

# Clinical review of advance care plans

**What:** Reviewing advance care plans prior to them being published on the electronic sharing system

**Why/rationale:** Establishing a process for ensuring plans available on the electronic system can be easily interpreted and used by clinicians.

**Who:** Canterbury DHB

## Benefits/value added:

- Finalised plans are clinically interpretable.
- Patient's wishes are upheld.
- Staff value the plan and use its contents to guide patient care.
- The feedback loop provides an opportunity to engage and support staff assisting with the ACP process, including offers of workplace visits, phone support, further education.

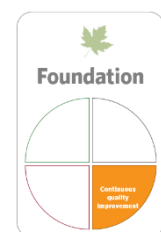
## Risks/challenges:

- Review:
  - takes time
  - requires a process to be established
  - requires dedicated staff to review
- Staff are required to follow up/feed back support to plan creators to close the feedback loop.
- Some clinicians may be frustrated that plans are checked prior to finalising.

## Steps: How this looked on the ground

### Foundation

1. Established the baseline of what an acceptable standard of content is for advance care plan for it to be published. For example, details don't contradict and the wishes included in the plan are clinically interpretable. 'If I was working in the emergency department, could I use the plan to guide the care I give this patient?'
2. Created processes and a feedback loop outlining:
  - a. who receives the plan
  - b. who checks the plan
  - c. what steps need to be taken if the plan passes review
  - d. what steps need to be taken if the plan does not pass review, and who actions this and follows it to completion.
3. Designated staff responsibility for steps in the process.
4. Trained/educated staff regarding standards, processes and expectations for following up.
5. Shared quality measures and steps for successful plan submission in HealthPathways (web-based information portal).



## Progressing

1. Managed feedback loop.
2. Refined systems as required, ie, instigated dedicated ACP administrators as increasing numbers of plans are submitted.
3. Reviewing plans provides opportunities to:
  - a. see themes emerging
  - b. give positive feedback to staff supporting excellent plan creation
  - c. promote support systems, ie, HealthPathways pages, national level 1 training, etc.



## Embedding

- Evaluated and reviewed the number of plans requiring input/support to finalise/publish.
- Canterbury DHB is now moving towards considering:
  - the parameters for self-regulation of process, ie, review updating the process to take out clinical review phase
  - how it ensures ongoing plan quality, for example, spot audits.



## Impact:

Year	Total number of ACP published to electronic system	ACP team input with plan		
		Yes	No	
2013	2	1		1 (50%)
		ACP team support 0 (0%)	Facilitated ACP 1 (50%)	
2014	118	47		71 (60%)
		ACP team support 36 (31%)	Facilitated ACP 11 (9%)	
2015	364	150		214 (59%)
		ACP team support 116 (32%)	Facilitated ACP 34 (9%)	
2016	519	187		332 (64%)
		ACP team support 138 (27%)	Facilitated ACP 49 (9%)	
2017	772	196		576 (75%)
		ACP team support 159 (20%)	Facilitated ACP 37 (5%)	

