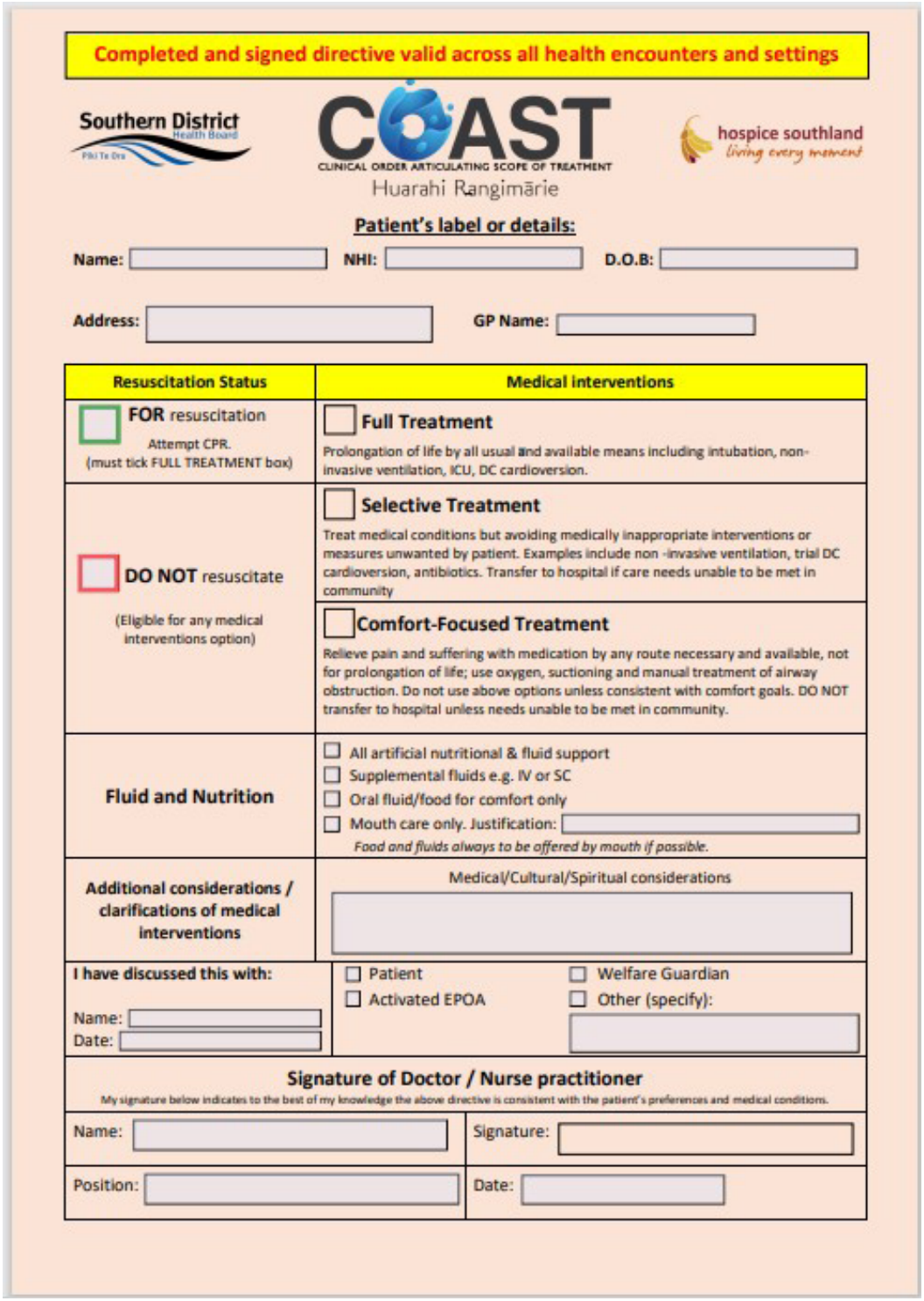
Appendix 1: COAST form.



Completed and signed directive valid across all health encounters and settings

Southern District Health Board Pihi Te Ora

COAST
CLINICAL ORDER ARTICULATING SCOPE OF TREATMENT
Huarahi Rangimārie

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living every moment

Patient's label or details:

Name: **NHI:** **D.O.B:**

Address: **GP Name:**

Resuscitation Status	Medical interventions
☐ **FOR** resuscitation Attempt CPR. (must tick FULL TREATMENT box)	☐ **Full Treatment** Prolongation of life by all usual and available means including intubation, non-invasive ventilation, ICU, DC cardioversion.
☐ **DO NOT** resuscitate (Eligible for any medical interventions option)	☐ **Selective Treatment** Treat medical conditions but avoiding medically inappropriate interventions or measures unwanted by patient. Examples include non -invasive ventilation, trial DC cardioversion, antibiotics. Transfer to hospital if care needs unable to be met in community
	☐ **Comfort-Focused Treatment** Relieve pain and suffering with medication by any route necessary and available, not for prolongation of life; use oxygen, suctioning and manual treatment of airway obstruction. Do not use above options unless consistent with comfort goals. DO NOT transfer to hospital unless needs unable to be met in community.
Fluid and Nutrition	☐ All artificial nutritional & fluid support ☐ Supplemental fluids e.g. IV or SC ☐ Oral fluid/food for comfort only ☐ Mouth care only. Justification: *Food and fluids always to be offered by mouth if possible.*
Additional considerations / clarifications of medical interventions	Medical/Cultural/Spiritual considerations
I have discussed this with: Name: Date:	☐ Patient ☐ Welfare Guardian ☐ Activated EPOA ☐ Other (specify):

Signature of Doctor / Nurse practitioner

My signature below indicates to the best of my knowledge the above directive is consistent with the patient's preferences and medical conditions.

Name:	Signature:
Position:	Date:

Appendix 2: Pre-implementation questionnaire for healthcare professionals.

COAST STAKEHOLDERS MEETING FEEDBACK

1. Please identify the capacity in which you attended this meeting (please circle):

Patient/Professional (please indicate job title):_____

2. Do you have experience with Advanced Care Planning?	**Yes**	**No**
Comments:		

3. Do you view a Not for Resuscitation (NFR) form as being different from an Advanced Care Plan?	**Yes**	**No**

4. Do you think the introduction of COAST form would be beneficial to you?	**Yes**	**No**
Comments:		

5. Do you have any ideas on how the COAST form could be improved?	**Yes**	**No**
Comments:		

6. What barriers do you perceive to COAST form implementation?

7. What education or training about the COAST form/process would you require if the COAST form were to be introduced?

8. What other thoughts do you have about the COAST form or about advance care planning in general?

Appendix 3: Post-implementation questionnaire for patients/proxy decision makers.

Southern District Health Board
Piki Te Ora

Please complete this survey and return in the pre-paid addressed envelope to Hospice Southland

hospice southland

POST-COAST SURVEY QUESTIONS FOR PATIENTS/PROXY DECISION MAKERS

Relationship of person completing survey (please tick):
Patient ☐ Activated EPOA ☐ Welfare Guardian ☐ Other ☐ (specify)_____

Are you familiar with the idea of advance care planning (ACP)?	Yes	No

Have you completed a written advance care plan (ACP) document?	Yes	No	Unsure

Have you talked with someone you trust - like a family member or friend - or with your Enduring Power of Attorney (EPOA) about what treatments you would or wouldn't want if you are seriously ill or dying?	Yes	No
Comment:		

Have you and your doctor talked about what treatments you would or wouldn't want if you are seriously ill or dying?	Yes	No
Comment:		

Are you familiar with the COAST form?	Yes	No	Unsure

As far as you know, what is the purpose of the COAST form?

Do you have a completed COAST form for yourself or someone you care about?		
Yes, for myself	Yes, for someone else (please specify)	No

Appendix 3 (continued): Post-implementation questionnaire for patients/proxy decision makers.

Southern District Health Board
Piki Te Ora

Please complete this survey and return in the pre-paid addressed envelope to Hospice Southland

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If you or someone you care about has a COAST form, how well was COAST explained to you?				
No discussion with me at all	**Not explained well**	**Explained well**	**I do not recall**	**Does not apply (No COAST form)**

Were you in agreement with having a COAST form in place for yourself or the person you care about?	Yes	No
Why or why not? Comment:		

If you or someone you care about has a COAST form, how has this affected your/that person's health care?					
Made care a lot worse	**Made care somewhat worse**	**No difference to care**	**Made care somewhat better**	**Made care a lot better**	**Does not apply (No COAST form)**

What concerns do you have about the COAST form or process?

How could the COAST form and process be improved?

What else would you like us to know?

Appendix 4: Post-implementation questionnaire for healthcare professionals.

POST-COAST SURVEY QUESTIONS FOR PROVIDERS

What do you know about the COAST form and process?

How many of your patients/clients have had a completed COAST form?	None	A few (1-3)	Several (4-9)	More than 10

Did you receive adequate education and training about the COAST form and process?	Yes	No
Comment:		

What works well about the COAST form and process?

How much do you agree with the following statement: The COAST form improves the care provided to my patients/clients?				
Completely disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Completely agree

What barriers are there to COAST form completion?

Appendix 4 (continued): Post-implementation questionnaire for healthcare professionals.

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What barriers are there to COAST form implementation?

How comfortable are you completing the COAST form?		
Not at all comfortable	Somewhat comfortable	Very comfortable

How comfortable are you following the COAST form orders if you yourself did not complete and sign the form?		
Not at all comfortable	Somewhat comfortable	Very comfortable

How could the COAST form be improved?

What other thoughts do you have about the COAST form or about advance care planning in general?