

# Ō tātou hiranga | What matters to us

Shared decision-making and  
advance care planning virtual hui

2-3 December 2020



our voice | Advance  
tō tātou reo | Care  
Planning

Capturing key medical information to protect  
vulnerable people during lockdown

Rebecca Muir – Senior Project Facilitator,  
Canterbury Clinical Network

## Who am I?

- I work for the the Canterbury Clinical Network as a Senior Project Facilitator
- Have been with the Shared Care Planning team for 5 years
- My role involves: development, refinement & rollout/implementation of shared care plans across the Canterbury health system



# Background

## *What is shared care planning?*

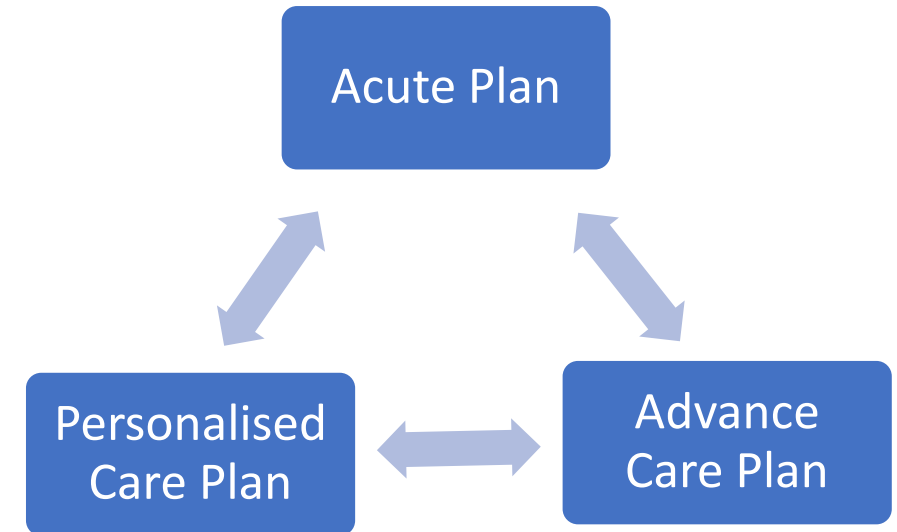
- It describes a way of working which involves community, primary and secondary health services working together to proactively manage and plan care for patients with complex health needs
- It enables coordination and improved communication between services and real time sharing of information
- South Island wide access to shared care plans
- Plans are created/updated and used across different services e.g. ED, St John, Primary Care, Speciality care.

These plans serve different purposes, however a patient may have one or all 3 of the shared care plans.

An **Acute Plan** is for patients with complex health conditions and those who are at moderate to high risk of attending acute services over the next 12 months.

A **Personalised Care Plan (PCP)** documents person-centred issues, goals and actions for people who have moderate to high complexity health needs. It is a platform used to document what the patient wants to achieve.

**Advance Care Plan (ACPlan)** The ACPlan is the process of thinking about, discussing, and legally documenting a person's wishes about the type and level of medical care and treatment they want to receive at the end of life (or) when they can't speak for themselves.



# Setting the scene

- Early March 2020 planning began on how we could improve communication about acute management in crisis situations.
- Growing concerns Canterbury health system could become overwhelmed by patients with COVID-19 symptoms.
- Preparation required for these patients but also for vulnerable people with existing complex health conditions, who may present acutely unwell during this time.
- Urgency around finding a solution to increase the visibility and communication of important conversations and key medical decisions for patients at increased risk of health deterioration.
- March 25<sup>th</sup> 2020 – NZ moves to Alert Level 4

# What was the chosen solution?

- Personalised Care plan
- Advance Care Plan
- Acute Plan

# Benefits of using an Acute Plan

- Canterbury clinicians are familiar with using the Acute Plan to share information
- Key information for acute teams and can be kept up-to-date and relevant to the patient- clinician to clinician communication
- Enables secure information sharing between hospital, primary and some community care providers
- It provides guidance to clinicians who are unfamiliar with the patient
- When a plan is created a flag is generated in the electronic medical record
- The plan can proactively support the communication of information for vulnerable cohorts of patients e.g. for people receiving palliative care

# Which patients?

- Any person a clinician would normally consider writing and Acute Plan or Advance Care Plan for.
- Vulnerable patients who might present acutely to emergency services
- Those who were at risk of serious infections with COVID-19



# What we did

- Processes set up for:
  - Notifying
  - Educating
  - Supporting staff
- Guidelines created
- Communication individualised
- Done through multiple channels
- Updated Community and Hospital health pathways
- Project team stayed connected

our stories – ā tātou kōrero

6 July 2020

## Capturing key medical information to protect the vulnerable during lockdown

During Alert Levels 3 and 4, acute plans were promoted as a solution to record decision-making, investigations, and goals of care that needed to be communicated to clinicians not familiar with the patient.

"This was a combined effort with the Shared Care Planning team and the Advance Care Plan team," says Senior Project Facilitator at Canterbury Clinical Network Rebecca Miles.

An acute plan contains information about a person's health condition and the recommended treatment if their health suddenly gets worse. It is especially beneficial for people who are likely to need emergency or after-hours medical care.

Health professionals can easily read, write and edit plans as appropriate, even if they are not the original author. The plans enable secure information sharing between hospital, primary and some community-based clinicians across the South Island.

Promoting acute plans during lockdown was essential as they are recognised as a key tool during uncertain times, Rebecca says.

"They're used across the system and are intended to support decision making regarding the need for admission, investigations and the appropriate setting for acute care."

During lockdown it was especially important that resources were used effectively to reduce pressure across the system and ensure the most vulnerable patients were managed as close to home as possible.

A small working group, formed from the Urgent Care Service Level Alliance group, pulled together data that identified patients who had previous hospital admissions in the last three years with chronic obstructive pulmonary disorder (COPD) flare-ups.

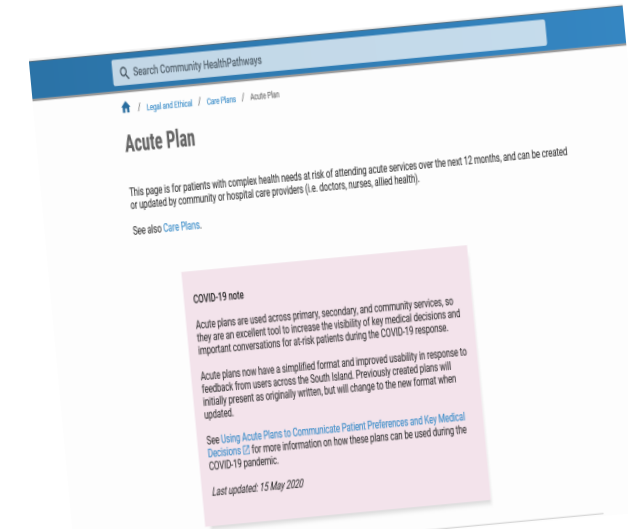
The patients' general practices were contacted and encouraged to offer these people preventative and proactive measures.

These included:

- COPD blue cards (action plans) being sent to general practices
- flu vaccinations
- 'back pocket' prescriptions for antibiotics and prednisone
- acute and advance care plans.

St John was also asked to only transport patients with a severe flare-up of COPD to the Emergency Department. For all other cases St John was asked to call the person's general practice team (urban and rural), followed by urgent care clinics.

"This was to ensure that all cases of mild or moderate exacerbations were managed in community settings," Rebecca says.



CANTERBURY PRIMARY RESPONSE GROUP COVID-19 UPDATE

Thursday 14<sup>th</sup> May 2020 1600 hours

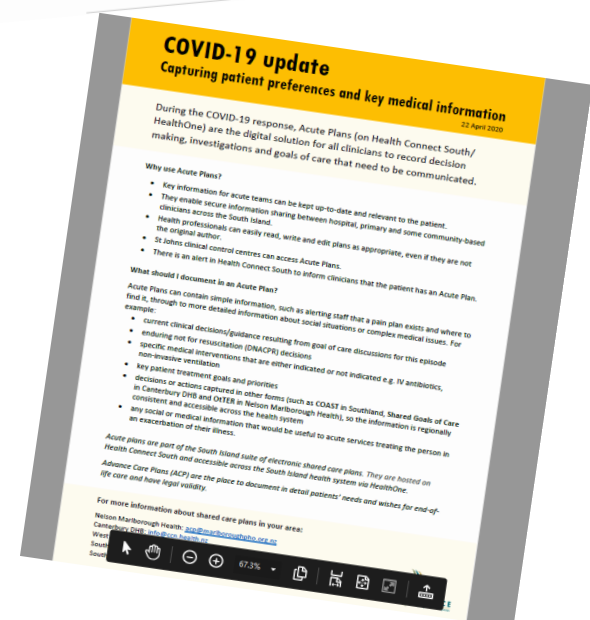
Important information for all General Practices – Please share this with everyone in your team

**Prescriptions in COVID-19 Alert Level 2**

- Prescribers can continue to give people hard copies of prescriptions to take to the pharmacy, however, where possible, sending prescriptions by electronic paperless means is still recommended.
- The Mōhi has extended its suspension of not needing to send originals of faxed prescriptions during Level 2.
- This suspension does not apply to controlled drug prescriptions, including codeine and benzodiazepines. These continue to require the original signed prescription to be sent to the pharmacy.

**Changes to Acute Plans**

- There has been a substantial increase in the use of Acute Plans during the COVID-19 response. These are a key tool to communicate information which will help clinical teams provide a safe and appropriate response to vulnerable patients who present with...



# Where was the information captured?

**Patient Consent**  
*Patient consent should be obtained where possible*

Patient Consented? \*  Yes  No

Date \*

## Creating acute plan

**Acute Plan Key Clinical Information**

**Key Issues**  
*Enter any very important information if this patient were to present in an emergency.*

Select all that apply

Patient usually presents with  Immediate patient safety or treatment needs  Adverse reactions  Patient risks  Home Visit Safety  Other

Patient usually presents with

OTHER

Goal of Care: Improving quality of life  
Tretament aims are to control symptoms and enhance wellbeing.

DO NOT ATTEMPT CPR: This is likely to cause more harm than benefit -documented in an Advance Care Plan

Referral to ICU level care is unlikely to be appropriate  
(As per shared goals of care plan documented and signed by Dr Kate Grundy 20/3/2020)

XXXX reports his priorities are quality rather than qauntity of life. He has expressed a clear wish not to be resuscitated. |

## Patient Consent

Patient Consented? Yes

Date 22-Apr-2020

## Acute Plan Key Clinical Information

### Key Issues

Patient usually presents with

—

### OTHER

Goal of Care: Improving quality of life  
Tretament aims are to control symptoms and enhance wellbeing.

DO NOT ATTEMPT CPR: This is likely to cause more harm than benefit -documented in an Advance Care Plan

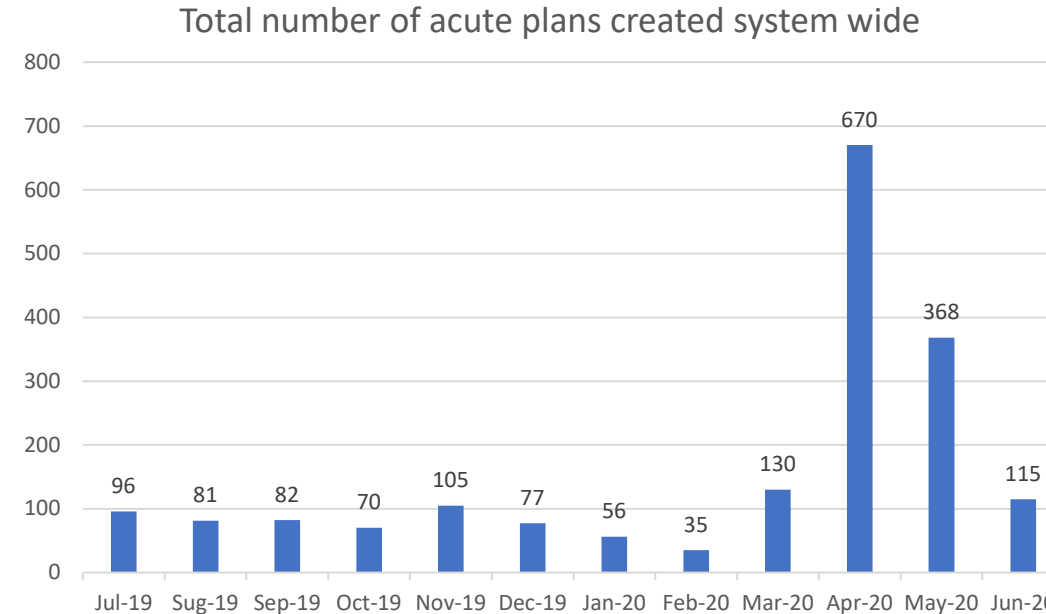
Referral to ICU level care is unlikely to be appropriate  
(As per shared goals of care plan documented and signed by Dr Kate Grundy 20/3/2020)

XXXX reports his priorities are quality rather than qauntity of life. He has expressed a clear wish not to be resuscitated.

*View of completed  
acute plan*

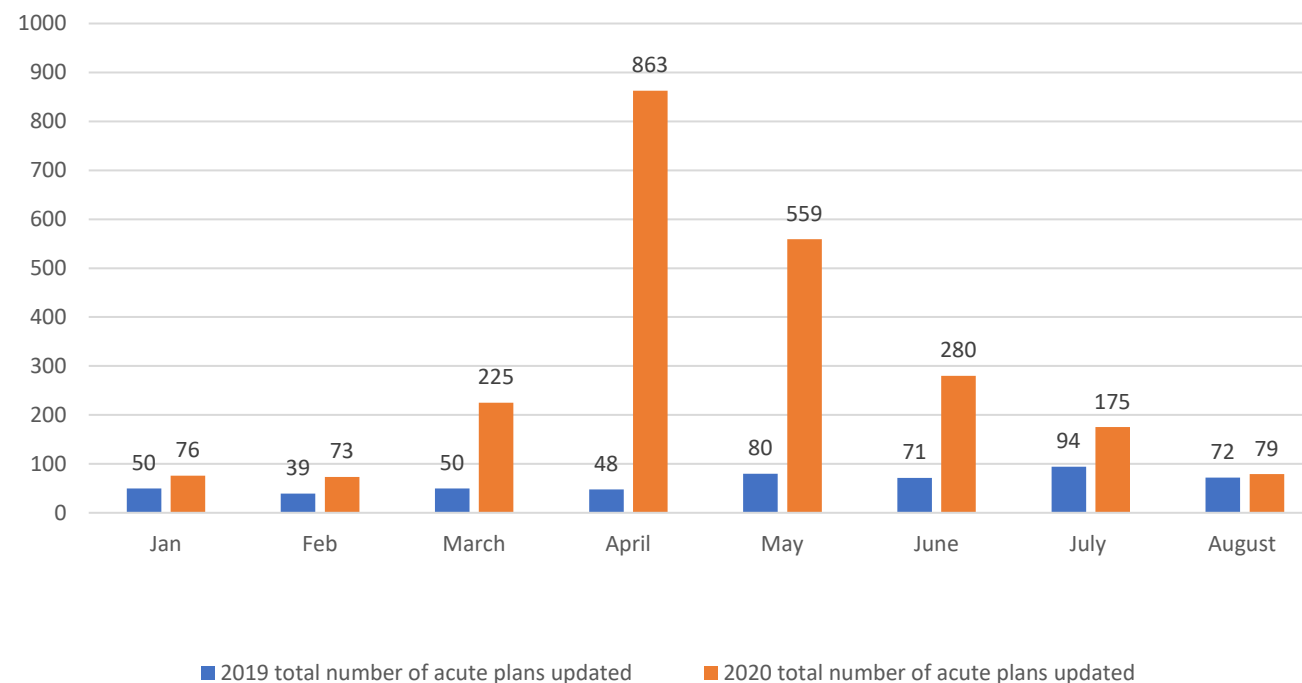
# Outcomes

- For the month of April 2020 we saw a 400% increase in the creation of Acute Plans compared to March 2020
- Recent audit showed that these plans were created by mix of clinicians including; Practice nurses, nurse practitioner Senior Medical Officers/Registered Medical Officers, GPs.
- Plans captured patients preferences and key medical conditions



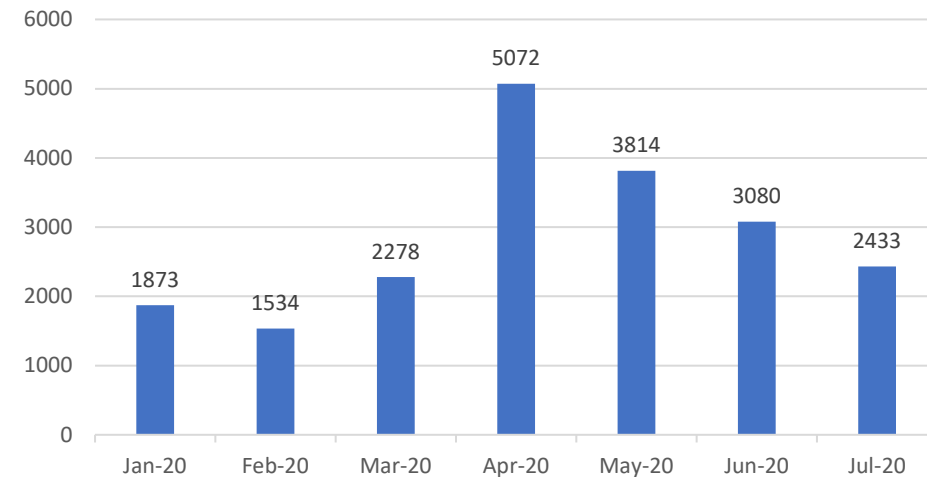
- Large increase in the number of Acute Plans updated during April/May period.
- This shows that plans that were created prior to COVID were updated to reflect current details and important information.
- Ongoing work is continuing to promote the importance of keeping plans updated.

Total number of acute plans updated system wide



- 120% increase in the number of views of the plans across acute and primary care sites.
- Work continued on raising the overall profile of the Acute Plan which may have contributed to the increase in views.
- Viewing the plans is just as important as creating them.

Total number of acute plan views- System wide



# Lessons learnt...

- Given the evolving and uncertain situation we needed to ensure our messaging was clear, concise and provided in a timely manner
- Had relevance for other regions
- Importance of working collaboratively across team and sharing our processes with other DHBs
- Ensuring we continue to promote the Acute Plans original purpose
- The importance of ensuring we captured conversations that were already occurring
- Considering unexpected implications of the increase in plans particularly with regards to the claiming budget

# Ngā mihi