

# Creation of an Advance Care Planning pathway within the Map of Medicine

**What:** The inclusion of a dedicated Advance Care Planning (ACP) pathway within the map of medicine (MoM) to be utilised by primary practice in the Midland region

## **Why/rationale:**

- To assist and support primary care with ACP in their practices.
- To have an electronic guide (and printable resources) available in consult rooms.
- To ensure a consistent approach to ACP within the Midland region.
- To be able to tailor information regionally if practices surrounding ACP differ slightly.

**Who:** Midland primary care practices (GPs and practice nurses)

## **Benefits/value added:**

- All primary care staff can access Map of Medicine pathways.
- Consistent ACP messaging across the region.
- Up-to-date/evidence-based information, readily available to provide positive patient outcomes.

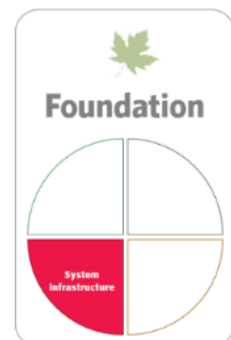
## **Risks/challenges:**

- Historic audits demonstrate poor use of the Map of Medicine pathways.

## **Steps: How this looked on the ground**

### ***Foundation***

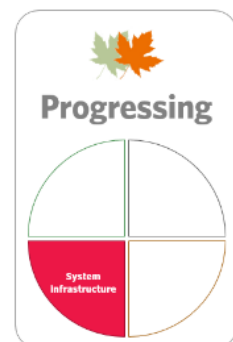
1. Liaised with GPs about the possibility of creating an ACP pathway within MoM.
2. Tabled the possibility of creating an ACP pathway within MoM as an agenda item for ACP Steering Committee.
3. ACP Steering Committee agreed to appoint a sub/working group to work on ACP pathway, with the group consisting of an ACP project lead, practice nurse, emergency department doctor, geriatrician and GP liaison.
4. Investigate other ACP pathways within MoM (including Queensland, Australia and British maps/pathways).
5. Examined New Zealand MoM ACP pathways (MidCentral DHB and Whanganui DHB).
6. Collated information from all published ACP pathways, local policies and procedures, and national ACP cooperative and created a draft MS Word document with Midland-specific ACP information and a draft flowchart of the process.



7. Sub-group met to collate information in preparation and presented to PHO/Steering Committee for input/feedback.
8. PHO Clinical Director sent MS word document and process flow chart to appropriate stakeholders in the Midland region for content approval.
9. Feedback and input was directed back to DHB project lead who collated the responses.
10. Documents amended and reviewed with responses as per stakeholder recommendations, and document was sent back to PHO Clinical Director for final approval.
11. Approval was granted.
12. Contacted the Regional Lead Editor – Map of Medicine (HealthShare).
13. Sent the MS Word version of the ACP pathway to the Regional Lead Editor (RLE).
14. RLE used the information to adjust the MoM format and utilised the process flow chart to create a pathway within the MoM.
15. Sent draft to ACP project lead.
16. ACP project lead disseminated the draft pathway to stakeholders/PHO Clinical Director.
17. PHO Clinical Director approved the pathway.
18. RLE passes pathway through committee prior to publishing.
19. ACP project lead and RLE agreed on date for publication.

### ***Progressing***

1. Published ACP pathway within MoM, live for primary care teams.
2. Included communication about new pathway in Clinical Matters.
3. Included new pathway – ACP on front screen of MoM when clinician logs in.
4. Local GP liaison sent out communications to local practices about new ACP pathway.



### ***Embedding***

Three months after publishing the PHO arranged for a Map of Medicine pathway refresher, discussing the ACP pathway.

### **Outcomes to date:**

Currently no outcomes as pathway only published in November 2017.

### **Future opportunities:**

Ability to audit the Map of Medicine to determine use/uptake of ACP pathway.

