

## CONFERENCE ABSTRACT

# **Incorporating the person's voice into their healthcare record - the story of a New Zealand district health board Advance Care Planning service for clinical teams and consumers, promoting joined up person-centred care**

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### ***Introduction***

Nelson Marlborough Health (NMH), a small District Health Board (DHB) at the top of the South Island of New Zealand, had enthusiastic health professionals doing their best to promote ACP, but no dedicated or coordinated resource. An integrated digital solution to allow ACPs to be stored, quality-checked and shared, was being developed across South Island DHBs. An NMH ACP service was recognised as essential, to embed the system and integrate ACP into clinical practice.

ACP facilitators were employed in September 2018 and set about establishing the service, which has three main components:

- Engaging consumers
- Engaging and educating healthcare teams and promoting ACP as part of usual clinical practice
- Embedding the digital system which went live in May 2019

The service has been built with connection as a central component - between health services and communities, and between clinical teams, recognising the importance of the person's voice, and ACP as a process.

It is for all competent adults who wish to engage with ACP, with a priority focus on those with life-limiting conditions. Stakeholders include all health settings and communities across the district.

### ***Highlights include:***

- Public information sessions and community events – communities are eager to engage.
- Digital system and quality processes embedded.
- Clinicians in all settings are more commonly offering ACP and incorporating a person's goals and preferences into healthcare documentation.
- 450+ clinically interpretable ACPs on the system.
- Multi-faceted education programme.

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### ***Comments on sustainability***

The nature of the service supports communities and healthcare teams to embrace ACP as part of life and usual healthcare.

### ***Comments on transfer-ability***

Many of the components of the service are eminently transferable: the NMH service is based on that developed in another South Island DHB, adapting processes and guidelines for local requirements.

### ***Conclusions***

The digital solution and quality review process formed a critical foundation around which to develop the NMH ACP service. Because of this, there is increased confidence that ACP conversations are worthwhile, and that documentation will be accessed when needed. There is evidence of ACPs being used to direct care and treatment during hospital admissions, and to avoid unwanted hospital presentations.

The work of the national ACP team has been instrumental, including resource development, a national co-designed ACP template, online and in-person training and an ACP facilitator network.

### ***Discussions***

There has been a realisation that ACP incorporates many other tools and processes that includes the person's voice as part of their healthcare, which are currently in different workstreams with no dedicated resource. Bringing these workstreams together under one team will enhance the work, further benefitting consumers and healthcare staff.

### ***Lessons learned***

- Connectedness and relationship-building with clinical teams and with communities has proven an effective principle.
- Dedicated resource is critical.
- Funding to support ACP conversations in primary care has been an important reason for engagement.
- Being part of the South Island quality review team has been an integral part of the success.
- ACP implementation is bigger than funders initially imagined.