Acute Plans

What is an Acute Plan?

Acute plans are designed to assist clinical teams who see patients during acute exacerbations of complex health conditions.

The template was developed in consultation with acute services and contains information that supports safe, effective, patient-centred decision making with regard to assessment, management and discharge.

Acute plan creation should be considered for any patient who is likely to present to acute services within a year. The plans can be updated as the patient's needs or situation change.

Why use Acute Plans?

- Key information for acute teams – can be kept up to date and relevant to patient
- Secure, auditable information sharing between hospital and community based clinicians

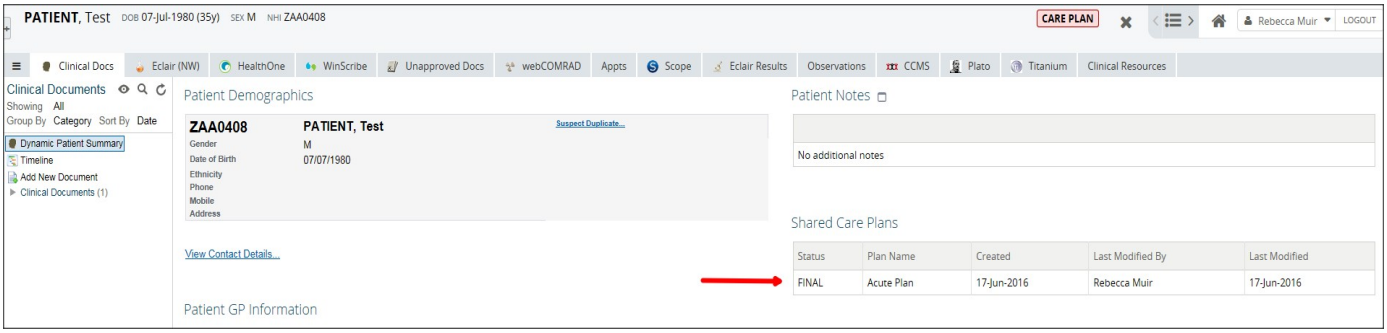
Who can access or contribute?

- All CDHB clinical staff members are automatically given access rights to care plans when they sign on for Health Connect South access.

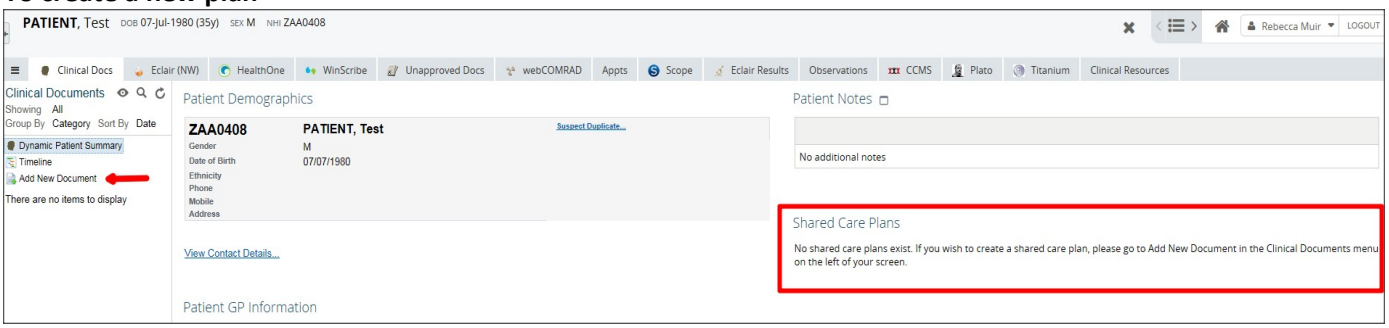
How do you get to it?

Once in the Health Connect South Dynamic Patient Summary follow the links as indicated by the arrows below.

To read or amend a plan



To create a new plan



For further information

For IT and access assistance, contact your IT service desk.

For further information on shared care plans, email Rebecca.muir@ccn.health.nz

Tips for completing Acute Plans

Acute plans can be quite simple and you may only complete Key issues and one or two other fields

Some examples include;

- Mrs E. has a pain management plan, see plan dated 4/12/19 in document tree.
- Mr J has cognitive impairment and will require help from his daughter Chris (phone number) to give a history. She is prepared to come at any time to support him.
- Sarah J has congenital adrenal hyperplasia and requires IM hydrocortisone (dose) if she presents confused or with reduced consciousness

Acute plans can be more complex

E.g. information re complex help seeking behaviour,
Information about what the patient themselves knows about managing their own acute conditions,
Details of social and health system supports available or required in the community when unwell
Specific information for ambulance and other acute services.

Tips

- Try to put yourself in the position of a health professional working in an acute service. What would be important/useful for you to know?
- Keep it simple, keep it brief-remember the person reading this is in a busy acute setting
- Check with the patient that details are still current e.g. living situation or support worker contact details.
- Reference longer documents e.g. mental health crisis plans and tell user where to find them or cut and paste key information to make it even easier for the user to read the information they need.
- Make this a collaborative exercise. E.g. start a plan and ask primary care or hospital specialist service to add the information or plans they negotiated with this patient.
- Avoid time specific information e.g. “Has an appointment with neurology next week”, as this will rapidly be out of date and confusing to acute teams.

If possible, always do the plan with the patient. Their needs and preferences are key to this working well

If the patient needs to have documentation of their current issues, goal setting, who is involved in their care team and what each member of the team (including patient and whanau) is working on, use a **Personalised Care Plan**
If the issues are to do with location and preferences for care at the end of life, use an **Advance Care Plan**