

Including ACP in an electronic discharge summary

What: Include Advance Care Planning in the provider arm Electronic Discharge Summary (EDS) as a mandatory field

Why/rationale: To ensure when an ACP is completed on a ward in the hospital it is included in the electronic discharge summary for general practice to be aware of and act on. The patient also gets a copy of the EDS.

Who: Taranaki DHB

Benefits/value added:

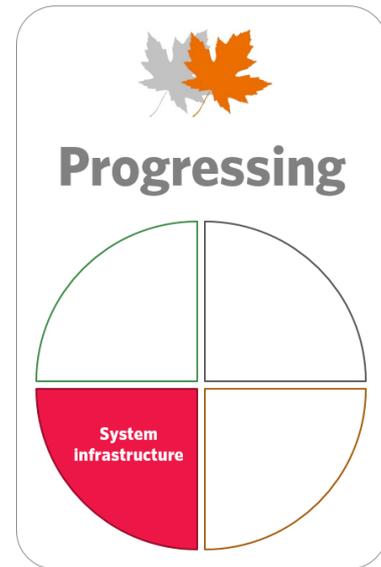
- ACP hospital-completed plans are made available to general practice.
- Improved care coordination between secondary and primary care.
- The patient is confident that their information/plan is shared and they do not have to repeat themselves with different providers.

Risks/challenges:

- Request for ACP addition to EDS is not approved.
- DHB IT department is unable to incorporate ACP into EDS.
- Provider arm staff are not having ACP conversations and adding completed ACPs into the hospital system.

Steps: How this looked on the ground

1. Gained approval for including ACP as mandatory field on EDS from DHB ACP Advisory Group to progress.
2. Wrote a briefing note request to submit to relevant HOD and Service Manager for approval to develop field in EDS.
3. Sent DHB IT department a request for addition of ACP fields into EDS.
4. Met with medical staff (eg, registrars, SHOs) to design the fields (ran focus groups as part of this process).
5. Presented design specifications to IT department.
6. Circulated electronic test version to HOD, service manager, and junior doctors (end users) for feedback before completing a final version.
7. Used screenshots of EDS fields in education sessions for junior doctors, registrars, etc.
8. Agreed to pilot with a designated ward for a specified period of time:
 - working with IT, determined a designated 'go live' date and trial time frame



- met with DHB communications team to develop a communication plan for circulating the information/screen shots to medical staff, general practice
- involved the DHB GP liaison to contact primary care via *Clinical Matters* and other appropriate newsletters, communication media
- did an audit of the pilot ward to look at the impact of introducing ACP as a mandatory field and the uptake of ACP documentation
- asked medical records to run a report on the use of the ACP field.

View [screenshots of ACP field](#) and [example of EDS note](#).

9. Collated results of the audit and approached the HOD/Service Manager to gain approval for inclusion in EDS across other provider arm wards.
10. Followed up with general practice to determine the benefits from a primary care perspective.

Outcomes to date:

An audit was conducted by a medical registrar who looked at medical patients being offered ACP during their stay/admission to medical ward. She examined this for the period of 2016 versus 2017 (when ACP was included in EDS). It was discovered that:

- in 2016, 7% of patients were offered ACP as evidenced by clinical notes audit
- in 2017, 29% of patients were offered ACP as evidence by clinical notes audit which included EDS.

In a focus group held post pilot with house officers, it was agreed that benefits of the ACP included in the EDS were:

- having ACP included within the EDS served as a prompt
- often it triggered the house officers to approach the patient and offer ACP or raise it with the treating team
- it creates an accessible electronically record of the ACP information.

Future opportunities:

- Approach Surgical Head of Department to support the inclusion of ACP in the Surgical EDS (Jan 2018).
- Send a focus GP group and/or questionnaire to GPs to identify if the addition of ACP within the EDS was beneficial to their practice.
- Survey patients about what their views are about having ACP included in EDS and shared with GP.