



# Systems to support the implementation of ACP in residential aged care facilities

- Allocate at least one senior staff member who is a champion / resource person for ACP.
- Develop an organisational policy on ACP and/or include ACP into other existing policies such as residents' rights, palliative approach and dignity of risk.
- Use an existing, or develop a set of ACP documents relevant to your organisation that can be used in a systematic way for all residents.
- Maintain an up-to-date set of information resources, policy statements and educational materials related to ACP.
- Maintain a supply of information sheets about ACP for residents, family and staff.
- Provide written material about ACP to residents and family as part of admission procedure.
- Include ACP discussion as a routine agenda item on the first resident/family case conference after the initial settling-in stage.
- Work with GPs who care for residents to ensure they are engaged in the ACP process.
- Ensure that outcomes from ACP discussions are documented in a standard format for the facility.
- Store ACP discussion records in a clearly marked and prominent location within the resident file.
- Include a review and discussion of ACP in annual or other regular case conferences and care plan reviews relevant to your facility.
- Refer to ACP documents whenever assessing illness in a resident or considering transfer to hospital.
- Document in resident files how ACP documentation has been used in decision-making about care and medical treatment of the resident.
- Send ACP documentation with resident if they need to be transferred to hospital.
- Include an overview of ACP as a topic in the regular staff orientation program.
- Include training workshops for staff on managing ACP discussions in regular training calendar.

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**For further information go to:  
[www.mywishes.org.au](http://www.mywishes.org.au)**