

Establishing an ACP mentoring system

What: Create an ACP mentoring system for clinicians to gain confidence and receive support with the completion of their first ACP plan as well as ongoing support

Why/rationale: Staff who have attended ACP training are more likely to do advance care planning with consumers if they have the system and processes to support them in practice. This includes support with initiating conversations and documenting ACPs.

Who: Counties Manukau District Health Board

Benefits/value added:

- Staff gain confidence in completing conversations.
- The skills and knowledge gained from the training are maximised in practice.
- More plans are being developed where mentoring has occurred.

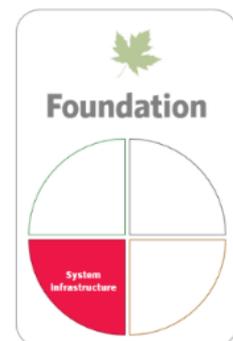
Risks/challenges:

Mentor FTE – try to have mentors who are able to add the mentoring role onto their normal day to day work (with specific FTE for ACP).

Steps: How this looked on the ground

Foundation

1. Created a contact list of all L1a, L2 and L3 ACP-trained clinicians across the DHB.
2. Considered which current work streams align with ACP (ie, long-term conditions, palliative care, system level measures).
3. Worked with the DHB Planning & Funding Portfolio Manager to create a funding proposal to support a designated mentor role with specific FTE to work in Primary Care and the community. Proposal was successfully presented to the DHB funding approval committee and funding was approved.
4. Considered geographical locations for clinical mentoring support.
5. Developed a mentoring plan that can be individualised for clinicians based on their need for support.
6. Developed a programme of ongoing support for ACP-trained clinicians including:
 - catch-up and support planning post training with encouragement to consider how ACP is part of normal work flow and not 'another' task to complete
 - 'see one, do one' option: new trainee observing mentor having a conversation and then trainee having a conversation under mentor observation with feedback
 - coaching 1:1 with trainees
 - opportunities for ACP-trained clinicians to meet up and discuss ACP challenges, opportunities and case studies



- support with processes in the work place to assist with having conversations and recording these conversations.
7. Support staff with processes to ensure follow-up occurs for people they have had conversations with (ie, recalls at GP practice, phone calls).
 8. Developed a resource folder for each new trainee which includes where to get resources from, where to get further information and a '*How to Guide*' when plan is completed.

Progressing

In addition to supporting new trainees:

- continued contacting and meeting with staff every 3–6 months to ensure ongoing engagement with ACP
- ensured resource folder was up-to-date electronically and staff informed of any changes.

Embedding

DHB ACP coordinator is able to oversee geographical area where mentoring has occurred as systems, processes and confidence are in place and working

The success of this programme has supported the allocation of more dedicated FTE to mentor (0.3-0.4 FTE per locality). This will allow for mentoring and support to occur more widely across the health system.

Outcomes to date:

Geographical area where mentoring occurred has 13 percent of DHB population but 48 percent of the plans for the DHB were completed in this area.

Future opportunities:

Confident and experienced trainees becoming mentors themselves, the last part of 'see one, do one, teach one'.

