

Anticipatory Care Plans in Acute Medical Receiving

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As a result of the COVID-19 pandemic, increasing attention has been given to the way in which we look after patients at the end of their lives. Our quality improvement project aimed to:

1. Assess the quality of anticipatory care plan (ACP) documentation in an acute medical setting
2. Increase the proportion of patients in the medical receiving unit who had a documented ACP

Related publications:

[1] Tapsfield J, Hall C, Lunan C, McCutcheon H, McLoughlin P, Rhee J et al. Many people in Scotland now benefit from anticipatory care before they die: an after death analysis and interviews with general practitioners. *BMJ Supportive & Palliative Care*. 2016;:bmjspcare-2015-001014.

[2] Ibitoye S, Rawlinson S, Cavanagh A, Phillips V, Shipway D. Frailty status predicts futility of cardiopulmonary resuscitation in older adults. *Age and Ageing*. 2020;50(1):147-152.

Background: ACPs and KIS

Background

- Anticipatory care planning is included in the Scottish payment contract for GPs
- GPs acknowledge that “a good ACP can be hard to do”

Who has anticipatory care plans?

KIS (key information summaries) are most commonly initiated for those with *cancer (75%) vs frailty/dementia (66%) vs organ failure (41%) [1]*

Why are anticipatory care plans important?

Clear record of patient preferences
Beneficial to OOH HCPs
Can help to inform acute admissions
Patients are more likely to die outside of hospital if they have a KIS

Why are ‘good’ ACPs difficult?

Keeping it up to date
Resource pressure

Methods

- 100 sets of patient notes were reviewed across two cycles
- Over 90% of the patients identified had a senior post-take review
- An equal number of cases was selected from each speciality receiving unit
- ACPs were reviewed on Orien Portal and KIS
- Documentation of ACPs during admission were reviewed
- Between each cycle, each doctor in training received direct communication highlighting how to access and utilise electronic ACP platforms

Clinical Portal – ACP Summary User Guide



The following user guide provides an overview of the Anticipatory Care Plan (ACP) Summary in the NHSGGC CLINICAL PORTAL.

■ Getting Started

To access the Anticipatory Care Plan (ACP) Summary, you need to have an active CLINICAL PORTAL account. If you need to request a portal account, or update your permissions, you can do this using the MyAccount online process found on StaffNet via: [MyAccount Online Process](#).

■ Search for a Patient

To retrieve the appropriate patient, log into CLINICAL PORTAL and use the search facility via the main menu to the left of the screen.



Fig 1. Clinical Portal - ACP Summary User Guide - Provided by the Anticipatory Care Program Manager for GGC.

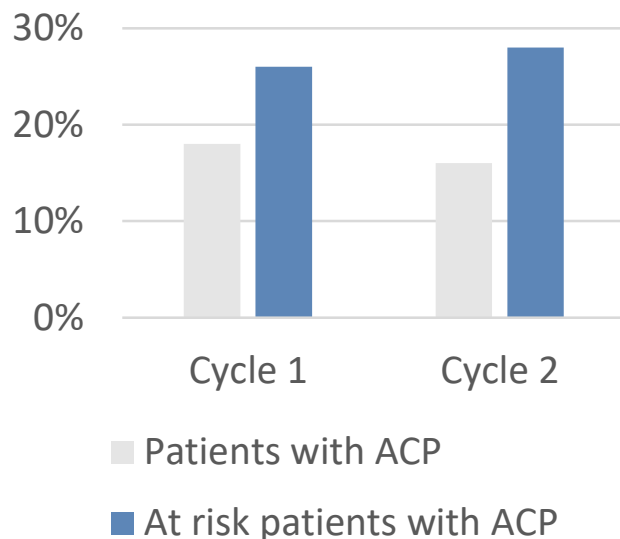


Fig 2. Proportion of patients with ACP on KIS or Portal Orien

Only 2 patients in cycle 1 and 3 in cycle 2 had a TEP or ACP documented in their post-take review

Results

Indicators of poor outcome in case of deterioration - “at risk patients”:

1. Charlson Comorbidity Index > 6
2. 85 years or older
3. Stage 3 or 4 cancer

Fig 3. Examples of KIS ACP content

“Has ACP”
“Has Plan”

“PPOC home, for CPR 2013”

DNACPR/has ACP/PPOC home
“keen for active Rx but not OP investigation or admission”

Conclusions

- ACPs may be used to improve patient care for patients with pre-established wishes but awareness and use of electronic ACP is still low
- The quality of ACP content can be variable which likely impacts clinical use
- More education is needed to ensure that this important platform is embedded into core clinical practice