

Clinical Task Instruction

Delegated Task

CTI D-SP08: Support the client with the Enduring Power of Attorney appointment process

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- use agreed resources to re-examine information previously provided by the social worker with the client on the powers of, and process for completing documentation to appoint an Enduring Power of Attorney (EPOA)

VERSION CONTROL

Version: 1.0

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Document custodian: Chief Allied Health Officer, Clinical Excellence Queensland

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Acknowledgements: Wide Bay Hospital and Health Service

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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- provide assistance with completing the application form when the patient and/or family are unable to complete the documents due to health or literacy challenges. This involves recording the client's health care views, wishes and preferences that are relevant to the EPOA including the names of nominee/s for personal (including health) and/or finance matters and/or
- assist the client to have the documentation certified, signed by the appointed nominee/s and a copy provided to the relevant healthcare providers including updating information systems to accompany the patient's health record.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - basic knowledge on the difference between an Advance Health Directive (AHD), an EPOA, a General Power of Attorney (GPOA), a Statement of Choices (SoC) and a will
 - basic awareness of how to identify an existing EPOA document and how a person can change and/or revoke the powers of an attorney
 - basic understanding of the benefits, risks, legal requirements and process for identifying and appointing an attorney under the Powers of Attorney Act 1998 including eligibility criteria, application process and documentation storage
 - key factors to be considered when a person identifies and appoints a suitable attorney to perform the EPOA role as described in the EPOA [Explanatory Guide](#) (page 7).
 - basic understanding of the roles of the Office of the Public Guardian and the Public Trustee, including the process and choice to appoint
 - understand content in relevant Queensland Government and local client resources used to support EPOA education e.g. [explanatory guide](#), client handouts, brochures, checklists, local policies and websites
 - the role of social work and broader multi-disciplinary team with regard to EPOA, and any relevant local workplace instructions and documents that support the model of care e.g. consent for email communication, checklists or application tracking spreadsheets etc.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource.
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
 - Nil

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
 - to legally complete an EPOA document, participants must be 18 years of age or older, have capacity to understand the document being signed and the power it gives. If the client, or any of the planned attorney/ies, are not 18 years of age or appear confused, disorientated, unable to follow directions, have reduced alertness or concentration, cease the task and liaise with the delegating health professional.
 - An EPOA document (revocation or appointment) should be completed voluntarily and without coercion. The AHA should observe, and note reporting by the client or attorney/ies, of potential elder abuse or domestic and family violence. This includes signs of: physical, sexual or financial exploitation; being afraid, irritable, withdrawn, anxious, worried, or mistrusting; neglect, unexplained bruising or changes to demeanour (Queensland Government 2016; Queensland Government 2024). If risk mitigating strategies were not included in the delegation instruction, or the client's presentation does not match the delegation instruction, cease the task and inform the delegating health professional.
 - There are legal implications if an existing EPOA is not revoked prior to completing a new EPOA. If during the task the client recalls having an existing EPOA and this was not part of the delegation instruction, cease the task and inform the delegating health professional.
 - If the client has difficulty answering questions due to language or communication problems and compensatory strategies are ineffective or were not included as part of the delegation instruction, cease the task and liaise with the delegating health professional. Strategies may include the use of an interpreter or communication device.

Equipment, aids and appliances

- EPOA forms and information may be intermittently updated. Prior to printing, access the latest version from the official government webpage. In Queensland this is: <https://www.publications.qld.gov.au/dataset/power-of-attorney-and-advance-health-directive-forms>
- If the client accesses forms or information resources on a lap top or iPad that will be logged into the Queensland Health network, exercise Cyber security precautions including not leaving the device unattended.
- If the client is reliant on hearing aids and/or reading glasses, these should be applied prior to commencing the task.

Environment

- Ensure the environment is managed appropriately for effective communication e.g. minimising distractions, turning off the radio/TV, turning on lights, closing the door or curtain for privacy.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This should include:
 - the type of EPOA form i.e. long or short
 - the decision-making matters for the attorney i.e. personal (including health) and/or finance
 - the name of the proposed attorney/ies for appointment and for which matters
 - the need to revoke an existing EPOA, if required
 - any specific client requirements to perform the task e.g. need for interpreter, time of day.

Note: The delegating health professional must confirm the client has capacity to appoint an EPOA. They must document the type of decision made and the time the decision was made prior to delegating to the AHA. This includes if there is a need for a formal declaration about an adult's capacity more information see [Queensland Capacity Assessment Guidelines 2020](#).

2. Preparation

- Collect client education resources and tools e.g. brochures.
- Print correct EPOA form and explanatory guide (long form or short short)
- Black pen
- List of locally available and accessible eligible witnesses e.g. Justice of the Peace, Commissioner of Declarations, lawyer.

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The allied health assistant describes the task to the client. For example:
 - “(Name and designation of delegating health professional) has asked me to help you complete an Enduring Power of Attorney document. An Enduring Power of Attorney is someone you nominate who you trust to make personal (including healthcare) decisions and/or financial decisions on your behalf when you are unable to.”
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Interim update Version 2.3 (2023).

4. Positioning

- The client's position during the task should be:
 - in a position where they can clearly read the EPOA form and any other printed resources and converse with the AHA. Ideally the client should be comfortably seated in a chair or sitting up in bed.
- The allied health assistant's position during the task should be:
 - in a position where they can read the information resource and converse with the client. Ideally the AHA should be facing the client and at eye level to support communication.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Confirm with the client the purpose and process for choosing and appointing an EPOA using the information resources identified in the delegation instruction. Provide an opportunity for questions.
 2. Re-confirm client consent to progress with completion of the required EPOA documents as per the delegation instruction.
 3. Confirm if the client has a current EPOA, including the date of certification and name of who was appointed. See Safety & quality.
 4. If the client has an EPOA and revocation was included as part of the delegation instruction, use the [Form 6: Revocation of an EPOA](#) and support the client to complete details. If the client reports not wanting to revoke a current EPOA or does not want to proceed with appointing an attorney/ies, cease the task.
 5. To appoint an EPOA, assist the client to select the correct form (short or long) using the [Form 9: EPOA explanatory guide](#) and support the client to complete the mandatory fields of the document including the attorney/ies details and decision matters. If the client provides details of the appointment that do not align to the delegation instructions, cease the task.
 6. Inform the client of the need to have the documents signed by the proposed attorney/ies, and revoked attorney/ies where relevant. Develop a plan with the client for contacting the attorney/ies.
 7. Inform the client of the need to have an eligible witness present prior to signing the EPOA document themselves. With the client identify an eligible witness and help to arrange a time and place for the EPOA documents (application and revocation, if relevant) to be signed and certified by the witness.
 8. After the client and witness have signed and certified the documents, facilitate the document to be signed by the attorney/ies and returned to the health care facility. This may include posting or arranging a face to face meeting time between the client and the attorney/ies.
 9. Once the documentation has all required signatures, obtain a copy (scanned or photocopied) and provide the original copy to the client for their records.
 10. Lodge a copy with the statewide Office of the Advance Care Planning (or relevant authority). A copy may also need to be filed within the relevant section of the patient's medical record and an alert entered within the relevant electronic system(s).

11. The Office will acknowledge receipt and include information of any missing information for attention e.g. section incomplete or missing pages.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - check that the client understands the information provided by asking if they have any questions and monitoring for signs of confusion or concern. If the client has questions, redirect them to the relevant section of the EPOA information resources.
 - if the client raises matters that are not fully in scope of the EPOA document, liaise with the delegating health professional, and/or direct the client to government information resources on related documentation e.g. Advance Healthcare Directive, General Power of Attorney or Statement of Choices resources.
 - if the client reports uncertainty or concerns about the planned attorney/ies and/or decision-making matters, cease the task. Remind the client that separate attorneys may be appointed for separate decision-making matters and the client can consider one decision-making matter at a time e.g. health or finance. Re-orientate the client to information on options for single or multiple attorney's and the role of the Public Guardian and/or Public Trustee and inform the delegating health professional.
 - when discussing the completion of the EPOA form clients may become distressed or upset as they reflect on personal and financial matters including healthcare or mortality. Pause the task, and provide reassurance such as discussing the purpose of an attorney is to make decisions which are aligned with the clients wishes. Confirm if the client wishes to continue the task at that time. Some clients may request further time to consider who to appoint or the need for conversations with potential attorneys prior to appointing them. Inform the client you can arrange another time to complete the task and include as part of feedback to the delegating health professional.
 - if the client signs the EPOA document without a witness present to certify their signature, the forms will need to be repopulated, with the original documents disposed of confidentially.
 - written mistakes should be avoided whilst completing the form. If a minor erasure is required these will need to be initialled by the client and witness.
 - if the client requests support to get the proposed attorney to sign the documentation, the AHA should confirm that the client has contacted and discussed the role and requirements with the proposed attorney. The AHA should confirm that the proposed attorney is willing and expecting to be appointed, prior to contacting them directly. If the client has not contacted the proposed attorney or the proposed attorney does not accept the role, liaise with the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
 - At the conclusion of the task:
 - encourage feedback from the client on the task.
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes

that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.

- For this task, the following specific information should be presented:
 - the type of form completed (long or short)
 - the decision-making matters for the attorney i.e. personal (including health) and/or finance
 - if revocation of an existing EPOA form was required and completed
 - the date documents were completed, lodged and receipted by the Office of Advance Care Planning, including follow up actions attended e.g. filed in the medical record, alert entered on electronic system.

Note: it may not be possible for the EPOA to be completed in one session, so the task may be completed over multiple sessions. This may be due to the availability of witnesses/proposed attorney or the time required to make decisions and/or clarify information. The AHA will record the aspects completed at each session, including the planned activities between session and timeframes for review.

- A copy of the signed EPOA needs to be filed within the appropriate section of the patient's medical record and an alert entered within the relevant electronic system(s).

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Government (2024) What is domestic and family violence. Available at: <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence/what-is-domestic-and-family-violence/what-is-domestic-violence/about-domestic-and-family-violence-and-coercive-control>
- Queensland Government (2016) What is elder abuse? Available at: <https://www.qld.gov.au/seniors/safety-protection/discrimination-abuse/elder-abuse/what-elder-abuse>
- Queensland Health (2022). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2023). Guide to Informed Decision-making in Health Care (Interim update Version 2.3). Available at: https://www.health.qld.gov.au/data/assets/pdf_file/0019/143074/ic-guide.pdf
- The State of Queensland (2020). The Queensland Capacity Assessment Guidelines. Available at: <https://www.publications.qld.gov.au/dataset/capacity-assessment-guidelines/resource/23e5bde1-40d7-4115-a15d-c15165422020>

Assessment: performance criteria checklist

D-SP08: Support the client with the Enduring Power of Attorney appointment process

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting agreed education resources, list of suitable eligible witnesses and a pen, printing EPOA form/s.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <ul style="list-style-type: none"> a) Clearly explains the task, checking the client’s understanding. b) Provides information to the client on the purpose and process for completing documentation to appoint an EPOA. c) Confirms if the client has a current EPOA and, if included in the delegation instruction, supports revocation by assisting documentation on the correct form. d) Confirms the client’s attorney/ies including their willingness to be appointed and for which decision-making matters (personal and/or financial) and assists documentation on the correct form (short or long). e) Informs and supports the client to have an eligible witness present prior to signing the EPOA documentation themselves. f) Facilitates signing of the EPOA documents by the proposed attorney/ies and witness. g) Obtains a copy of completed documents and provides the original to the client. 			

h)	Lodges with the statewide Office of the Advance Care Planning, confirming the documents are complete.			
i)	Files a copy of the EPOA within medical record including completion of relevant alerts as per local processes.			
j)	During the task, maintains a safe clinical environment and manages risks appropriately.			
k)	Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.				
Provides accurate and comprehensive feedback to the delegating health professional.				

Notes on the forms and education resources that the AHA has been trained and assessed as competent to deliver

EPOA documents:

Short form

Long form

EPOA information resources:

[Enduring power of attorney – explanatory guide](#)

Comments:

Record of assessment competence:

Assessor name:		Assessor position:		Competence achieved:	/ /
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Scheduled review:

Review date:	/ /	
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Support the client with the Enduring Power of Attorney appointment process: Learning resource

Required reading

Advanced care planning documents

This CTI has been developed in Queensland, equivalent resources will need to be sourced if being delivered in another jurisdiction or country to ensure knowledge and resources requirements are aligned to local service needs.

- Queensland Government Advance Care Planning (2018). Comparison table: advance care planning documents. Available at: <https://www.qld.gov.au/health/support/end-of-life/advance-care-planning/key-documents>
 - Including additional reading for
 - Advanced health directive
 - Statement of Choices

Enduring Power of Attorney (EPOA)

- Queensland Government (1995-2003) Power of attorney and making decisions for others including:
 - [Making decisions for others](#)
 - [Power of attorney](#)

Available at: <https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/power-of-attorney-and-making-decisions-for-others>

- Queensland Government Publications portal (2022) including:
 - [Enduring power of attorney – explanatory guide](#)
 - [Enduring power of attorney – short form](#)
 - [Enduring power of attorney – long form](#)
 - [Enduring power of attorney - revocation](#)

Available at: <https://www.publications.qld.gov.au/dataset/power-of-attorney-and-advance-health-directive-forms>

- Queensland Government: Office of the Public Guardian. Enduring Power of Attorney. Available at: https://www.publicguardian.qld.gov.au/_data/assets/pdf_file/0010/490555/opg-factsheet-enduring-power-of-attorney.pdf
- Local hospital and health services may also have procedures or workplace instructions to support staff with this task. For example (Queensland Health staff only)
 - Wide Bay Hospital and Health Service. Procedure: Advance Care Planning (ACP). Available at: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0035/2980619/PRO-1518-Advanced-Care-Planning.pdf

Elder abuse

- Queensland Government (2016) What is elder abuse? Available at: <https://www.qld.gov.au/seniors/safety-protection/discrimination-abuse/elder-abuse/what-elder-abuse>

Domestic and family violence

- Queensland Government (2024)
 - What is domestic and family violence?
 - Types of domestic and family violence, including coercive control
 - Signs of domestic and family violence
 - Impact of domestic and family violence

Available at: <https://www.qld.gov.au/community/getting-support-health-social-issue/support-victims-abuse/domestic-family-violence/what-is-domestic-and-family-violence/what-is-domestic-violence/about-domestic-and-family-violence-and-coercive-control>

