Informed Consent
Policy

Purpose

To ensure all employees and contractors comply with the informed consent requirements set out in the Code of Health and Disability Services Consumers' Rights 1996 (the Code of Rights), Health and Disability Services Act 2008 and all other relevant Acts, Legislation and Codes of Practice, and in particular:

a. Right 5 – Right to effective communication
b. Right 6 – Right to be fully informed
c. Right 7 – Right to make an informed choice and give informed consent

To ensure members are provided with care and services that meet the informed consent requirements set out in the Code of Rights – that they understand and give consent to care and services *before* carried out and that their wishes, requirements and expectations are understood by contractors and followed.

Scope

This policy applies to all employees, contractors, members, families/whanau, nominated representatives and volunteers.

The standard is met when

Management and contractors ensure they comply with the informed consent requirements set out in the Code of Rights and understand that informed consent is a process which comprises three key components:

- assessing member competence
- providing relevant information in a language and format the member understands
- obtaining voluntary informed consent without coercion, inducement, force or duress.

Member Competence

A member must be presumed competent and able to make an informed choice and give informed consent unless there are reasonable grounds for believing they are not competent.

Under the Protection of Personal and Property Rights Act 1988 a member may appoint an EPOA to make a decision on their behalf should their competence diminish either partially or wholly. This can be a Property EPOA, in relation to property matters (including the signing of the Admission Agreement) or a Personal Care and Welfare EPOA , in relation to personal care and welfare matters (including consent to treatment). Note that a personal care and welfare EPOA does *not* come into force until the person giving the power is deemed *mentally* incompetent. This assessment must be made by a Doctor or psychogeriatrician.

The member retains the right to be consulted and involved in decision making to the extent appropriate to their level of competence. The fact that a member may have, for example, significant behavioral issues, does not necessarily mean that he/she is not competent to consent to all health and disability services. You must focus on what the member *can* understand – the level of competence required to consent to treatment with a high degree of risk or complexity or with serious consequences for the consumer will usually be different from that required to consent to minor and low risk procedures.

The exception to this is where there is a valid Advance Directive in place, which sets out the member's wishes in advance, and is designed to come into effect when they are no longer mentally competent.

Note that an Advance Directive can only be made by the member themselves when they are competent to do so.

Where a member is not competent and there is no person entitled to consent on behalf of the member, you *may* provide services where it is in the best interests of the member; and

- reasonable steps have been taken to ascertain the views of the member. If these views have been ascertained and having regard to those views, you believe on reasonable grounds that the provision of the services is consistent with the informed choice the member would make if they were competent to do so; or
- if the member's views have not been ascertained, you take into account the views of other suitable persons (such as the EPOA or family/whanau of choice) who are interested in the welfare of the member and available to advise you.

Providing Information / Communication

1. All members are informed of their right to be fully informed, to participate in determining their care, and provided with information on informed consent, the Code of Health and Disability Consumers' Services Rights 1996 and Health and Disability Advocacy Services.
2. All members are provided with full and frank information, including information about the options, risks, benefits and costs of each option, and the identity and qualifications of their provider, and given sufficient time and privacy to discuss and seek clarification of any information provided throughout their stay.
3. All members and their Welfare EPOA and/or family/whanau of choice are given sufficient time and privacy to discuss information and be involved in the decision-making process.

4. Information is provided in a format and language that meet the individual needs of the member and their EPOA and/or family/whanau of choice to ensure clear understanding. They are given the opportunity and support to arrange for an interpreter, wherever necessary and reasonably practicable.
5. When obtaining information, the member, their EPOA or family/whanau of choice is informed of its intended purpose prior to gaining the information.
6. All information gained in relation to a member will be used for the sole purpose it was collected for, generally to provide appropriate care.
7. Where available, a member EPOA for property and personal care and welfare will be obtained, verified and a signed copy held in the member's files.
8. In situations where a member's cognitive functioning is reduced, all issues relating to service planning will be discussed with the EPOA or nominated representative.
9. Information will be maintained in a form that can be easily understood, is up to date and accurate.
10. All information gained during the provision of service to the member shall remain confidential and shall not be forwarded to any person without the consent of the member, their EPOA or family/whanau of choice.
11. All contractors receive education and training in the rights of consumers when receiving a health care service and the Arvida Good Friends policies on informed consent and advocacy.
12. All contractors receive ongoing education and training through day to day supervision, quality performance monitoring, and from approved educators with suitable expertise.

Obtaining Consent

13. Member consent must be sought in line with the requirements of natural justice. No coercion, harassment or threat will be used to obtain consent.
14. Consent must not be presumed.

On admission

15. Member choices and decisions are recorded on admission, acted on and undergo regular review to ensure they continue to meet the wishes of the member and remain appropriate.
16. Each member has a documented consent on admission for permission to:
    a. Collect, use and store information and includes consent to share information on current health status reviews with family/whanau/EPOA and/or legal representative.
    b. Be photographed for identification purposes and social outings.
    c. For the release of medical information where the member has chosen a change of doctor

Routine care/procedures – verbal consent appropriate

17. Members are provided the opportunity to consider and discuss their options and make an informed decision regarding the health care and services they receive.
18. The Member and/or their Enduring Power of Attorney (EPOA) and/or family/whanau of choice will be given time to consider and discuss the information provided and their options prior to making a decision and giving consent.
19. Every member is given the right to refuse services and withdraw consent to services [including the right to refuse any medical treatment] they see fit and irrespective of having signed prior consent. No service is to be provided unless the member makes an informed choice and gives informed consent either verbally or in writing.
20. Where a member refuses consent, no service is to be provided, and the matter is to be discussed with the Care Manager.
21. There are routine situations in which obtaining written consent for each individual procedure is inappropriate i.e. routine medical care and treatment. The contractor, where appropriate, will discuss these situations with members as they arise.

Associated Documentation

Consumer Rights Policy

Reference

HDSS 8134: 2008 1.1.10 Consumer rights – Informed Consent;

Consumers and, where appropriate, their family/whanau of choice are provided with the information they need to make informed choices and give informed consent.

HCSS 8158:2012 1.1.6 - Informed Consent

Consumers have the right to make an informed choice and give informed consent to actively participate in decision making and in support service delivery.