

**Discussion/Conclusion** Documentation of POA-MT or GHCP is often incomplete or incorrect. A listed NOK is not necessarily the PR. Procedures and forms that use clear, unambiguous terminology must be developed to aid correct identification and documentation of SDMs.

165 **AN AUDIT OF CURRENT PRACTICE OF DOCUMENTATION AND IDENTIFICATION OF SUBSTITUTE DECISION-MAKERS/PERSONS RESPONSIBLE IN AUSTRALIAN RESIDENTIAL AGED CARE FACILITIES**

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**Background** There is little data on the correct identification and documentation of substitute decision-makers (SDM) or 'persons responsible' (PR) in residential aged care facilities (RACF). Current practice may not be consistent with the Victorian Guardianship and Administration Act (GAA) 1986.

**Aim** To determine the extent of correct identification and documentation of SDMs or PRs as per GAA in two RACFs in Victoria, Australia.

**Methods** Retrospective audit of paper and scanned electronic medical records (n=88).

Admission forms, which include the resident personal details form and the medical admission were examined for identification of next-of-kin (NOK), Power of Attorney-Medical Treatment (POA-MT) or guardian. The complete medical file was then examined to confirm correct identification on the admission forms. VCAT was also contacted where confirmatory documents were not found in medical records.

**Results** First NOK was more consistently documented than second NOK (75% vs 33%).

POA-MT or guardianship with healthcare powers (GHCP) was noted in ~15% of admission forms with only 15.4% having valid documents available.

In 26.1%, admission forms were unclear; of these, 34.8% were confirmed to have a POA-MT or GHCP. In 59.1%, no POA-MT or GHCP was noted; of these, 1.9% were found to have a POA-MT.

For residents with no confirmed POA-MT or GHCP, the first NOK was a potential PR (as per GAA) in 71.8%. Of these, 49% were confirmed as the PR.