address of CEO or duly authorised representative.	
ABN to be used in the Research Collaboration Agreement.	

Full business name including trading name to be used in the Research Collaboration Agreement.	
Full postal address of organisation to be used in the Research Collaboration Agreement.	
HOSPITALS ONLY	
32. Please provide the contact name and details of your Human Research Ethics Office.	
Name of Human Research Ethics Office	
Name of contact person	
Telephone number of contact person	
Email address of contact person	
33. Will there be any fees for additional ethics approval for your organisation?	□ Yes □ No
	If yes, how much is this fee?
34. Will there be a fee for the site specific assessment (SSA) application for your hospital?	□ Yes □ No
	If yes, how much is this fee?

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Section 6

CERTIFICATIONS
As the applicant, you are applying for the National Advance Care Directive Prevalence Study on behalf of your organisation. It is your responsibility to ensure that you have the necessary approvals from the CEO (or other duly authorised representative) of your organisation to participate in this study. You will be required to confirm that you have all necessary approvals in this section. You will also be required to consent to your application being processed for legal contracting, if successful. **Privacy notice:** Applicants consent to the information supplied in Sections 1, 2, 3, 5 and 6 to be used for the purpose of assessment of their application. Information and documents provided in Section 4 will be used for reporting purposes only. Documents containing personal information are handled and protected in accordance with the provisions of the *Privacy Act 1988* (Cwth). This sets standards for the collection, storage, use and disclosure of, and access to, personal information.
CERTIFICATION BY THE STUDY LEAD
☐ I certify that, to the best of my knowledge and belief, information contained in this application is complete, true and correct. ☐ I certify that I have obtained approval from the CEO or other duly authorised representative of my organisation for the proposed research project to be implemented in our organisation. ☐ The CEO or other duly authorised representative of this organisation has confirmed that the activities associated with this research can be accommodated within, and/or coordinated from, the general facilities of this organisation. ☐ I understand the role of Study Lead and that I will be the key contact for my organisation. ☐ I have sought agreement from nominated data collector(s) for their involvement in the project as outlined in this application form. ☐ I consent to this application being peer reviewed by the assessment panel. ☐ I am aware that the information provided in this application will be used to generate a Research Collaboration Agreement, if our application is successful. ☐ I have read and agree to the Privacy Notice above.

Name and title	
Organisation name	
Date	