

# 'Just in Case' Plans (Palliative & End-of-Life Care)

## User Guide for Tauranga Hospital clinicians

### Purpose

- 'Just in Case' plans aim to improve the experience and outcomes of palliative and end-of-life patients by developing a plan around their future needs, wishes and quality of life considerations.
- This patient-held plan that can be referred to by whanau and caregivers, and used by other healthcare providers to enable a more integrated and seamless approach to palliative care closer to home.
- The objective is to increase the provision of primary palliative care in the community through proactive plans and improved service integration, and reduce hospital transfers whenever possible and appropriate.

Just in Case plans should be developed between the patient and a clinician who knows them well, such as with the GP or their NP. However, hospital clinicians can develop a temporary plan to facilitate this right care process, and request for the GP or NP to review and countersign or change the plan within two weeks.

### Components

- **'Just in Case' template plan** – includes a background and overview of the patient, an advanced directive, a self and whanau management plan, a primary care and ambulance management plan. *The plan should be kept above the patient's fridge and uploaded onto MCP/ CHIP.*
- **Anticipatory medication prescribing chart** – for medications that assist with comfort and reducing distressing symptoms to be available for health professionals to respond to quickly. This includes the subcutaneous medications commonly used during last days of life. Other medications for recurrent conditions or symptomatic management can also be added.

*Midazolam, Haloperidol and Hyoscine Butylbromide ampules are now carried by each ambulance in the Western Bay. All other medications need to be dispensed to the patient.*

### Process for Tauranga Hospital

- Gain informed consent from the patient or EPOA, explaining intent of plan & the temporary nature of this version until followed up by GP or NP**
- Call their enrolled GP practice wherever possible to discuss**
- Fill in the Just in Case with the patient and whanau present (suggest using the Serious Illness Conversation Guide)**
- Complete as much as possible and appropriate**
- Sign the appropriate Just in Case medication chart prescriptions**
- Request MCP/ CHIP upload via Health Records**
- In Continuing Care Plan section of Transfer of Care to GP, add "\*\*\*Please review and sign Just in Case plan within two weeks. This may be funded through PHO\*\*\*".**
- Fax a copy to the GP practice (temporary process until IT improvements can be implemented)**
- Include a photocopy of the Just in Case plan in the patient's notes**
- Original copy of the Just in Case plan to be given to patient/ whanau, instructing them to take it to their GP and to store it above their fridge**

Advise where appropriate that an *annual* St John membership costs less than one standard call-out. For eligible patients', the cost of the subscription can be covered by the WINZ disability allowance.

For more information, including [eligibility](#), see other side.

## Where to find the Just in Case plan, situated on MCP under 'Alert'

The screenshot shows a patient's clinical documents in a medical system. The left sidebar lists various documents, with 'Patient - Future Care Plan (living Will) Just in Case (Palliative)' highlighted. The main area displays the document content, which is a 'My Just in case Action Plan' form. The form includes fields for Name, Address, Phone Number, NOK contact, Ethnicity, and Preferred language. It also has sections for EPOA health activated, EPOA name, EPOA contact details, GP name, and GP contact note. The form is partially filled out with handwritten text, including 'LUNG CANCER, FRAILTY' under the diagnosis field.

## Background

The Ministry of Health undertook palliative care service reviews in 2017 and 2019 with the view to providing equitable, high quality palliative care, with an increasing emphasis on primary care and improved service integration. Its purpose has also been to plan for the 51% projected increase in acute palliative care needs over the next 20 years.

Over the last two years (July 2017 - June 2019) there were 812 acute palliative admissions to Tauranga Emergency Department from the BOP (528 from WBOP). Of these admissions just 18% were referred by a GP and 74% were self (or family) referred. Most presentations took place during working hours, were non-cancer related and involved a steep increase in volumes from the age of 69 years.

## Eligibility and consideration criteria

Anyone considered palliative, as indicated by one of the following triggers that suggest that patients are nearing the end of life:

- The Surprise Question: 'Would you be surprised if this patient were to die in the next few months, weeks, days'? (less than 12 months)
- General indicators of decline - deterioration, increasing need or choice for no further active care
- Specific clinical indicators related to certain conditions

## Additional Information

### St John

St John personnel in the Western Bay of Plenty have undergone training in the scope of Just in Case plans and subcutaneous injection administration, as well as given access to CHIP/ MCP.

### Resources

The Serious Illness Conversation guide is recommended by the Health Quality and Safety Commission (HQSC).