

# Electronic system to share ACP

**What:** How to develop an IT system that will allow ACPs to be shared across organisations from primary care to the DHB (an in-reach model) enabling clinicians and patients to update, create, edit and view ACP with a dynamic approach that is version controlled.

**Why/rationale:** To ensure the ACP journey is safe for both the patients and health care professionals.

**Who:** Waikato DHB/Hauraki PHO and Pinnacle Midlands Health network, Hospice Waikato, Aged Residential Care and St Johns ambulance.

## Benefits/value added:

- Patients will benefit as they are creating the ACP rather than DHBs collecting them.
- Patients own their ACP.
- DHB clinicians can view the ACP immediately with version control through the shared electronic record primary care setting.
- The patient can take their ACP to their GP who can load it onto the DHB system or they can access and have it visible in *Manage My Health*.
- ACPs are stored in a central repository.
- Cross sector collaboration.

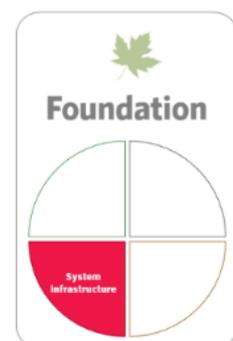
## Risks/challenges:

- DHB/PHO/other organisations do not approve additional funding to support IT development and capacity.
- Some patients will not wish to complete an electronic ACP.
- DHB does not have the platform to support ongoing IT system.
- Clinicians will not look for the ACP without an alert.
- Permission from the patients as to who they wish to share their ACP with and accurately reflecting this.

## Steps: How this looked on the ground

### Foundation

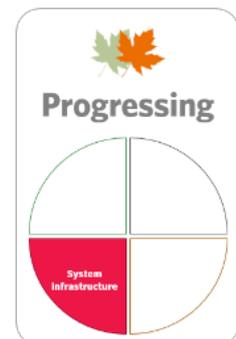
1. Develop and build the relationships across the sector, identified to work collaboratively together.
2. Establish clinical leadership groups within the organisations to support ACP implementation.
3. Ensure health organisations and IT are speaking the 'same language and are on the same page'.
4. Submit an IT business requirement – working collaboratively with the above organisations to determine what is needed – what does this look like.



5. Develop the requirements into a business form to DHB IT team.
6. Request IT to undertake a criticality assessment.
7. Undertake a DHB privacy impact assessment (routine through clinical work stations).
8. Meet with an IT architect to draw the IT system – matching the rationales together.
9. Work with the PHOs and other organisations to ensure their Patient Management System (PMS) is able to interface with the clinical workstation.
10. PHO and other organisations to give access to the DHB to view their shared electronic health record.
11. Develop a dynamic electronic ACP summary form – within the PMS consider condensed ACP document to add to the suite of *Manage My Health* patient portal.
12. Ensure the AD format matches the DHB resuscitation status and is front loaded and version controlled.
13. Consider developing prompt boxes (eg, what matters to me most to re-route patient to the full ACP guide with links).
14. *Manage My Health* has developed an app that has an ACP icon Medtech32/evolution – to allow patients to develop their own ACP, patient able to update into MMH.

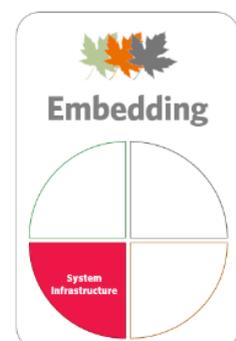
### **Progressing**

1. Turn the IT platform system on.
2. Test the platform for quality.
3. Develop screenshots of usability.
4. Electronic summary form to go through a testing cycle with a view to being user-friendly and matches the DHB resuscitation policy.
5. Clinical records documentation process approval of new forms.
6. Develop clinical education tool for implementation across the providers.
7. MMH go live – testing cycle development required.
8. Develop outcome and balancing measures.
9. Develop an audit (PDSA cycle) to manage the quality.



### **Embedding**

1. Develop an ongoing audit process.
2. Continue workforce development.
3. Continue community engagement.
4. Continue quality improvement.



**Outcomes to date:**

- 100% of patients who have an ACP can have them accessed by clinical staff.

**Future opportunities:**

- Develop a resource folder guide for education of clinicians of how to upload ACPs containing screen shots.
- Consider including paediatrics ACP or their wishes documents.
- Delivery of ACP implementation education across DHB, hospice, ARC, St Johns.