

## Tips for Health Professionals Assisting a Patient to Complete an Advance Care Plan (ACP)

Additional information: [www.healthpathways.co.nz](http://www.healthpathways.co.nz)

**As part of our quality process, completed ACP forms are checked against several indicators to ensure validity.**

- The information written by the patient in the ACP booklet and the information written in the electronic ACP document reflect **EXACTLY** what the patient has written. Confirmation of this information is advised when signing this document to make sure the patient's wishes are reflected accurately
- "What seriously ill means to me" (page 10, ACP booklet), must be completed
- "choose one of the five options" (page 10, ACP booklet, ACP booklet), make sure **ONLY ONE** option is ticked
- "My Advance Directive" (page 11, ACP booklet), If option 5 has been selected all four columns must be completed for any condition/scenario listed
- "Choose only one of these five options" if 1,2 3 **OR** 4 is chosen and **NO** Advance directive is stated, the box must be ticked "If I have left this section blank, I am happy with the choice I have made on the previous page and have no other preferences" (page 11, ACP booklet)
- "This is why I am making my Advance Care Plan" (page 4, ACP booklet), it **MUST** be the patient's own decision to complete an ACP document with **NO** coercion by family/friends or Health Professionals
- As many of the questions as possible are answered on the ACP document so a sense of the patient and his/her wishes can be gleaned.
- There are two original signatures present on the down loaded document. That of the patient completing the ACP, and of that of the Health Professional assisting them with the process.

If the ACP, you have submitted for a patient does not meet one of these criteria it will be returned to you for amendment.

### Steps to publishing the ACP on Health One/Health Connect South:

1. The patient completes a hard copy of the ACP booklet by hand



### My Advance Care Plan & Guide

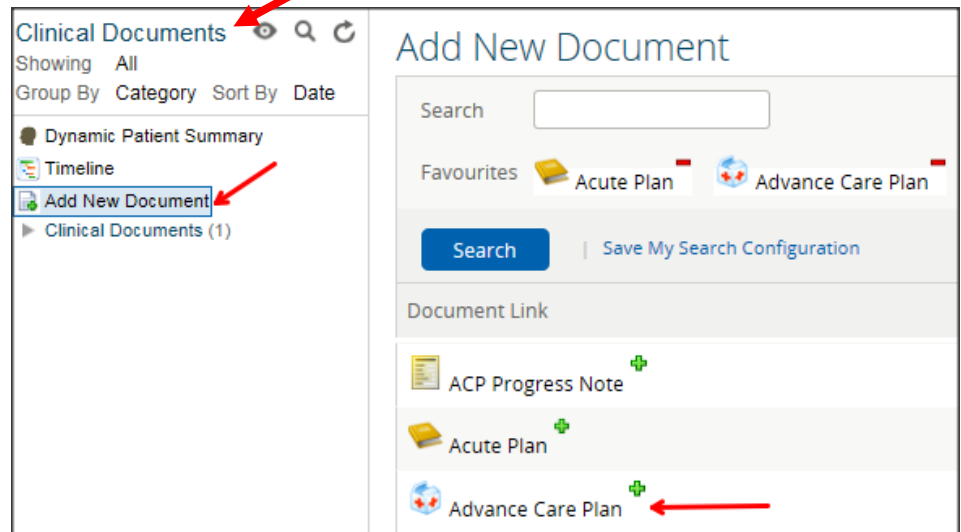
Plan the healthcare you want in the future  
and for the end of your life

Name: \_\_\_\_\_

Date: \_\_\_\_\_

our voice Advance  
Care  
Planning  
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2. Transcribe information from the ACP booklet to the electronic form (found in Health Connect South, by clicking “Clinical Documents, add new Document, Advance Care Plan) or click on ACP if a plan is already underway.



3. Then print the completed document so it can be signed by the patient and the Health Professional. Print tab found at the bottom of the digital form.

7 After my death

My wishes for organ and tissue donation: \_\_\_\_\_  
—

My wishes for caring for my body immediately after death: \_\_\_\_\_  
—

After I die I would like to be: \_\_\_\_\_  
—

For my funeral or tangi I would like: \_\_\_\_\_  
—

I would like my last resting place to be: \_\_\_\_\_  
—

This is important to me because: \_\_\_\_\_  
—

Things I would like my loved ones to know: \_\_\_\_\_  
—

My will and other important things can be found: \_\_\_\_\_

Document / Item	Where Is It	Notes
—	—	—

Print

Before both parties sign, it is an opportunity of the Health Professional to go over, in particular:

- “treatment care choices” (page 10 ACP booklet) and
- “My Advance Directive” (Page 11 ACP booklet) with the patient to determine the patients understanding of his/her written wishes

**a. Treatment choices**

Choose only ONE of these five options.

I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the healthcare team think are appropriate to my situation.

**1** The exceptions to this would be:

\_\_\_\_\_

If required and appropriate I would want CPR to be attempted:

YES     NO     I will let my doctor decide at the time.

I would like my treatment to focus on quality of life. If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life, but I DO NOT WANT TO BE RESUSCITATED. For me, quality of life is:

\_\_\_\_\_

**3** I would like to receive only those treatments which look after my comfort and dignity rather than treatments which try to prolong my life. I DO NOT WANT TO BE RESUSCITATED.

**4** I cannot decide at this point. I would like the healthcare team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultation with the people I have listed in Section 4.

**5** None of these represent my wishes. What I want is recorded in my Advance Directive on page 11.

**> I choose Option Number:**

**b. My Advance Directive (tick circle if no options chosen)**

**6 My Advance Directive**

*If you have treatment and care preferences for specific circumstances or you want an advance directive please write the details below.*

An advance directive is a way of choosing beforehand specific treatments you would or would not want in different circumstances if you were no longer able to speak for yourself.

If you can't speak for yourself, it is the responsibility of your healthcare team to apply your advance care plan and any advance directive. When applying the advance directive, they must be confident that you:

- (1) fully understood what you were asking for;
- (2) were free from influence or duress from someone else, and
- (3) meant this to apply to the current situation.

In the following circumstances:	I would like my care to focus on:	I would accept the following treatments:	I would wish to refuse or stop the following treatment:
<i>Example: Severe stroke, unable to recognise anyone</i>	<i>Example: Allowing a natural death</i>	<i>Example: Comfort measures</i>	<i>Example: Artificial feeding</i>

If I have left this section blank, I am happy with the choice I made on the previous page and have no other preferences.

4. Upload this signed ACP document via the “browse” button (tab found under question 6 under “Healthcare professional who assisted me)

**Healthcare professional who assisted me**

By signing below the healthcare professional confirms that:

- I am competent at the time I created this advance care plan.
- We discussed my health and the care choices I might face.
- I have made my advance care plan with adequate information.
- I made the choices in my advance care plan voluntarily.

Healthcare Practitioner

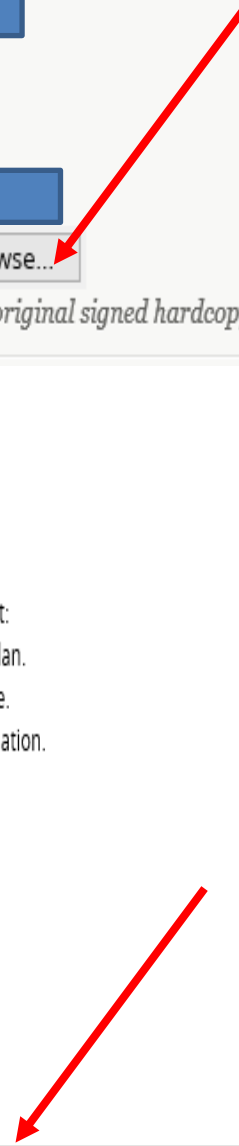
Facility / Organisation

Designation

Phone

Attachment \*

*Attach the PDF document of the original signed hardcopy.*



5. This will then appear as a pdf

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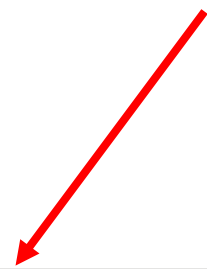
Healthcare Practitioner Vivien Williams

Facility / Organisation —

Designation RN


Phone —


Attachment



6. Update the WellSouth portal to indicate an ACP is “ready to publish” with the date.

oy's Current programmes


Programme	Options for Joy	Status
CVD Risk Assessment	<a href="#">New Non-Funded Risk Assessment</a>	Last Assessed: 13 Nov 2018 Risk: 33%
Diabetes	<a href="#">New Review</a>	Last Review: 13 Nov 2018 HbA1c at last review: 62 mmol/mol
 Client-led Integrated Care	<a href="#">New Comprehensive Health Assessment</a> <a href="#">Exit Patient</a>	Assessment Date: 14 Nov 2019 CHA Due Date: 14 Nov 2020 Stratification Level: Level Two Personal Care: --/--/---- <a href="#">Edit</a> Acute Plan: --/--/---- <a href="#">Edit</a> <b>Advanced Care Plan</b> Conversation: --/--/---- <a href="#">Edit</a> Commenced: --/--/---- <a href="#">Edit</a> Ready to publish: --/--/---- <a href="#">Edit</a>



7. Once the ACP is considered publishable by the “SIRV team” it will appear on the Dynamic Patient Summary as “FINAL”

## Shared Care Plans

Status	Plan Name	Created
DRAFT	Acute Plan	08-Apr-2019
FINAL	Advance Care Plan	28-Jun-2019
FINAL	Personalised Care Plan	26-Sep-2018



8. Ask patients if they wish to change anything with their ACP on a yearly basis or when there has been a medical event or deterioration of health status. Ensure you change the date at each update.