

Integrating ACP across the South Island of New Zealand

One person, one plan, accessible to everyone involved in their care.

Clinicians across five discrete funding authorities support a single process to embed ACP in clinical practice – so everyone in the South Island can create and share high quality electronic ACPs to guide their future health care.

Background

The South Island of New Zealand has relatively few people within a wide geographic spread.

Health care is delivered by five discrete funding authorities (district health boards) that each provide:

- acute hospitals
- primary care
- community care.

There are urban, rural and isolated communities in each district health board.

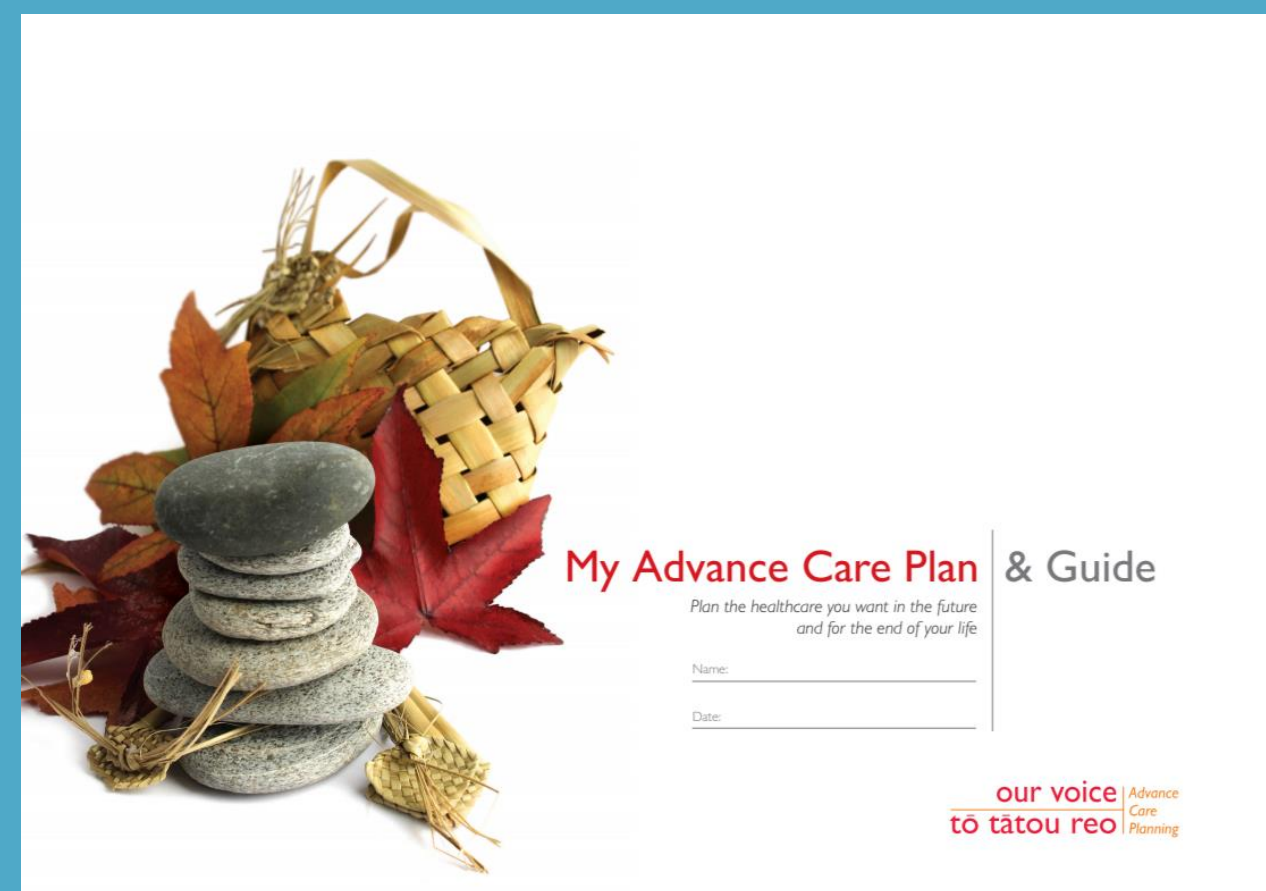
The five DHBs work together through the South Island Alliance.

Plan development

A single ACP format – the national ‘My Advance Care Plan and Guide’ – used across primary, secondary and community care.

A South Island electronic solution that:

- uses the national template as the format
- enables an electronic plan to be created, accessed and used to guide care across five funding authorities.

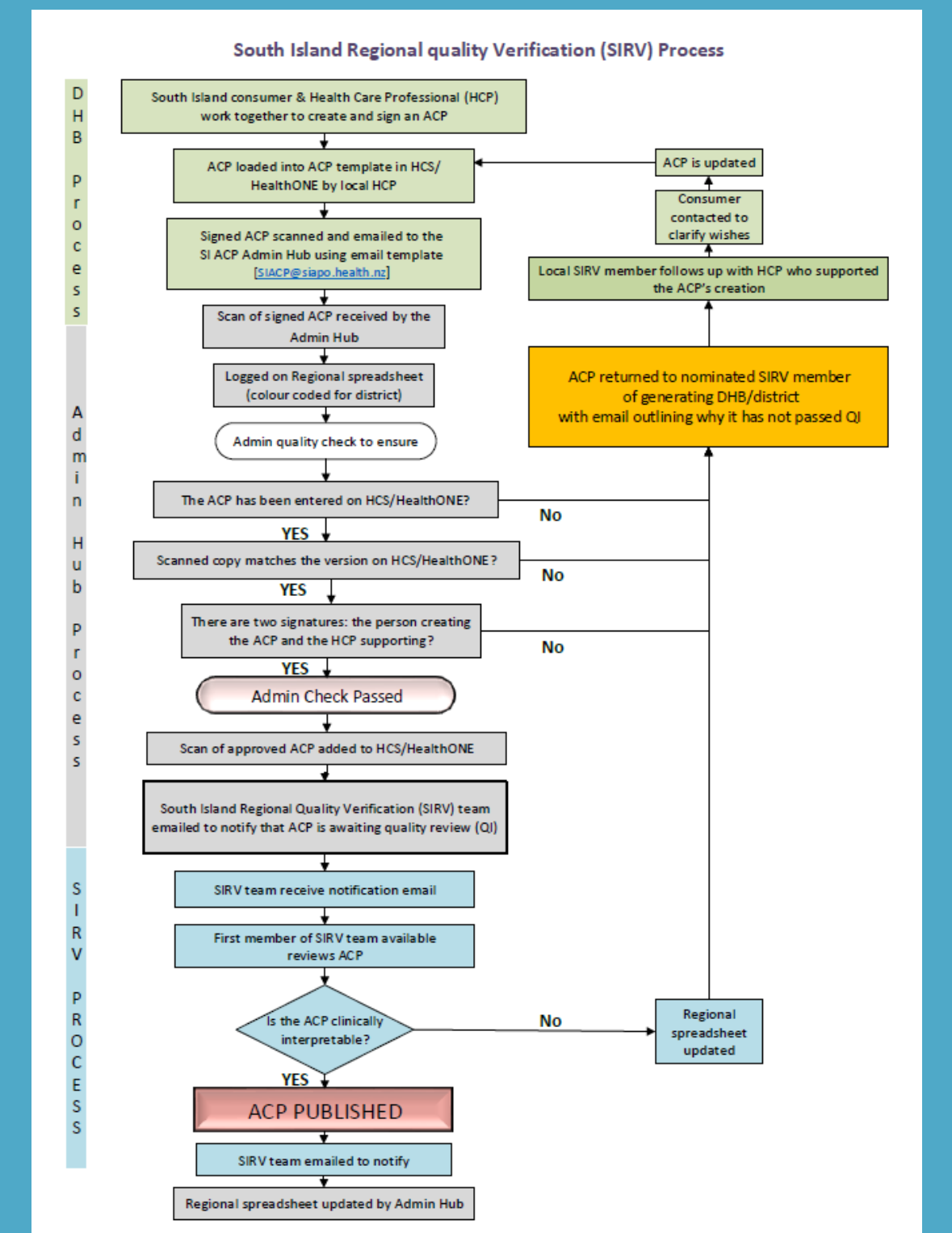


STEP 1

Quality assurance

The virtual South Island Regional Quality Verification (SIRV) team ensures:

- all plans are clinically interpretable
- hard copy plans are signed by the person and supporting health professional
- electronic and hard copy plans match
- plans are consistent with advance directives
- plans that do not meet the quality criteria are returned for review.

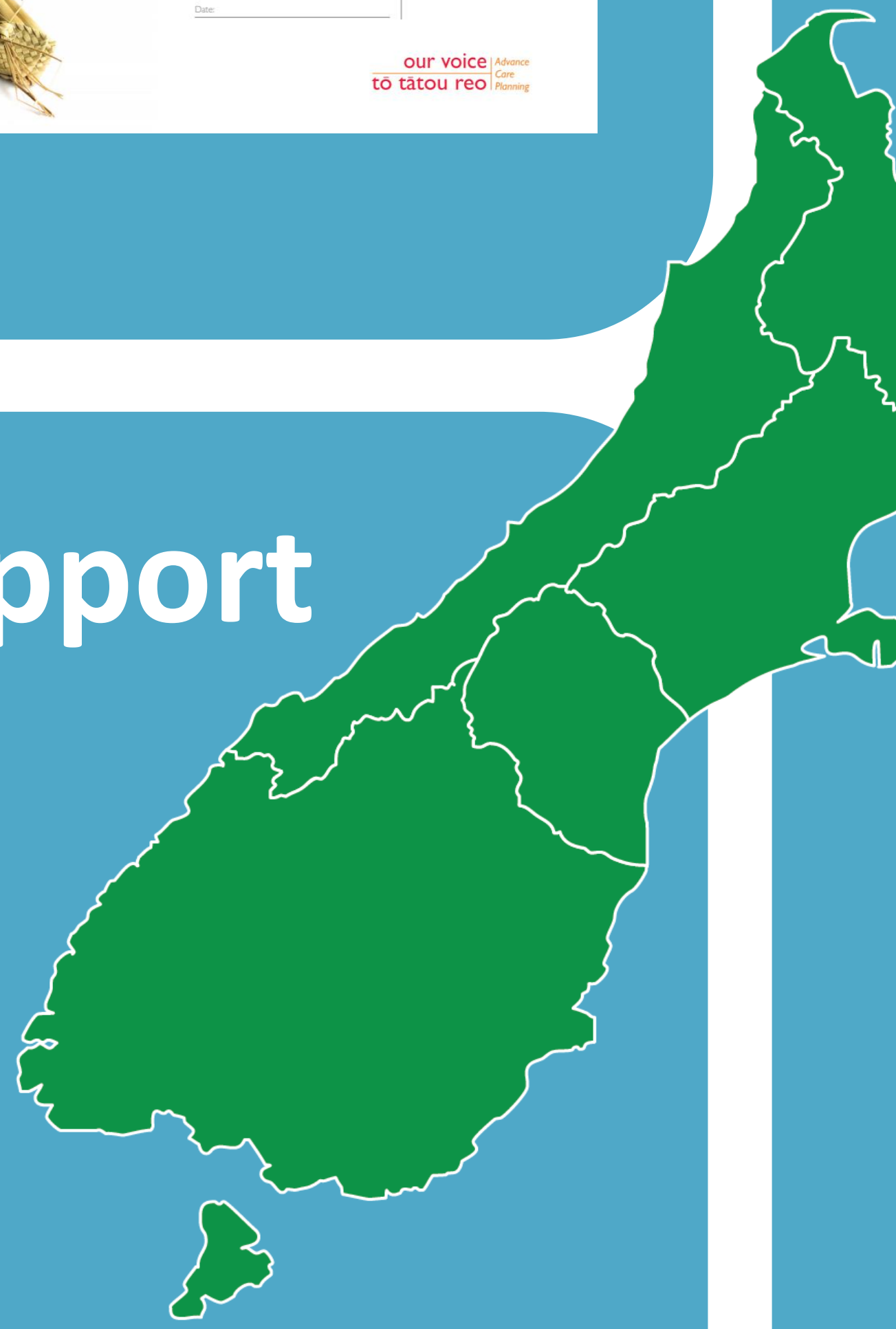


STEP 2

Implementation support

Support provided to assist with implementation:

- workbook to support quality assurance
- South Island HealthPathway providing clinical consistency and localisation e.g. contact information
- virtual meetings for local ACP leads and SIRV team
- stakeholder communications.

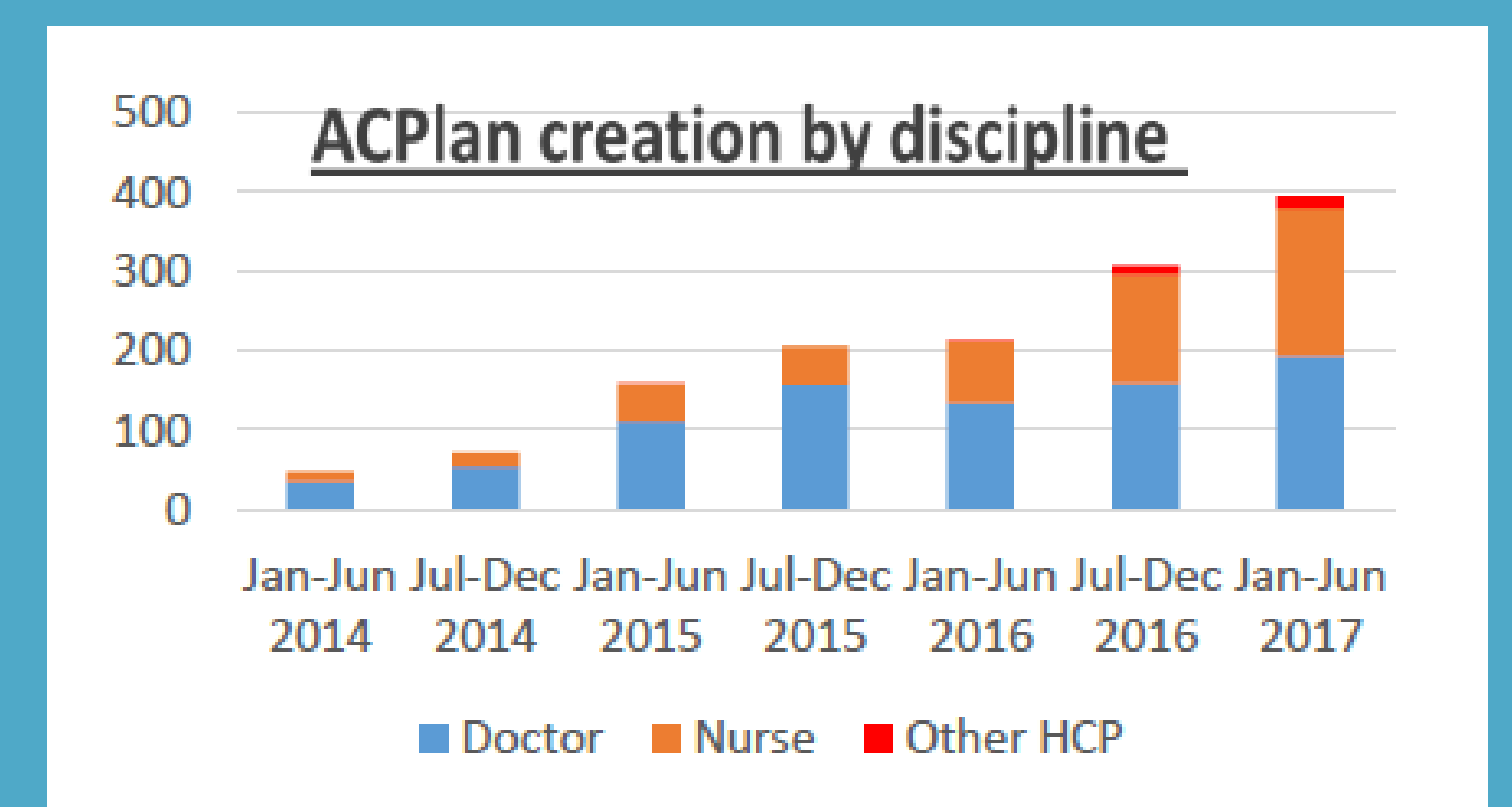


STEP 3

South Island measures

South Island quality measures and reporting, for example:

- # published plans
- # draft plans – and time in draft
- plan origination – e.g. primary, secondary, community care
- plan originator – e.g. doctor, nurse, social worker, etc.
- principal diagnosis
- # people with plans who have died.



Example of a South Island measure

STEP 4

Outcomes

- Everyone in the South Island can create and share an electronic ACP to guide their future health care.
- All ACPs are fit for purpose, easily accessible and consistent across five different funding authorities.
- All health professionals are supported to embed ACP into their clinical practice.

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“It gives me peace of mind knowing my advance care plan is available to health care teams wherever I travel in the South Island.” – Joan, a South Island resident

