

Exploring Impacts of Amendments to the Guardianship Act on Decision-Making Ability Assessments of Older Tasmanians

Maneesh V. Kuruvilla, Tony M. Diaz & Clare Ramsden

Tasmanian Health Service, Hobart, Australia



1. What inspired this project

In September 2024, important changes were made to the Guardianship Act in Tasmania, which updated how decision-making capacity is understood and assessed (Tasmanian Government, 2024).



2. Why this matters

Assessing a person's ability to make decisions helps protect their rights and wellbeing, especially when health issues like memory problems, mental illness, or medical conditions affect their thinking as they age.

- Are older adults' rights better protected under the amended Act
- Are Allied Health Professionals (AHPs) supported to implement these changes
- Are further trainings or resources needed to support AHPs

3. What are the key legislative changes

Before Amendments

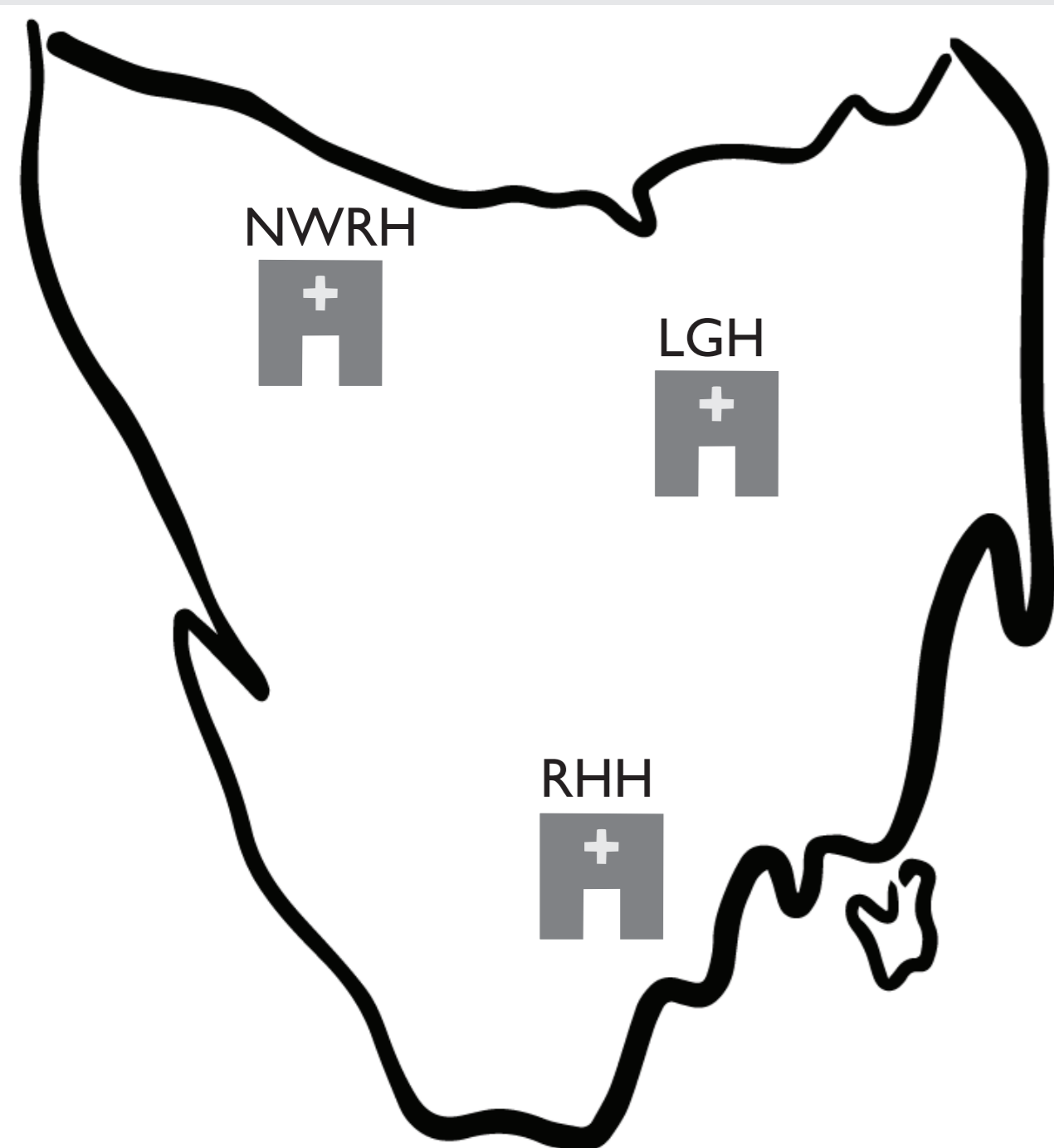
- Presumption of capacity not explicitly stated
- Capacity considered global (i.e., all-or-none)
- Best interests often guided substitute decisions
- Formal assessments triggered primarily by guardianship referrals
- Limited guidance for assessors
- Assessors varied by site; may include medical, allied health, or legal staff with little consistency

Sept 2024

After Amendments

- Presumption of decision-making ability is clearly enshrined
- Capacity considered decision-specific and time-specific
- Shift toward supporting will, preferences, and rights
- Greater emphasis on early, proactive assessments across settings
- Increased expectation for standardised and transparent assessment processes
- Greater emphasis on trained health professionals using recognised assessment tools

4. How we plan on collecting data



Phase I: Audit of decision-making assessments prior to Sept 2024.

Phase II: Audit of decision-making assessments post Sept 2024.

Phase III: Interviews with inpatient and outpatient AHPs.

Upcoming: Phases I & II

Step 1:

Generate patient list based on inclusion criteria (i.e., patients above 65-years-old admitted to General Medicine Inpatient Units across the Royal Hobart Hospital, Launceston General Hospital, and North West Regional Hospital during Jul-Aug 2024 and Jul-Aug 2025).

Step 2:

Conduct a cursory file review to ascertain if a decision-making ability assessment was conducted.

Step 3:

If yes, perform an indepth file review to extract variables of interest.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Basic demographics • Reason for admission • Duration of admission • Diagnosis • Underlying/brain impairment, if different to diagnosis • Type of decision-making ability (e.g., medical, financial etc.) • Duration of admission when assessment was conducted • Assessor | <ul style="list-style-type: none"> • Outcome • Did outcome result in TASCAT application? • Discharge location? • Was a cognitive screener or assessment conducted? • If yes, what was/were the score/s? • Did the patient have an existing Enduring Guardianship/Enduring PoA/PoA in place? |
|--|---|

5. Phase I/II outcomes of interest

- Is there an increase in the number of decision-making ability assessments?
- Is there a shift in the types of decisions being assessed?
- Is there greater consistency in the type of assessment tools used?
- Is there an increase in AHP involvement?
- Are there higher rates of applications to TASCAT?
- Do assessments take place earlier in admission?
- Are there potential demographic shifts in the assessed populations?
- Are any of the above outcomes of interest site specific?