5 Steps to Document Advance Care Planning Conversations

**Step 1:**
Click Adv Care Plan or Code

**Step 2:**
Click ACP Form

**Step 3:**
Document in SmartForm, then Click Next

**Step 4:**
Click Create ACP Note

See next pages for detailed instructions

**Step 5:**
Click F2 and choose ACP Form Note – Ambulatory OR ACP Form Note – Hospital/ED

Have questions or want to attend our communication skills training? Email advancecareplanning@stanford.edu

http://med.stanford.edu/advancecareplanning
Instructions for using the ACP Form to document Serious Illness Conversations

1. This form contains the most up-to-date information from a conversation with a patient or family using the Serious Illness Guide. If you open the form and it is not blank, this means that another clinician has already discussed some of the questions. The “Date” and “Documented by” fields provide that information if you are re-opening a form during the same clinic visit or admission. If you open the form in a new visit or admission, and you find prior data in the form, the “Date” and “Documented by” fields will be empty. In that situation, you can view author information but looking for the ACP Note that was written by the author, see below.

You can also view that information in the Advance Care Planning Form section in the Advance Care Plan/Code Status hover report. This is accessible at the bottom of the window that appears when you hover over “Adv Care Plan” or “Code Status” in the Storyboard, see below.

2. If you find prior documentation in the form, rather than asking the patient that question again, confirm the information is correct and offer to make an additions or revisions. For example, “I see that you spoke to Dr. Jones on May 5th and told her that you are hoping to be free of pain, is that still true?” Override previous information with new information if the situation has changed for all sections but the Comments in the Prognosis section, see below Step 4.

3. Please remember to update Discussion Participants if they have changed from the previous conversation.

4. For the Prognosis section, do not override prior documentation in the Comments section. You can update the buttons if necessary. If you have new information to add to the Comments in Prognosis, make a new line and then
type .DATE and .ME to capture your name and the date the prognosis was shared followed by your new prognosis information. If discussing prognosis is not within your scope of practice, please skip this section.

5. If you do not discuss any of the sections during your conversation, leave them blank.

6. To capture what you discussed on a given day, click “Next” to go to the ACP Notes section and then click “Create an ACP Note”. The below note will open. Click F2.

After you click F2, you will see 3 note options, see below. If you are in a clinic encounter, select “ACP Form Note – Ambulatory”. If you are in the hospital or ED, select “ACP Form Note – Hospital/ED”.

![ACP Form Note](image-url)
The template will then populate with information that you entered in the form. Click F2 to complete the open areas and sign the note. The blue instructions labeled “Vanishing Tip”, will go away when you sign the note and will not appear in your final documentation. The current template will support billing for ACP using the ACP billing codes 99497 and 99498.