



PROCEDURE NO.

PROCEDURE TITLE:
Confirmation of Substitute Decision Maker (SDM) – Form

Confirmation of Substitute Decision Maker (SDM)

Facility Name _____

Resident Name _____ Room # _____

In Ontario, we get consent for treatment from a person and not a piece of paper or a document. That means that if your medical condition changes or deteriorates, you (if you are mentally capable to make the decision required) or your Substitute Decision Maker (if you are no longer mentally capable to make the decision) will be called on to make decisions about a treatment or plan being offered based on your needs and condition at the time.

You are no longer mentally capable to make an informed decision if a medical professional has assessed that you (the resident) are not able to understand the information and appreciate the consequences of the decision required. If a determination has been made that you are not mentally capable to provide informed consent for a treatment decision, this will be documented in your health record and your Substitute Decision Maker(s), or SDM(s), will be required to make the health or personal care decision on your behalf. When a patient is no longer mentally capable to make the decision required it is up to the Substitute Decision Maker (SDM) to consider your values, beliefs, and wishes, and what is in your best interest, then apply them to the treatment decision required to provide informed consent. Talking about your wishes and goals with your future Substitute Decision Maker(s) will help them when they are called on to make a treatment decision for health or personal care on your behalf.

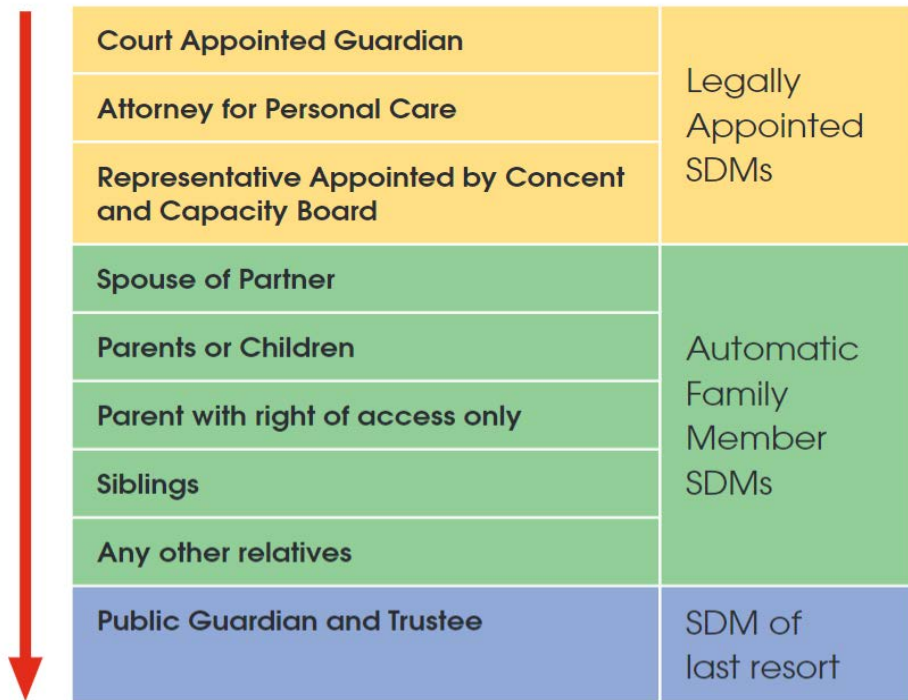
This document is to clarify and record who your current SDM would be and to encourage those important conversations to prepare your SDM for future decision making on your behalf.

Understanding who your Substitute Decision Maker is in Ontario is outlined in the ranked hierarchical list provided under Ontario law. Essentially, the individual(s) ranked highest on this list who meets the requirements is your SDM.

You may be satisfied with your default or automatic SDM as outlined on the list or you may wish to name a person or persons using a Power of Attorney for Personal Care document.

If you have a written Power of Attorney for Personal Care, we will need to see the document to confirm whom you have named. We will record that information in your health record to be available for all our staff to understand with whom we should speak when you can no longer direct your care and a decision about your care is needing to made.

Hierarchy of Substitute Decision Makers (HCCA)



Ontario's Health Care Consent Act, 1996

Recording of Your SDM- Substitute Decision Maker

My Highest ranked SDM(s) is/are:		
1	Name	
	Relationship to Me (Resident)	
	Contact Information	
2	Name	
	Relationship to Me (Resident)	
	Contact Information	
3	Name	
	Relationship to Me (Resident)	
	Contact Information	

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4	Name	
	Relationship to Me (Resident)	
	Contact Information	

In situations where there are equally ranked SDMs, please document below how staff will proceed for communication purposes:

My next highest ranked SDM (s) is/are (if the above are not available):

1	Name	
	Relationship to Me (Resident)	
	Contact Information	
2	Name	
	Relationship to Me (Resident)	
	Contact Information	
3	Name	
	Relationship to Me (Resident)	
	Contact Information	
4	Name	
	Relationship to Me (Resident)	
	Contact Information	

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It is important for the SDM(s) to understand your values, beliefs, wishes and priorities, and important that those conversations happen again if there is a change in your health status or a life event.

- I have had conversations with my SDM(s) about my values, beliefs, and wishes for future care
- I would like an opportunity to talk with my future SDM(s) and family about what is important to me.
- The resident is not capable of having these conversations and their SDM(s) will be having the conversations about the resident's illness and goals of care.

Resident Name: _____

Resident (or SDM) Signature: _____

Date: _____

Caressant Care Health Care Professional/Staff who reviewed the Confirmation of SDM Information

Print Name: _____

APPROVED:	REVISED/REVIEWED: February 2020	AUTHORIZED BY: Caressant Care Operations Team
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