

B) Uploading ACP process

- 1) Transcribe information from the ACP booklet to the electronic form found on Health One/Health Connect South.

To find these forms click **“clinical documents”**, then **“add new document”**, then look for **“Advance Care Plan”** on the menu list.

To update or do a yearly review of an existing ACP click **“Clinical Documents”**, then **“Add new Document”**, then look for **“Advance Care Plan – update existing (review)”**

The screenshot displays the HealthOne Clinical Documents interface. At the top, there are navigation tabs for 'Clinical Docs', 'HealthOne', 'Care Plans', 'Eclair (NW)', and 'Eclair'. A red arrow points to the 'Clinical Docs' tab. Below the navigation, a blue box contains a message: 'Some items are not shown due to privacy restrictions. Break Privacy Seal'. The main content area is titled 'Add New Document' and features a search bar, a 'Specialty' dropdown, and a 'Favourites' section with 'Acute Plan Form'. A 'Search' button and a link to 'Save My Search Preferences' are also present. Below this is a list of document links, including '6 Minute Walk Test', 'Acute Demand Referral', 'Acute Plan Form', 'Admission Note', 'Advance Care Plan', and 'Advance Care Plan - Update existing (Review)'. A red arrow points to the 'Add New Document' option in the left sidebar, and two red arrows point to the 'Advance Care Plan' and 'Advance Care Plan - Update existing (Review)' options in the main list.

3) Once information has been completed on the electronic form **print** this document.

7 After my death

My wishes for organ and tissue donation: _____

—

My wishes for caring for my body immediately after death: _____

—

After I die I would like to be: _____

—

For my funeral or tangi I would like: _____

—

I would like my last resting place to be: _____

—

This is important to me because: _____

—

Things I would like my loved ones to know: _____

—

My will and other important things can be found: _____

—

Print



4) Before both parties sign, it is an opportunity for the Health Professional to go over, in particular:

a) "treatment care choices" (page 10, ACP booklet) and

b) "My Advance Directive" (page 11, ACP booklet)

with the patient to determine the patients understanding of his/her written wishes.



Name: Minnie Mouse
Address:
Phone: Date: 05 June 2019
Signature: _____

Healthcare professional who assisted me

By signing below the healthcare professional confirms that:

- I am competent at the time I created this advance care plan.
- We discussed my health and the care choices I might face.
- I have made my advance care plan with adequate information.
- I made the choices in my advance care plan voluntarily.



Healthcare Practitioner: Nicky Davidson
Facility / Organisation:
Designation: Practice Nurse
Phone: Date: 05 June 2019
Signature: _____



5) Both parties then **sign this document**, then **scan this document** to a folder of your choice then **Upload the ACP** document via the **“browse”** tab. This is found under question 6 **“By signing below, I confirm”** and **“Healthcare Professional who assisted me”**.

6 Signatures

By signing below, I confirm:

- I understand this is a record of my preferences to guide my healthcare team in providing appropriate care for me when I am unable to speak for myself
- I understand treatments that would not benefit me will not be provided even if I have specifically asked for them.
- I agree that this advance care plan can be in electronic format and will be made available to all healthcare providers caring for me.

Name

Address

Phone

Date

Healthcare professional who assisted me

By signing below the healthcare professional confirms that:

- I am competent at the time I created this advance care plan.
- We discussed my health and the care choices I might face.
- I have made my advance care plan with adequate information.
- I made the choices in my advance care plan voluntarily.

Healthcare Practitioner

Facility / Organisation


Designation

Phone

Date

Attachment *

Attach the PDF document of the original signed hardcopy.



If you cannot find the **“browse”** tab, scroll to the bottom of the document, and click **“edit”** and the **“browse”** tab should appear.

6 Signatures

By signing below, I confirm:

- I understand this is a record of my preferences to guide my healthcare team in providing appropriate care for me when I am unable to speak for myself
- I understand treatments that would not benefit me will not be provided even if I have specifically asked for them.
- I agree that this advance care plan can be in electronic format and will be made available to all healthcare providers caring for me.

Name Minnie Mouse

Address —

Phone —

Date 05-Jun-2019

Healthcare professional who assisted me

By signing below the healthcare professional confirms that:

- I am competent at the time I created this advance care plan.
- We discussed my health and the care choices I might face.
- I have made my advance care plan with adequate information.
- I made the choices in my advance care plan voluntarily.

Healthcare Practitioner Nicky Davidson

Facility / Organisation —

Designation Practice Nurse

Phone —


Date 05-Jun-2019

Attachment No files

7 After my death

My wishes for organ and tissue donation:

My wishes for caring for my body immediately after death:



6) Once the browse tab is clicked, look for the document you have scanned, click that document and it will appear as a **pdf** within the ACP document.

6 Signatures

By signing below, I confirm:

- I understand this is a record of my preferences to guide my healthcare team in providing appropriate care for me when I am unable to speak for myself
- I understand treatments that would not benefit me will not be provided even if I have specifically asked for them.
- I agree that this advance care plan can be in electronic format and will be made available to all healthcare providers caring for me.

Name —
 Address —
 Phone — Date 20-Feb-2019

Healthcare professional who assisted me

By signing below the healthcare professional confirms that:

- I am competent at the time I created this advance care plan.
- We discussed my health and the care choices I might face.
- I have made my advance care plan with adequate information.
- I made the choices in my advance care plan voluntarily.



Healthcare Practitioner Alice McCabe
 Facility / Organisation —
 Designation Practice Nurse
 Phone — Date 20-Feb-2019

Attachment  zzz0032.pdf (607.6 kB) Open ▾



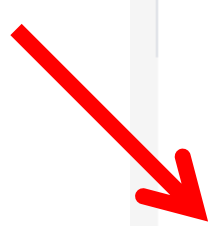
7 After my death

7) Once the ACP is audited by the “SIRV” team and deemed clinically interpretable the ACP in the “window let” will convert from “**DRAFT**” to “**FINAL**”

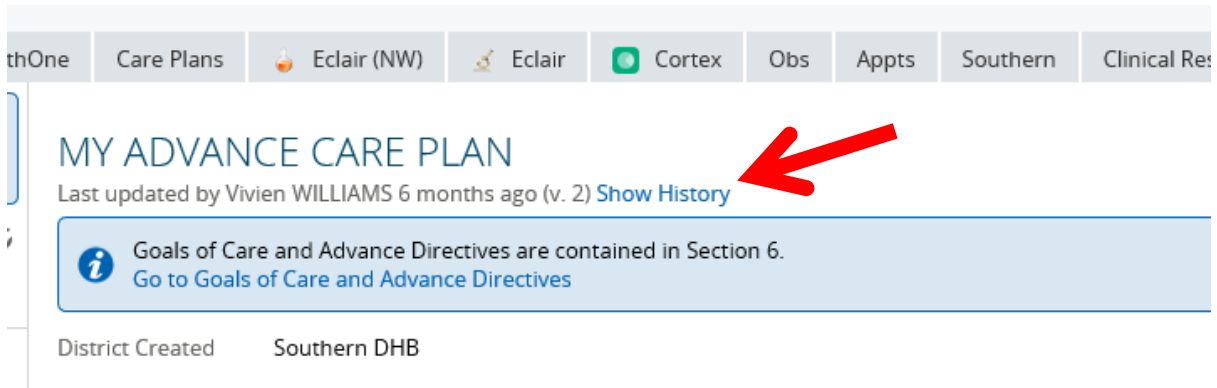
Southern Clinical Resources  Clinical Notices  Record Access

Shared Care Plans

Status	Plan Name	Created	Last Modified By	Last Modified
FINAL	Acute Plan	18-Mar-2022	David COX	28-Nov-2022
FINAL	Advance Care Plan	12-Oct-2022	Vivien WILLIAMS	20-Oct-2022
FINAL	Personalised Care Plan	07-Jul-2020	Sarah DENNIS	14-Sep-2022
DRAFT	Serious Illness Conversation Summary	15-Nov-2022	Vivien WILLIAMS	15-Nov-2022
DRAFT	Shared Goals of Care - Aged Residential Care	19-May-2022	Vivien WILLIAMS	19-May-2022



- 1) When **updating an existing ACP**, it is important to have the new dates and signatures on the ACP review form even if nothing has changed. The new DRAFT and original FINAL ACP will exist together in the window-let until the new DRAFT has become FINAL. Once the new DRAFT is FINAL the old FINAL ACP will disappear. All ACP's however can still be seen in the **history tab**.



thOne Care Plans Eclair (NW) Eclair Cortex Obs Apts Southern Clinical Re:

MY ADVANCE CARE PLAN

Last updated by Vivien WILLIAMS 6 months ago (v. 2) [Show History](#)

i Goals of Care and Advance Directives are contained in Section 6.
[Go to Goals of Care and Advance Directives](#)

District Created Southern DHB

To navigate your way around the Acute Plan and the ACP please feel free to use the following **test patients**:

ZZZ7070

ZZZ0032

AAA9999

Michelle Anderson

Shared Care Plan Coordinator

Cell: 022 321 5899

advancecareplanning@wellsouth.org.nz

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