Appendix 2 Screening and assessment tools in the Advance Project Toolkit

Assessment tools	Brief description
Advance Project Guide	• "The Advance Project Guide: a model for initiating advance care planning and palliative care in general practice". This guide explains how to implement the various resources in the toolkit in everyday clinical practice.
Advance Care Planning[a] (ACP) Tools	
ACP screening interview tool	• A step-by-step guide for general practice nurses (GPNs), with exemplar questions and prompts, for initiating conversations about ACP during routine health assessments • Promotes patient awareness of ACP, identifies any prior ACP and the patient's preferred substitute decision makers, any wishes the patient may have already thought about regarding their future care should their health deteriorate, as well as the patient's readiness to further discuss ACP • There is space within the tool to record the patient's responses to interview questions, and it can be uploaded into general practice software as a record of the initial ACP discussion • Developed initially for acute care settings[1], then adapted and piloted for use by GPNs.[2]
The Advance Project: Quick guide for introducing advance care planning in routine consultations or health assessments in General Practice	• This quick guide supports general practitioners (GPs) to initiate conversations about ACP. It complements the more structured interview for initiating ACP that was developed for nurses in Phase 1 of the Advance Project. It includes similar prompts as the ACP screening interview tool but does not provide spaces within the guide to record patient responses.
The Advance Project: "Preparing for an advance care planning conversation - A guide to help you prepare for a conversation with your family or health care team about your wishes for future health and personal care."	• A patient resource that guides patients through the next steps in ACP and helps them prepare for further discussions about ACP with their family or GP or nurse. It prompts reflection about the person's values and preferences for future care and encourages the person to share their responses with their family and health care team. • It fills an identified gap between the conversation being initiated by a nurse or GP, and the person being prepared for further discussions about ACP or considering completing a formal advance care directive.
The Advance Project patient resource: "Who will speak for you if you can't speak for yourself?" A guide for choosing a substitute decision maker for health care decisions.	• A guide for choosing a substitute decision maker for health care decisions.
Palliative Care[b] and Supportive Care[c] needs assessment tools	
Surprise question and/or the Supportive and Palliative Indicator Tool (SPICT™)	• A screening process to identify patients who may benefit from a comprehensive assessment of their unmet palliative and supportive care needs. • The surprise question is "Would you be surprised if this patient died in the next 6 to 12 months?" • The SPICT™ tool identifies patients who may be at risk of deteriorating and dying and was developed by Boyd et al [3]
The Advance Project Patient Assessment Booklet: "Supporting you to live well with a chronic illness."	A patient and clinician resource to assess patients' palliative and supportive care needs. This booklet includes an introduction regarding the purpose of the assessment and instruction for use, so that the assessment can be self-administered if appropriate. It includes the following: • Integrated palliative outcome scale (IPOS)- a well validated tool for assessing common physical and psychological symptoms in patients with life limiting illnesses. The nurse or GP can assist the patient to complete this, to inform the GPs' consultation with the patient. Alternatively, patients with good health literacy may complete this tool on their own after it is

	introduced by the nurse. The IPOS provides a two-page summary of the patient's symptoms.[4] • Patient concerns and questions checklist (NAT-CC patient): this tool was adapted from the NAT-CC carer version[5] and informed by a question prompt list previously developed and evaluated in specialist palliative care settings. [6 7] The original prompt list was significantly shortened and simplified as part of the Advance Project for use in primary care. The tool helps patients to identify the questions and concerns they want to discuss with their GP about their illness, practical issues and future care planning.
The Advance Project Carer Assessment Booklet: "Looking after you while you care for someone with a chronic illness."	A carer and clinician resource to assess carers' supportive care needs. It includes an introduction regarding the purpose of the assessment and instructions for use, so that the assessment can be self-administered, and: • Carer needs and concerns/questions assessment tool (NAT-CC carer): This tool was adapted from the NAT-CC (Needs assessment tool for cancer carers) to be relevant to carers of patients with other life limiting illnesses, and for administration by practice nurses. The NAT-CC was previously developed by one of the Advance Project consortium members[5] and adapted to be relevant for carers of patients with a chronic condition (not only cancer). It was also informed by a question prompt list previously developed and evaluated in specialist palliative care settings. [6 7]
The Advance Project Referral Triage Tool	• A guide for determining the need for additional supportive care services for people at risk of deteriorating and dying, including clear triggers/indicators for considering early referral to specialist palliative care services. This tool was informed by a literature review and developed by a subgroup of the Advance Project advisory group team.
Other	
The Advance Project and Medicare Benefits Schedule (MBS) Items Fact Sheet.	• This fact sheet outlines Medicare items that can be used to fund initiation of ACP and/or palliative and supportive care needs assessment in general practice in Australia. It was released after review by the Medical Benefits Division of the Australian Government Department of Health.

[a]**Advance care planning** is a "process of reflection, discussion and communication that enables a person to plan (in advance) for their future medical treatment and other care, for a time when they are not competent to make, or communicate, decisions for themselves"[8]

[b]**Palliative care** can be defined as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual"[9]

[c]**Supportive care** is care that eases the symptoms of a disease or the side effects of treatment for a disease. Supportive care does not cure the disease. It is aimed at improving quality of life and it addresses the psychological, social and spiritual needs of patients and their carers[10]

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