

Supplementary material

Implementing Anticipatory Care Plans in general practice: a practice approach to improving the health literacy of the community and reducing reliance on emergency services during after-hour periods

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Table S1. Paper questionnaire provided to participants after Workshop 1

Feedback on Anticipatory Care Plan Orientation Day – August 2013. Please provide an indication of how today's session might have changed your understanding of anticipatory care activities.

1. Using a scale from 1 (low) to 5 (high), indicate your agreement to the following statements.		
		Low High
Understanding about health literacy	Before this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	After this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Ability to identify people that might benefit from anticipatory after hours planning	Before this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	After this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Understanding of the role of the health professional in promoting self-management	Before this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	After this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Skills in planning after hours health management	Before this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	After this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Commitment to use the skills gained today during health planning activities	Before this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
	After this training	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
2. Please list any barriers to implementing anticipatory after hours care:		
3. What is the valuable thing you learnt today?		
4. Please list any new skills that you would like to explore next session:		

Table S2. Online questionnaire disseminated to participants 6 months after the final workshop

Thank you for your participation in the After Hours Anticipatory Care Plan pilot. The purpose of the pilot was to develop and trial a model for training and support for practices to include an After Hours Anticipatory Care Plan in all new and revised care plans. Although the pilot officially closed in February 2014, [Medicare Local] would value your feedback in order to contribute to the evaluation process

Practice name:					
Practice role:					
1. Is the practice still incorporating an Anticipatory Care Plan component in the patient management process?					
<input type="checkbox"/> Yes					
<input type="checkbox"/> No					
2. If yes, please indicate the number of plans created in the last month					
<input type="checkbox"/> 0–I am no longer developing an Anticipatory Care Plan					
<input type="checkbox"/> 1–5 times					
<input type="checkbox"/> 6–10 times					
<input type="checkbox"/> 11–15 times					
<input type="checkbox"/> More than 15 times					
3. What are some of the common conditions you identified as an opportunity to develop an Anticipatory Care Plan for the patient?					
4. Using a scale from strongly disagree to strong agree, please respond to the following statements:					
	Strong agree	Disagree	Undecided	Agree	Strongly Agree
Attendance at the 3 workshops facilitated by [Medicare Local] has equipped me with the skills and knowledge to complete an After Hours Anticipatory Care Plan with my patients					
The level of support (i.e. phone calls and visits) provided by the [Medicare Local] team allowed me to become more engaged with the pilot and complete an Anticipatory Care Plan with my patients					
My practice is supportive of the need to develop an Anticipatory Care Plan with its clients					
The existence of an Anticipatory Care Plan has enabled me to work collaboratively with the practice GP to support the health needs of the client					
I am likely to use an Anticipatory Care Plan for potential clients in the future					
5. a. Please respond to how you agree with the following statement:					
	Strong agree	Disagree	Undecided	Agree	Strongly Agree
To my knowledge, the development of an Anticipatory Care Plan has reduced the need for clients to seek medical assistance during after-hours period					

b. Please provide feedback to support your answer for question 5.a.
<i>You may wish to support your answer with anecdotal feedback from clients, or their families or carers</i>
6. What has worked well in the pilot?
7. What are some of the challenges you faced in developing an Anticipatory Care Plan with your patient?
8. What can [Medicare Local] do to support the use of Anticipatory Care Plans at your practice?
9. Please use the space below to provide any additional feedback.
Thank you for submitting your feedback on the Anticipatory Care Plan pilot.