Sydney Local Health District

NFR orders
A Patchwork of policies and a puzzle for clinicians

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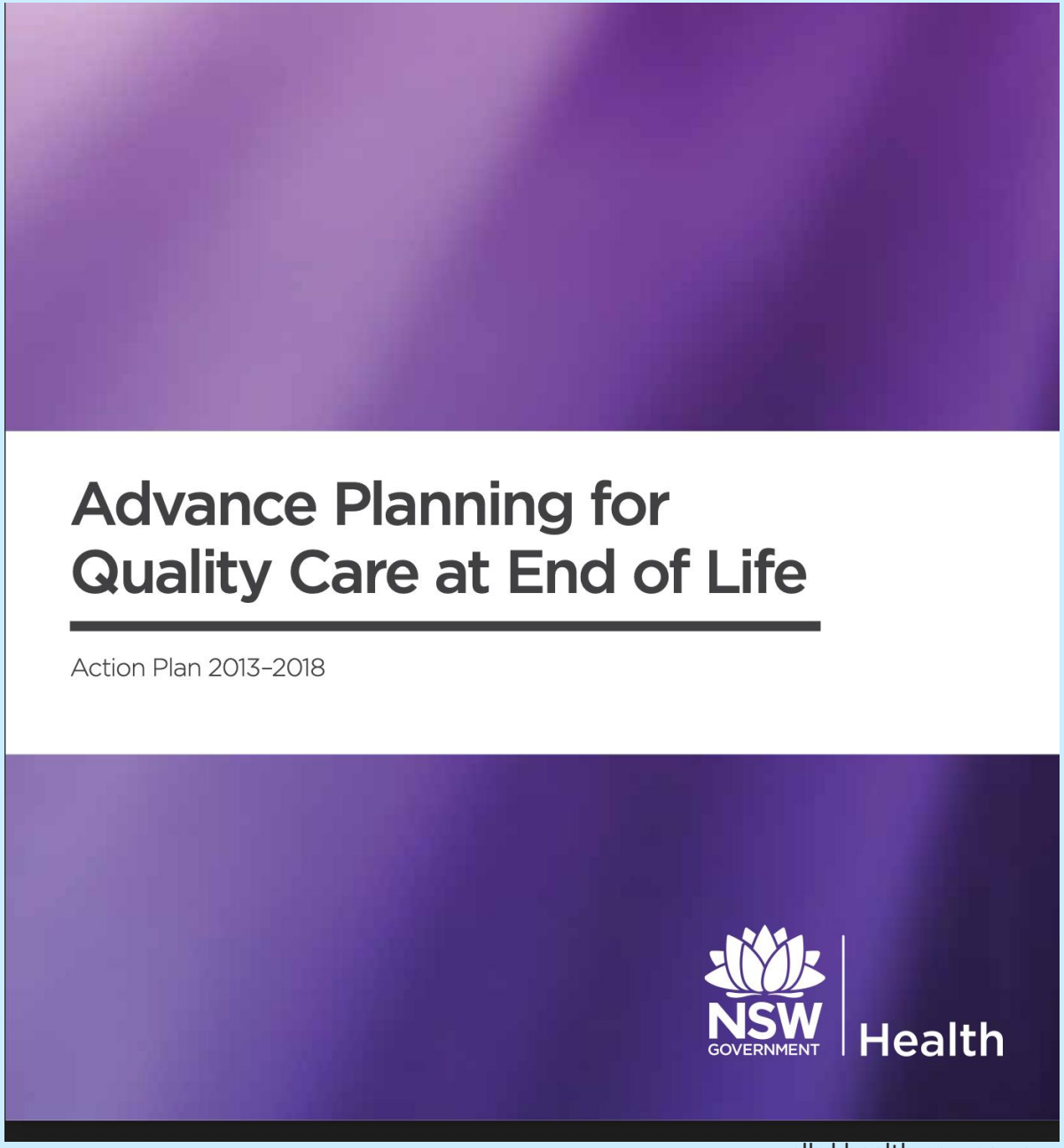
Preface to research



Aims

To undertake a document review to assess the consistency of documents related to Resuscitation Planning, Advance Care Plans and Advance Care Directives.

Methodology

Utilise the READ Approach

Comparative Document Review

Inclusion Criteria	Exclusion Criteria	Elements for data extraction
1. Documents that discuss or define resuscitation plans, advance care plans and advance care directives in inpatient settings	1. Documents that did not discuss resuscitation plans, advance care plans and advance care directives 2. Documents for outpatient and primary health care settings and the children's health network	1. Number of LHD policies 2. Focus of policies 3. Number of facility policies 4. Definitions 5. Terminology used

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Preliminary Results

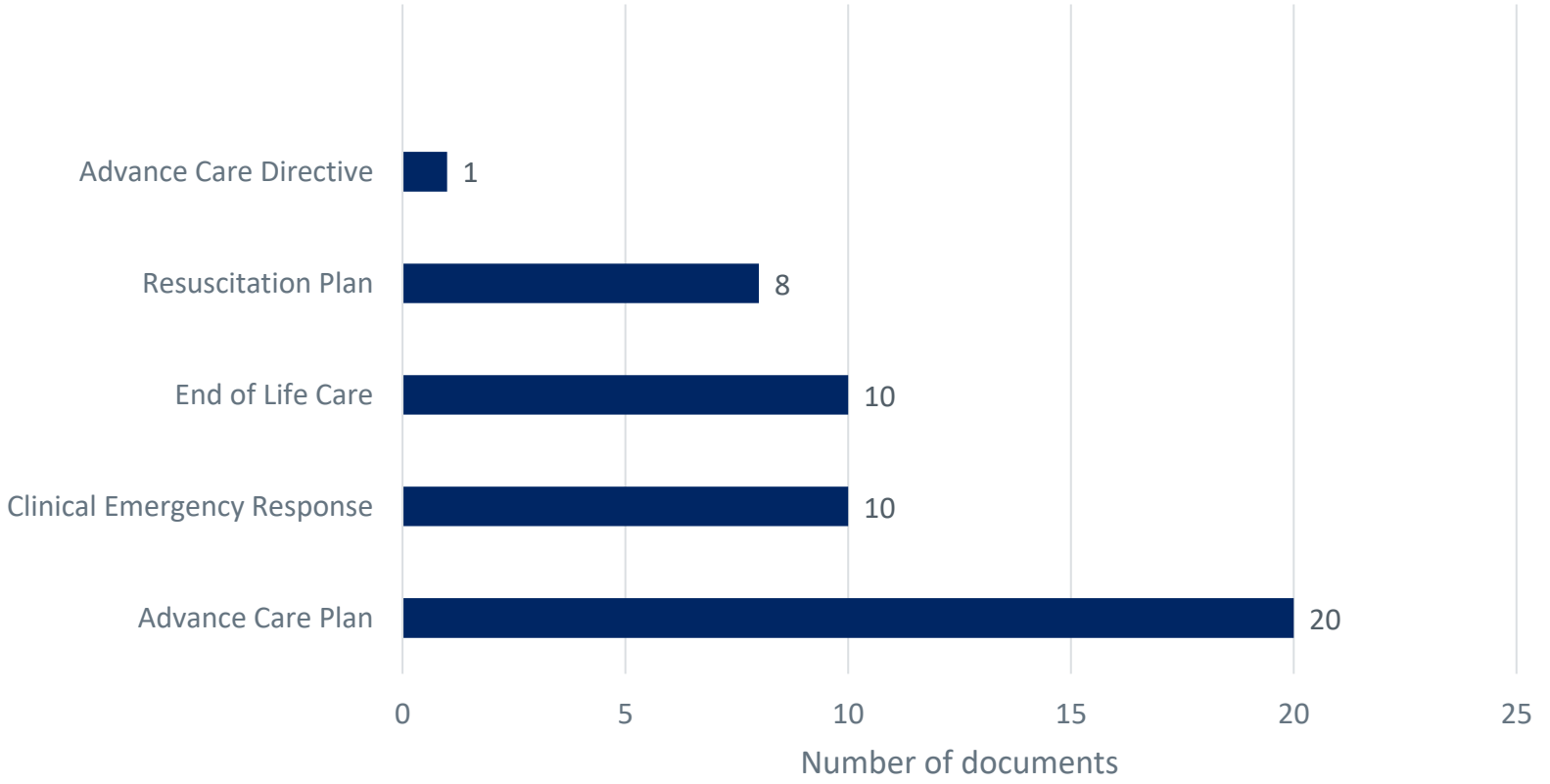
Documents	Number
Documents Identified and Screened	98
Documents including RP, ACP, and ACD	49
Document Retrieval	11 Local health Districts via intranet 3 Local Health Districts via phone 1 Unable to retrieve

Documents

Source	Number
Hospital	8
Local Health District	36
State	5
Total	49

Geographic remoteness	Number
Major Cities	21
Inner-Regional	5
Outer-Regional	7
Remote	1
Very Remote	4

Categories and Number of Policy Documents Identified



Total number documents with definitions for resuscitation plan, advance care plan and advance care directive that aligned with either the End-of-Life Action Plan/state policy PD_2014_030 and/or the End-of-Life Framework/End-of-Life Guideline. Those included under 'Other' had definitions that did not align with any of these.

	Action Plan/policy	Guideline/Framework	Other
Resuscitation Plan	4	0	12
Advance Care Plan	4	5	12
Advance Care Directive	1	6	16

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Other Key Findings

- Readability is inconsistent and generally pitched at a high literacy level (Mac & Colleagues, 2022)
- There are **36** documents in **14** Local Health Districts
- Focus on medical decisions vs nursing decisions (McErlean & Colleagues, 2025)

Final Thoughts

- "Not having a resuscitation plan does not necessarily mean that resuscitation is a default action that must be applied in all situations. **A medical officer's** clinical judgement should be used where resuscitation is manifestly inappropriate and/or the patient is deceased" (NSW Health, 2014). (It's a default option for nurses who are often first responders).
- Why is nursing expertise and clinical judgement not acknowledged/recognised when nurses are often the first to respond?
- Policies should empower all clinicians to act safely, suitably and within their scope of practice

Implications for Practice and Policy Makers

Policies must do more than define terms, they must:

- Be consistent
- Empower all clinicians, including nurses, to act safely and confidently within their scope
- Clarify their roles and responsibilities in critical scenarios
- Support interdisciplinary decision-making, especially when resuscitation plans are absent or unclear
- Support patient-centred communication and shared decision-making
- Be easy to access

Conclusion

- **Significant variability in definitions across all documents**
- Variations in terminology and procedural clarity across 50 documents.
- Less than half of the policy definitions aligned with state policies
- State policies require a clear implementation plan including education of the workforce

References

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Questions?