



# Advance Care Planning: It matters to all of us

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South Eastern Sydney Local Health District



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## Case for Change

Advance care planning (ACP) is a process of reflection, discussion and communication that enables a person to plan for their future medical treatment and other care for a time when they cannot make those decisions.

When ACP is not undertaken, a person may receive treatment that is not in line with their preferences or values which is a contradiction to person-centred care and can result in an increased burden and costs on families and healthcare providers.

Currently, only 2% of patients in South Eastern Sydney Local Health District (SESLHD) have any form of ACP documentation in their electronic medical record (eMR). The current conduct of ACP processes across SESLHD is suboptimal and a structured review was required.

## Goal

To improve the reliability of the ACP process across SESLHD, to improve person-centered care and experiences, increase staff access to resource and guidance information and optimise the allocation of health resources for end-of-life care by December 2024.

## Objective

Increase the percentage of patients discharged from SESLHD facilities with ACP documentation on eMR from 2% to 5% by December 2024.

## Expected Outcomes

- 150%** At least 5% of SESLHD patients will have ACP\* documentation in their electronic medical records
- 100%** 2 in 4 patients that die in hospital, within a defined cohort\*\* will have ACP\* documentation in their electronic medical records



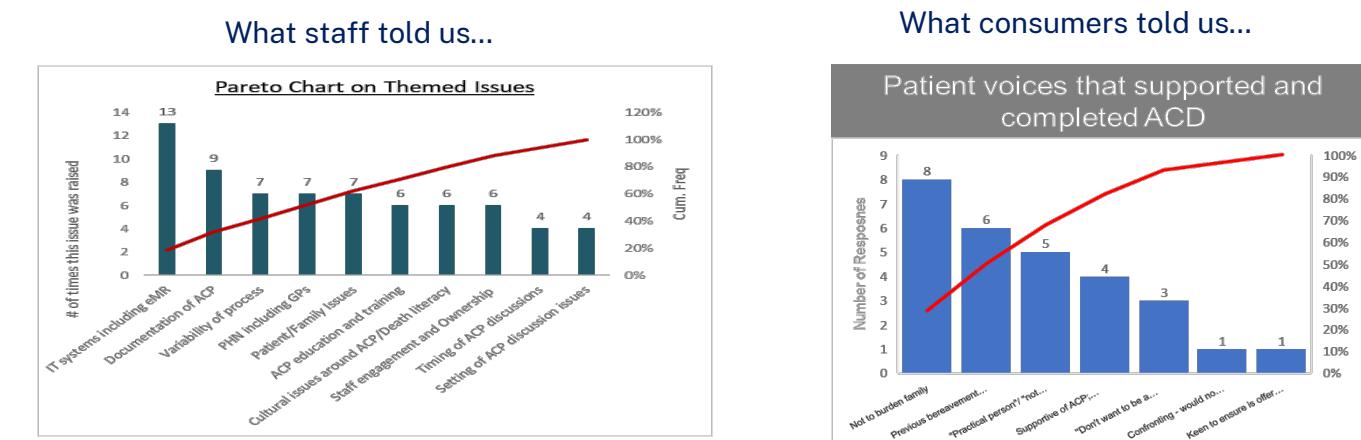
\*ACP documents includes Advance Care Directive, Advance Care Plan, Record of ACP discussion and ACP Form-text

\*\* Cancer, chronic kidney disease, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, dementia, diabetes, frailty and hypertension (Jeong S, Barrett T, Ohr SO, Cleasby P, Davey R, David M 2021, 'Prevalence of advance care planning practices among people with chronic diseases in hospital and community settings: a retrospective medical record audit'. BMC Health Serv Res; 21: 1-8)

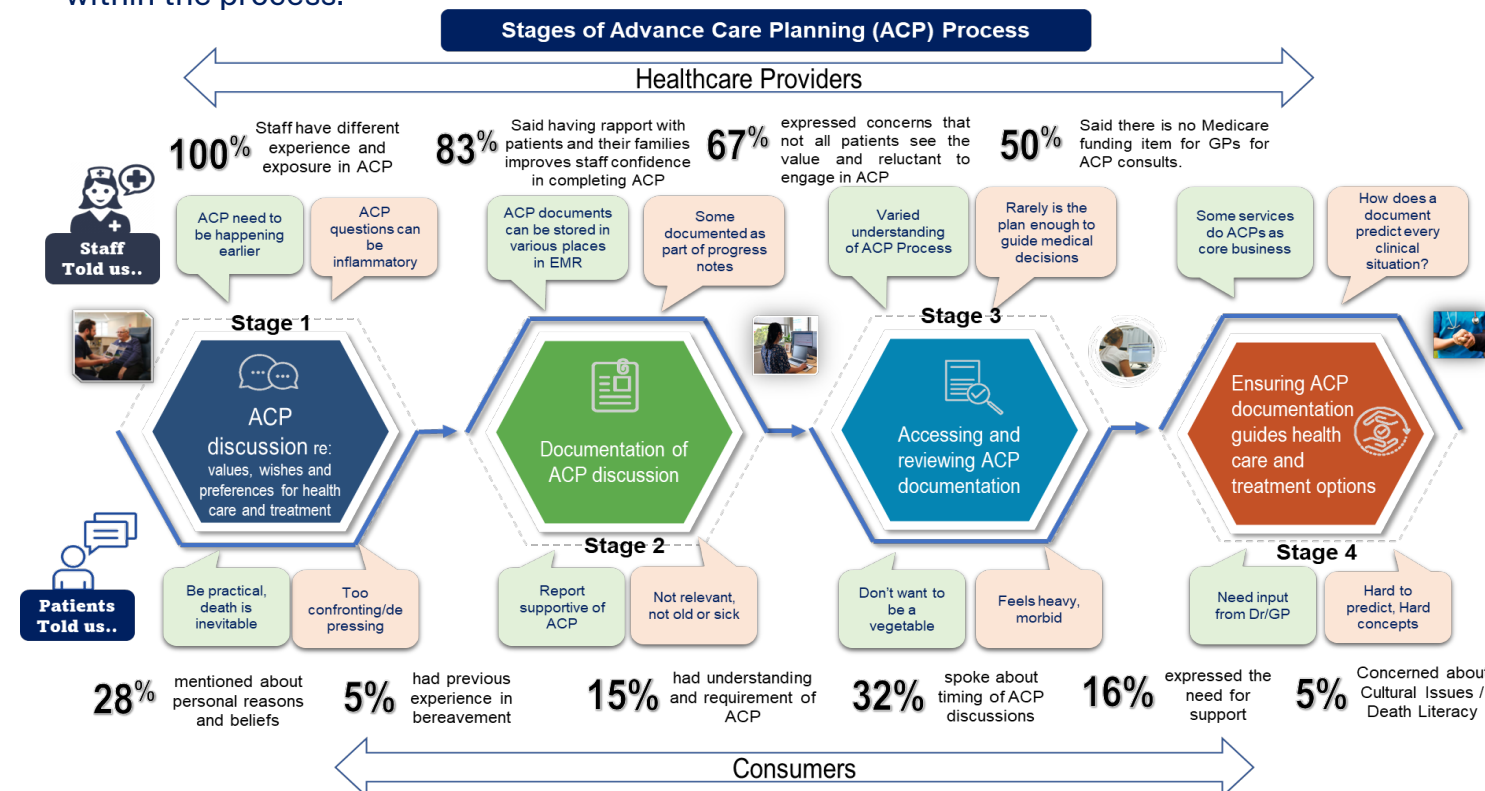
## Methodology



## Diagnostics



High level 'as-is' process mapping of the ACP process was undertaken with multidisciplinary teams across SESLHD involving key stakeholders and subject matter experts to identify issues. Four distinct phases were identified to clarify the role and responsibility of healthcare staff within the process.

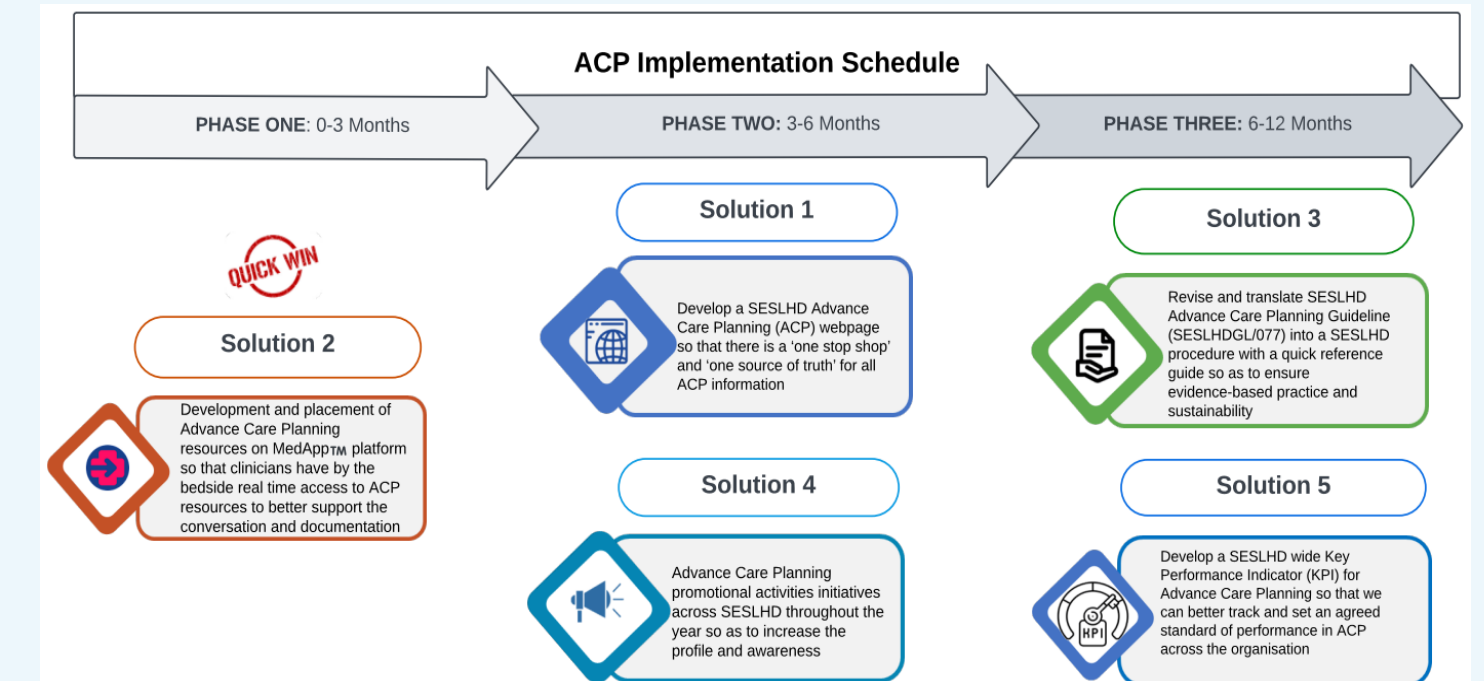


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## Solutions and Implementation

A collaborative and co-design approach, including brainstorming with multiple focus group sessions with multidisciplinary teams and the 'patient voice' from the consumers, resulted in 5 solutions with 1 quick win.



## Sustaining the Change

- Solution 1 and 2 leverage off Clinical Stream web pages and use of MedApp™ already used by staff across SESLHD.
- Endorsement and approval of solutions from the Steering Committee to ensure support from sponsors, leaders and managers to prioritise ACP in business as usual.
- Ongoing evaluation of the project including process, outcome and impact will continue to be performed through a robust data collection plan, implementation schedule and sustainability model.
- Comprehensive reinforcement strategies have been developed for each solution with the solution owners and sponsors and built into the implementation schedule.

## Conclusions

- Strong stakeholder engagement across all sites has been the strength of this project, from process mapping in diagnostics to virtual focus groups in solutions. This has demonstrated the commitment from staff and leaders to improve ACP across the district.
- Although only five solutions were selected after the prioritisation process for this project, there were many other innovative and creative ideas that could be explored as future improvement projects for ACP.
- This robust structured review using the redesign methodology ensures ACP is a focus area as per the SESLHD Clinical Services Plan 2023-2033, to optimise care delivery in the last years of life.

## Acknowledgements

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- Coach: **Penelope Taylor**, Change Manager, Strategy Innovation and Improvement, SESLHD