

Referral process for specialist ACP support

What: Referral process for ACP facilitator involvement/support with training and complex ACP conversations

Why/rationale: As ACP has developed in Canterbury we recognised the need to establish a formal process to refer for specialist ACP facilitator input and support. This has enabled:

- ACP facilitators workload management
- reinforced messaging that ACP is everyone's business
- provision of clear parameters for referral for specialist ACP facilitator support.

Who: Canterbury DHB

Benefits/value added:

- While ACP is promoted as 'everyone business' at CDHB and we actively encourage registered health care professionals to initiate and manage ACP conversations, there are occasions where specialist ACP facilitator support is required.
- Defining the situations and scenarios where facilitators are available to provide support, creating opportunities to:
 - develop and foster ACP skill development in other professionals
 - reinforce messaging around the situations where the facilitator skills can be accessed.

Risks/challenges:

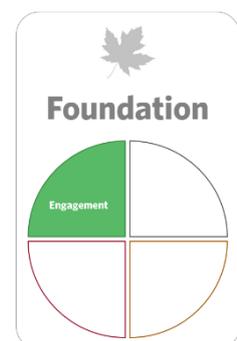
- Designated ACP facilitator roles required to support this initiative
- Systems and processes are needed to receive, process and allocate referrals received

Steps: How this looked on the ground

Foundation

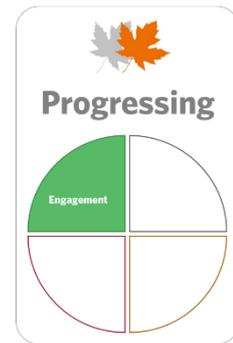
In the early days of implementing and socialising ACP in the CDHB, the facilitators would actively support an advance care plan creation for any patient referred. This allowed us to:

1. become familiar with the ACP processes and systems we were creating (including the paperwork, plan template and ACP IT systems)
2. get plans on the system
3. demonstrate best practice with ACP conversations and plan creation.



Progressing

- As ACP became more established the facilitator role developed and our focus turned more to supporting other health care professionals to have these conversations. This took the form of:
 - practice visits
 - ward visits
 - home visits
- to support clinicians to undertake these conversations with their patients and to work through the local ACP process to share an electronic ACP.



Embedding

With ACP becoming 'business as usual' at CDHB, we had the opportunity to define and formalise the referral process to the ACP facilitators.

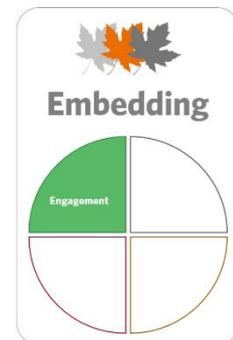
1. Identified three key areas where ACP facilitators were available to support registered health professionals in the Canterbury region.

Referrals can be made for:

- staff education relating to ACP and Medical Care Guidance (MCG)
- support for staff to develop their skills to initiate and facilitate ACP discussions and create ACPlans with their patients (eg, phone support or visits to the health professional's place of work)
- specialist ACP facilitator support with ACP creation

ACP facilitator referral criteria (for complex ACP conversations) for when:

- the patient is conflicted about their wishes
 - there are complex family expectations and values
 - there are differing views and expectations between the patient and their medical team
 - there are complex communication needs
 - there are additional cultural requirements.
2. Created a referral form (see below).
 3. Wrote an associated Health Pathways page outlining the ACP facilitator's role and the referral criteria for specialist ACP input.
 4. Established a process for any referrals to be received, processed and allocated in a timely fashion.



Impact:

Staff report they now have clear parameters around when to refer patients and when it is a situation they can manage.

Future opportunities:

Logging formal referrals provides another source of data.

Canterbury
District Health Board
Te Poari Hauora o Waitaha

**Request for specialist input
Advance Care Planning Facilitator**

Patient Details		Referral Date: _____						
First name: _____	Surname: _____	NHI: _____						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: _____							
Ethnicity / Iwi: _____	Email: _____							
Address: _____								
Phone: _____		Mobile: _____						
Referrer Details <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%; text-align: center;">GP</td> <td style="border: 1px solid black; width: 25%; text-align: center;">ARC</td> <td style="border: 1px solid black; width: 25%; text-align: center;">Hospital</td> <td style="border: 1px solid black; width: 25%; text-align: center;">NGO</td> <td style="border: 1px solid black; width: 25%; text-align: center;">Other</td> </tr> </table>				GP	ARC	Hospital	NGO	Other
GP	ARC	Hospital	NGO	Other				
Referrer: _____		Organisation: _____						
Designation: _____		Contact Ph: _____						
1. Service requested:								
X (Select one)								
<input type="checkbox"/> Health Provider ACP Education re Advance Care Plan/Medical Care Guidance <i>Details:</i> _____								
<input type="checkbox"/> Health Provider Support to complete ACP or MCG <i>Details:</i> _____								
<input type="checkbox"/> Referral of complex patient (Please refer to HP for referral criteria.) Complete section 2, 3 and 4 where relevant.								
<input type="checkbox"/> Other (please specify): <i>Details:</i> _____								
2. Clinical question and relevant details (refer to HealthPathways):								
<input type="checkbox"/> Conflicted wishes <input type="checkbox"/> Complex family expectations <input type="checkbox"/> Differing patient & medical team views								
<input type="checkbox"/> Cultural needs <input type="checkbox"/> Complex Communication Needs/? translator								
Other (please specify): _____ <i>Please provide relevant details prompting the referral</i>								
Patient consent for referral obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No								
3. Patient Location (if not at address in patient details):								
Address: _____								
Preferred contact method: _____		Contact details: _____						
Can a message be left here?: Y / N								
Current GP/ Medical Centre contact details: _____								
4. Referrer								
Signature: _____		Date: _____						

Fax to the ACP Service on **03-363 4066** (Office hours Mon-Fri 0900 - 1600)
Enquiries – acp@cdhb.health.nz