

THE FIVE-YEAR ADVANCE CARE PLANNING STRATEGY

Vision: Empower New Zealanders to participate in planning their future care | Matakītenga: te whakamana i ngā tāngata o Aotearoa kia uru mai ki ngā mahi whakariterite i ngā manaakitanga ā muri ake mō rātau

PROMOTION Normalise future health care planning	Objectives <ul style="list-style-type: none"> Consumers and health care professionals are routinely talking about future health care planning, recognising different cultures and experiences. Death is considered a natural process – the conclusion of the life cycle and not a ‘failure’ of care. 	Strategies <ul style="list-style-type: none"> Promote future health care planning to the public and health and social care workforce. Discuss and network across the health, social and wider sectors. Ensure ACP and person-centric, values-based care planning is on the national health and social care agenda. ACP interactions are culturally and socially appropriate.
	Local action by DHBs <ul style="list-style-type: none"> Create an expectation that what matters to consumers informs care planning. Promote the benefits of future health care planning within the DHB to providers, NGOs, ARC facilities, PHOs, GPs and community groups. Collect and share consumers’ and health care workers’ stories. 	National action by the Commission <ul style="list-style-type: none"> Promote future health care planning using a mix of public relations, networking events and stakeholder engagement. Develop resources to support local awareness-raising. Respond to strategies, initiatives and actions nationally that impact on ACP. Network at a senior level within health and social care, with a specific focus on ARC, health of older people, palliative care and long-term conditions. Engage and build relationships with organisations outside health that could support the societal and cultural change required.
RESOURCES ACP is available to all	Objective New Zealanders can develop an advance care plan, no matter where in the country they are, their ethnicity or socioeconomic status.	Strategies <ul style="list-style-type: none"> Resources are developed with our communities to ensure utility and cultural appropriateness. Resources support health care workers, community volunteers and consumers. Resources are consistent, widely available and useful to all.
	Local action by DHBs <ul style="list-style-type: none"> Identify the resource needs of local groups. Modify national resources to meet local cultural needs. 	National action by the Commission <ul style="list-style-type: none"> Evaluation of availability of ACP guide and plan. Identify and develop resources and cultural tools to increase ACP access for Māori, Pacific and Asian populations using co-design.
EDUCATION AND TRAINING A prepared workforce and community	Objectives <ul style="list-style-type: none"> The health care workforce is skilled in communicating and working with patients, families and whānau to make shared decisions about health care. There is a skilled volunteer workforce able to support people to have conversations and develop their advance care plans. 	Strategies <ul style="list-style-type: none"> Support DHBs to deliver ACP and clinical communication education locally. Provide evidence-based advance clinical communication training. Support DHBs to train and maintain a volunteer workforce.
	Local action by DHBs <ul style="list-style-type: none"> Recruit skilled staff interested in facilitating training, providing time and support for facilitators to be trained and to deliver training within the DHB district. Develop the infrastructure to support their trained staff to effectively deliver ACP and clinical communication training. Recruit a team of volunteers and train them locally. Support volunteers to work with the community and consumers. 	National action by the Commission <ul style="list-style-type: none"> Develop a train-the-trainer programme to train facilitators locally. Develop standardised training course content to be delivered by local facilitators – for health workforce and volunteers. Evaluate facilitators and training quality, and support facilitators to ensure sustained quality and skill. Support DHBs in the development of infrastructure, processes and policies to maximise the value of the training. Maintain a team of advanced communication trainers and professional actors.
MONITORING AND EVALUATION Care is based on what matters to consumers	Objective Measurement and evaluation show the programme is meeting the needs of consumers, health care workers and providers.	Strategies <ul style="list-style-type: none"> Measurement approach is developed and baseline measures taken. A continuous improvement approach is taken.
	Local action by DHBs <ul style="list-style-type: none"> Data is collected. Run projects to address local opportunities for improvement. 	National action by the Commission <ul style="list-style-type: none"> National measures for process and impact are developed in consultation with DHBs. Data is analysed and reports generated. Improvements made to programme based on monitoring and evaluation findings.
IMPLEMENTATION Maximising value	Objectives <ul style="list-style-type: none"> Systems and processes maximise the investment in ACP and training. What is important to consumers is recorded, shared and valued. 	Strategies <ul style="list-style-type: none"> Process and policies ensure that the value of training, resources and care planning is maximised. ACP conversations are consistently recorded. ACP plans are easily stored, retrieved and used by consumers and health care workers.
	Local action by DHBs <ul style="list-style-type: none"> Build systems and processes into existing structures that ensure ACP deployment is successful. Provide appropriate support and resources. Make recording, storing and retrieving advance care plans and notes of ACP conversations easy for consumers and clinicians through DHB systems. 	National action by the Commission <ul style="list-style-type: none"> Develop a model of care to support DHBs’ integration of their systems to ensure advance care plans are recorded, retrieved and used, including a how-to-guide for DHBs. Work with electronic health record (EHR) leads to ensure ACP is considered in the design and implementation of a national EHR.