Audit of inpatients with advance care plans (ACPs)

What: Daily audit of patients admitted to Christchurch Hospital with an advance care plan

Why/rationale: Audit of patients with ACPlans admitted to Christchurch hospital to find out if:

- the ACPlan was identified in ED

- the ACPlan was identified by the Medical team/ward staff

- any Advance Directive wishes regarding resuscitation have been acknowledged with DNACPR documentation (QMR0217/yellow form).

Who: Canterbury DHB

Benefits/value added:

- The audit process and daily ward visits (to check a plan has been identified and any Advance Directives acknowledged) provide an excellent opportunity to socialise ACP and the hospital processes for identifying a plan and using it to guide care.

- The audit process allows to identify areas where ACP and the processes of identifying a plan, are becoming well-embedded.

- Allows to identify areas that are less effective at identifying ACPlans so education can be targeted at these wards/environments/specialties.

- The figures collected show the improvement in ACP recognition over time.

- Audit process provide records and data to use for ACP research projects.

- Reduces the risk of an Advance Directive being missed and medical treatments contrary to the person's wishes being performed. Such a situation could put staff and the DHB at risk of being in breach of the code and/or legally liable.

Risks/challenges:

- Significant ACP staff commitment to undertake the audit process each day.

- Staff might rely on ACP facilitator flagging an ACPlan and not prioritising identification themselves.

Steps: How this looked on the ground

Foundation

1. Established an administration alert on the hospital patient management system.

2. Established a process to ensure every patient with an ACPlan published has the administration alert ('print advance care plan from health connect south') added their PMS record. Adding this alert:

    - provided another prompt/flag that patient has an ACPlan on admission
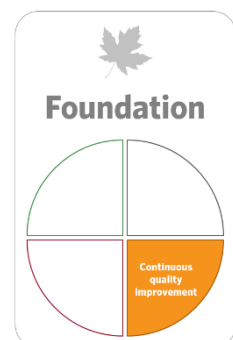
- generated a daily report (sent to the ACP team) with a list of which patients with the ACP alert had been admitted in the past 24 hours and to what wards.

3. Created a spreadsheet to record the audit information collected each day:

DATE	NHI	PT NAME	DATE OF ADMISSION	WARD	TEAM	WD CONTACTED (Ward visit, phone call etc.)	COMMENTS	HAD THE WARD IDENTIFIED ACPLAN?

4. Designated a staff member in the ACP team to follow up the inpatient admissions each day and to record the audit findings (eg, ward visit or phone call).

Progressing

1. Created/printed an 'ACP' magnet to highlight any inpatient with an ACPlan on the ward patient board.

2. Included questions about 'how an ACP is identified on the ward?' in staff teachings and encouraged use of the ACP magnet to identify patients with ACPlans.

3. Provided feedback to ward and teams on their rates of ACPlan identification. For example, a 'congratulations' email if they had a 100% success rate or a visit to the ward to thank them in person for their efforts.

4. Discussions with charge nurses and nurse educators to highlight and support staff in areas where identification is less consistent. This often included ward teaching sessions by an ACP facilitator.
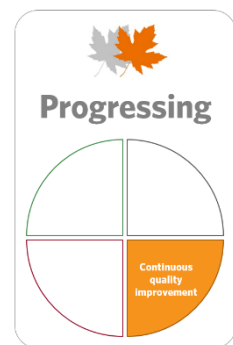
Embedding

1. Integrated an ACP icon into the hospitals new electronic patient boards (Floview, see section below) enabling the facilitator to remotely access a ward's patient board and see the ACP has been identified and any advance directive NFR request acted on.
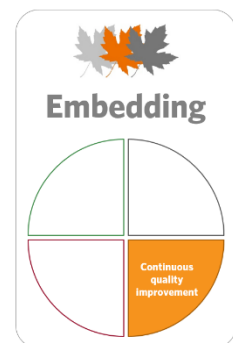
2. Audit data showed the impact of ACP initiatives (eg, the new ACP IT platform with designated ACP alert), which was used in a [poster presentation](#) at the international ACP conference (ACPEL – Banff, Canada 2017).

3. Audit figures (collected since September 2014) were used as a basis for summer student research project 2017/2018.

Impact:

- About 2285 patients have been admitted to Christchurch Hospital with an ACPlan from September 2014 to 31 December 2017.

- The number of patients who did not have their ACPlan identified is improving:

  - In 2016, 665 inpatients were admitted with ACPlans – 122 (18%) did not have their ACPlan identified by ward staff.

  - In 2017, 1225 inpatients were admitted with ACPlans, the number whose ACPlans had not been identified improved to 172 (14%).

- Summer student research findings found 98.3% of the sample surveyed had their *Goals of Care* adhered to.

Future opportunities:

Discussions with the IT team about the possibility of developing software so the ACP alert icon on Floview is automatically allocated to patients with an electronic ACPlan on Health Connect South. This would reduce the need for ACP facilitators to manually undertake the audit process each morning. Instead spot audits would be undertaken (eg, for 5 days every 6 weeks) to make sure wards are still identifying ACPs and using them appropriately to support care.