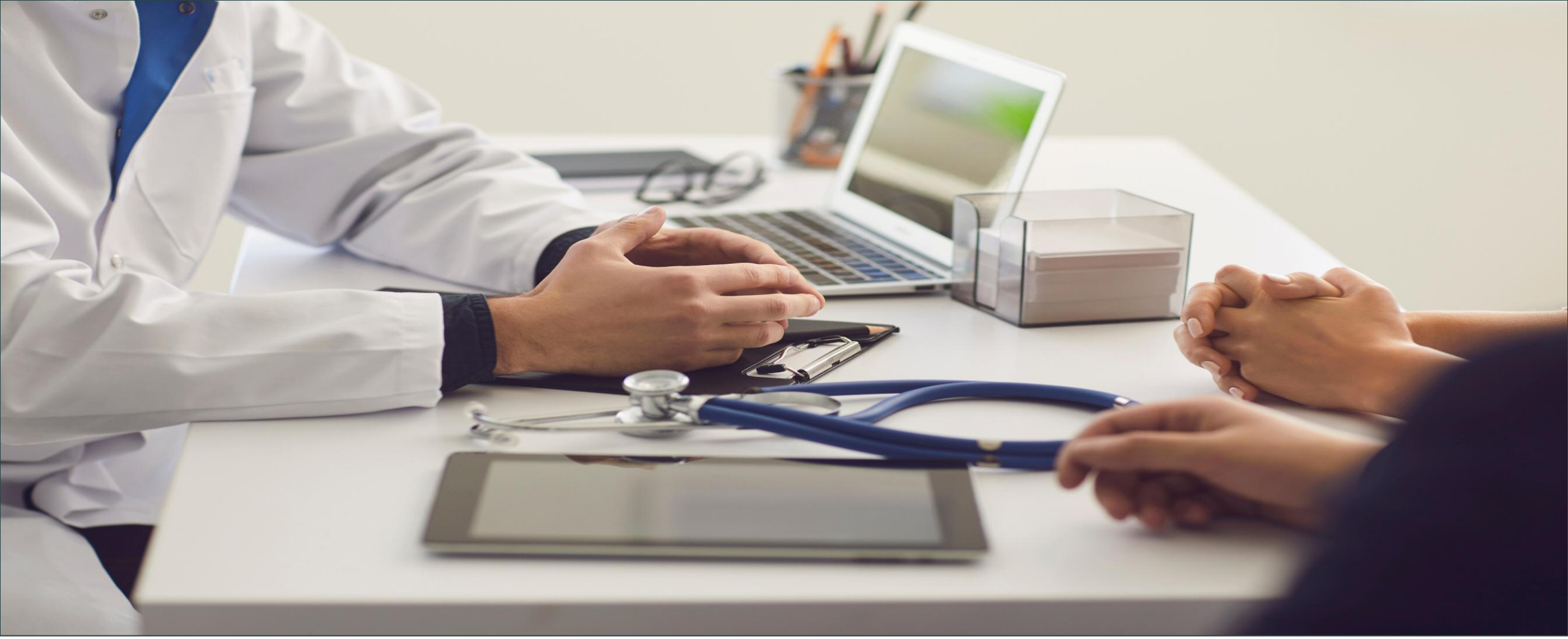
ADVANCE CARE PLANNING IT SYSTEM (ACPS) USER GUIDE



16 Oct 2026 (Version 1.2)



OVERVIEW

OVERVIEW



Advance Care Planning IT System (ACPS)

- Serves as the central repository for ACP information.
- Supports documentation of care preferences and appointed decisions-makers.
- Enables authorised access to ACP records across care settings.
- Supports continuity of care and informed clinical decision-making.

OVERVIEW

CLICK ON THE ROLE/FEATURES FOR QUICK ACCESS

Getting Started

i. Roles
ii. [Public Healthcare Institutes] Create a new user account and login with Azure
iii. [Non-Public Healthcare Institutes] Create a new user account and login with Corppass
iv. Request New Role
v. Remove Older Role

Endorsing Officer

i. Approve/Reject Requests
ii. Maintain User List
iii. User Access Management (UAM) Exercise

ACP Facilitator

i. Search Patient
ii. Create Patient
iii. Administrative Edits – Patient Bio-data
iv. Create General ACP Form
v. Create Preferred Plan of Care (PPC) ACP Form
vi. Administrative Edits – ACP Forms
vii. Review
viii. Reports

ACP Coordinator

i. All Facilitator Functions
ii. Withdrawals

ACP Transcriber

i. All Facilitator Functions except Reports

Institutional Administrator

i. Withdrawals
ii. Reports

Training Administrator

i. Create Training Records
ii. Maintain Facilitator List

Cluster Representative

i. Search Patient
ii. ACP Types Report

Viewer

i. Search Patient

ROLES WITHIN ACPS

Role	Description	Recommended for
Endorsing Officer	The Endorsing Officer role is a critical one as it supports the organisation in managing its ACPS users and authenticating their need for system access. They will perform the following functions: 1. Approve and reject users' role requests in ACPS for their organisation. 2. Maintain the active user list and deactivate accounts within 5 working days when users have left the organisation or no longer authorised to access ACPS. 3. Undertake User Recertification Exercise as part of governance for users' accesses every 6 months.	As this role manages the governance of the organisation's users and is subject to audits, it is recommended that the officers appointed hold supervisory roles within the organisation. To be effective, the appointed officer should also be able to validate the assigned staff's need to access the system.

ROLES WITHIN ACPS

Role	Description	Recommended for
ACP Facilitator (General)	This General ACP Facilitator role is granted to trained ACP Facilitators who are certified to conduct General ACP for patients. This role allows users to have access to reports that contain patients' ACP information.	This role is recommended for professionals or clinicians who are directly involved in patient's care and certified to conduct General ACP.
ACP Facilitator (PPC)	This PPC Facilitator role is granted to trained ACP Facilitators who are certified to conduct Preferred Plan of Care (PPC) ACP for patients. This role allows users to have access to reports that contain patients' ACP information.	This role is recommended for professionals or clinicians who are directly involved in patient's care and certified to conduct Preferred Plan of Care (PPC) ACP.

ROLES WITHIN ACPS

Role	Description	Recommended for
ACP Facilitator (General and PPC)	ACP Facilitator role is granted to trained ACP Facilitators who are certified to conduct both types of ACP (General and PPC) for patients. This role allows users to have access to report that contain ACP information of all the patients whom they encounter.	This role is recommended for professionals or clinicians who are directly involved in patient's care and certified to conduct both types of ACP (General and PPC).
ACP Coordinator	ACP Coordinator role is granted to trained ACP Facilitators who are certified to conduct both types of ACP (General and PPC) for patients. In addition, they hold a privileged role at the institutional level to withdraw forms (e.g. in the event of consent withdrawal) and access reports that contains ACP information of all the patients whom their institution encounters.	This role is recommended for ACP Team leads who are ACP practitioners and certified to conduct both types of ACP (General and PPC). They may also use the report function for programme development and reporting purposes.

ROLES WITHIN ACPS

Role	Description	Recommended for
ACP Institutional Administrator	Institutional Administrator role is granted to programme administrators at the institutional level. They are not required to be a certified facilitator and thus there will be no 'writing' access granted under this role. They are able to access Audit Reports and other reports that contain patients' ACP information. This role can withdraw forms (e.g. in the event of consent withdrawal).	This role is recommended for ACP Programme Leads who are not ACP practitioners. They have the key role to make use of the report function for programme development and reporting purposes.
ACP Transcriber	ACP Transcriber role is best suited for non-ACP facilitators who assist facilitators with drafting the ACP Form. The drafted form by 'ACP Transcriber' has to be reviewed and published by certified ACP facilitator. This role does not allow access to ACP information in report module.	This role is recommended for Admin Executives supporting ACP facilitators with form transcription.

ROLES WITHIN ACPS

Role	Description	Recommended for
Cluster Representative	The Cluster Representative role is only for clusters to access and review ACP Type Reports for institutions assigned to Clusters under ACP programme for funding purposes.	This role is recommended for clusters to review workload funding and audit purposes of their partnered institutions under ACP programme.
Training Administrator	The Training Administrator role is only for training partners to key training details into ACPS directly. Training records and facilitator database will be digitised and stored within ACPS. Upon role request, the system will check if the facilitator is trained and certified to have access to the system.	This role is recommended for training partners to key in the training details into the system directly.
Viewer	The viewer role is only for viewers who do not have National Electronic Health Records (NEHR) access and need to view ACP information.	This role is recommended for healthcare professionals who do not have NEHR access and need to view ACP information.

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE

Before You Start

1. PHIs include restructured hospitals, national specialty centres, community hospitals and polyclinics. Please refer to the list below for PHIs onboarded to ACP IT System as of 5 Aug 2026. If your organisation does not appear below, it is a Non-PHI organisation.

NHG

1. Institute of Mental Health/Woodbridge Hospital
2. Khoo Teck Puat Hospital
3. National Healthcare Group Polyclinics
4. NHG Population Health Campus
5. Tan Tock Seng Hospital
6. Yishun Community Hospital
7. Woodlands Hospital

NUHS

1. Alexandra Hospital
2. Jurong Community Hospital
3. National University Hospital
4. National University Polyclinics
5. Ng Teng Fong General Hospital

SHS

1. Changi General Hospital
2. KK Women's and Children's Hospital
3. National Cancer Centre
4. National Heart Centre
5. National Neuroscience Institute
6. Outram Community Hospital
7. Sengkang Community Hospital
8. Sengkang General Hospital
9. Singapore General Hospital
10. SingHealth Polyclinics

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE

Before You Start

2. If you have been seconded to the non-PHI as a staff (e.g. hospital staff seconded to community hospice provider to deliver palliative care services), you should be provided with a Corppass account from the non-PHI to log ACPs under their organisation. Additionally, ensure that the non-PHI is onboarded in the ACP IT system.

3. If you are serving the clients as a PHI staff and just providing place-based care (e.g. conducting ACPs for PHI clients in the Active Ageing Centres (AAC)), you should be using your PHI email to log ACPs under your organisation account.

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE

Before You Start

4. Is your organisation onboarded to ACPS?
    a. If no, contact AIC at *acp@aic.sg* to find out more information.
5. Does your organisation have an Endorsing Officer?
    a. If no, seek your head of organisation/CEO's endorsement of appointing an Endorsing Officer via company email or signed organisation letterhead with clear designation indicated (See next slide for template).
    b. Please clearly indicate the Name, NRIC/FIN, and company email address of the Endorsing Officer when seeking for approval.
    c. EOs must upload their CEO endorsement as a supporting document to ACPS when applying for the EO role.

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE

Template

1. Seek your CEO/Head of Organisation's endorsement of the nomination of EOs (up to a maximum of five). Refer to Annex A for more details on the roles of the EO.
2. Upload this CEO endorsement as a supporting document to ACPS when applying for the EO role.

SN	Name	Designation	Entity or branch name (if applicable)	Email Address
1				
2				
3				
4				
5				

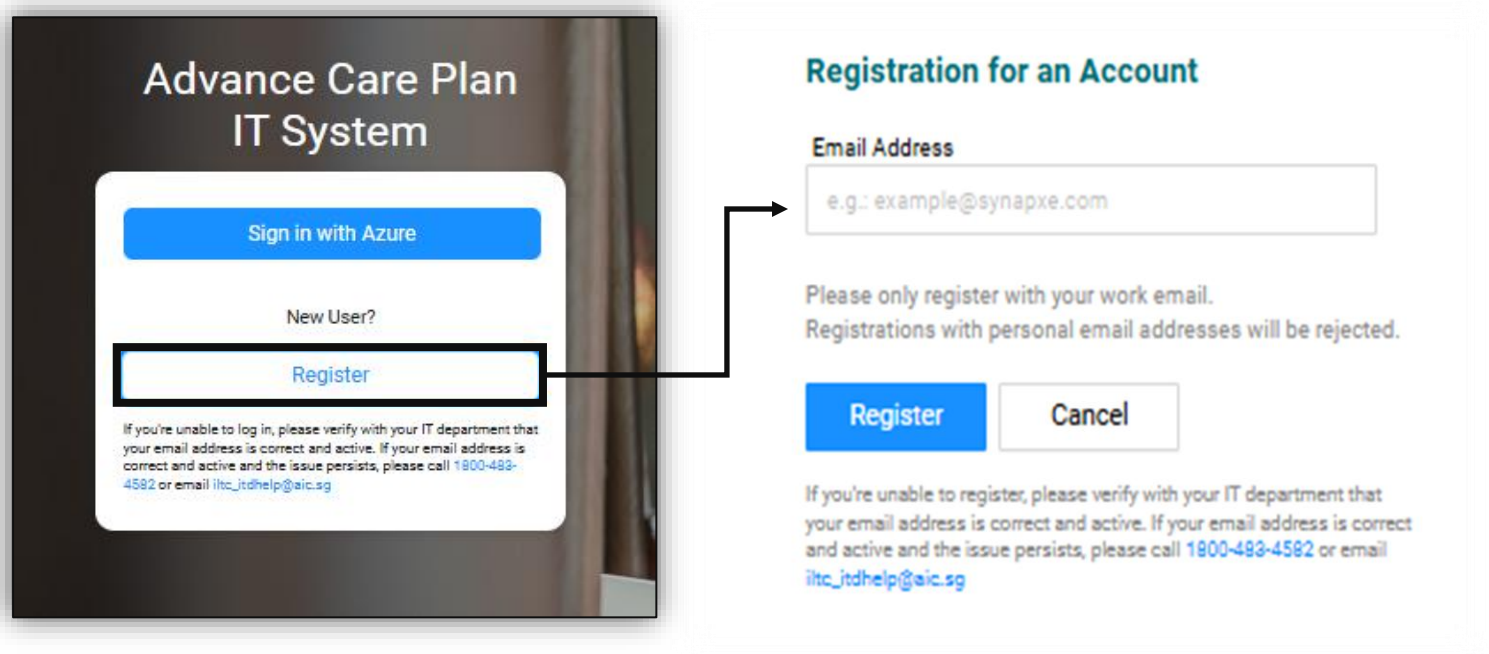
Annex A

EOs will perform the following functions:

1. Approve and reject new ACP IT System (ACPS) user access requests for staff in your organisation.
2. Maintain the active user list and deactivate accounts within 5 working days when users have left the organisation or no longer authorised to access ACPS.
3. Undertake the 6 monthly User Recertification Exercise as part of audit for users' accesses.

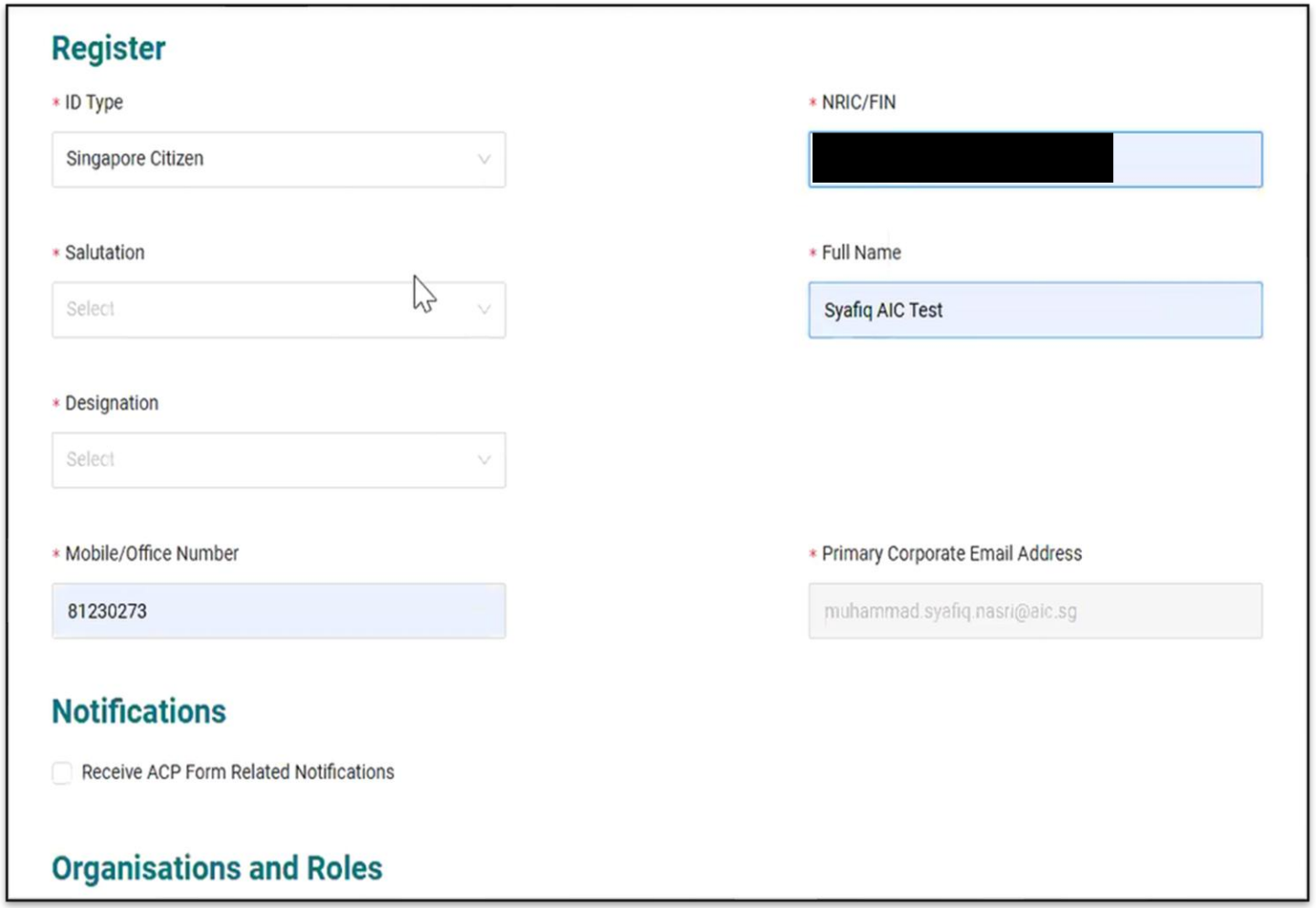
As this role manages the governance of the organisation's users and is subject to audits, it is recommended that the EO(s) appointed hold supervisory role(s) within the organisation. To be effective, the appointed EO should also be able to validate the assigned staff's need to access the system.

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE



1. Use the PHI Azure authentication link (*https://intra.acp.aic.sg/*).
2. Select “Register” as a new user.
3. Register your work email address.

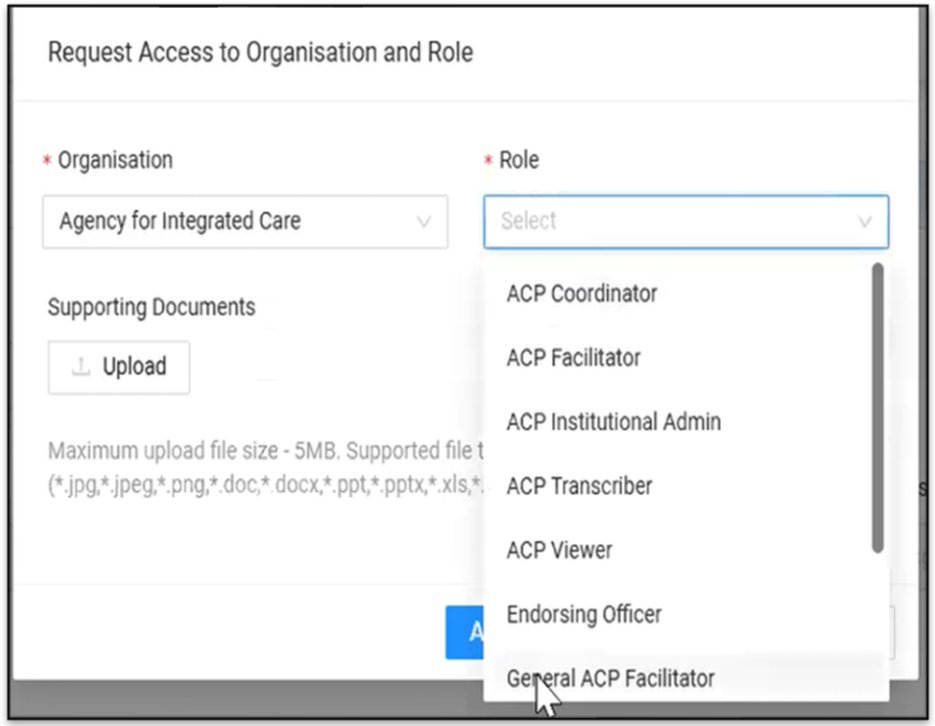
[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE



4. Fill in the required personal details.
5. Email cannot be changed as it is used to authenticate your identity.

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE





6. Add Organisation and Role
   i. Endorsing Officers must upload a supporting document of head of organisation/CEO's endorsement of appointment.
   ii. Facilitator roles are verified against the facilitator database using your registered NRIC.
   iii. If your details are not found in the facilitator database, you cannot apply for facilitator role. Complete the necessary ACP training before applying for system access.

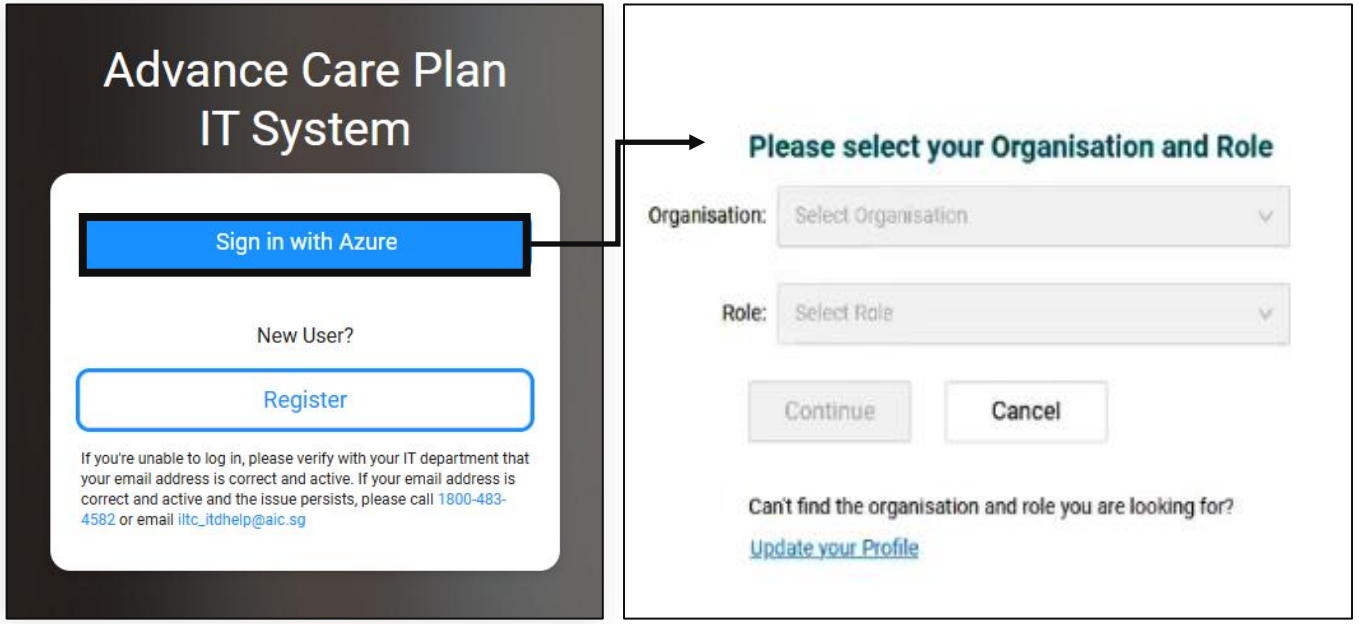
7. Click "Register"

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE



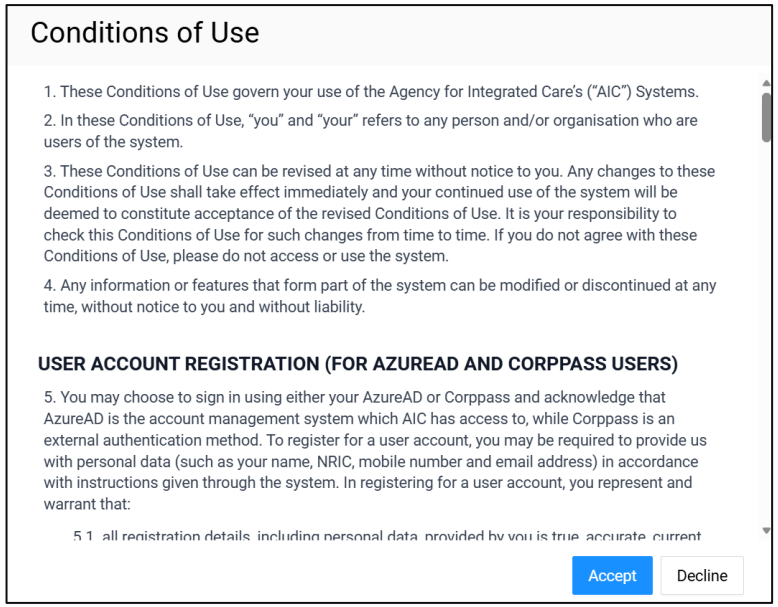
8. Allow up to 3 working days for verification by your Endorsing Officer.
9. You will receive an email notification once access is granted.

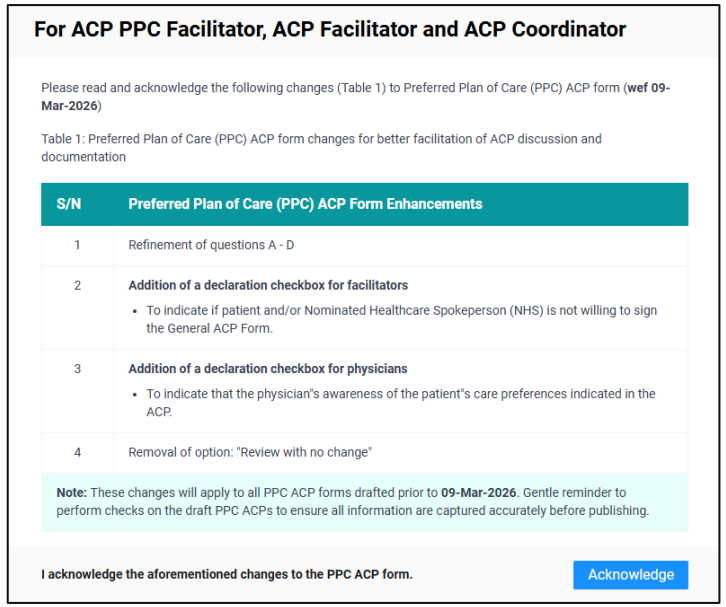
[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE

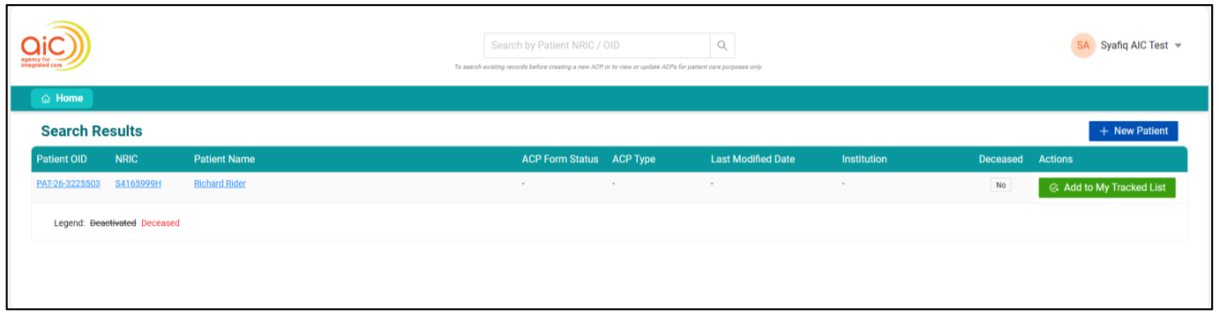


10. To login, use the PHI Azure authentication link (*https://intra.acp.aic.sg/*).
11. Select “Sign in”. You will be authenticated using your email address.
12. Choose your organization from the dropdown list. This ensures all actions are correctly tagged to your organization.
13. Select your assigned role.

[PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH AZURE







14. Read and accept the conditions of use and any acknowledgements. Then, you will reach the homepage.
15. If you are unable to log in, please verify with your IT department that your email address is correct and active.
16. If your email address is correct and active and the issue persists, please call 1800-483-4582 or email *iltc_itdhelp@aic.sg*

[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS

Before You Start

1. PHIs include restructured hospitals, national specialty centres, community hospitals and polyclinics. Please refer to the list below for PHIs onboarded to ACP IT System as of 5 Aug 2026. If your organisation does not appear below, it is a Non-PHI organisation.

NHG

1. Institute of Mental Health/Woodbridge Hospital
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4. National Heart Centre
5. National Neuroscience Institute
6. Outram Community Hospital
7. Sengkang Community Hospital
8. Sengkang General Hospital
9. Singapore General Hospital
10. SingHealth Polyclinics

2. Non-PHI organisations include (non-exhaustive): Community Care Organisations (covers Nursing Homes, Centre Based Care, Home Care Services and Active Aging Centres), Community Hospitals under Voluntary Welfare Organisations (VWOs) and General Practitioners (GP) Clinics.

[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS

Before You Start

3. Is your organisation onboarded to ACPS?
    a. If no, contact AIC at *acp@aic.sg* to find out more information.
4. Does your organisation have an Endorsing Officer?
    a. If no, seek your head of organisation/CEO's endorsement of appointing an Endorsing Officer via company email or signed organisation letterhead with clear designation indicated.
    b. Please clearly indicate the Name, NRIC/FIN, and company email address of the Endorsing Officer when seeking for approval.
    c. EOs must upload their CEO endorsement as a supporting document to ACPS when applying for the EO role.
5. Engage your Corppass Administrator to:
    a. Set up ACPS e-service in Corppass.
    b. Create your Corppass user account.
    c. Assign the Corppass e-service to your account.

Please refer to Corppass Guides here

[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS

Template

1. Seek your CEO/Head of Organisation's endorsement of the nomination of EOs (up to a maximum of five). Refer to Annex A for more details on the roles of the EO.
2. Upload this CEO endorsement as a supporting document to ACPS when applying for the EO role.

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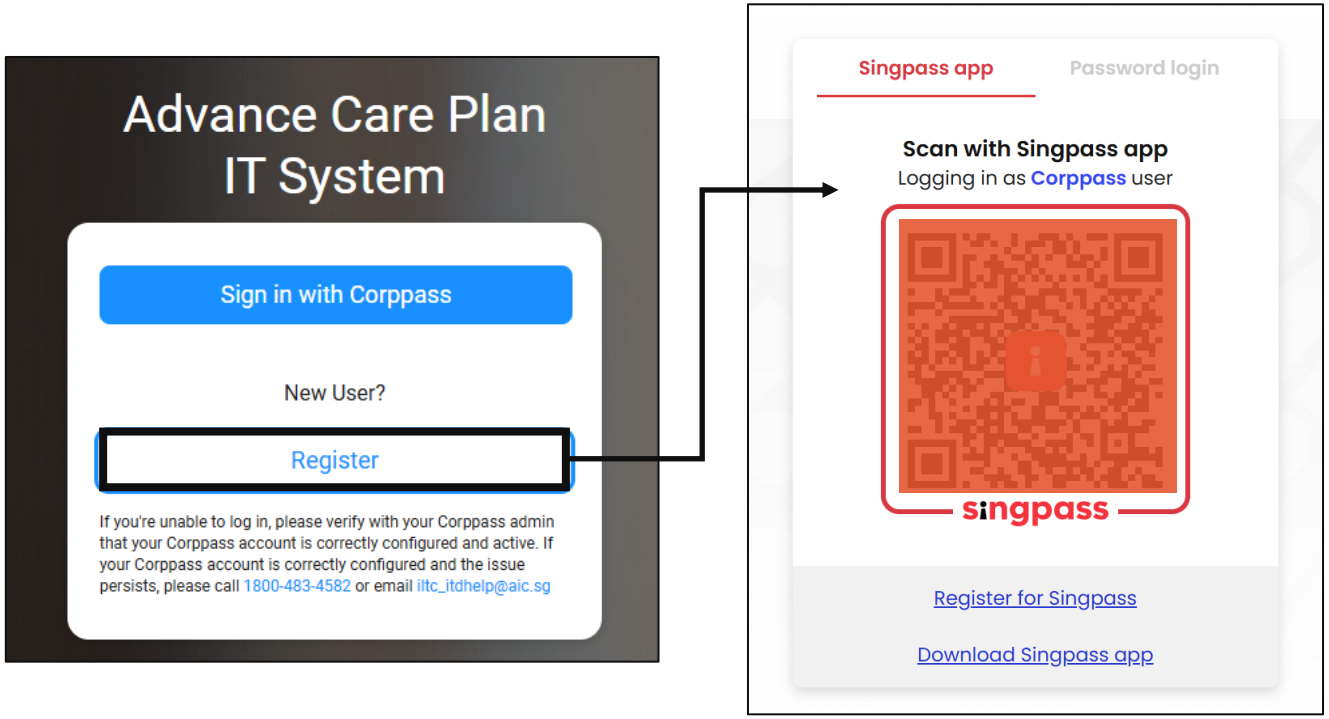
Annex A

EOs will perform the following functions:

1. Approve and reject new ACP IT System (ACPS) user access requests for staff in your organisation.
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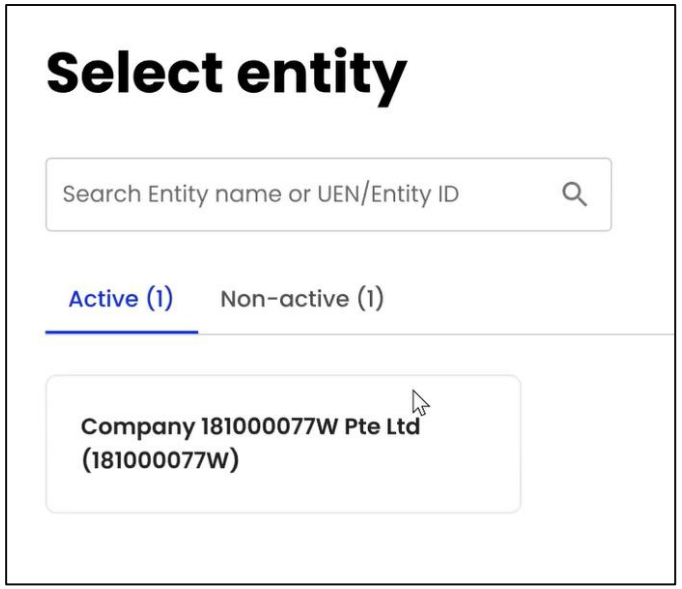
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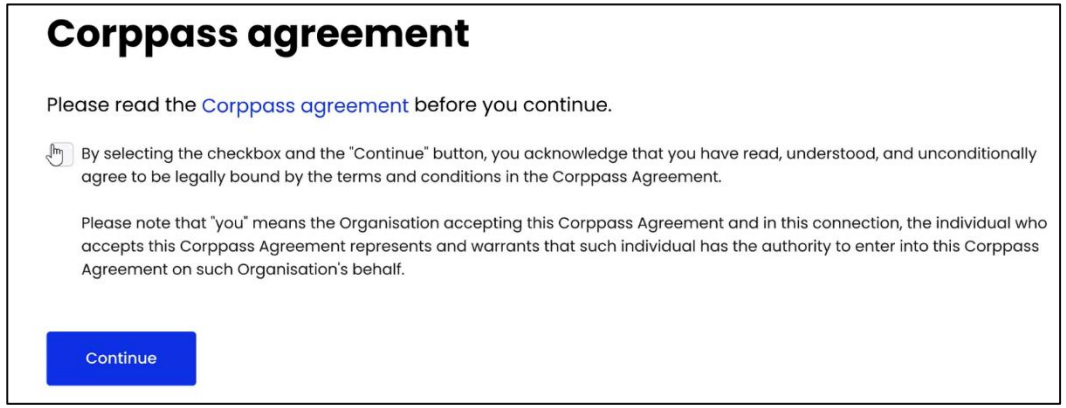
[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS



1. Use the Corppass authentication link (*https://acp.aic.sg/*).
2. Select “Register” as a new user.
3. Scan the Singpass QR Code using your phone. You will be redirected to Corppass.

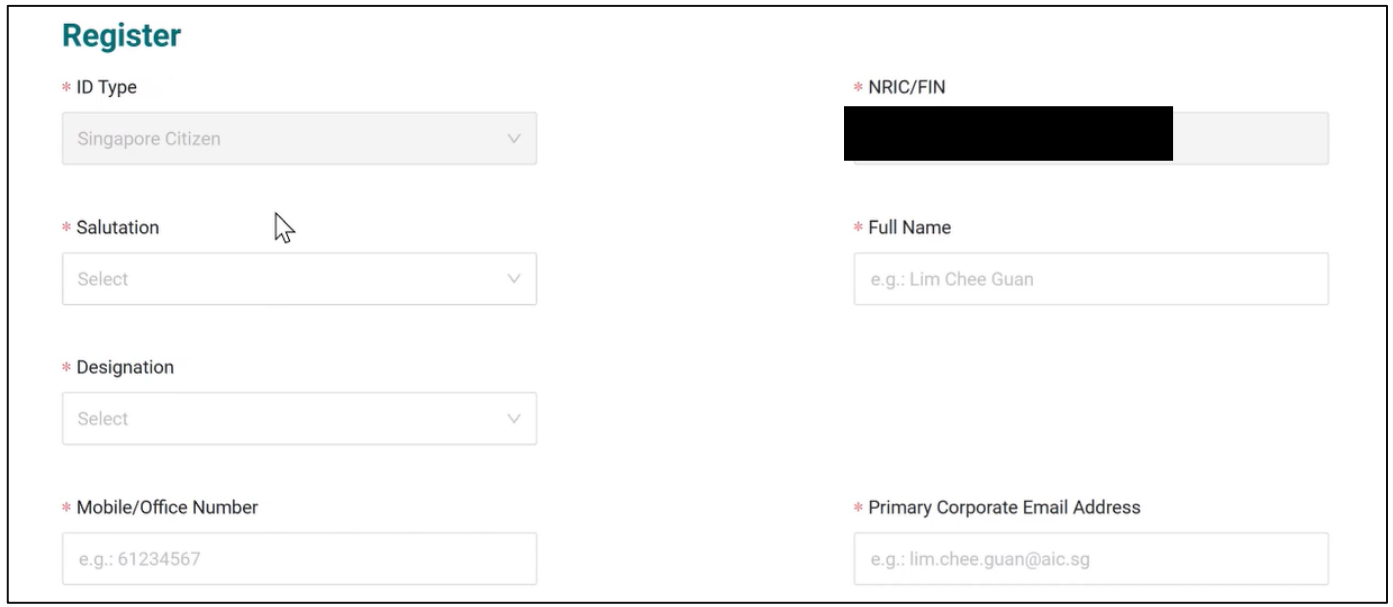
[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS





4. Select your entity's name.
5. Read and accept the Corppass agreement.
6. You will be redirected to ACPS thereafter.

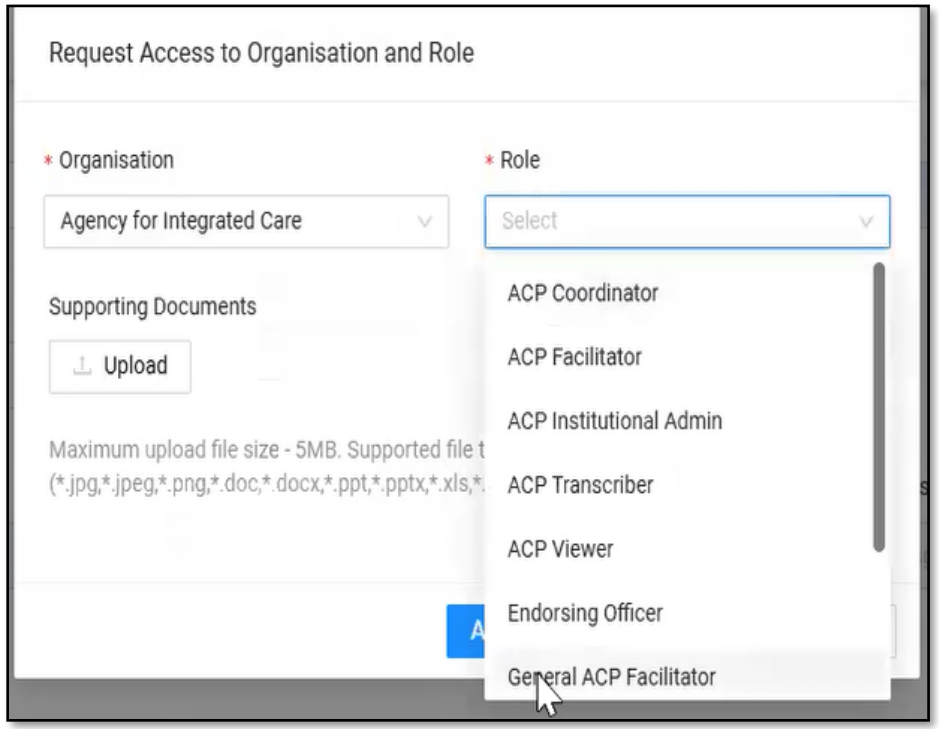
[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS



7. Fill in the required personal details.
8. ID Type and NRIC/FIN cannot be changed as it is used to authenticate your identity.

[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS





9. Add Organisation and Role
    i. Endorsing Officers must upload a supporting document of head of organisation/CEO's endorsement of appointment.
    ii. Facilitator roles are verified against the facilitator database using your registered NRIC/FIN.
    iii. If your details are not found in the facilitator database, you cannot apply for facilitator role. Complete the necessary ACP training before applying for system access.

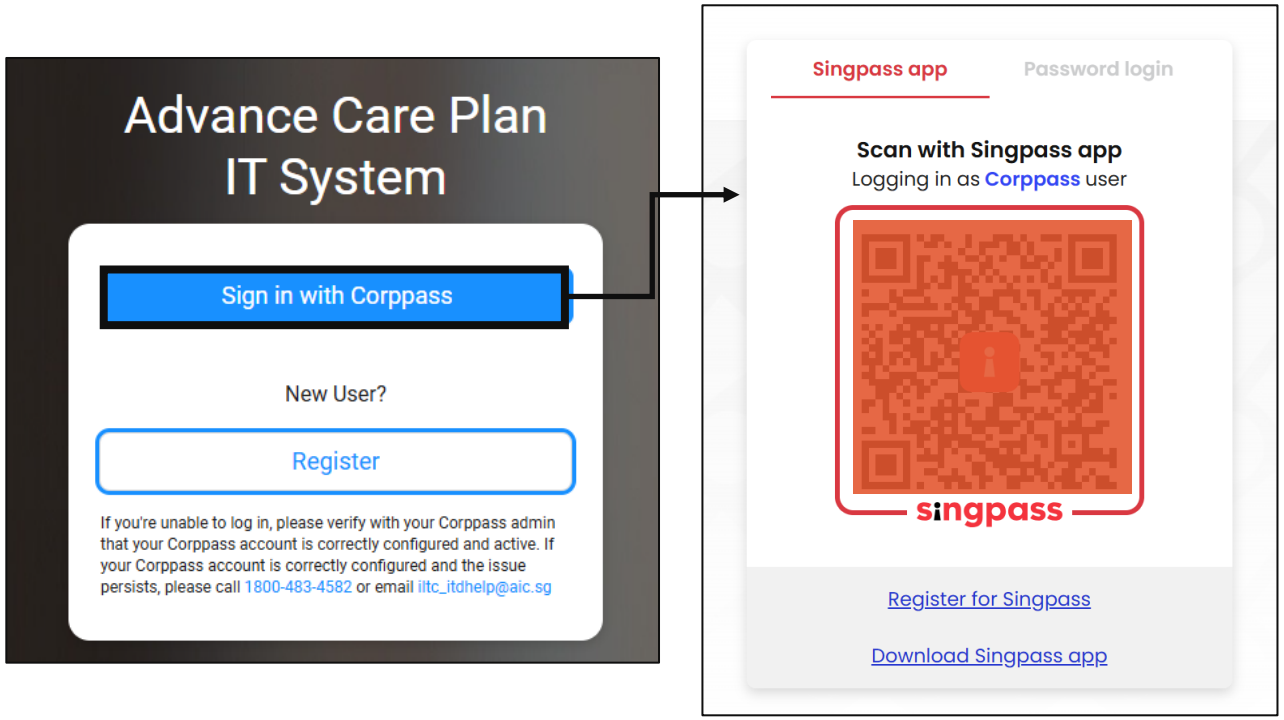
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[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS



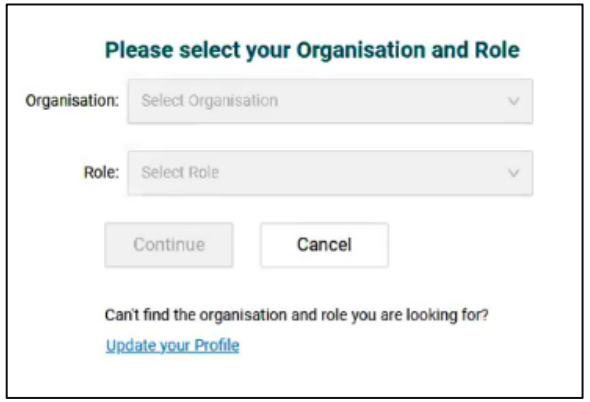
11. Allow up to 3 working days for verification by your Endorsing Officer.
12. You will receive an email notification once access is granted.

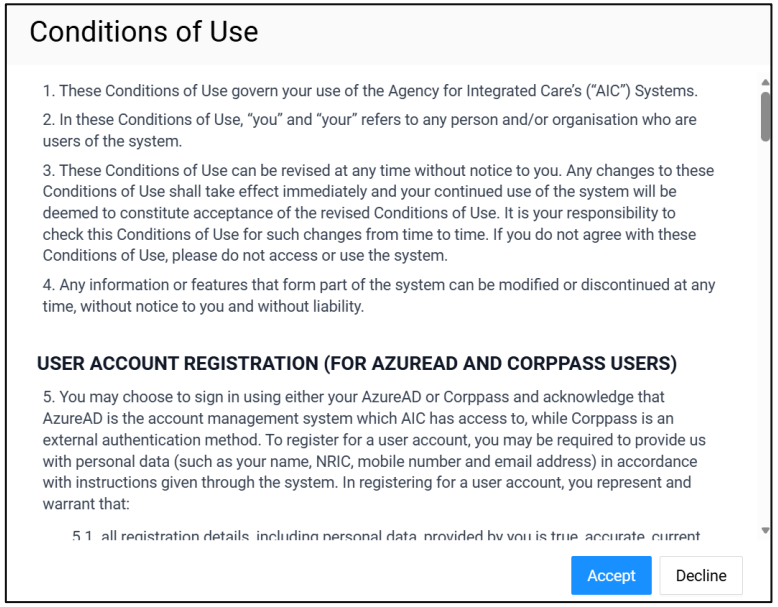
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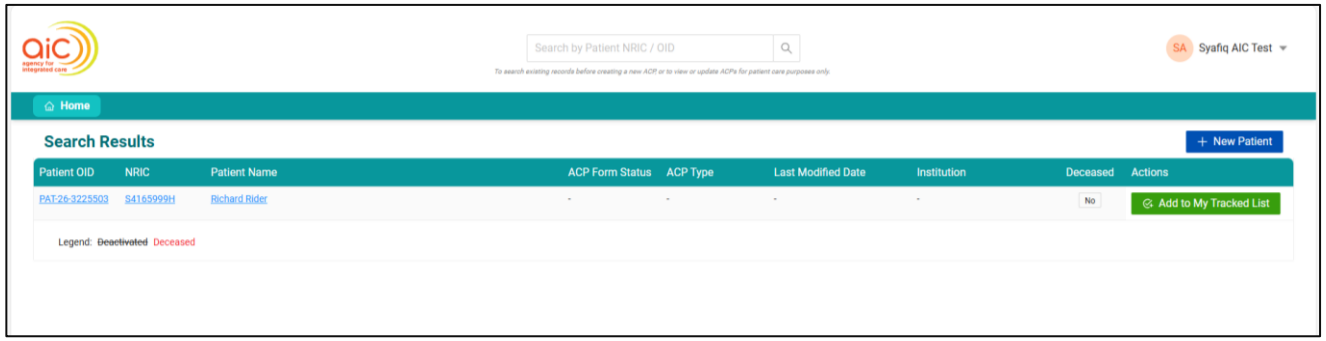


13. To login, use the Corppass authentication link (*https://acp.aic.sg/*).
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[NON-PUBLIC HEALTHCARE INSTITUTES] CREATE A NEW USER ACCOUNT AND LOGIN WITH CORPPASS

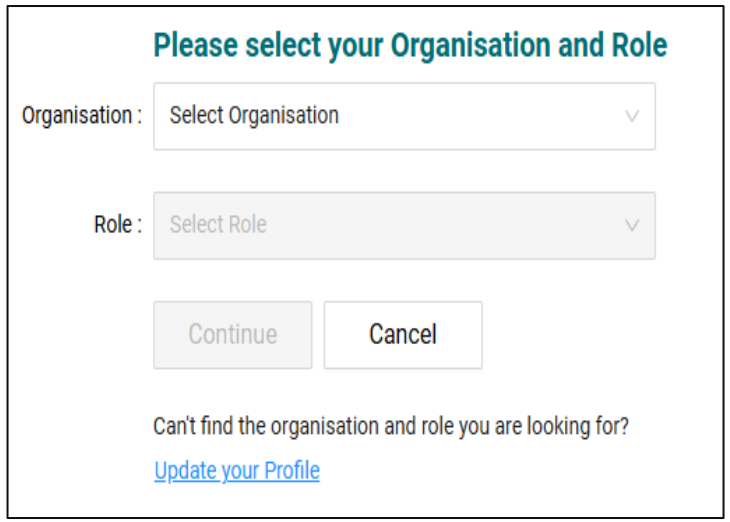


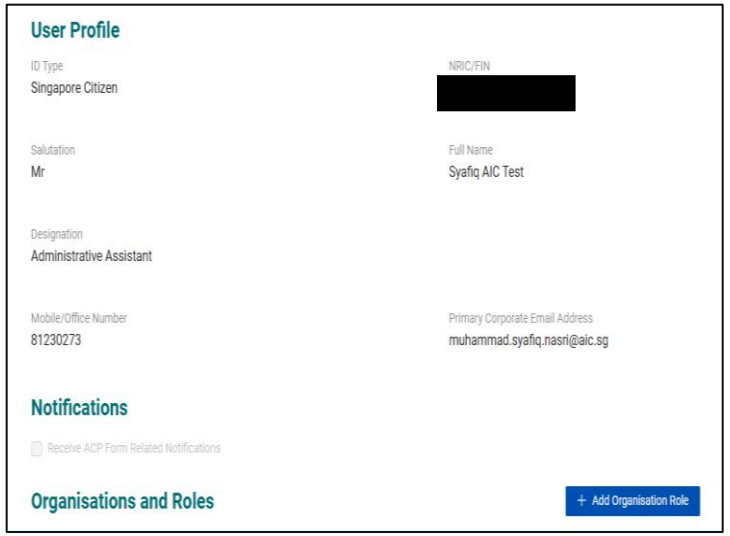




16. Choose your organization from the dropdown list. This ensures all actions are correctly tagged to your organization.
17. Select your assigned role.
18. Read and accept the conditions of use. and any acknowledgements. Then, you will reach the homepage.
19. If you are unable to log in, please verify with your Corppass Admin that your Corppass account is correct and active. If your email address is correct and active and the issue persists, please call 1800-483-4582 or email *iltc_itdhelp@aic.sg* .

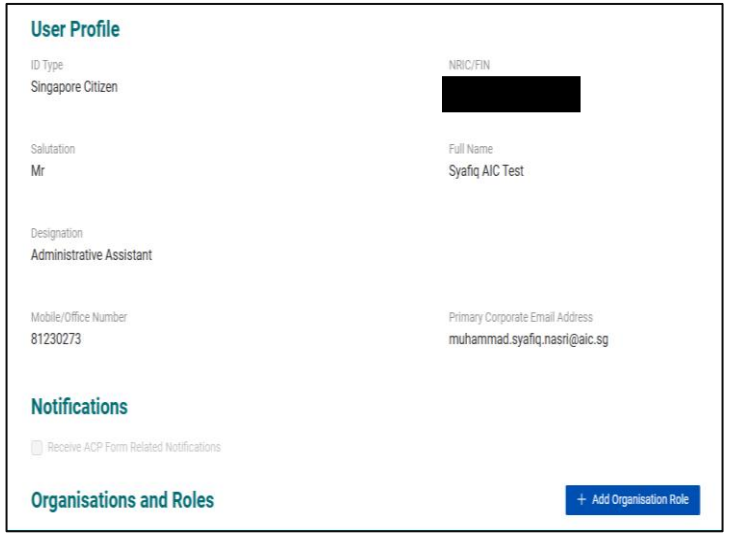
REQUEST NEW ROLE

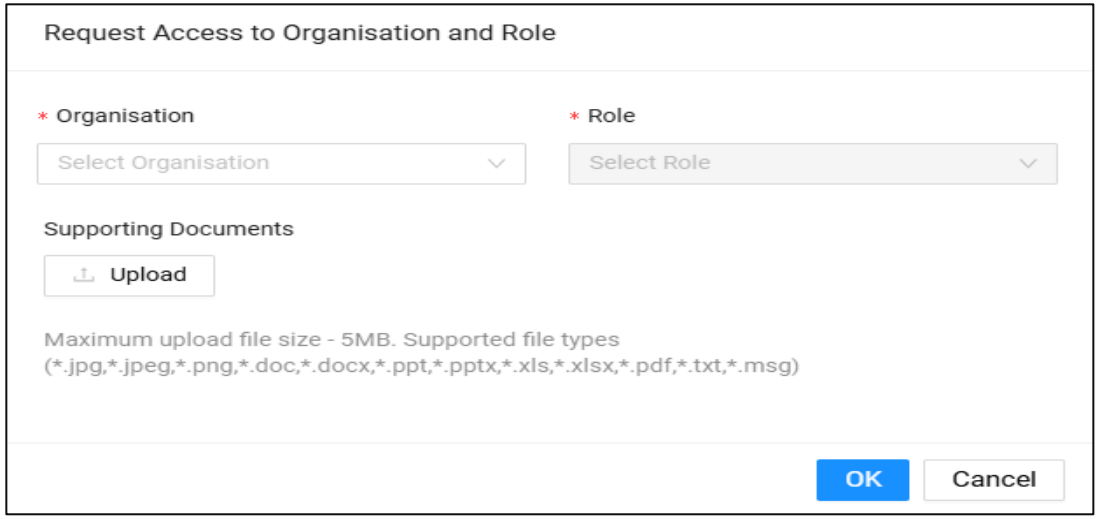




1. In the event of a change of role, you can add your new role on the ACPS via the login page.
2. Upon login, select “Update your Profile”.
3. It will bring you to the User Profile Page.

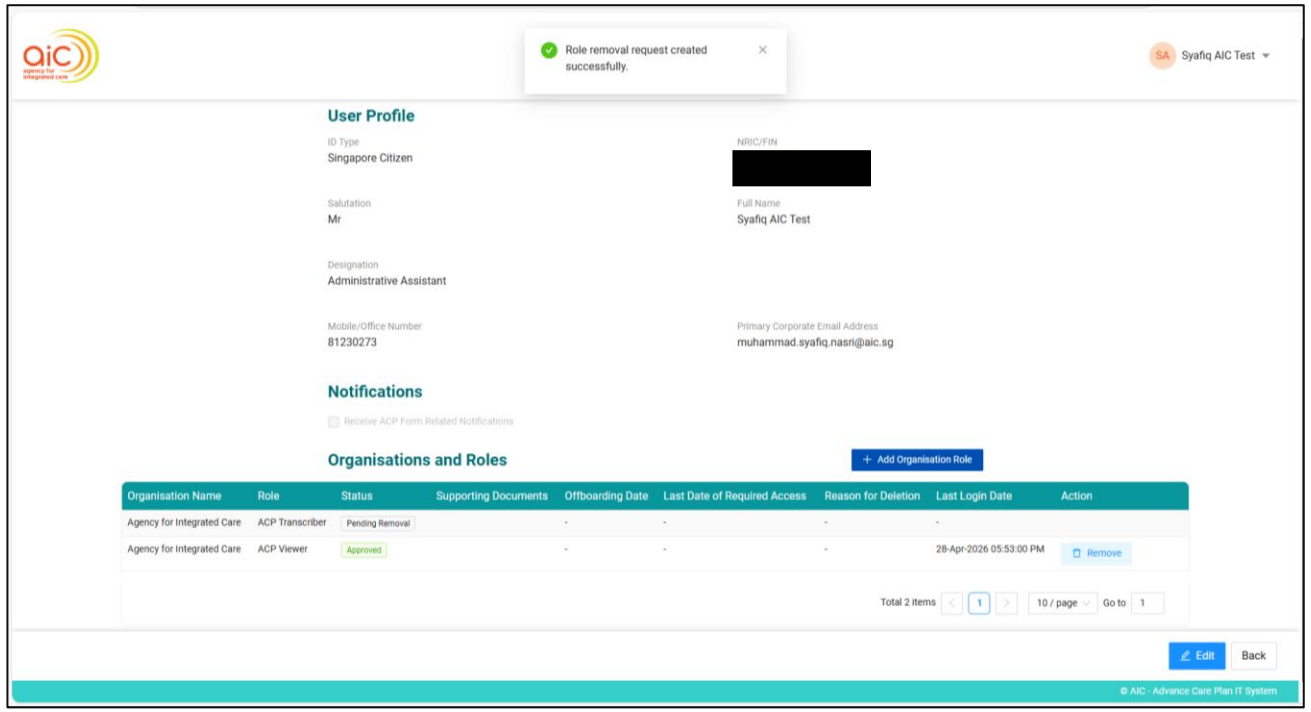
REQUEST NEW ROLE

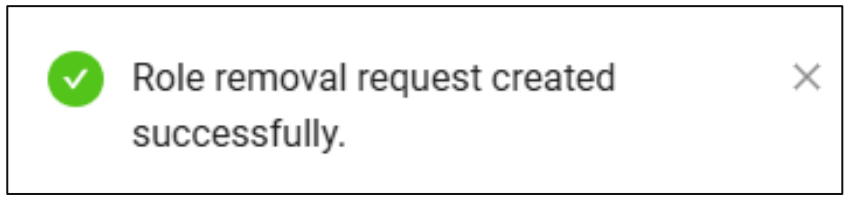




4. At the User Profile page, click “Add Organisation Role”.
5. Select your organisation and new role request.
6. Upload supporting documents for certain required roles (e.g. Endorsing Officer).

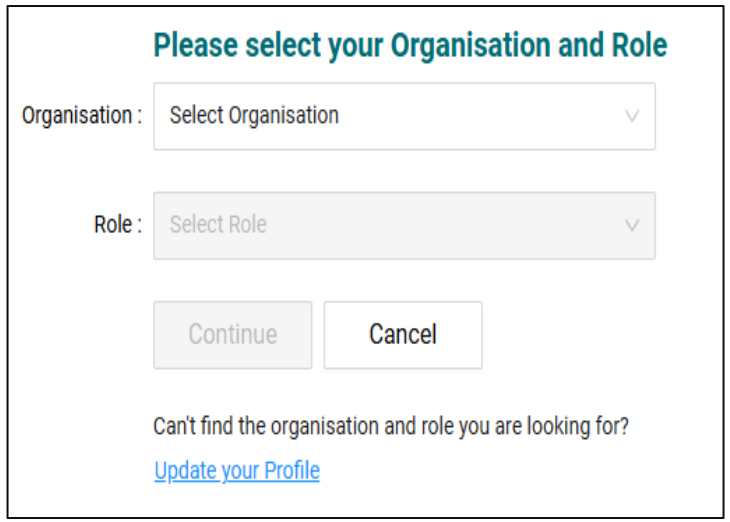
REQUEST NEW ROLE

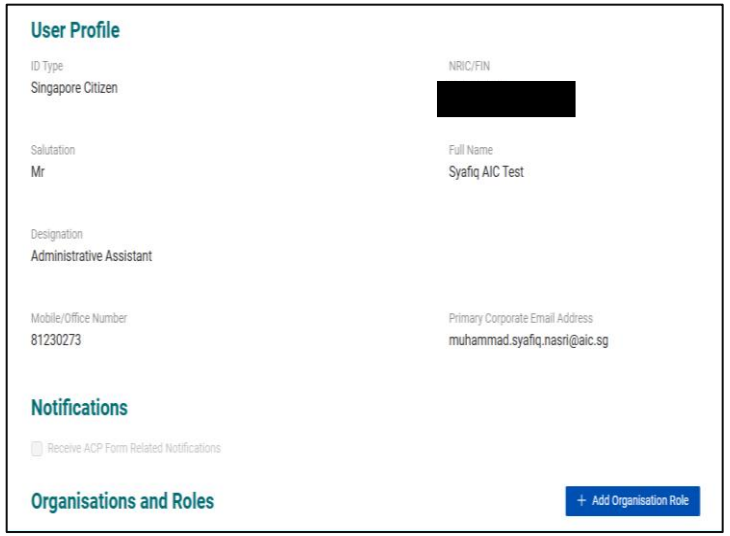




7. Upon successfully creating the request, wait up to 3 working days the approve of new role.

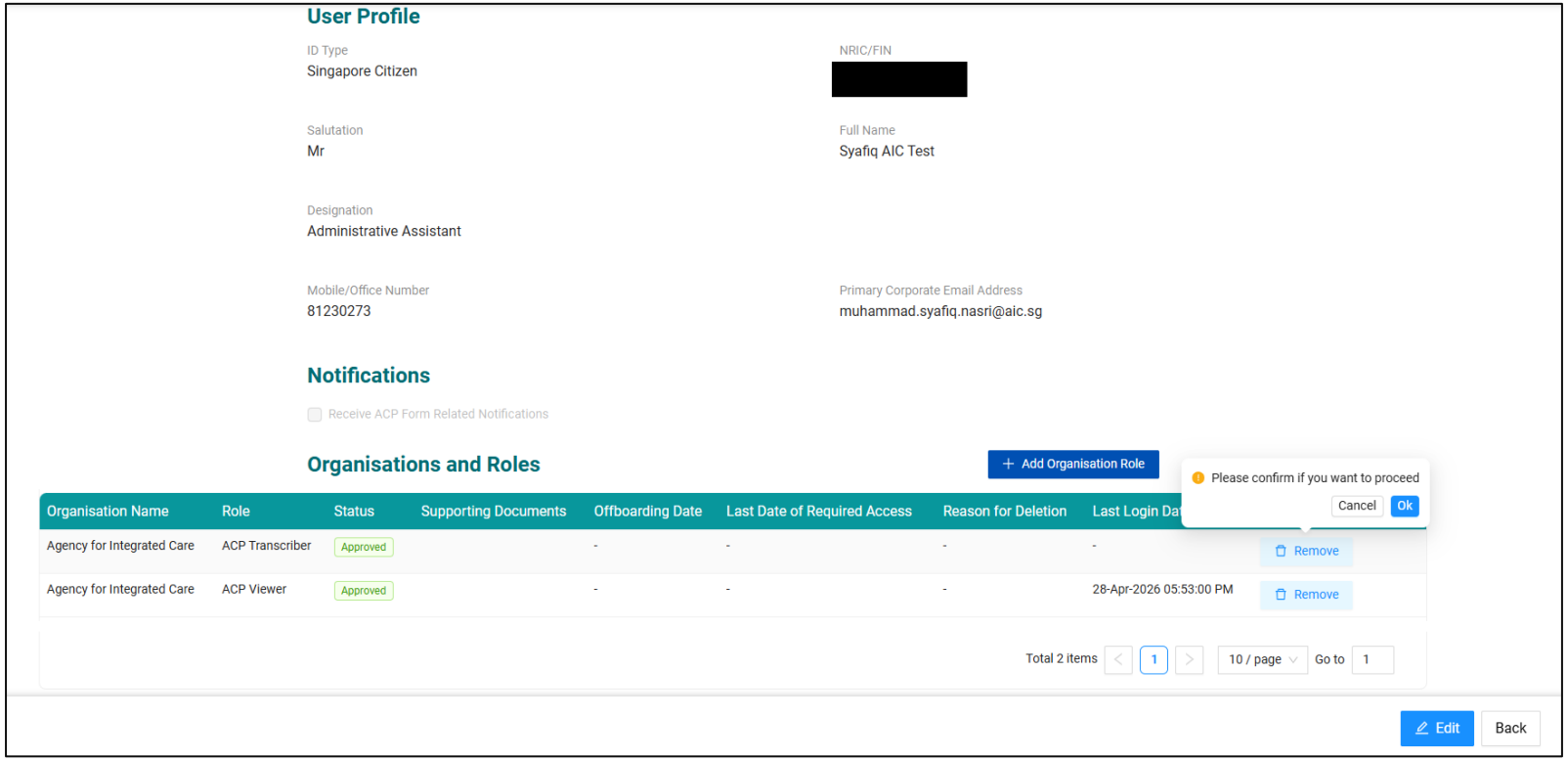
REMOVE OLDER ROLE





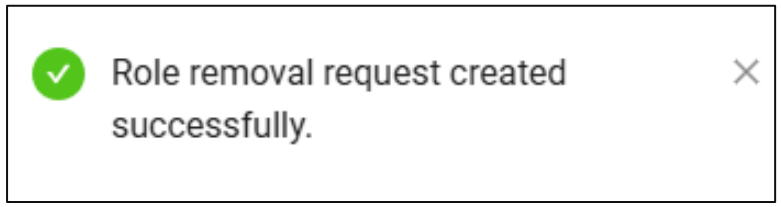
1. In the event of a change of role or leaving the organization altogether, you can remove your role on the ACPS via the login page.
2. Upon login, select “Update your Profile”.
3. It will bring you to the User Profile Page.

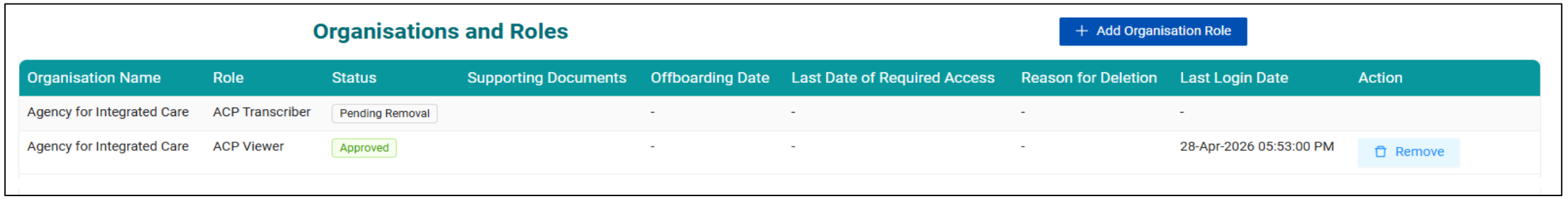
REMOVE OLDER ROLE



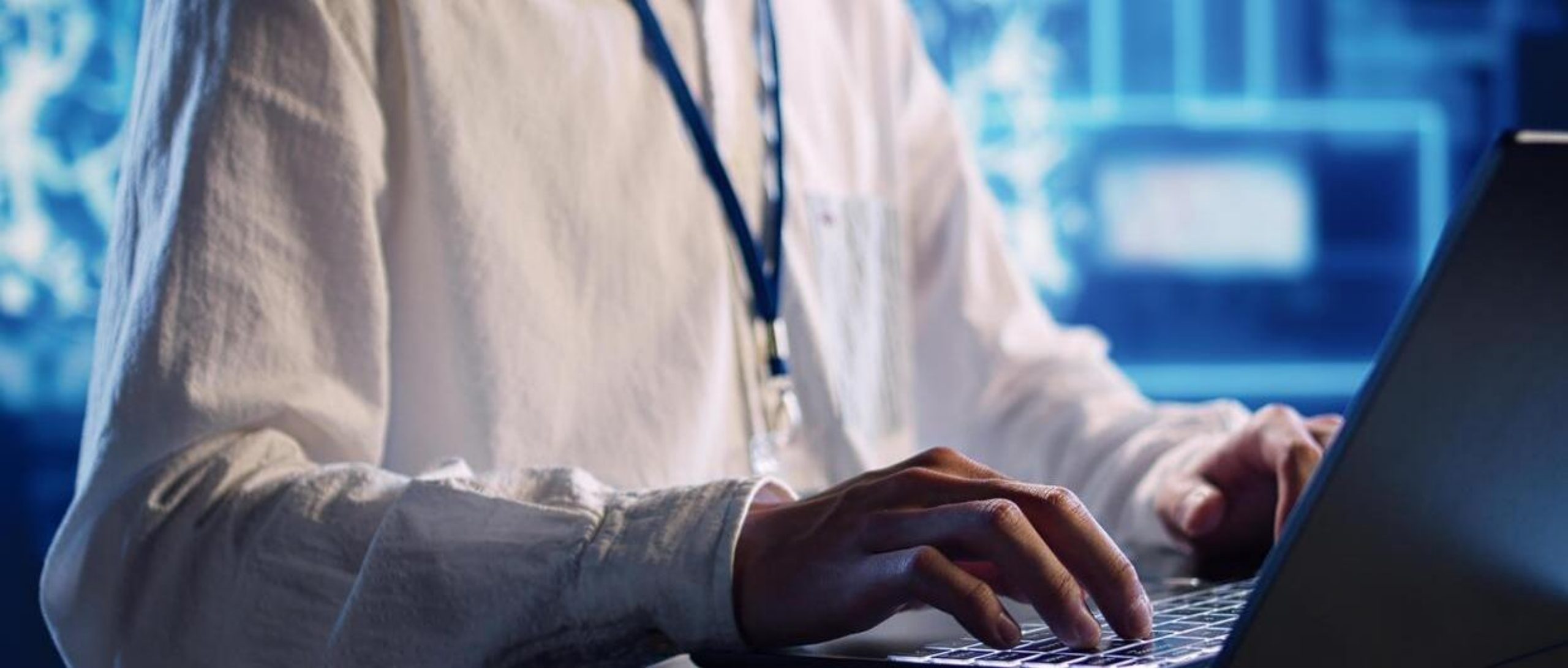
4. Proceed to “Remove” your old role and click “OK” to confirm its removal

REMOVE OLDER ROLE





5. The role removal requested will be routed to your Endorsing Officer for approval.



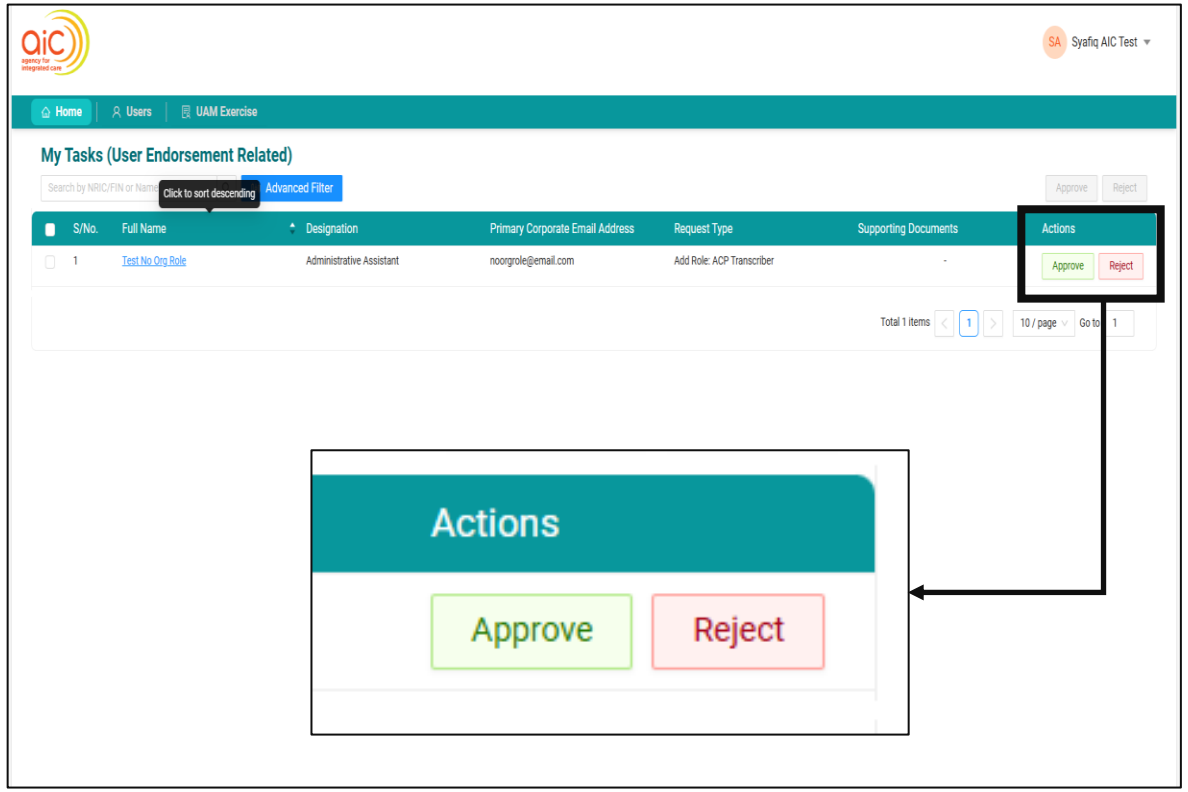
ENDORSING OFFICER FUNCTIONS

ENDORSING OFFICER ROLE

Role	Description	Recommended for
Endorsing Officer	The Endorsing Officer role is a critical one as it supports the organisation in managing its ACPS users and authenticating their need for system access. They will perform the following functions: 1. Approve and reject users' role requests in ACPS for their organisation. 2. Maintain the active user list and deactivate accounts within 5 working days when users have left the organisation or no longer authorised to access ACPS. 3. Undertake User Recertification Exercise as part of governance for users' accesses every 6 months.	As this role manages the governance of the organisation's users and is subject to audits, it is recommended that the officers appointed hold supervisory roles within the organisation. To be effective, the appointed officer should also be able to validate the assigned staff's need to access the system.

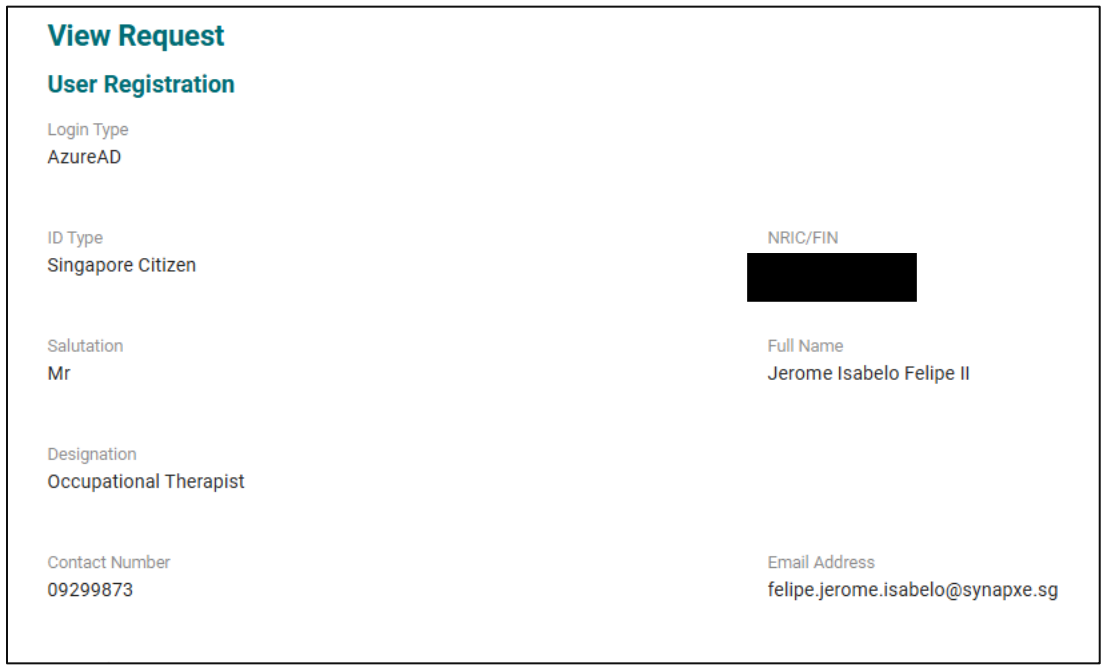
Note: Endorsing Officers must not approve their own access requests for non-Endorsing Officer roles *(Another Endorsing Officer must be appointed to endorse such requests).*

APPROVE/REJECT ACCESS REQUESTS

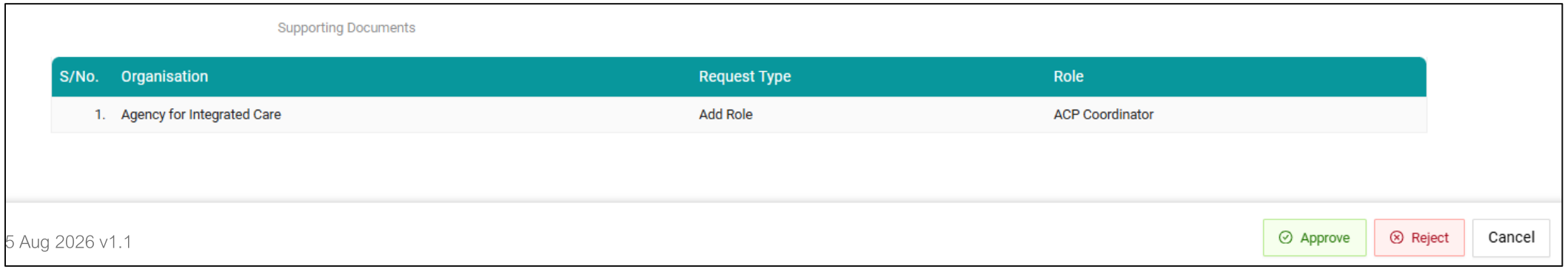


1. Log in to ACPS.
2. From the Home Page, navigate to My Tasks. This page lists all pending user requests for roles.
3. For each request, you can view:
    i. Staff name
    ii. Designation
    iii. Email address
    iv. Requested role
    v. “Approve” & “Reject”
4. Requests can be approved or rejected directly from the task list.

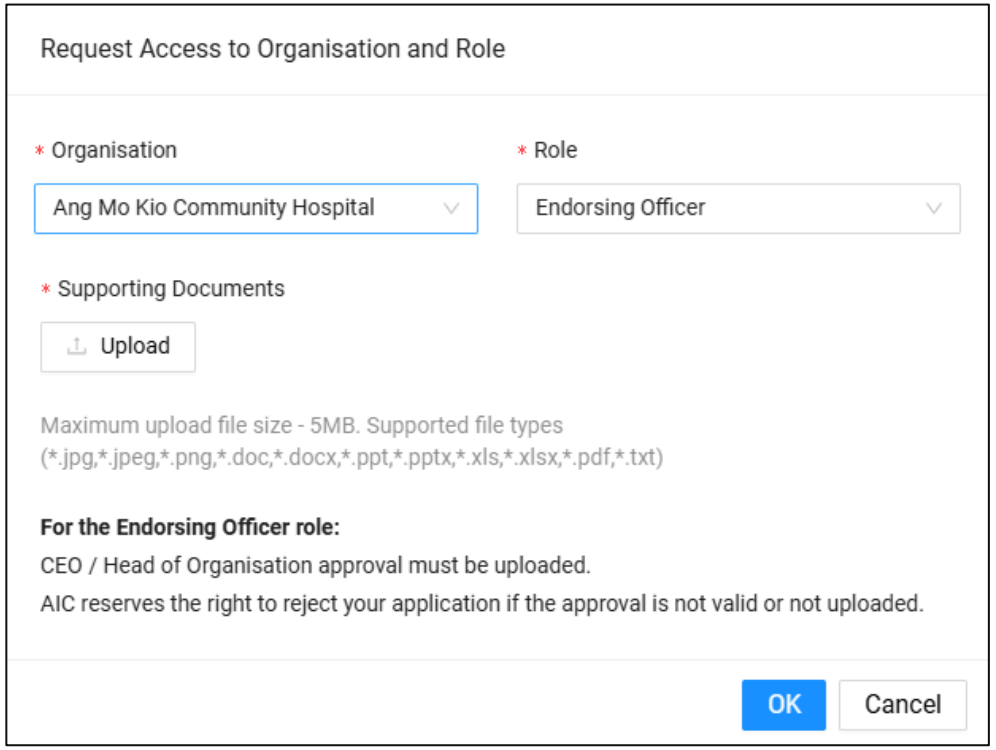
APPROVE/REJECT ACCESS REQUESTS



5. To view more details before approving or rejecting, select the users name.
6. If "Approve"
   i. A confirmation message will appear: *"Request approved successfully".*
   ii. User role will be granted automatically and are able to log into ACPS using the approved role.
   iii. Endorsing Officers have the responsibility to verify the roles are granted to the requestor correctly.
7. If "Reject", enter the reason for rejection.

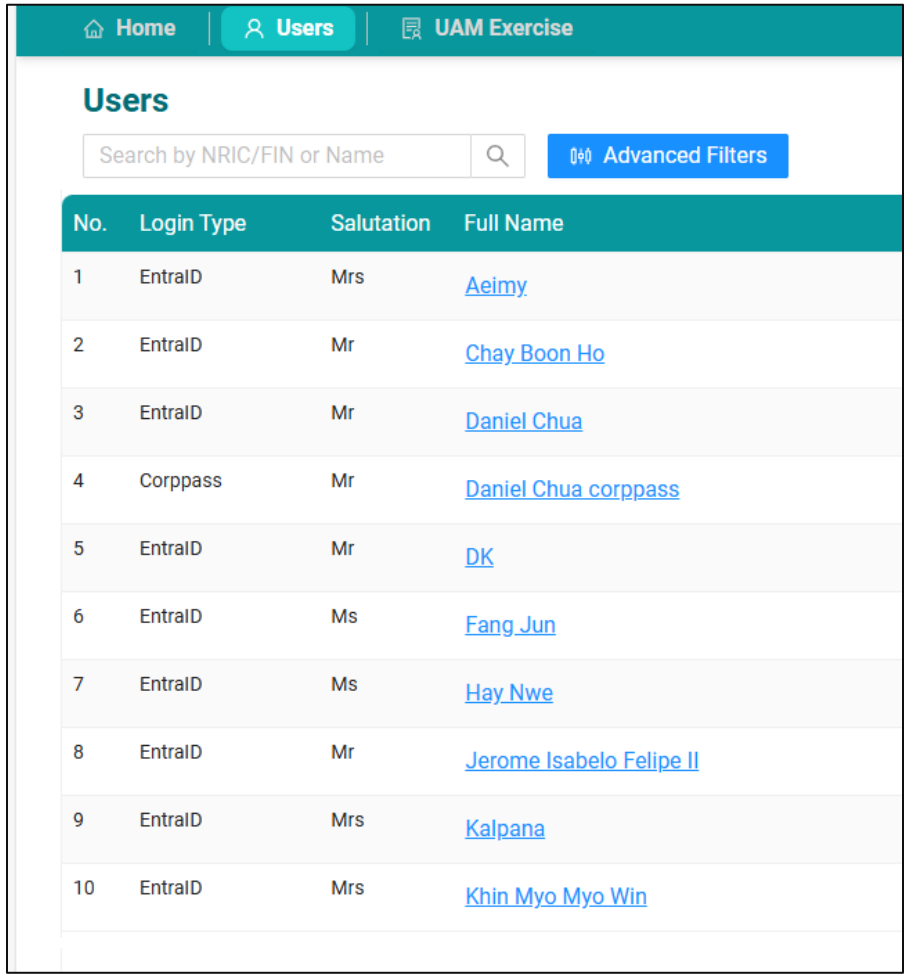


APPROVE/REJECT ACCESS REQUESTS (ENDORSING OFFICER)



8. For users applying for the Endorsing Officer role, they must have an approval from the CEO/Head of Organisation (which must be uploaded as a supporting document).

MAINTAIN USER LIST



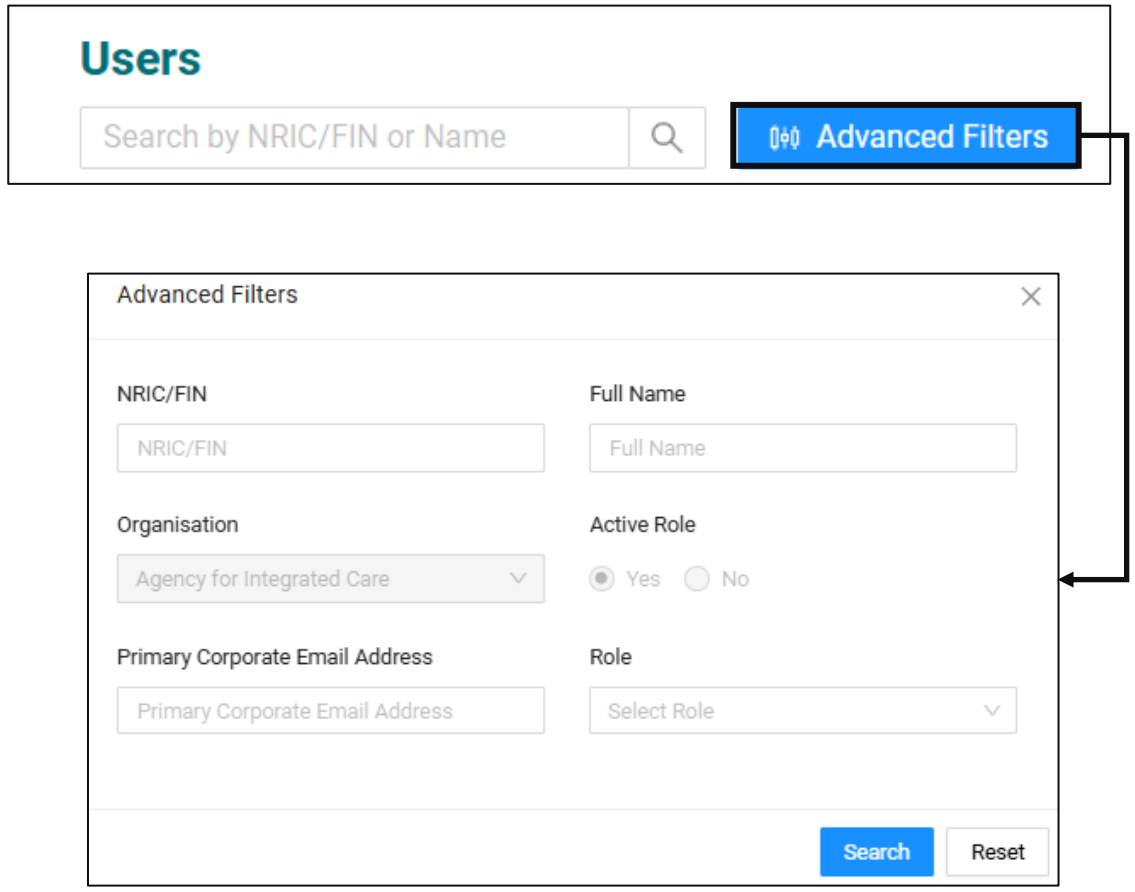
Purpose

- Endorsing Officers should delete roles for staff who no longer require them within 5 working days.
- This maintains accurate user access to safeguard patient confidentiality, ensure data security and meet governance requirements.

View User List

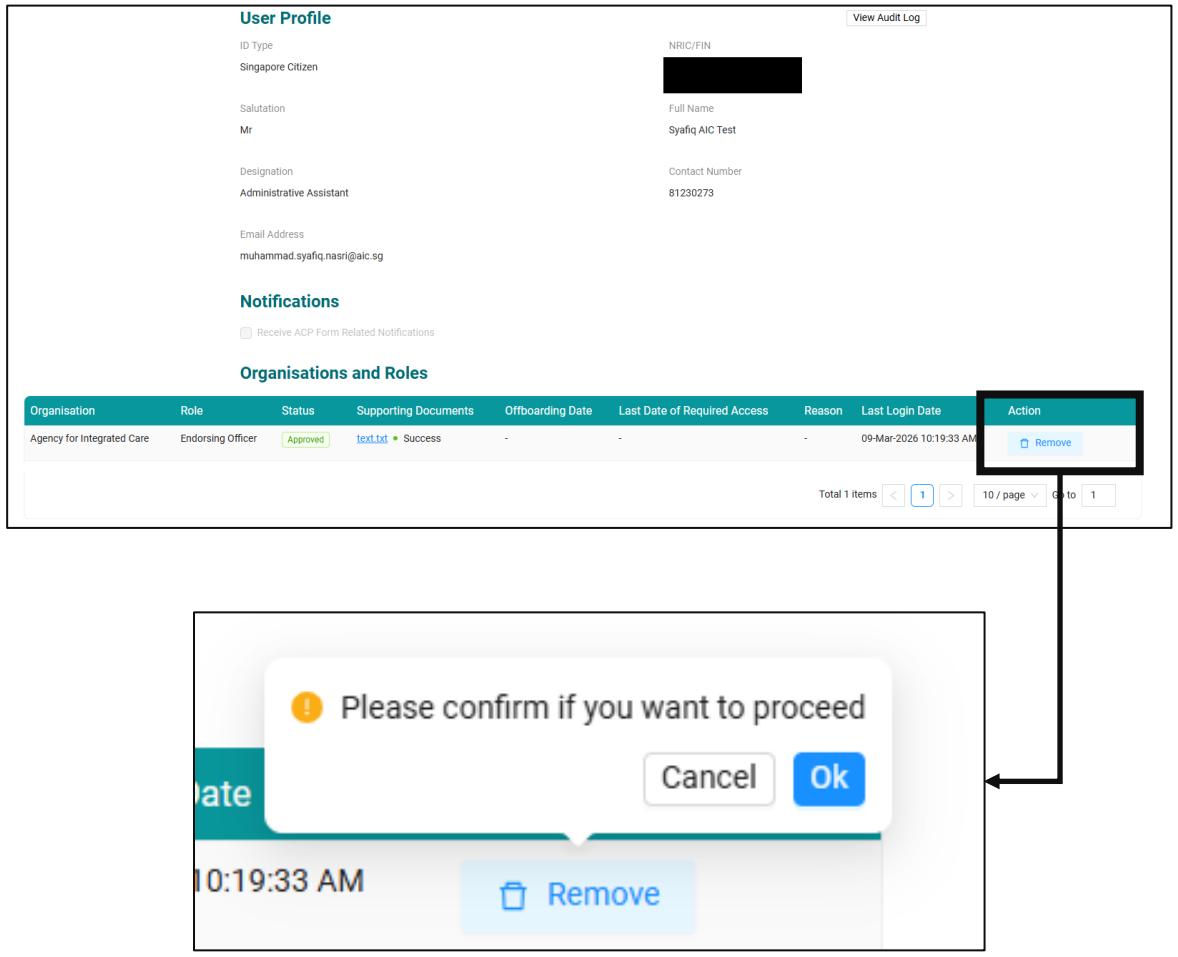
1. Log in to ACPS.
2. Navigate to the User tab. This page displays the full list of users in your organisation.

MAINTAIN USER LIST



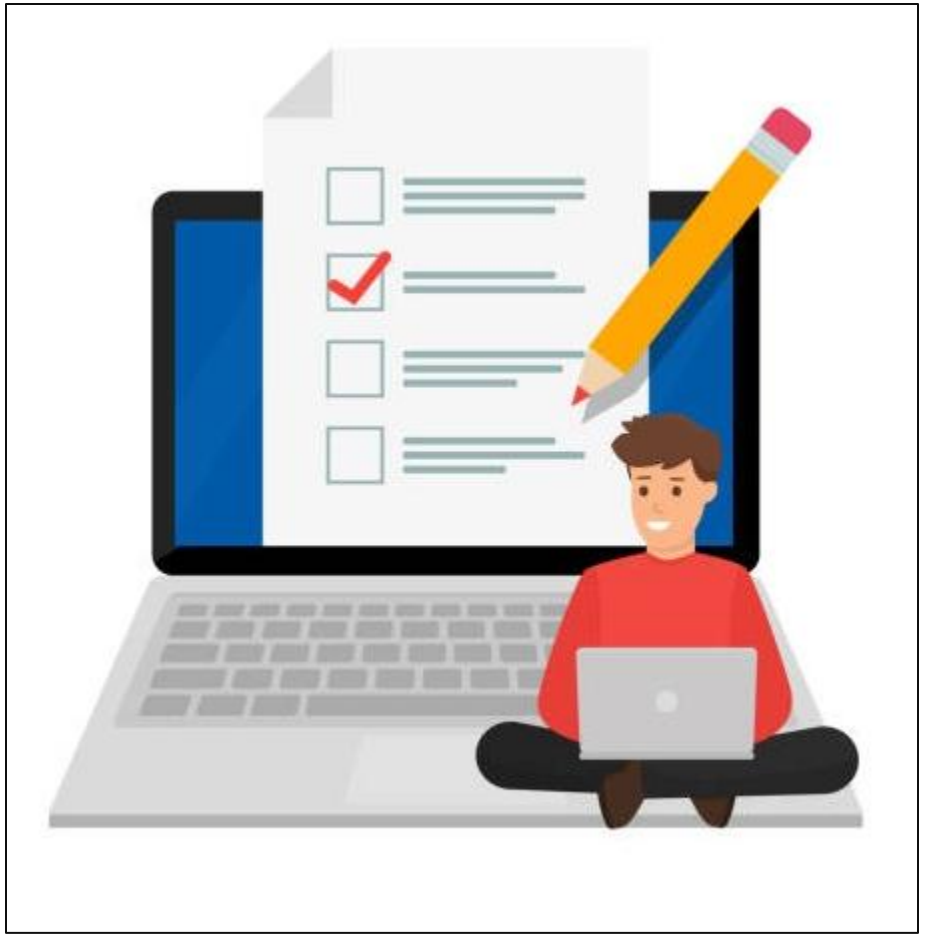
3. Search for users using NRIC/FIN or Name.
4. Use Advanced Filters to search by:
    i. Organisation
    ii. Email
    iii. Active role status
    iv. Role type

MAINTAIN USER LIST



5. Select the relevant user from the search results.
6. Review the user's current roles and access.
7. If the user has:
    i. Left the organization, or
    ii. No longer requires ACPS access.
8. Then:
    i. Click "Remove".
    ii. Select the reason for removal.
    iii. Enter the last date the user requires access.

USER ACCESS MANAGEMENT (UAM) EXERCISE



Purpose of the UAM Exercise

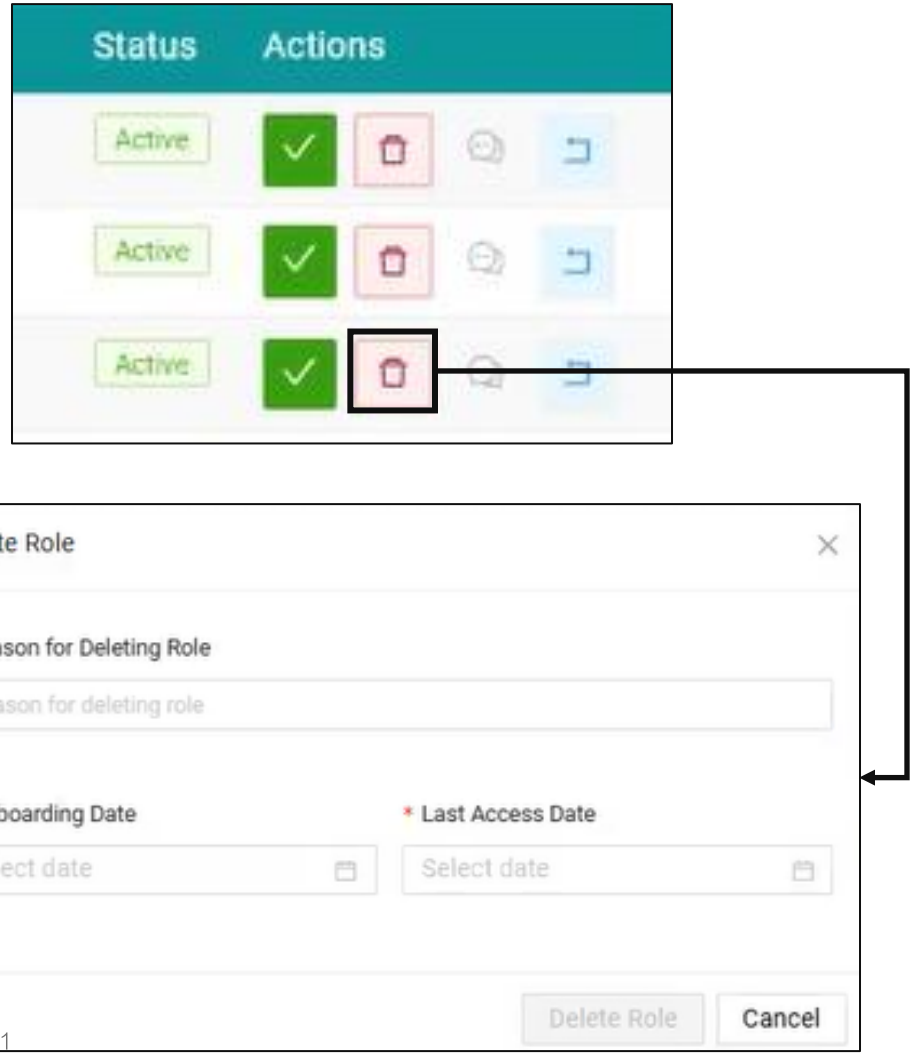
- Conducted twice a year, generally between Jul-Aug and Jan-Feb.
- Verify that staff are authorised to access the ACPS with the correct roles.
- In accordance with security and governance requirements.

USER ACCESS MANAGEMENT (UAM) EXERCISE



1. Navigate to the UAM Exercise tab and view:
    i. UAM Year and Cycle
    ii. Start and End Dates
    iii. UAM Status
2. The system will display a list of all active users in your organisations.

USER ACCESS MANAGEMENT (UAM) EXERCISE



3. For each user:

i. ✅ Green tick – Keep the user account and role.

ii. 🔄 Blue reverse icon – Undo the previous action.

iii. 🗑 Red bin – Remove the user or role.

   a. Enter the reason for removal, offboarding date and last access date.

iv. 💬 Blue speech bubble icon – View comments.

USER ACCESS MANAGEMENT (UAM) EXERCISE





4. Click Save to save your progress at any time.
5. Endorsing Officer must click “Submit UAM” to keep or remove users’ roles indicated else. Otherwise, all roles will be deleted after the stipulated UAM exercise deadline.
6. The UAM Exercise can only be submitted once all actions are completed.
7. You may:
    i. Search users by name or email.
    ii. Filter by completed or incomplete actions.



FACILITATOR/ COORDINATOR/ TRANSCRIBER FUNCTIONS

FACILITATOR ROLES

Role	Description	Recommended for
ACP Facilitator (General)	This General ACP Facilitator role is granted to trained ACP Facilitators who are certified to conduct General ACP for patients. This role allows users to have access to reports that contain patients' ACP information.	This role is recommended for professionals or clinicians who are directly involved in patient's care and certified to conduct General ACP.
ACP Facilitator (PPC)	This PPC Facilitator role is granted to trained ACP Facilitators who are certified to conduct Preferred Plan of Care (PPC) ACP for patients. This role allows users to have access to reports that contain patients' ACP information.	This role is recommended for professionals or clinicians who are directly involved in patient's care and certified to conduct Preferred Plan of Care (PPC) ACP.
ACP Facilitator (General and PPC)	ACP Facilitator role is granted to trained ACP Facilitators who are certified to conduct both types of ACP (General and PPC) for patients. This role allows users to have access to report that contain ACP information of all the patients whom they encounter.	This role is recommended for professionals or clinicians who are directly involved in patient's care and certified to conduct both types of ACP (General and PPC).

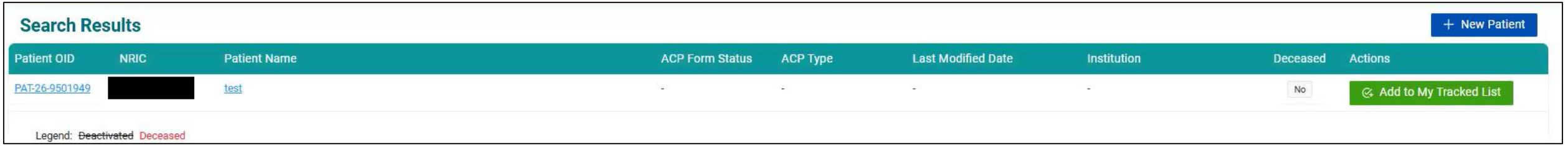
COORDINATOR AND TRANSCRIBER ROLES

Role	Description	Recommended for
ACP Coordinator	ACP Coordinator role is granted to trained ACP Facilitators who are certified to conduct both types of ACP (General and PPC) for patients. In addition, they hold a privileged role at the institutional level to withdraw forms (e.g. in the event of consent withdrawal) and access reports that contains ACP information of all the patients whom their institution encounters.	This role is recommended for ACP Team leads who are ACP practitioners and certified to conduct both types of ACP (General and PPC). They may also use the report function for programme development and reporting purposes.
ACP Transcriber	ACP Transcriber role is best suited for non-ACP facilitators who assist facilitators with drafting the ACP Form. The drafted form by 'ACP Transcriber' has to be reviewed and published by certified ACP facilitator. This role does not allow access to ACP information in report module.	This role is recommended for Admin Executives supporting ACP facilitators with form transcription.

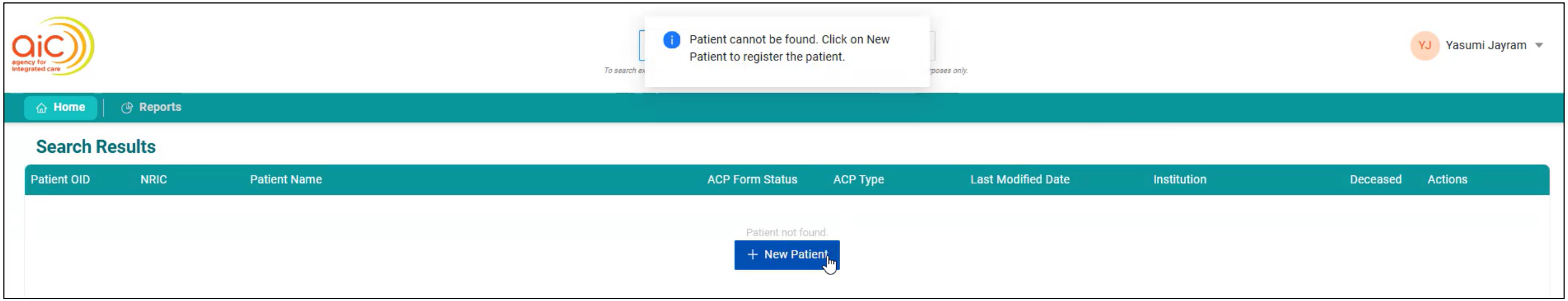
SEARCH PATIENT



1. Search for patient using NRIC/OID in the search bar.
    i. Users are strongly encouraged to use the OID, a unique identifier given to the patient, instead of NRIC/FIN when communicating with colleagues. This reduces the risk of data breaches and facilitates safe communication regarding ACP cases.
2. If the patient exists, the system will display the search results. Click on the patient name to view profile.

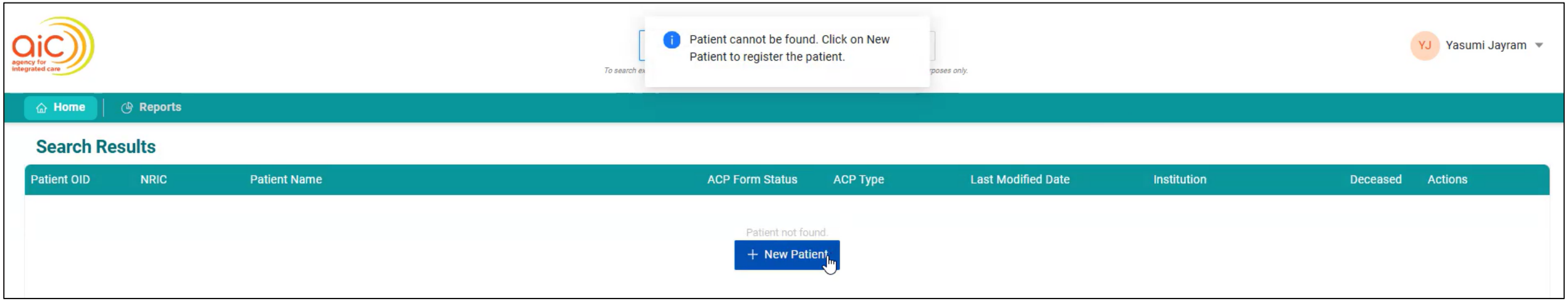


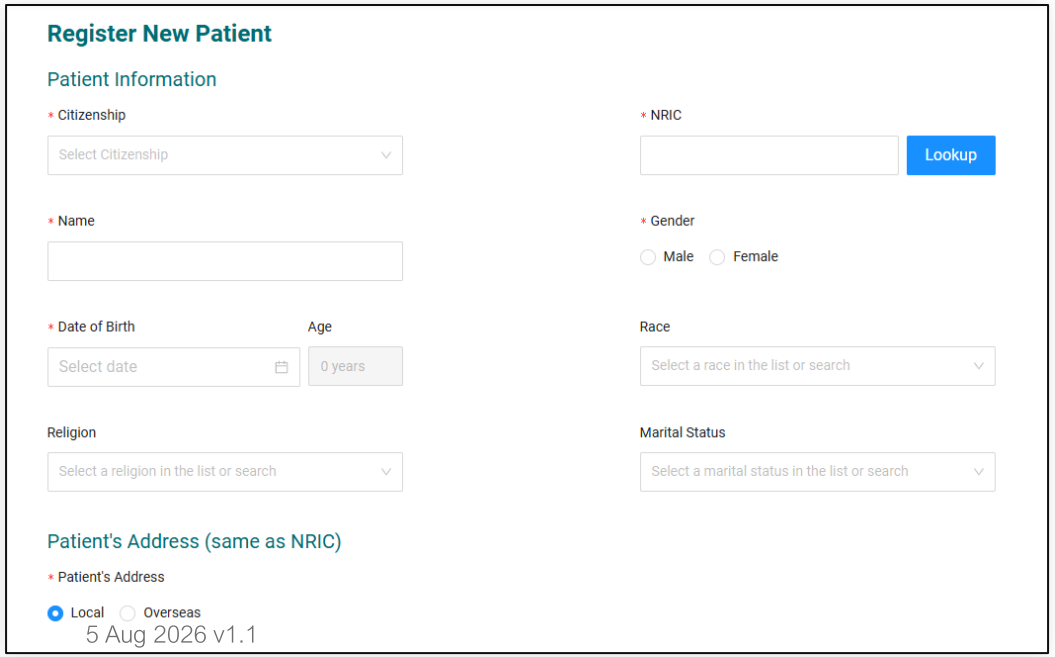
SEARCH PATIENT



3. If the patient does not exist, the system will display the following notification: “Patient cannot be found. Click New Patient to register the patient.”

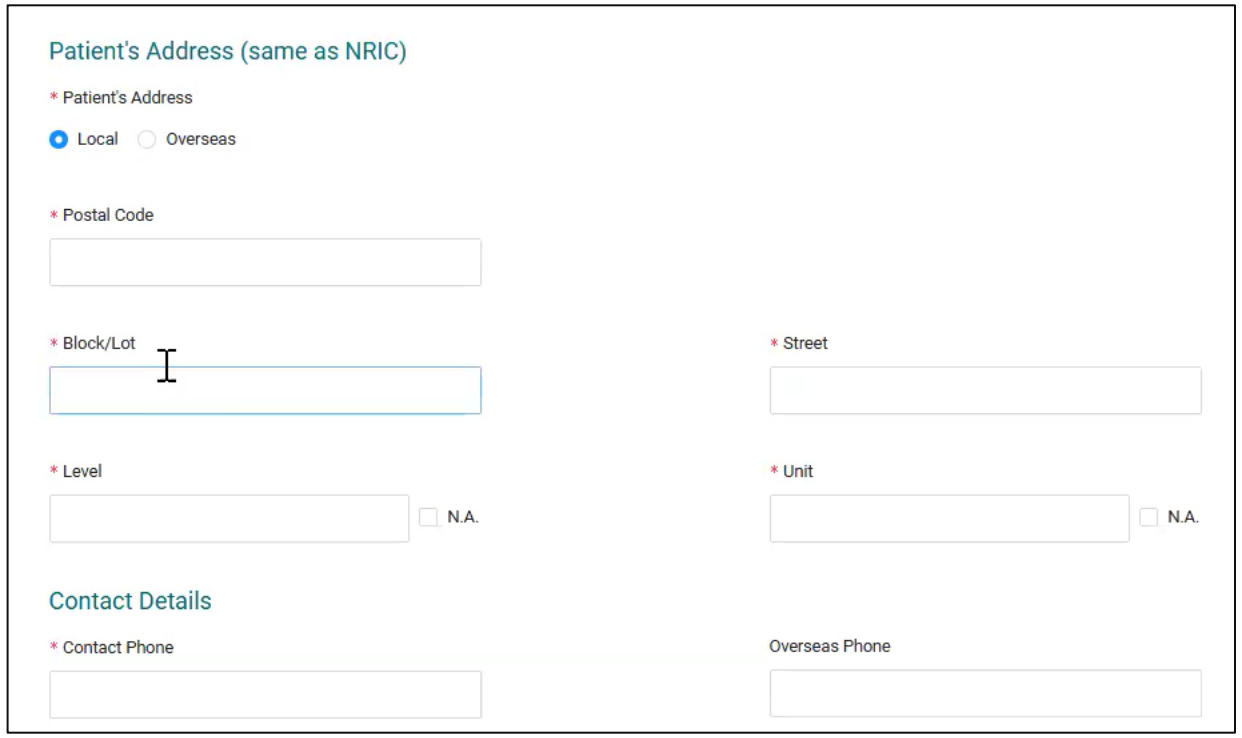
CREATE PATIENT





1. Select New Patient to access the Register New Patient form.
2. Select Citizenship.
3. Enter NRIC/FIN and Lookup.
    i. The system will check for existing records within the National Electronic Health Records (NEHR) System.
    ii. If the record exists, the details will be auto-populated.
    iii. If the record does not exist, manually register the patient.

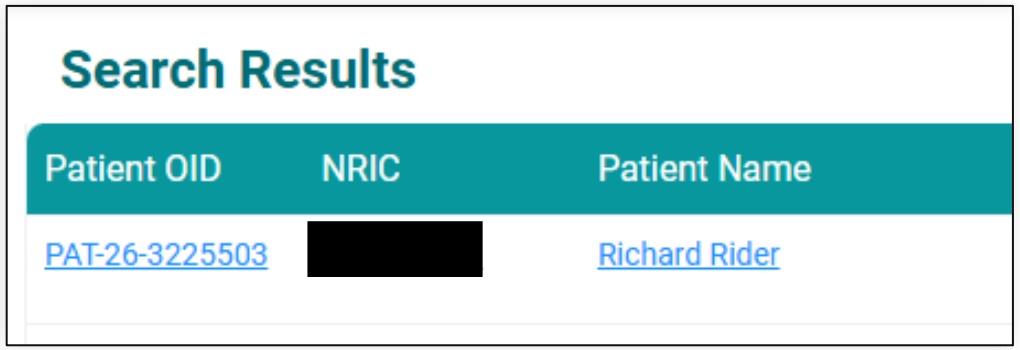
CREATE PATIENT





4. Complete the patient information, address details and contact information.
    i. The system now accommodates both local and overseas addresses.
5. Register Patient to create the patient record.

CREATE PATIENT





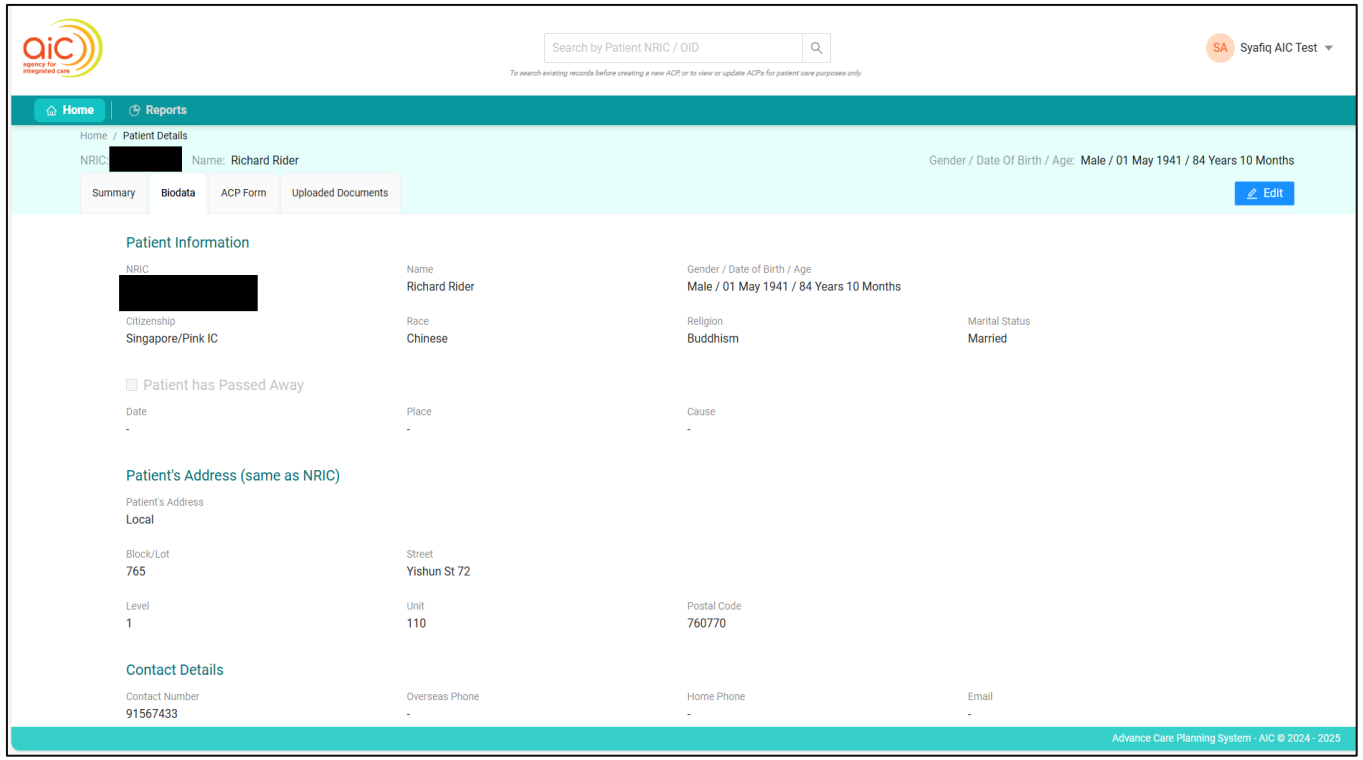
6. Upon successful registration, the patient can be found when searched.
7. A unique Object Identifier (OID) will be automatically generated for the patient.
    i. Users are strongly encouraged to use the OID, a unique identifier given to the patient, instead of NRIC/FIN when communicating with colleagues. This reduces the risk of data breaches and facilitates safe communication regarding ACP cases.
8. Click on the patient name to view profile.
9. You can view the patient details under “Bio-data”.

CREATE PATIENT



10. If the patient has passed away, users may update the Bio-data section.
    i. Only Institutional Administrators and ACP Coordinators can deactivate a patient.
    ii. Refer to the Administrative Edits section for more details.
11. Do note the following:
    i. Once a patient is marked as Deceased, all ACP forms and supporting documents associated with the patient will be permanently deleted from the system.
    ii. Reverting the status from Deceased to Alive will not restore any deleted ACP records.
    iii. Users must therefore exercise due diligence and verify all information before marking a patient as deceased.

ADMINISTRATIVE EDITS TO PATIENT BIO-DATA



Overview

- Administrative Edits allows users, based on their access rights and across all organisations, to update a patient's bio-data. This allows rectification of data entry errors and repushing any existing published ACP to NEHR.
- No time restriction applies to making administrative edits.
- Users are able to update all fields in a patient's bio-data except their NRIC.
- Should user wish to change the patient's NRIC/FIN, user must deactivate the patient and create a new patient. Only Institutional Administrators and ACP Coordinators can deactivate a patient.

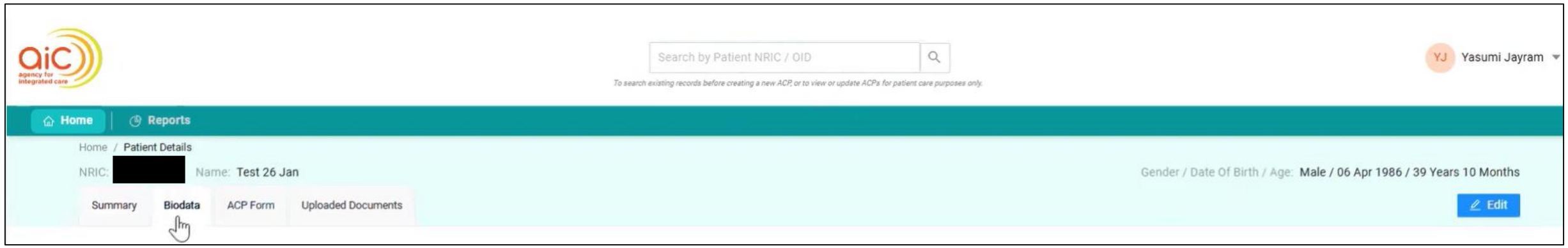
Note: Administrative edits to patient's bio-data will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

ADMINISTRATIVE EDITS TO PATIENT BIO-DATA

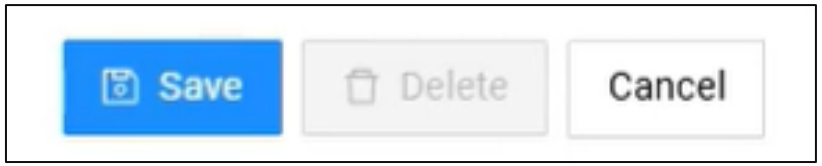
S/N	Scenario	Follow-up
1	• Facilitator A from Organisation M creates Patient X in ACPS. • Coordinator B from Organisation M finds an error in Patient X Date of Birth.	User from same organisation can update patient's bio-data → Coordinator B can make an admin edit to Patient X Date of Birth.
2	• Facilitator A from Organisation M creates Patient X in ACPS. • Transcriber C from Organisation N finds an error in Patient X Address.	User from another organisation can update patient's bio-data → Transcriber C can make an admin edit to Patient X Address.
3	• Facilitator A from Organisation M creates Patient X in ACPS on 1 Jan 2026. • Patient X informs Coordinator B from Organisation M that contact details are updated on 3 Mar 2028.	User can update patient's bio-data at any time → Coordinator B can make an admin edit to Patient X Contact Details.

Note: Administrative edits to patient's bio-data will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

ADMINISTRATIVE EDITS TO PATIENT BIO-DATA

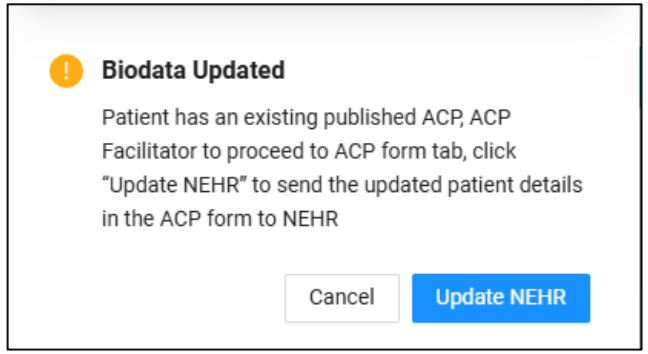


1. Search for patient using NRIC/OID in the search bar.
2. Click on the patient name to view profile.
3. Select “Bio-data”.
4. Click “Edit” and make the necessary changes.
5. Save changes after editing.



Note: Administrative edits to patient’s bio-data will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

ADMINISTRATIVE EDITS TO PATIENT BIO-DATA





6. If the patient has an existing ACP form, a pop-up will prompt whether to update NEHR. Users should update NEHR for the following instances:
   i. When bio-data entry errors are rectified and/or
   ii. When patient requests for updated bio-data details to be reflected in the latest published ACP in NEHR.
7. Select "Update NEHR". User will be redirected to the ACP Form.
   i. ACP Facilitators can select "Update NEHR" and the updated pdf ACP form will be sent to NEHR.
   ii. Institutional Administrators will need to ask a Facilitator to repush to NEHR.
   iii. Transcribers will need to assign the form to a Facilitator to repush to NEHR.

Note: Administrative edits to patient's bio-data will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

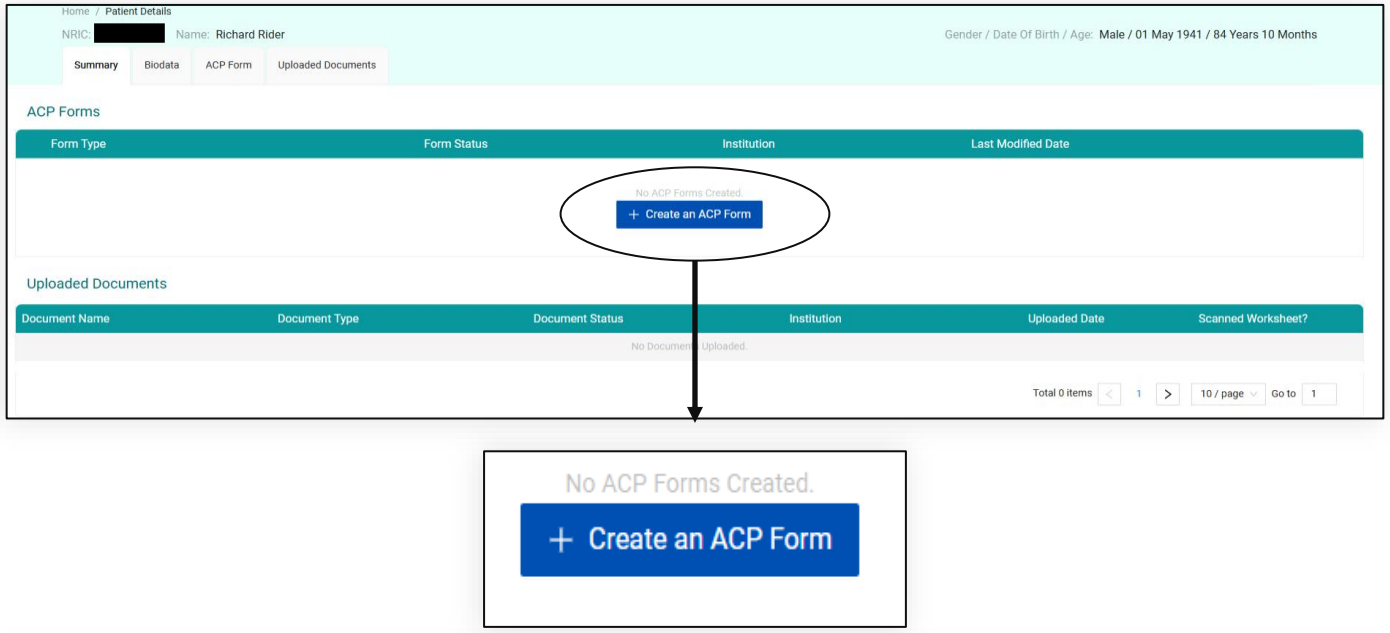
ADMINISTRATIVE EDITS TO PATIENT BIO-DATA

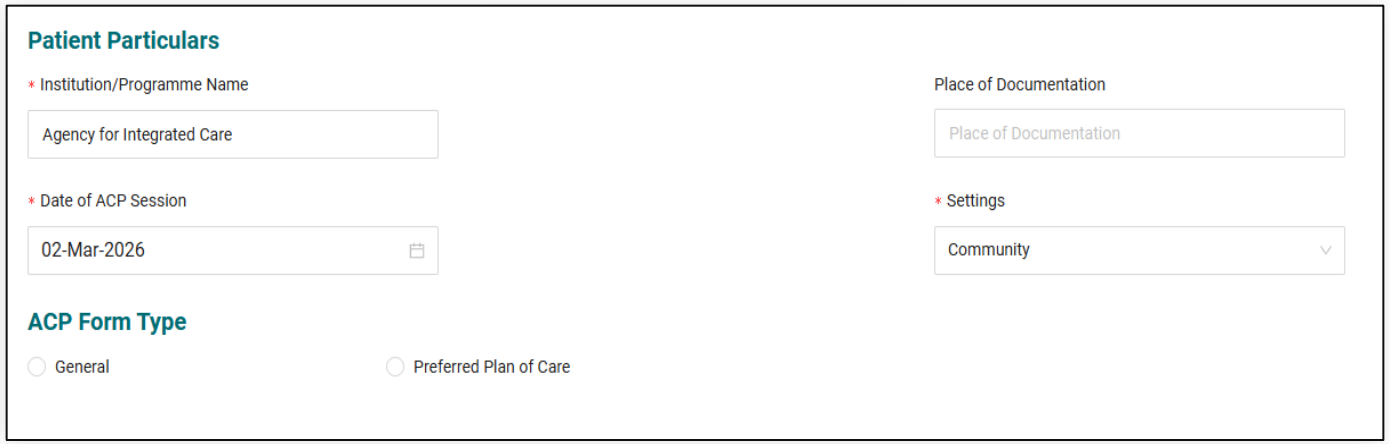


11. If the patient has passed away, users may update the Bio-data section. Do note the following:
    i. Once a patient is marked as Deceased, all ACP forms and supporting documents associated with the patient will be permanently deleted from the system.
    ii. Reverting the status from Deceased to Alive will not restore any deleted ACP records.
    iii. Users must therefore exercise due diligence and verify all information before marking a patient as deceased.
12. Only Institutional Administrators and ACP Coordinators can deactivate a patient.

Note: Administrative edits to patient's bio-data will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

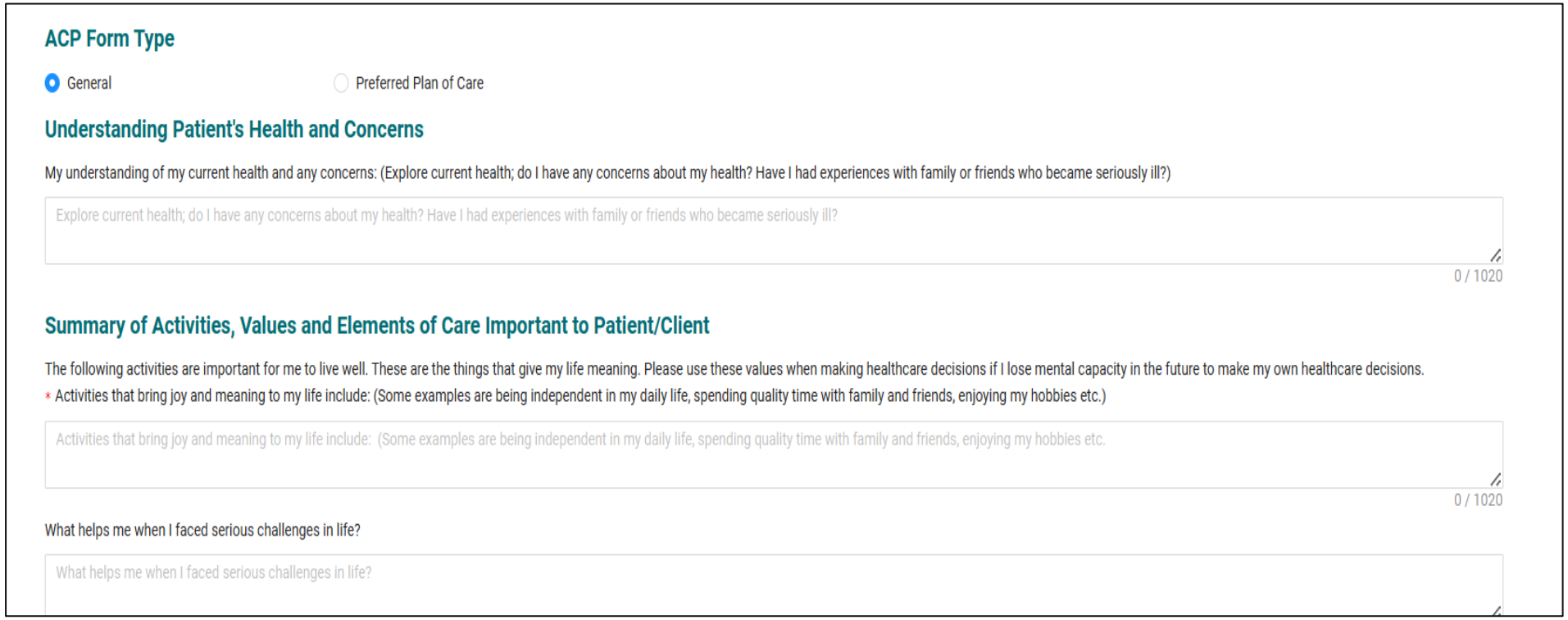
CREATE GENERAL ACP FORM





1. Search for patient using NRIC/OID in the search bar.
2. Click on the patient name to view profile.
3. Select the ACP Form tab.
4. Select “Create an ACP Form”.
5. Institution Name is auto-populated based on the organisation selected during login. Please ensure you are publishing the ACP from the correct organisation.
    i. You may include the programme name in the Place of Documentation Field
6. Complete the other details.
7. Select “General” ACP Form.

CREATE GENERAL ACP FORM



ACP Form Type

(•) General ( ) Preferred Plan of Care

Understanding Patient's Health and Concerns

My understanding of my current health and any concerns: (Explore current health; do I have any concerns about my health? Have I had experiences with family or friends who became seriously ill?)

Explore current health; do I have any concerns about my health? Have I had experiences with family or friends who became seriously ill?

0 / 1020

Summary of Activities, Values and Elements of Care Important to Patient/Client

The following activities are important for me to live well. These are the things that give my life meaning. Please use these values when making healthcare decisions if I lose mental capacity in the future to make my own healthcare decisions.

* Activities that bring joy and meaning to my life include: (Some examples are being independent in my daily life, spending quality time with family and friends, enjoying my hobbies etc.)

Activities that bring joy and meaning to my life include: (Some examples are being independent in my daily life, spending quality time with family and friends, enjoying my hobbies etc.

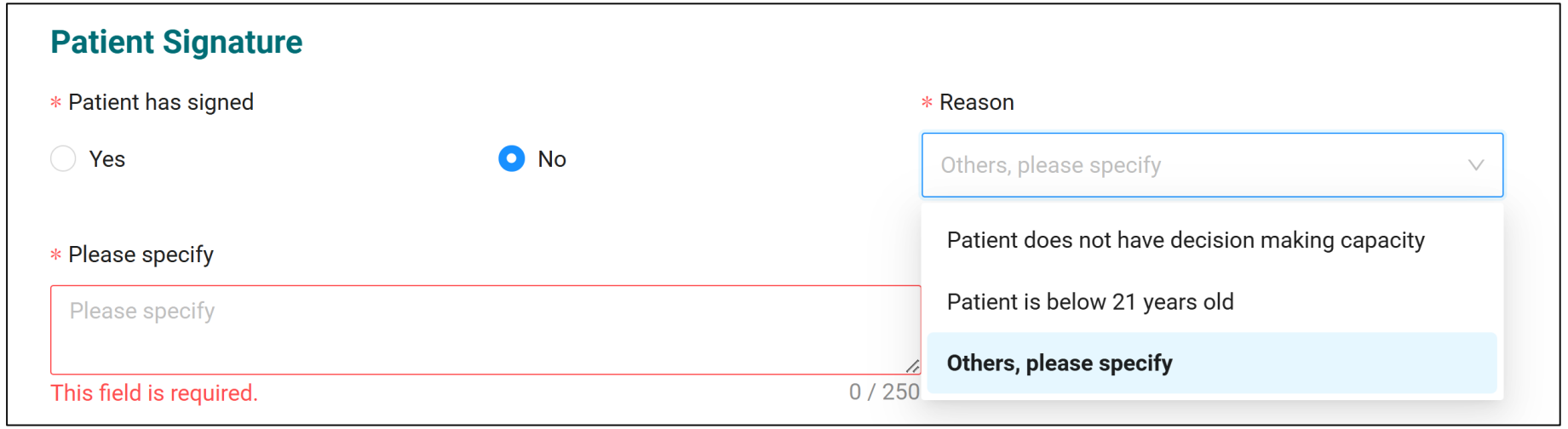
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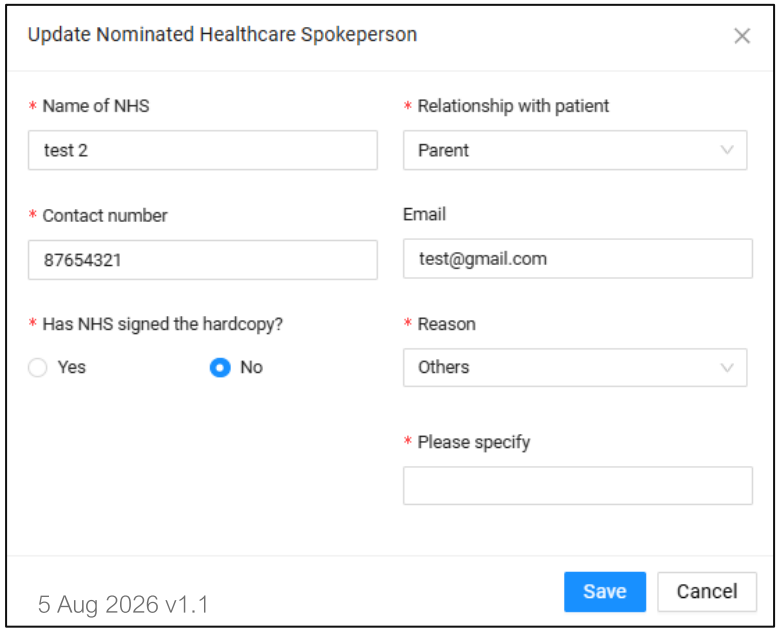
What helps me when I faced serious challenges in life?

What helps me when I faced serious challenges in life?

8. Complete the form based on the ACP conversation with the patient.
9. The mandatory sections are marked with a red asterisks (*).

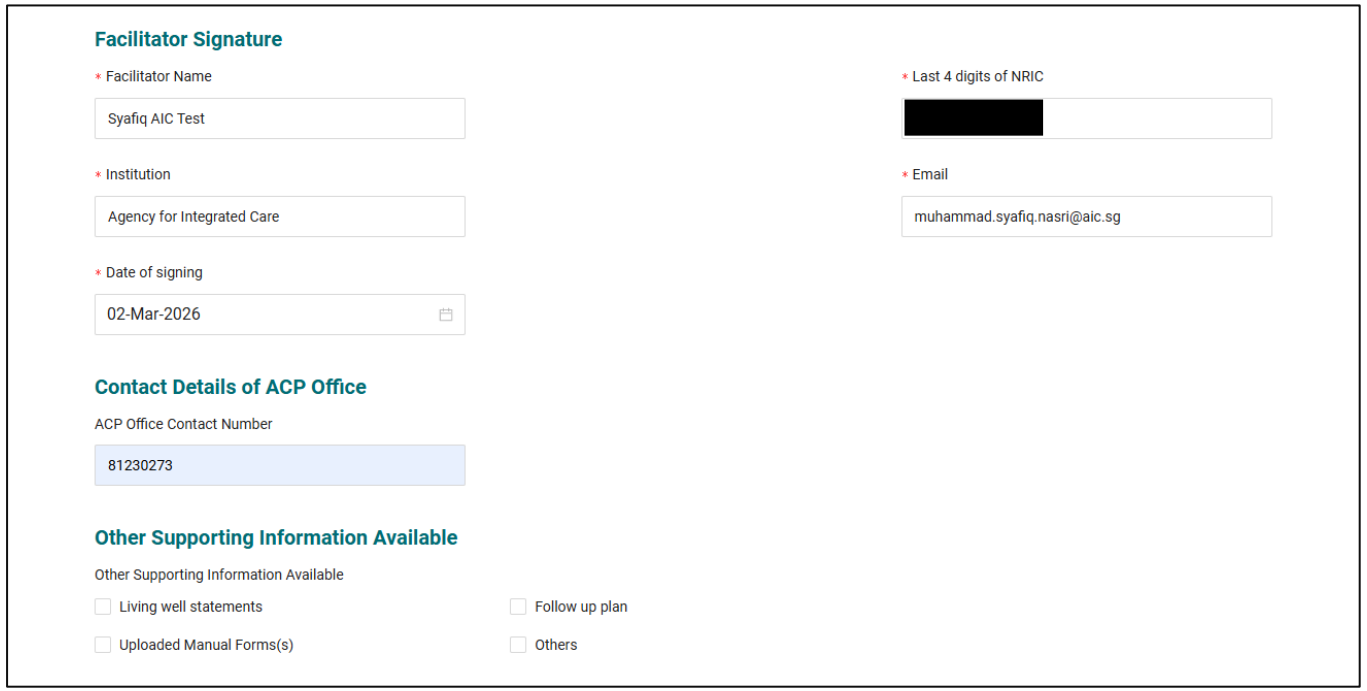
CREATE GENERAL ACP FORM





10. Please collect patient and NHS signatures before publishing the form. If their signatures are not collected, indicate the reason.
11. You are unable to make administrative edits to add a patient or NHS signature.

CREATE GENERAL ACP FORM



12. Facilitator details are auto-populated.
13. Enter the date of signing.
14. Indicate if there are any supporting documents. Please note that all supporting documents are only viewable within ACPS.

CREATE GENERAL ACP FORM

15. There are checkboxes to make the following declarations:

S/N	Scenario	Declaration
1	Patient and/or NHS Signature Collected	☐ To note: Facilitator must collect signatures on hardcopy form and upload the scanned document in ACP IT System.
2	No Patient and/or NHS Signature Collected	☐ I declare: (i) ACP is done with Patient and/or NHS and aligns with Patient's known desires and best interest. (ii) Patient and/or NHS have been informed of, and have consented to, the collection, use and/or disclosure of their personal data for purposes stated in the PDPA section of this form.

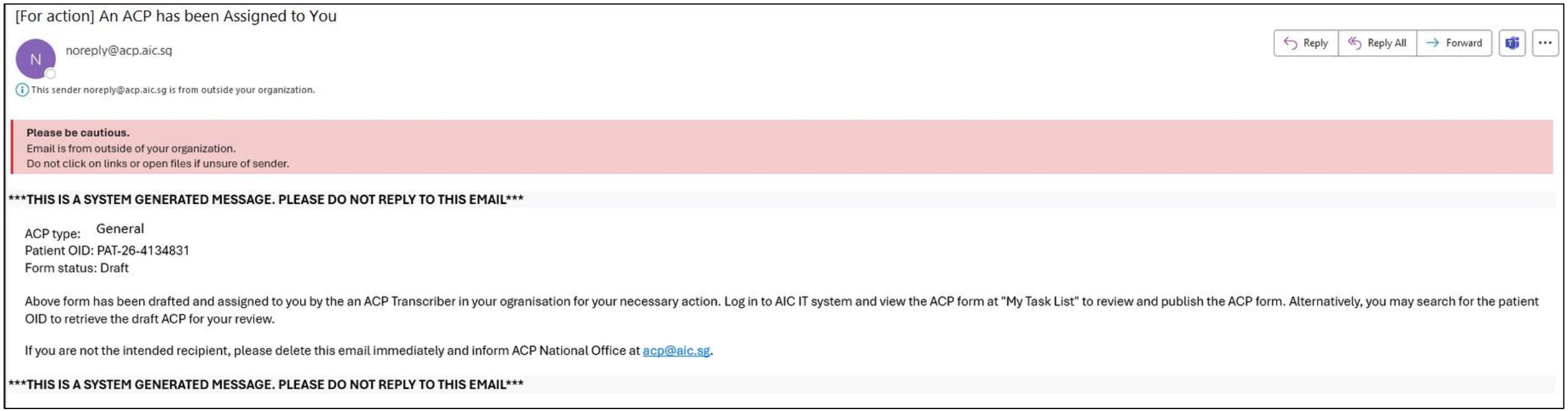
16. Save the form as Draft if needed.
17. Preview the form to generate a PDF copy, which you can download and share with the patient/NHS to collect their signatures.



CREATE GENERAL ACP FORM



18. Transcribers must assign the form to a facilitator/coordinator in their organisation to publish the ACP.
19. Facilitators will receive an email notification that the form has been assigned to them.
20. Facilitators can search for the patient using the patient OID and it will also appear in their task list.



[For action] An ACP has been Assigned to You

N noreply@acp.aic.sg

Reply | Reply All | Forward

This sender noreply@acp.aic.sg is from outside your organization.

Please be cautious.
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*****THIS IS A SYSTEM GENERATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL*****

ACP type: General
Patient OID: PAT-26-4134831
Form status: Draft

Above form has been drafted and assigned to you by the an ACP Transcriber in your ogranisation for your necessary action. Log in to AIC IT system and view the ACP form at "My Task List" to review and publish the ACP form. Alternatively, you may search for the patient OID to retrieve the draft ACP for your review.

If you are not the intended recipient, please delete this email immediately and inform ACP National Office at acp@aic.sg.

*****THIS IS A SYSTEM GENERATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL*****

CREATE GENERAL ACP FORM

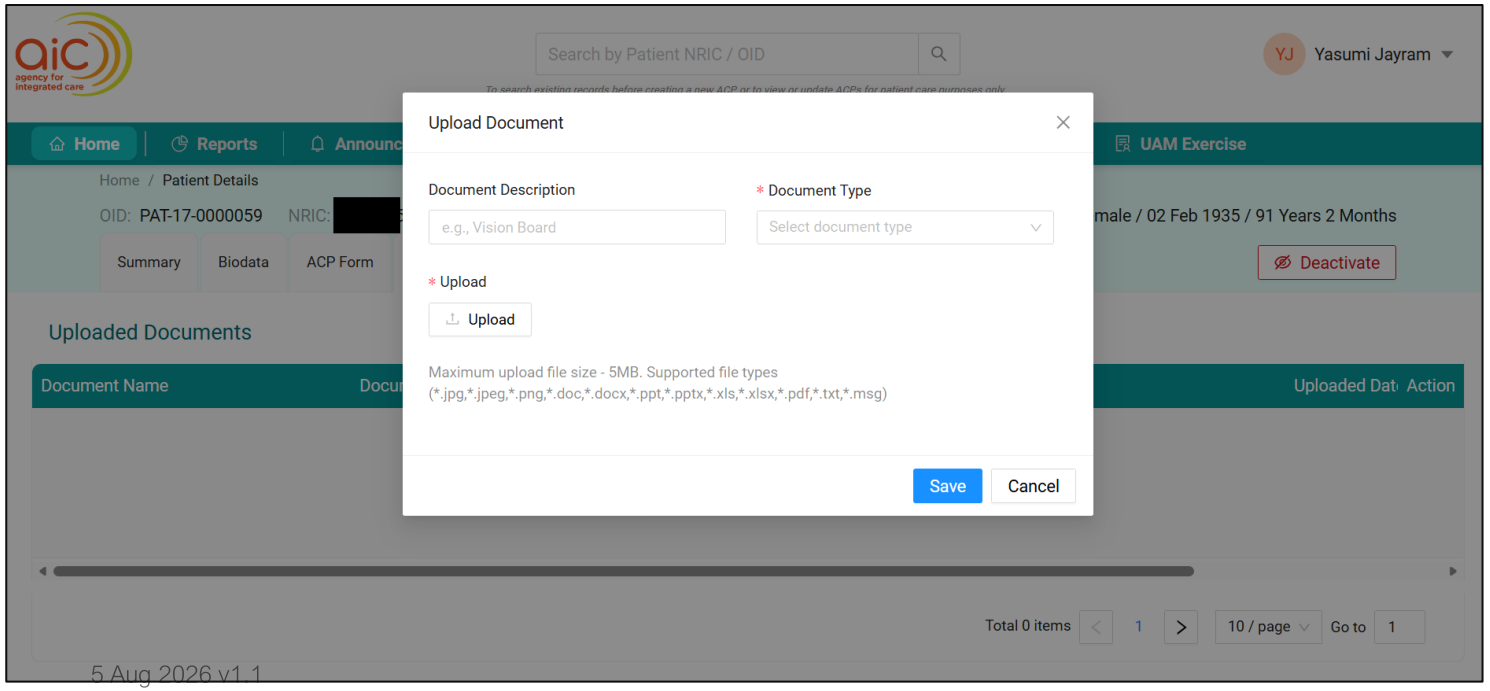
21. The published ACP form is viewable by healthcare professionals via the National Electronic Health Records (NEHR) System and Members of Public via MyLegacy.

Guides	PDF Attachment
Step-by-Step ACP Retrieval from My Legacy Vault	Step-by-Step ACP trieval from My Leg
Step-by-step guide on sharing ACP with a Trusted Persons	Step-by-step e on sharing ACP v
Step-by-step guide on viewing ACP as Trusted Person(s)	Step-by-step e on viewing ACP a

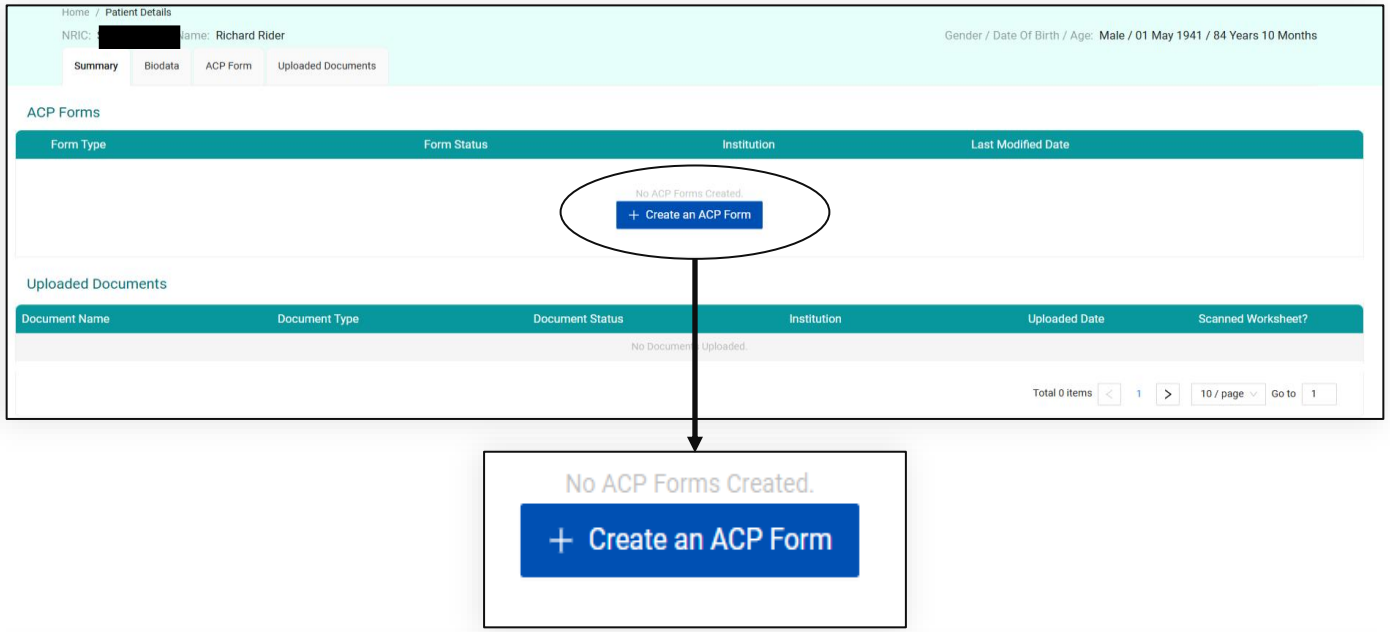
CREATE GENERAL ACP FORM

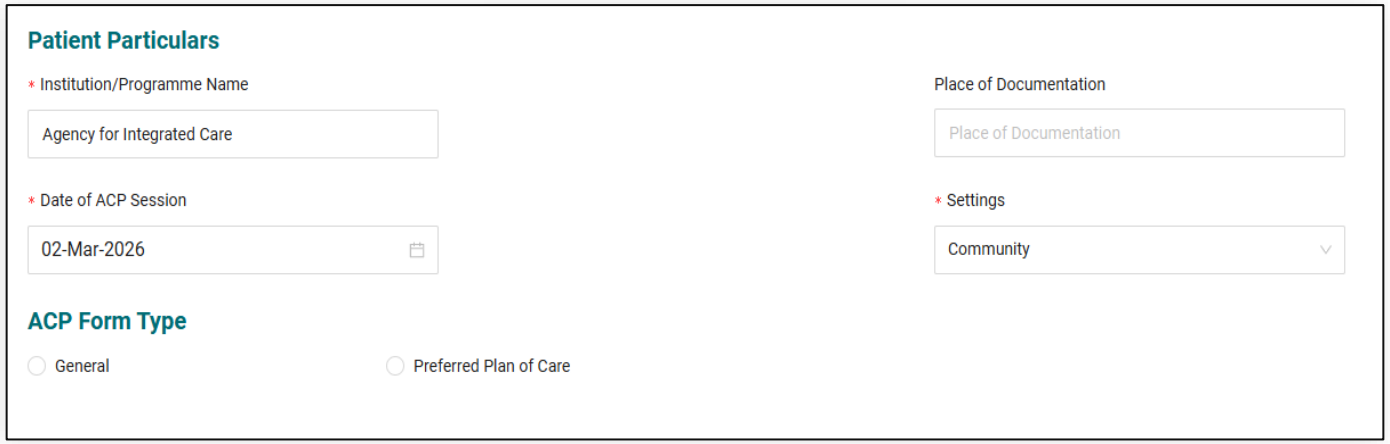
22. To upload supporting documents, click on the “Uploaded Documents” Tab.





CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM





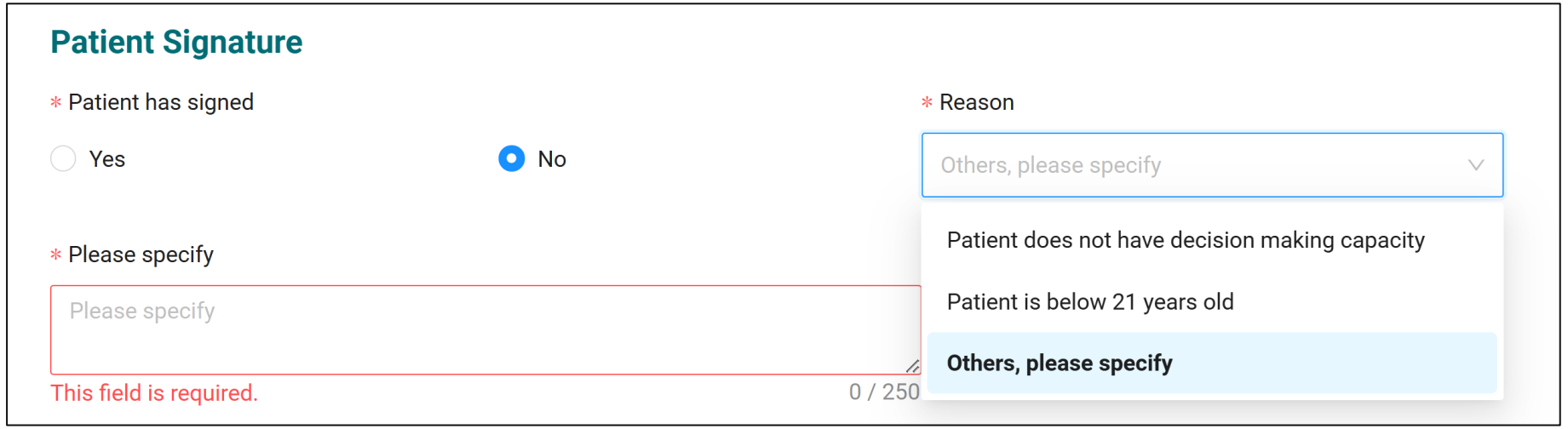
1. Search for patient using NRIC/OID in the search bar.
2. Click on the patient name to view profile.
3. Select the ACP Form tab.
4. Select “Create an ACP Form”.
5. Institution Name is auto-populated based on the organisation selected during login. Please ensure you are publishing the ACP from the correct organisation.
    i. You may include the programme name in the Place of Documentation Field
6. Complete the other details.
7. Select “Preferred Plan of Care” ACP Form.

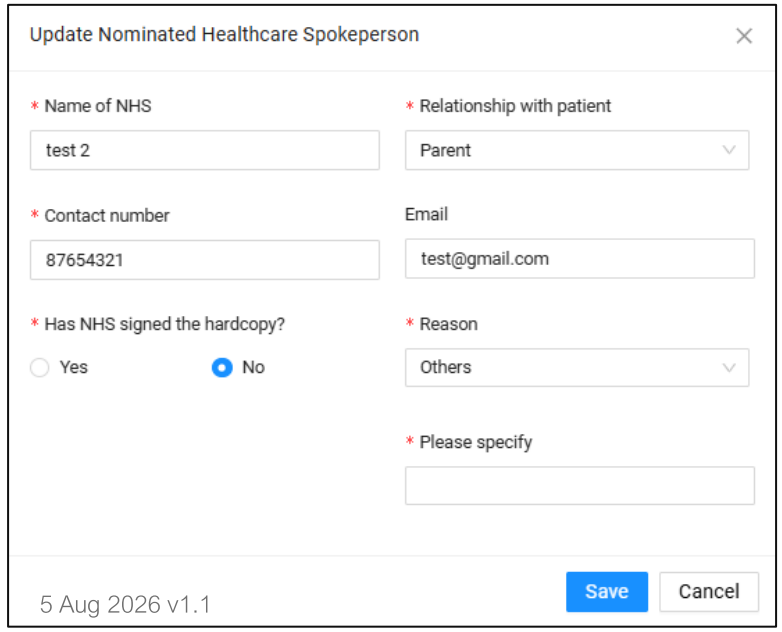
CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM



8. Complete the form based on your conversation with the patient.
9. The mandatory sections are marked with a red asterisks (*).

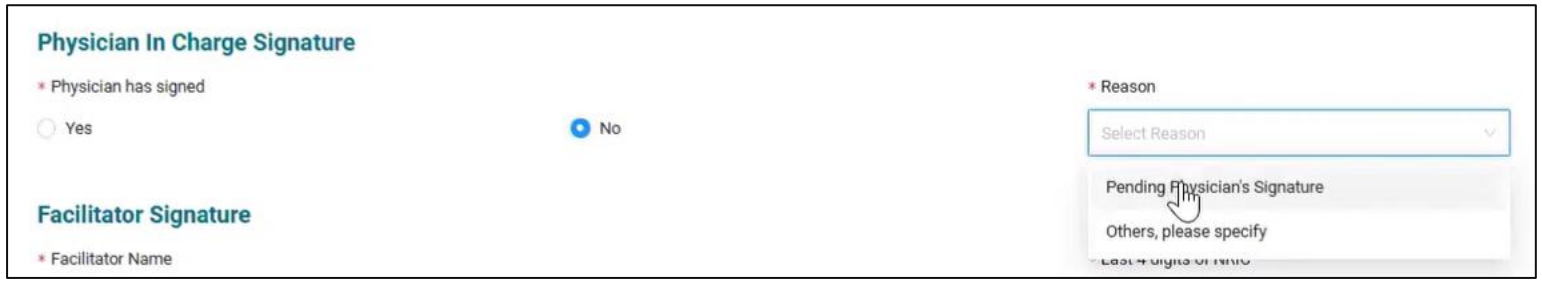
CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM

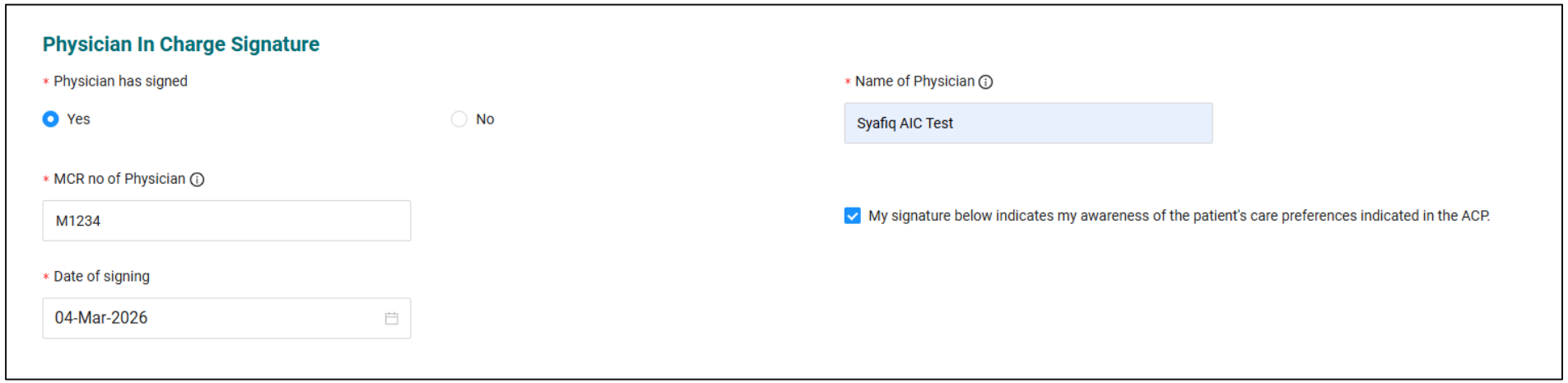




10. Please collect patient and NHS signatures before publishing the form. If their signatures are not collected, indicate the reason.
11. You are unable to make administrative edits to add a patient or NHS signature.

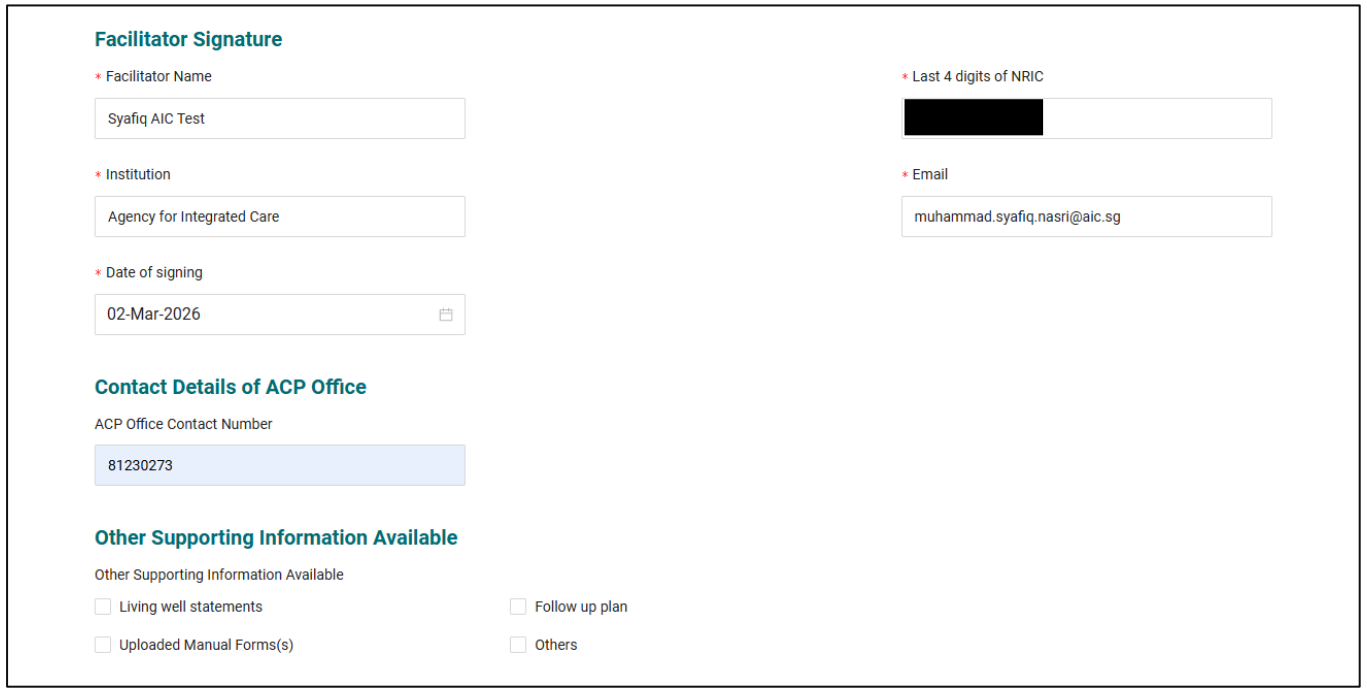
CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM





12. Physician's signature is optional.
    i. Facilitators can indicate "No" and input a reason. An administrative edit to the ACP form can be made to add the Physician's signature after the form is published.
    ii. Facilitators can indicate "Yes" and fill in the necessary details.

CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM



13. Facilitator details are auto-populated.
14. Enter the date of signing.
15. Indicate if there are any supporting documents. Please note that all supporting documents are only viewable within ACPS.

CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM

16. There are checkboxes to make the following declarations:

S/N	Scenario	Declaration
1	Patient and/or NHS Signature Collected	☐ To note: Facilitator must collect signatures on hardcopy form and upload the scanned document in ACP IT System.
2	No Patient and/or NHS Signature Collected	☐ I declare: (i) ACP is done with Patient and/or NHS and aligns with Patient's known desires and best interest. (ii) Patient and/or NHS have been informed of, and have consented to, the collection, use and/or disclosure of their personal data for purposes stated in the PDPA section of this form.

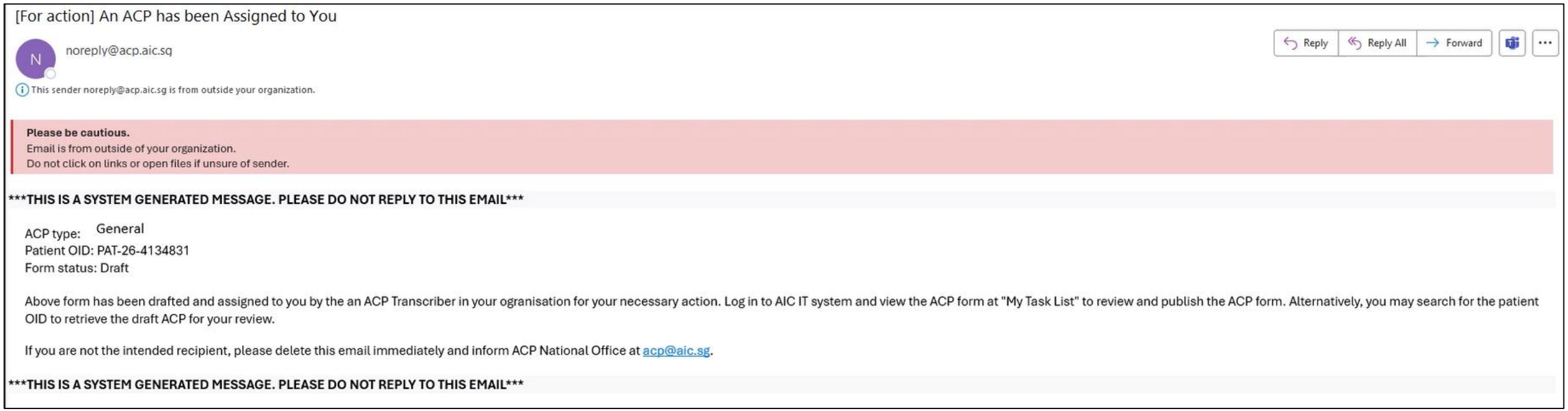
17. Save the form as Draft if needed.
18. Preview the form to generate a PDF copy, which you can download and share with the patient/NHS to collect their signatures.



CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM



19. Transcribers must assign the form to a facilitator/coordinator in their organisation to publish the ACP.
20. Facilitators will receive an email notification that the form has been assigned to them.
21. Facilitators can search for the patient using the patient OID and it will also appear in their task list.



[For action] An ACP has been Assigned to You

Reply | Reply All | Forward

N noreply@acp.aic.sg

This sender noreply@acp.aic.sg is from outside your organization.

Please be cautious.
Email is from outside of your organization.
Do not click on links or open files if unsure of sender.

*****THIS IS A SYSTEM GENERATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL*****

ACP type: General
Patient OID: PAT-26-4134831
Form status: Draft

Above form has been drafted and assigned to you by the an ACP Transcriber in your ogranisation for your necessary action. Log in to AIC IT system and view the ACP form at "My Task List" to review and publish the ACP form. Alternatively, you may search for the patient OID to retrieve the draft ACP for your review.

If you are not the intended recipient, please delete this email immediately and inform ACP National Office at acp@aic.sg.

*****THIS IS A SYSTEM GENERATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL*****

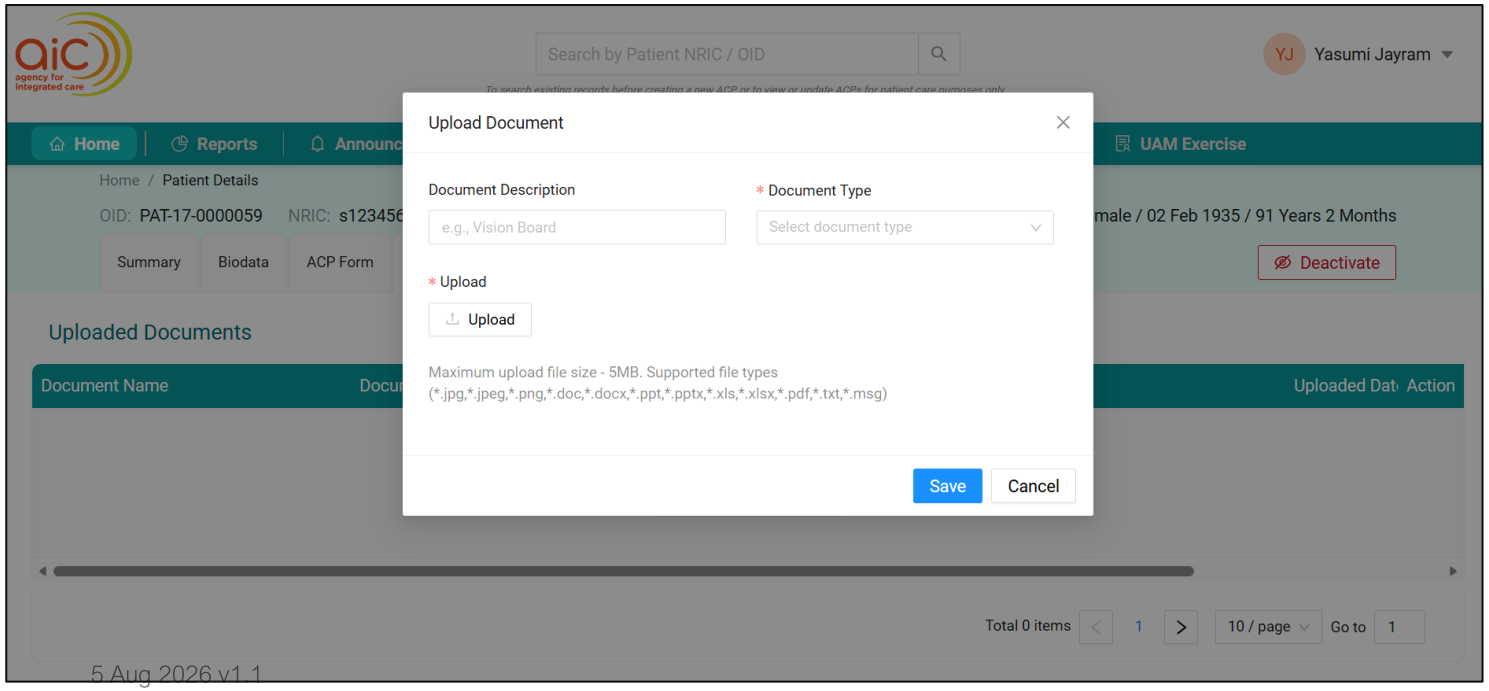
CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM

22. The published ACP form is viewable by healthcare professionals via the National Electronic Health Records (NEHR) System and Members of Public via MyLegacy.

Guides	PDF Attachment
Step-by-Step ACP Retrieval from My Legacy Vault	Step-by-Step ACP trieval from My Leg
Step-by-step guide on sharing ACP with a Trusted Persons	Step-by-step e on sharing ACP v
Step-by-step guide on viewing ACP as Trusted Person(s)	Step-by-step e on viewing ACP a

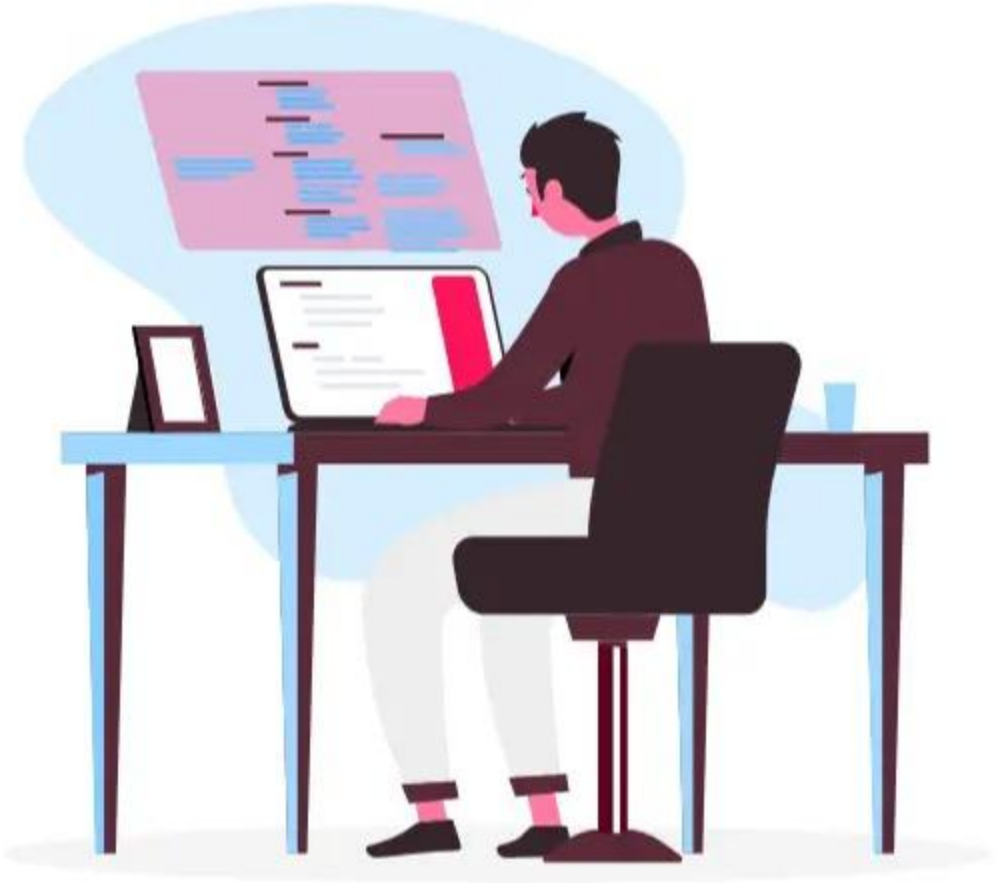
CREATE PREFERRED PLAN OF CARE (PPC) ACP FORM





23. To upload supporting documents, click on the “Uploaded Documents” Tab.

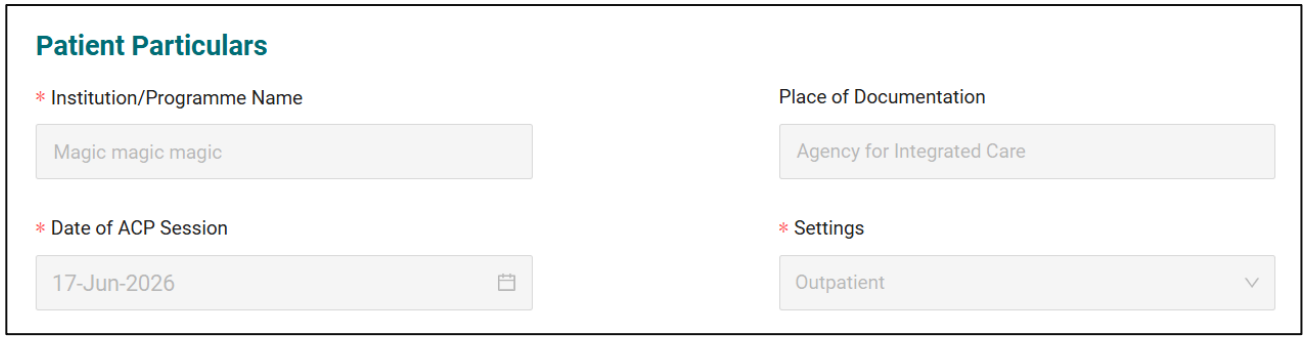
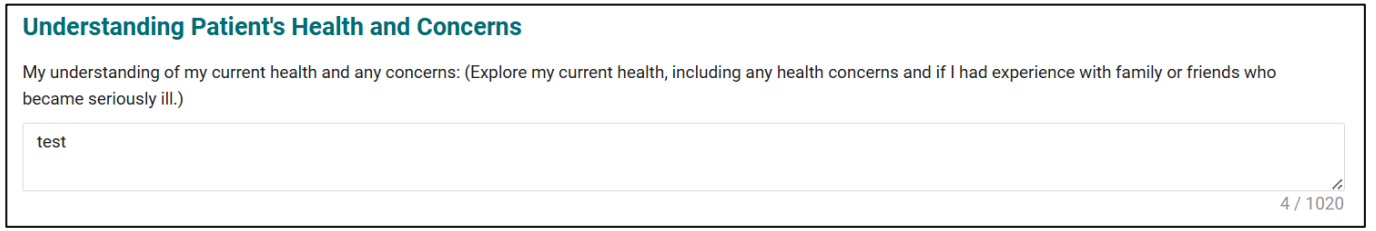
ADMINISTRATIVE EDITS TO ACP FORM



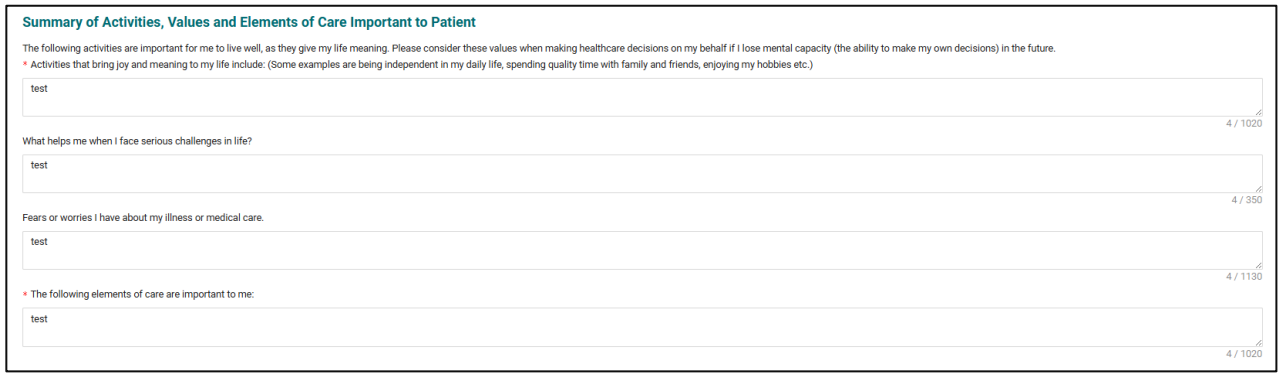
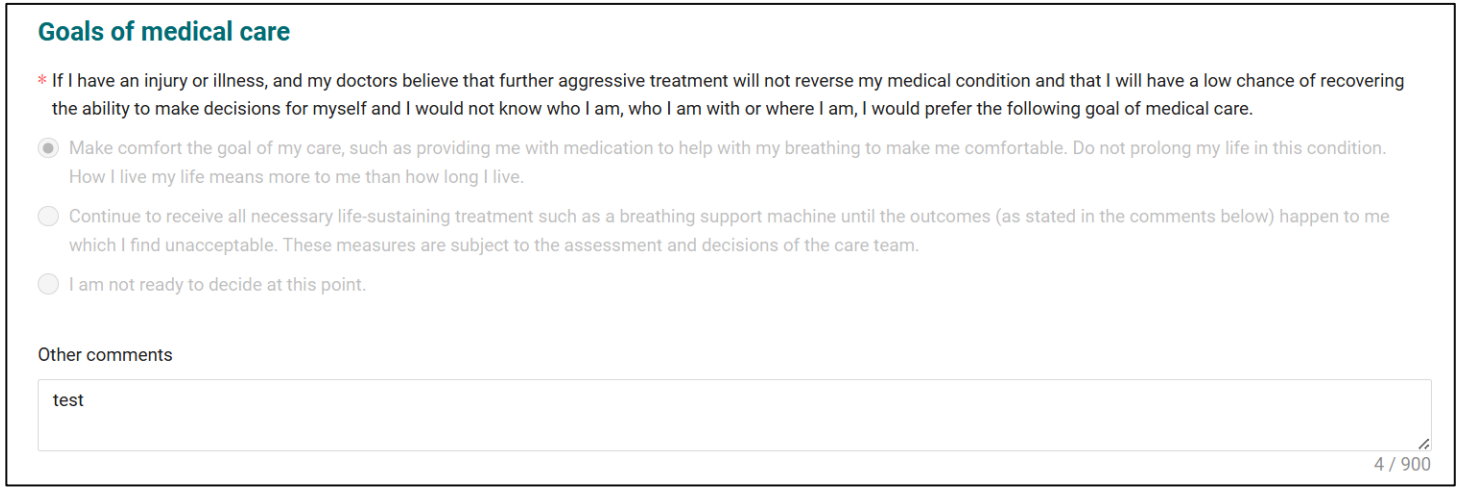
Purpose

- Administrative Edits allows users from the same organisation, based on their access rights, to edit a patient's ACP form. This allows rectification of data entry errors. Should the patient have change in care preferences or NHS, review the ACP.
- Edits can only be made to:
  - Editable text fields
  - Physician's signature (for PPC ACP Forms)
- Edits cannot be made to care preference checkboxes.
- Edits must be made within 1 year from the date the ACP form is published.
- The date of session within the form will not change when an edit is made.

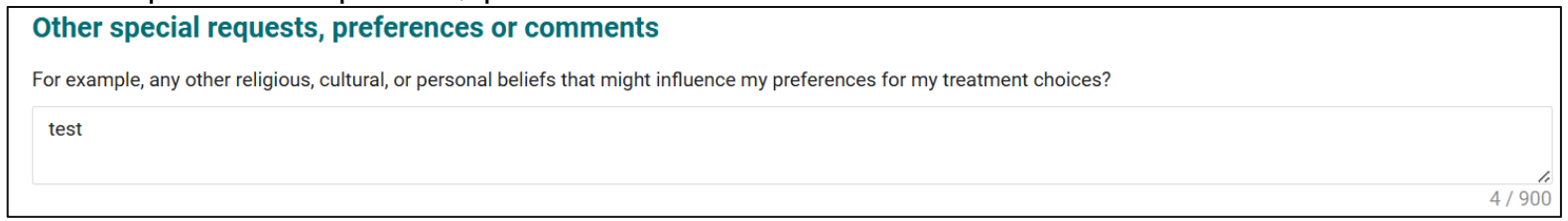
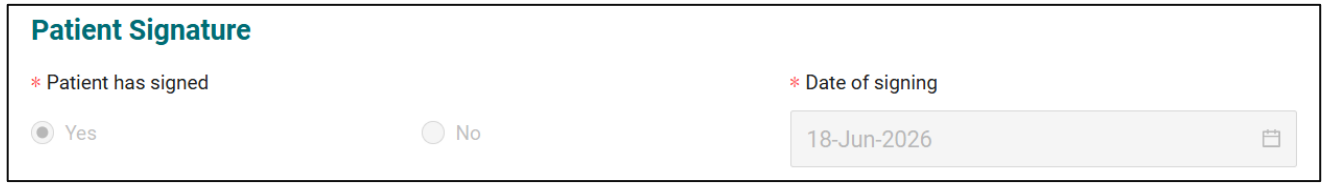
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	General ACP Form	Editable?
1	Patient particulars 	No
2	ACP Form Type 	No
3	Understanding Patient's Health and Concerns 	Yes

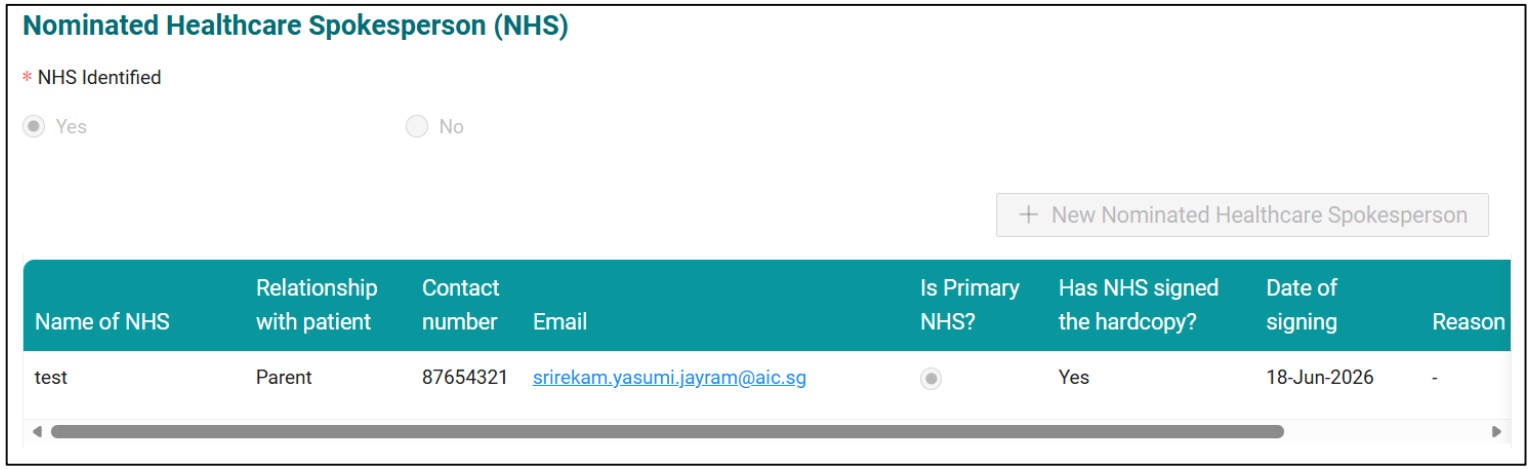
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	General ACP Form	Editable?
4	Summary of Activities, Values and Elements of Care Important to Patient  **Summary of Activities, Values and Elements of Care Important to Patient** The following activities are important for me to live well, as they give my life meaning. Please consider these values when making healthcare decisions on my behalf if I lose mental capacity (the ability to make my own decisions) in the future. * Activities that bring joy and meaning to my life include: (Some examples are being independent in my daily life, spending quality time with family and friends, enjoying my hobbies etc.) test 4 / 1020 What helps me when I face serious challenges in life? test 4 / 350 Fears or worries I have about my illness or medical care. test 4 / 1130 * The following elements of care are important to me: test 4 / 1020	Yes
5	Goals of Medical Care  **Goals of medical care** * If I have an injury or illness, and my doctors believe that further aggressive treatment will not reverse my medical condition and that I will have a low chance of recovering the ability to make decisions for myself and I would not know who I am, who I am with or where I am, I would prefer the following goal of medical care. Make comfort the goal of my care, such as providing me with medication to help with my breathing to make me comfortable. Do not prolong my life in this condition. How I live my life means more to me than how long I live. Continue to receive all necessary life-sustaining treatment such as a breathing support machine until the outcomes (as stated in the comments below) happen to me which I find unacceptable. These measures are subject to the assessment and decisions of the care team. I am not ready to decide at this point. Other comments test 4 / 900	No (Checkbox)
6		Yes (Other comments)

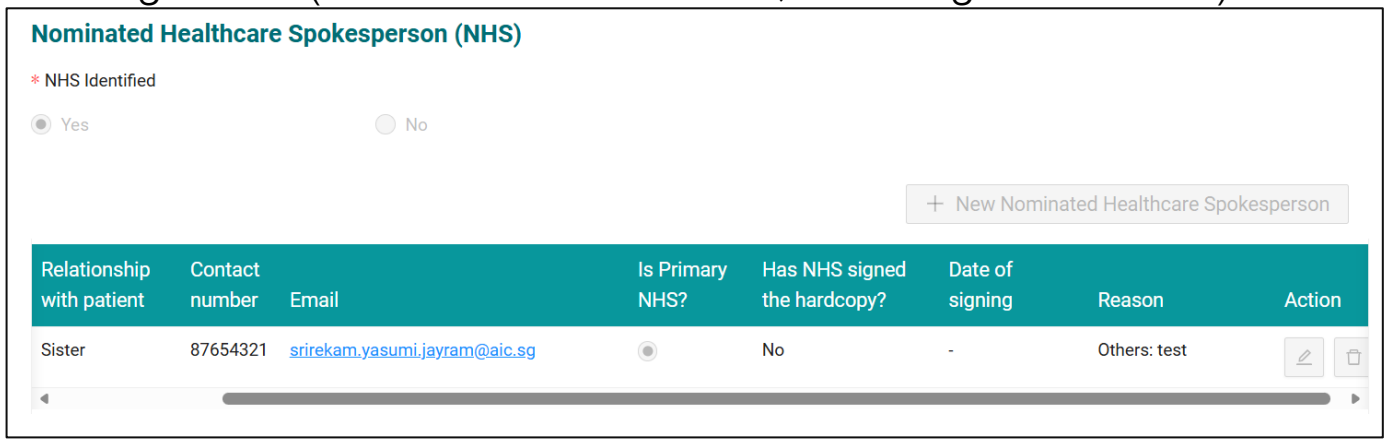
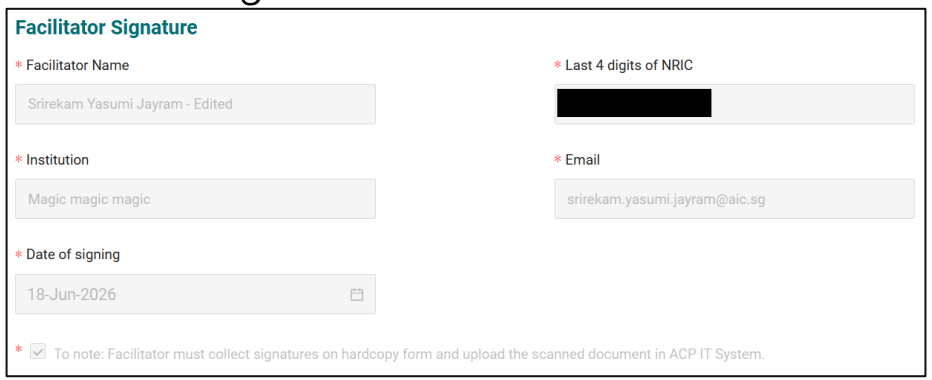
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	General ACP Form	Editable?
7	Other special requests, preferences or comments 	Yes
8	Patient Signature (If Patient has signed = Yes) 	No
9	Patient Signature (If Patient has signed = No) 	No

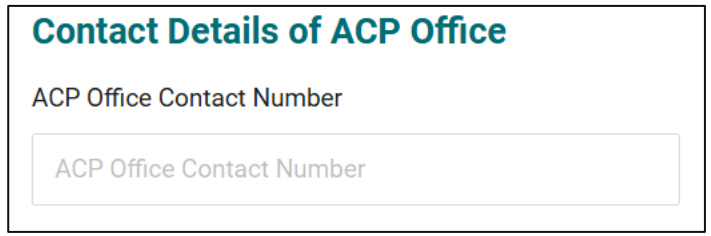
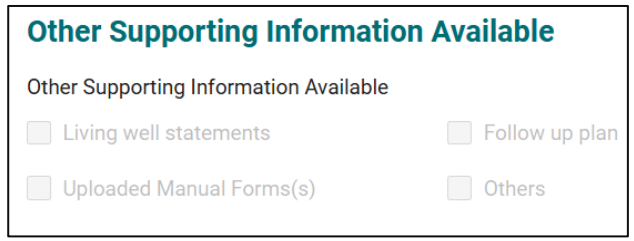
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	General ACP Form	Editable?
10	NHS Signature (If NHS identified = Yes; NHS Signature = Yes) 	No
11	NHS Signature (If NHS identified = No) 	No

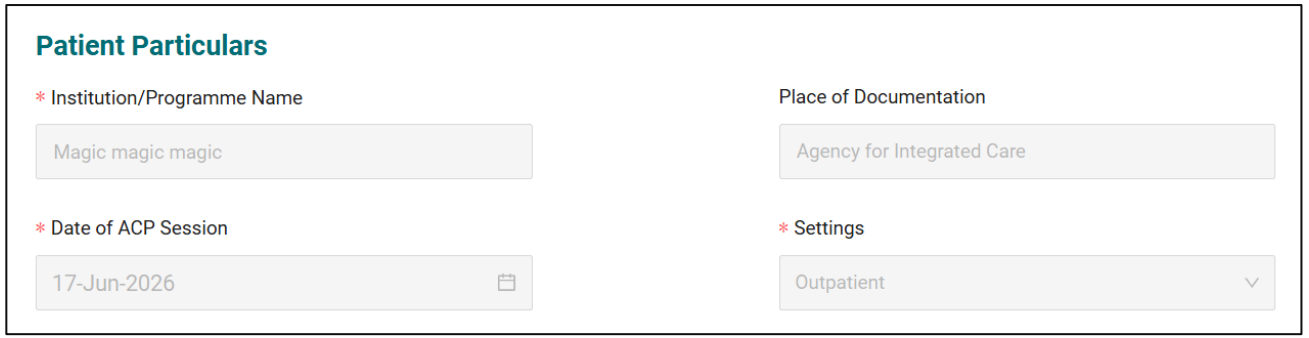
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	General ACP Form	Editable?
12	NHS Signature (If NHS identified = Yes; NHS Signature = No) 	No
13	Facilitator Signature 	No

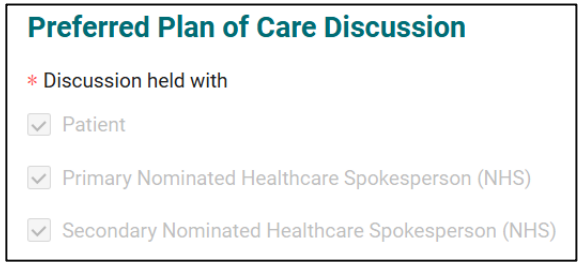
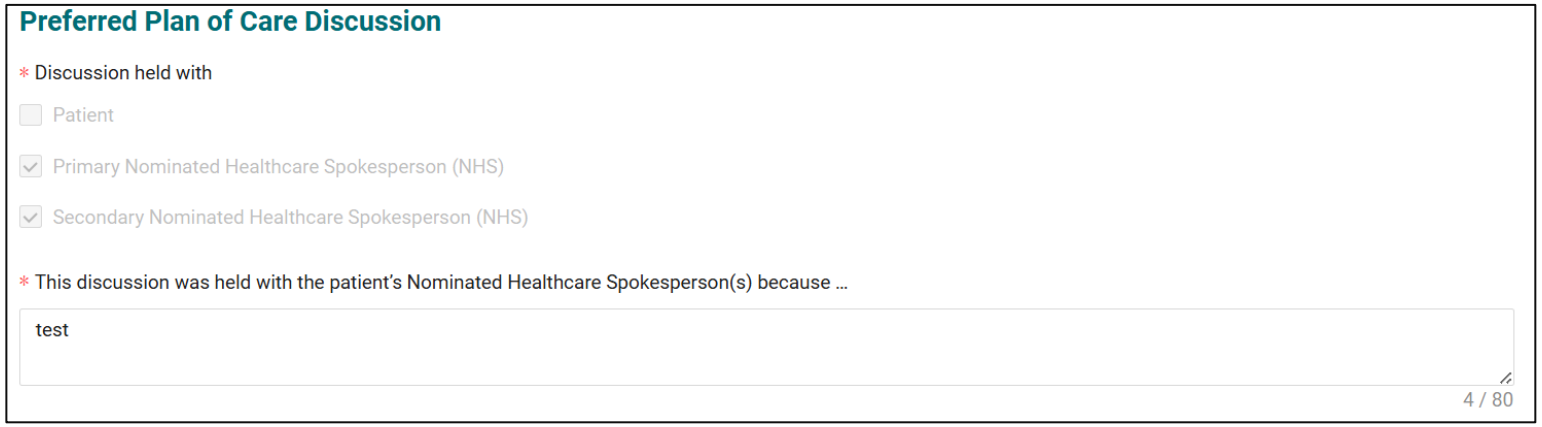
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	General ACP Form	Editable?
14	Contact Details of ACP Office 	Yes
15	Other Supporting Information Available 	No

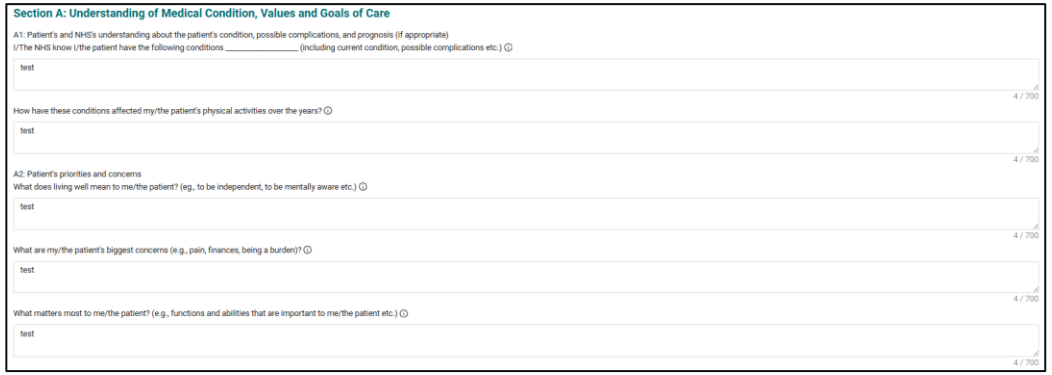
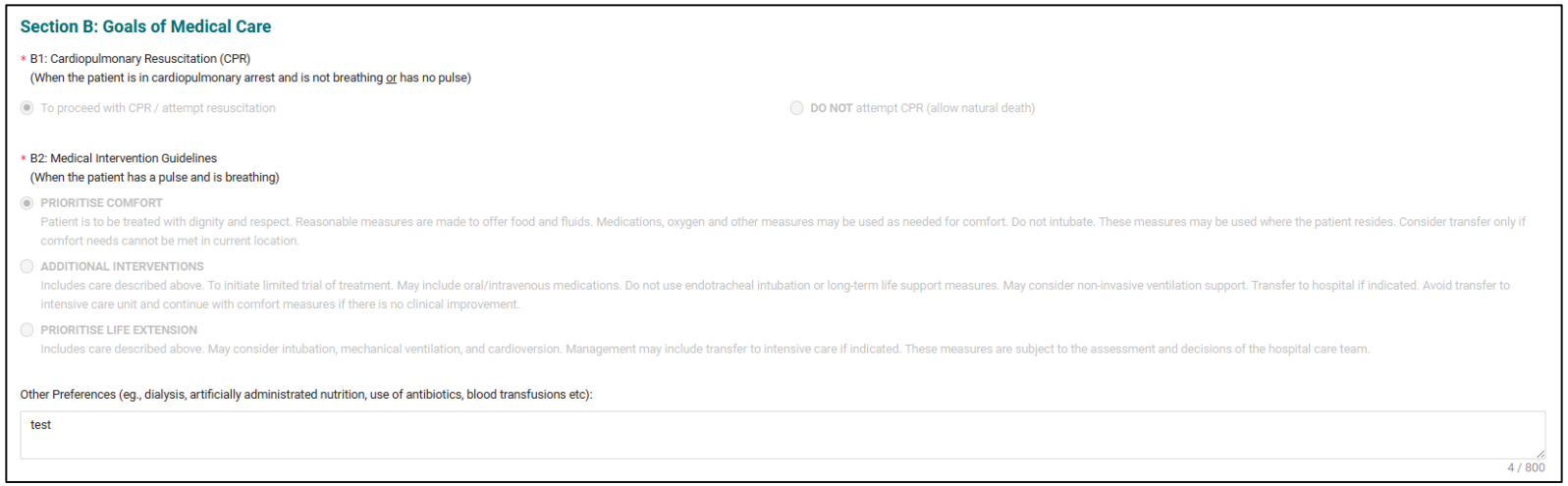
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
1	Patient particulars 	No
2	ACP Form Type 	No

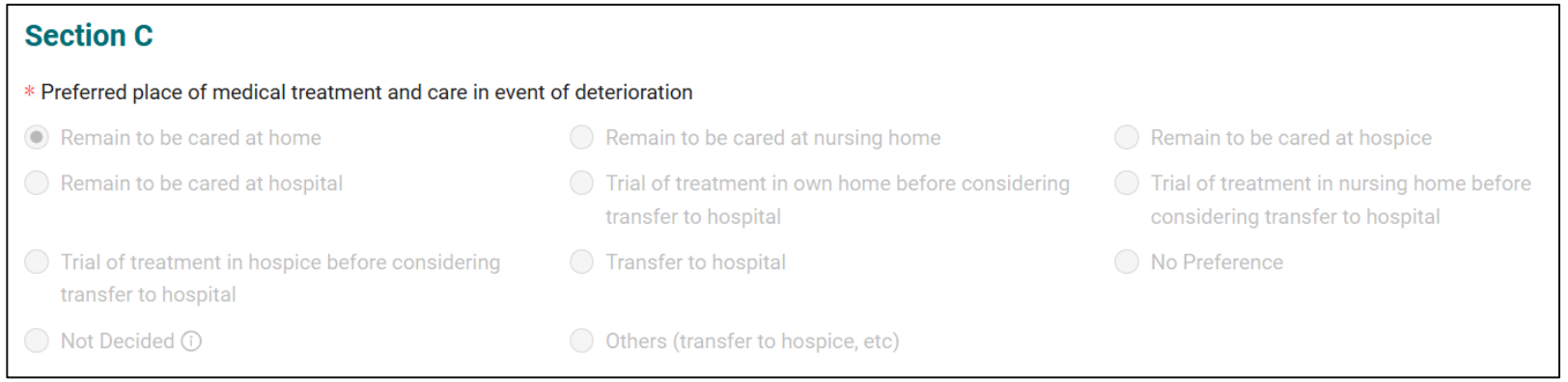
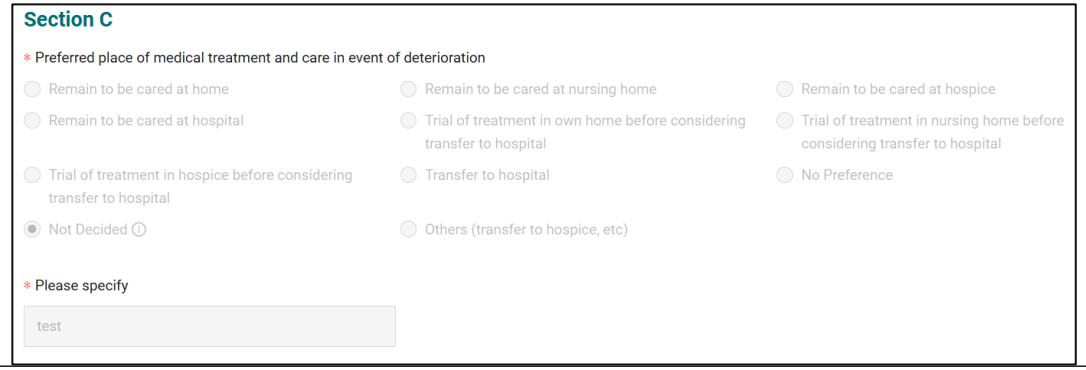
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
3	Preferred Plan of Care Discussion (If Discussion held with Patient)  **Preferred Plan of Care Discussion** * Discussion held with ☑ Patient ☑ Primary Nominated Healthcare Spokesperson (NHS) ☑ Secondary Nominated Healthcare Spokesperson (NHS)	No
4	Preferred Plan of Care Discussion (If Discussion not held with Patient)  **Preferred Plan of Care Discussion** * Discussion held with ☐ Patient ☑ Primary Nominated Healthcare Spokesperson (NHS) ☑ Secondary Nominated Healthcare Spokesperson (NHS) * This discussion was held with the patient's Nominated Healthcare Spokesperson(s) because ... test 4 / 80	No (Checkbox) Yes (Text field)

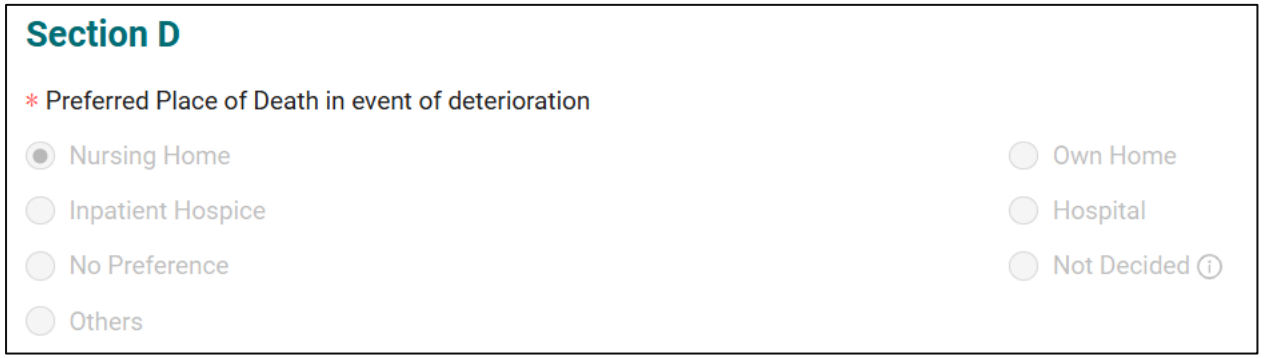
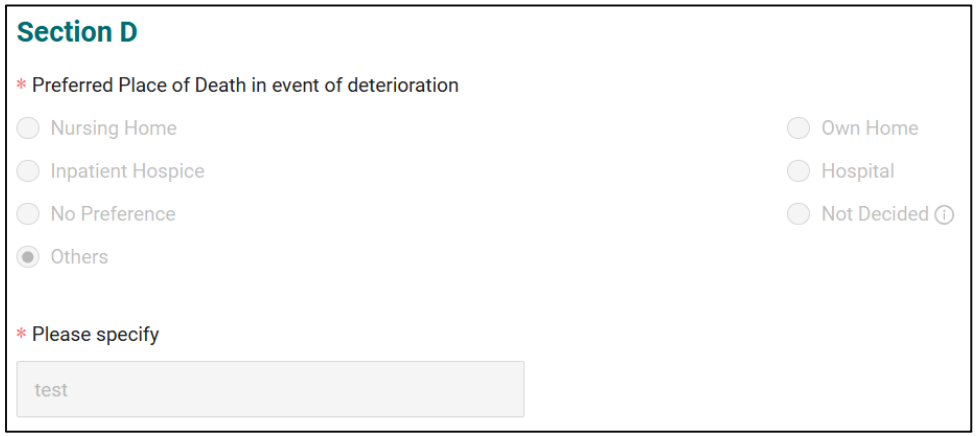
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
5	Section A: Understanding of Medical Condition, Values and Goals of Care  **Section A: Understanding of Medical Condition, Values and Goals of Care** A1: Patient's and NHS's understanding about the patient's condition, possible complications, and prognosis (if appropriate) I/The NHS know I/the patient have the following conditions _____ (including current condition, possible complications etc.) test 4 / 700 How have these conditions affected my/the patient's physical activities over the years? test 4 / 700 A2: Patient's priorities and concerns What does living well mean to me/the patient? (eg., to be independent, to be mentally aware etc.) test 4 / 700 What are my/the patient's biggest concerns (e.g., pain, finances, being a burden)? test 4 / 700 What matters most to me/the patient? (e.g., functions and abilities that are important to me/the patient etc.) test 4 / 700	Yes
6	Section B: Goals of Medical Care  **Section B: Goals of Medical Care** * B1: Cardiopulmonary Resuscitation (CPR) (When the patient is in cardiopulmonary arrest and is not breathing or has no pulse) To proceed with CPR / attempt resuscitation **DO NOT** attempt CPR (allow natural death) * B2: Medical Intervention Guidelines (When the patient has a pulse and is breathing) **PRIORITISE COMFORT** Patient is to be treated with dignity and respect. Reasonable measures are made to offer food and fluids. Medications, oxygen and other measures may be used as needed for comfort. Do not intubate. These measures may be used where the patient resides. Consider transfer only if comfort needs cannot be met in current location. **ADDITIONAL INTERVENTIONS** Includes care described above. To initiate limited trial of treatment. May include oral/intravenous medications. Do not use endotracheal intubation or long-term life support measures. May consider non-invasive ventilation support. Transfer to hospital if indicated. Avoid transfer to intensive care unit and continue with comfort measures if there is no clinical improvement. **PRIORITISE LIFE EXTENSION** Includes care described above. May consider intubation, mechanical ventilation, and cardioversion. Management may include transfer to intensive care if indicated. These measures are subject to the assessment and decisions of the hospital care team. Other Preferences (eg., dialysis, artificially administrated nutrition, use of antibiotics, blood transfusions etc): test 4 / 800	No (Checkbox) Yes (Other comments)

ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
7	Section C  	No
8	Section C (If Not Decided or Others)  	No

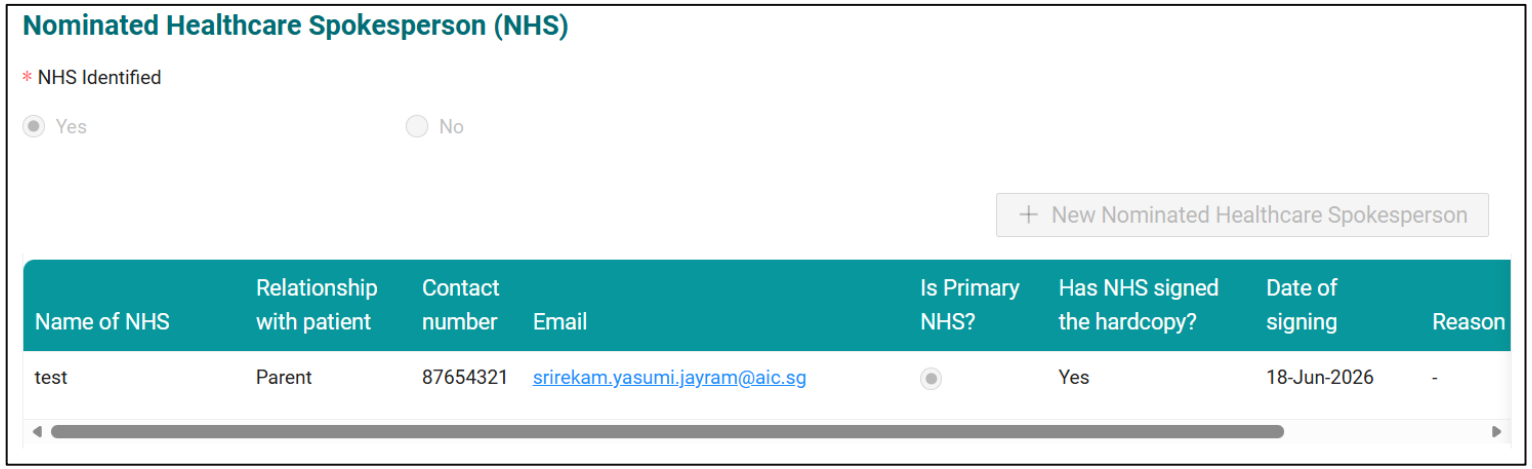
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
9	Section D 	No
10	Section C (If Not Decided or Others) 	No

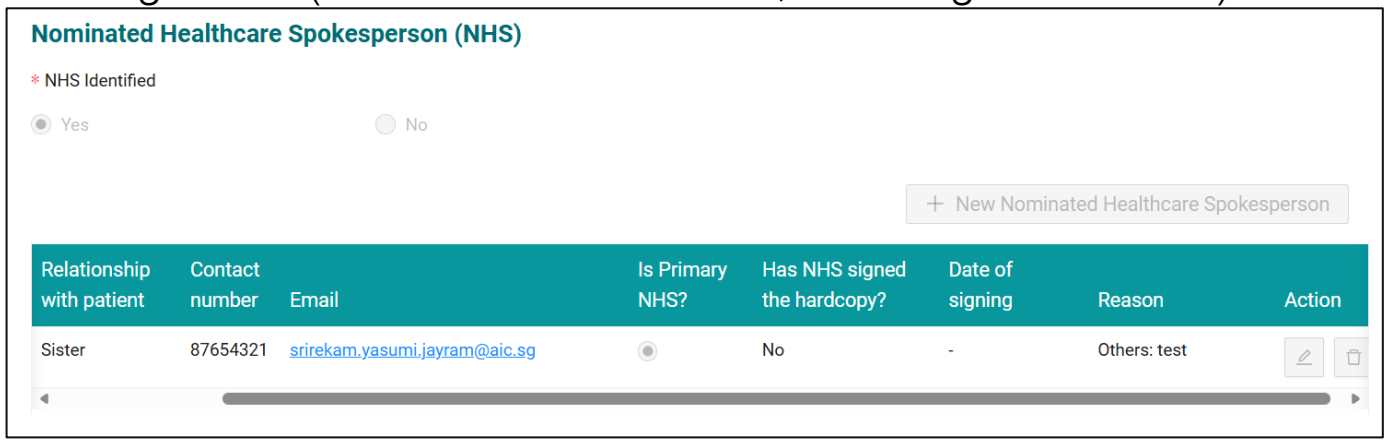
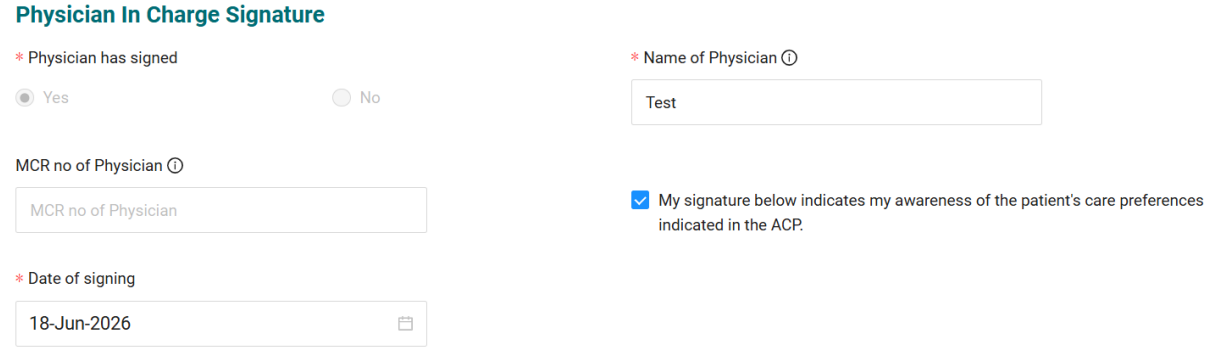
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
11	Section E 	Yes
12	Patient Signature (If Patient has signed = Yes) 	No
13	Patient Signature (If Patient has signed = No) 	No

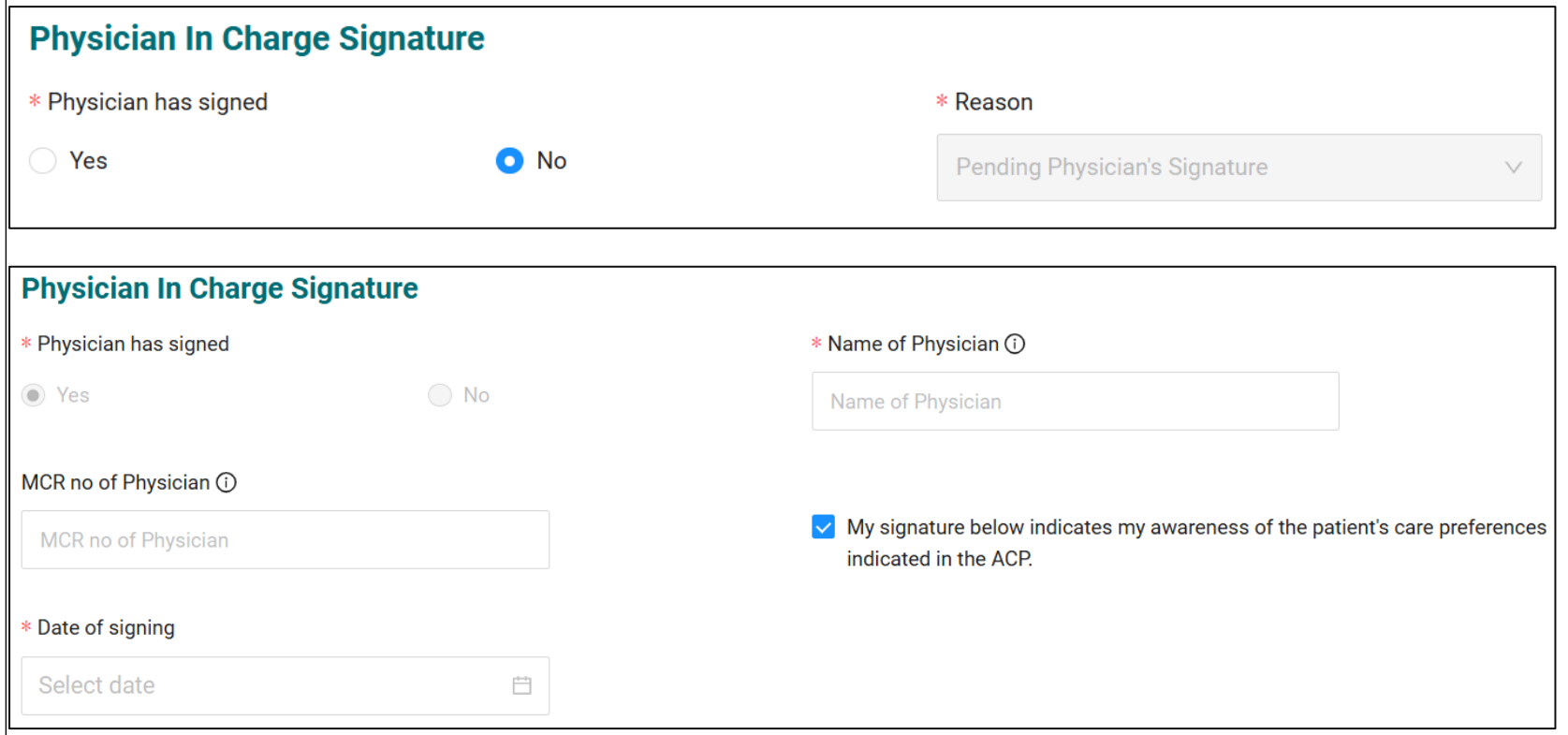
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
14	NHS Signature (If NHS identified = Yes; NHS Signature = Yes) 	No
15	NHS Signature (If NHS identified = No) 	No

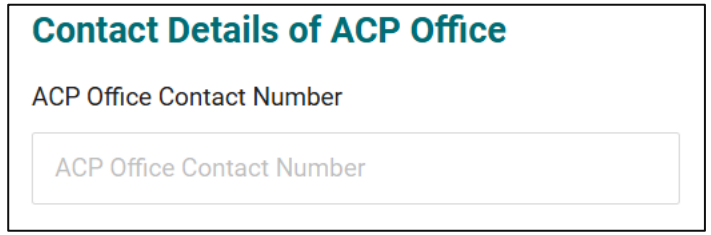
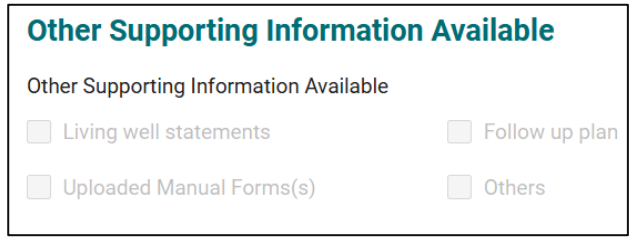
ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
16	NHS Signature (If NHS identified = Yes; NHS Signature = No) 	No
17	Physician Signature (If Physician has signed = Yes) 	No (Checkbox) Yes (Name and Date of Signing

ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
18	Physician Signature (If Physician has signed = No; Pending Physician's Signature) 	Yes (Checkbox, Name, MCR No. and Date of Signing)

ADMINISTRATIVE EDITS TO ACP FORM – FIELDS THAT CAN/CANNOT BE EDITED

S/N	PPC ACP Form	Editable?
19	Facilitator Signature 	No
20	Contact Details of ACP Office 	Yes
21	Other Supporting Information Available 	No

ADMINISTRATIVE EDITS TO ACP FORM

S/N	Scenario	Follow-up
1	• Facilitator A published an ACP on 1 Jul 2026. They found a typo error in the form on 3 Jul 2026. • Error: Getting adequate sleep ~~U~~ 8 hours	• Edits can be made to text fields → Facilitator A can make the edit
2	• Facilitator A from Organisation M published an ACP on 1 Jul 2026. Facilitator B from Organisation N found a typo error in the form on 3 Jul 2026 when they viewed the form in NEHR.	• Edits can only be made by users in the same organisation → Facilitator B should contact any user from Organisation M to make the edit
3	• Facilitator A published a PPC ACP on 1 Jul 2026 without a physician's signature. • The physician visited the organisation on 10 Jul 2026 and Facilitator A obtained the signature	• Edits can be made to physician's signature → Facilitator A can make the edit

Note: Administrative edits to ACP form will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

ADMINISTRATIVE EDITS TO ACP FORM

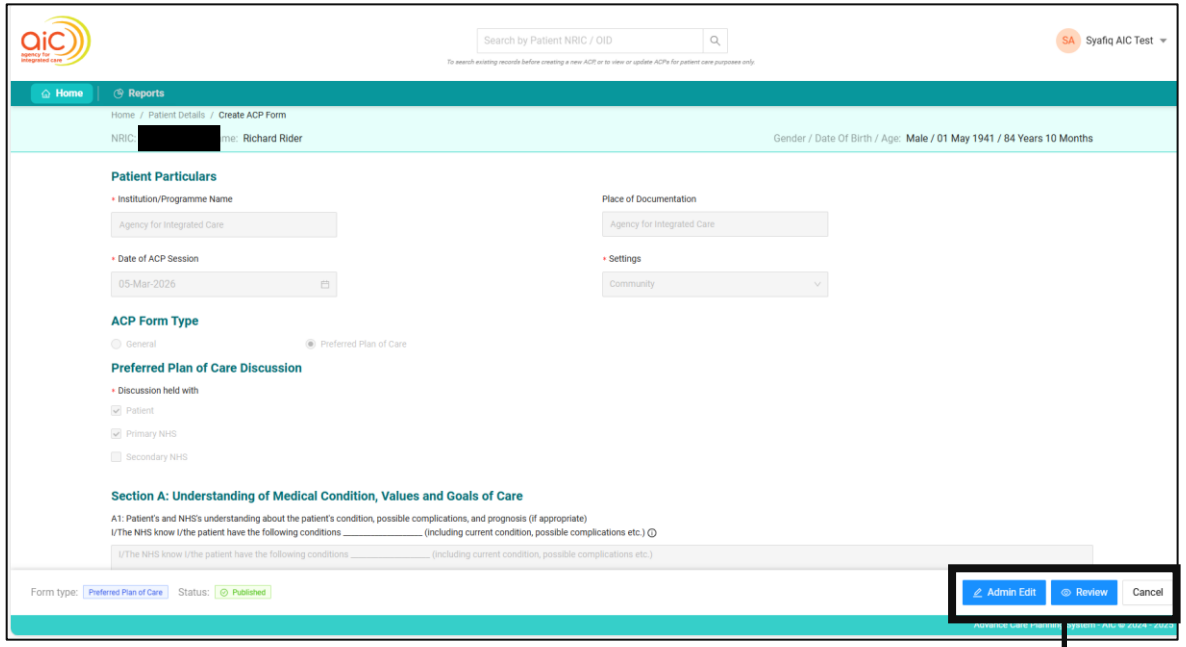
S/N	Scenario	Follow-up

4	• Facilitator A published an ACP on 1 Jul 2026. They found errors in the form on 3 Jul 2026.
	  • Error 1: Selected “To proceed with CPR” instead of “DO NOT attempt CPR”
	  • Error 2: NHS name misspelt
		• Edits cannot be made to care preferences or NHS name → Facilitator A should approach an Institutional Admin or an ACP Coordinator from their organisation to withdraw the ACP form and republish a new one.

5	• Facilitator A published an ACP on 1 Jul 2026. Patient informed Facilitator A on a change or addition in NHS on 23 Aug 2026.	• Edits cannot be made to NHS→ Facilitator A cannot make an edit. They should consider if the change or addition in NHS will affect the provision of care or review the ACP with the patient to update care preferences.
6	• Facilitator A published an ACP on 1 Jul 2026. They found a typo error in the form on 29 Sept 2027.	• Edits can only be made within 1 year of the form being published → Facilitator A cannot make an edit. They should consider if the typo will affect the provision of care or review the ACP with the patient to update care preferences.

Note: Administrative edits to ACP form will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

ADMINISTRATIVE EDITS TO ACP FORM

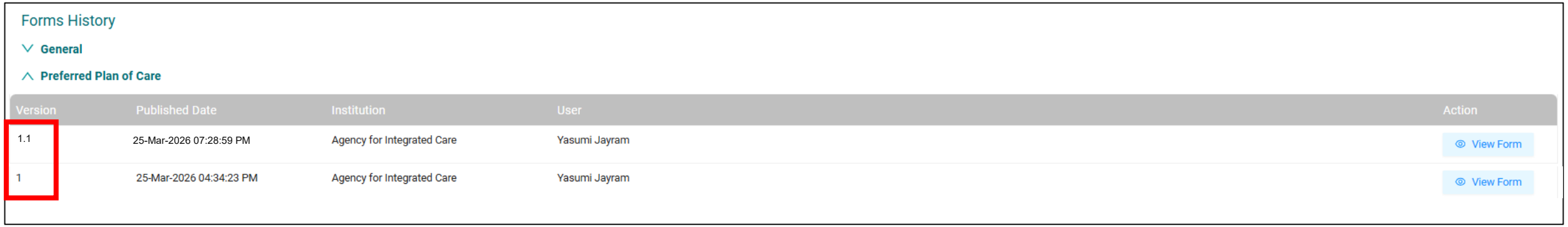




1. Search for patient using NRIC/OID in the search bar.
2. Click on the patient name to view profile.
3. Select the ACP Form tab.
4. View ACP Form.
5. Select “Admin Edit”.
6. Make the necessary edits.
7. Click Save after completing edit.
8. Publish the form.

Note: Administrative edits to ACP form will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

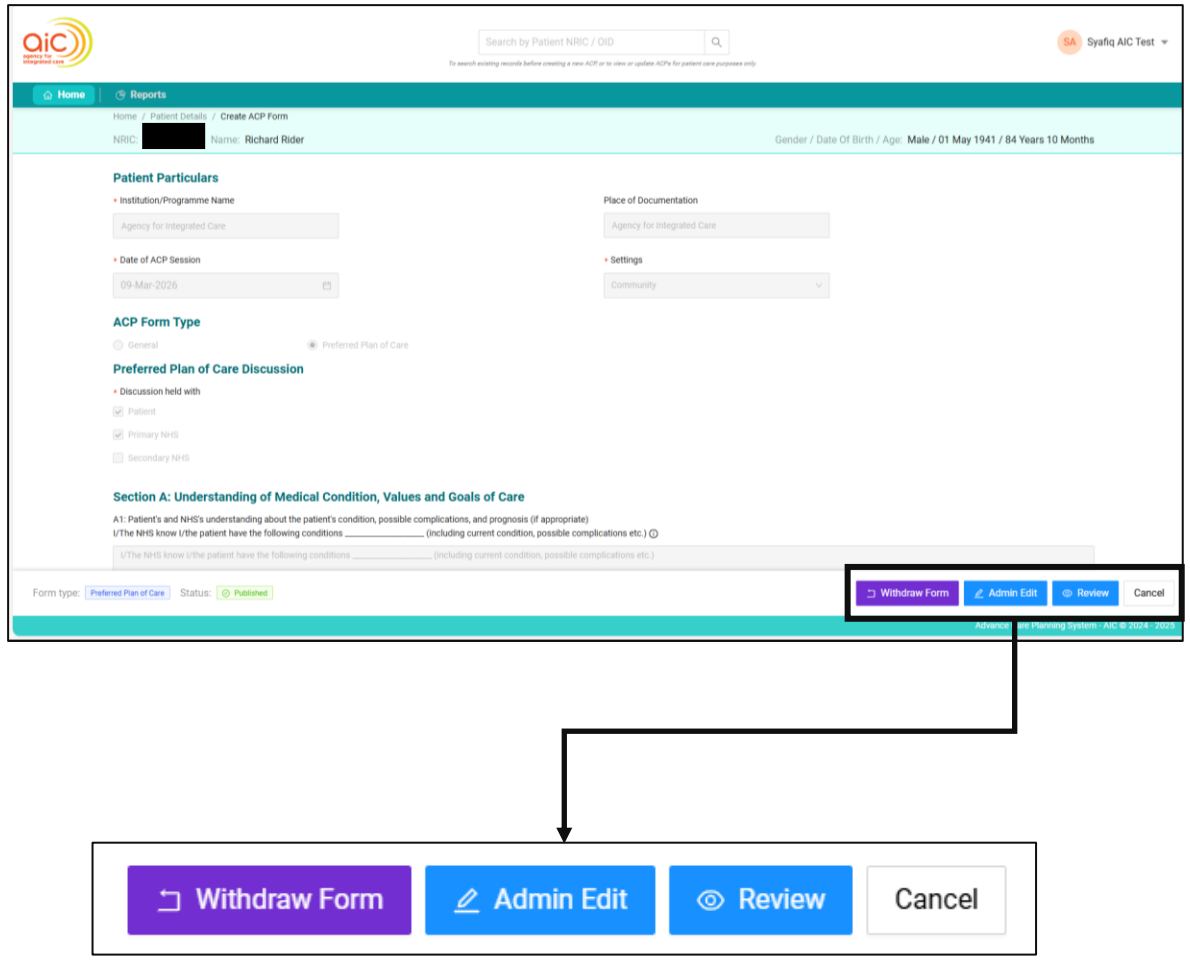
ADMINISTRATIVE EDITS TO ACP FORM



9. Patients can view the latest published version in MyLegacy.
    i. Latest edits will overwrite the previous version.
    ii. Unable to see previous versions.
10. Healthcare professionals can see the latest published version via NEHR.
    i. Previous versions remain in ACPS but NEHR displays only the latest published version.
11. The ACP Form Version History is available under the ACP form tab.
12. Version 1 represents the first published ACP form.
13. Each administrative edit increases the version number by 0.1.
14. For any change in care preference, please review the ACP form.

Note: Administrative edits to ACP form will not change their existing published ACP form care preferences and it does not change the version/ increase the ACP workload count.

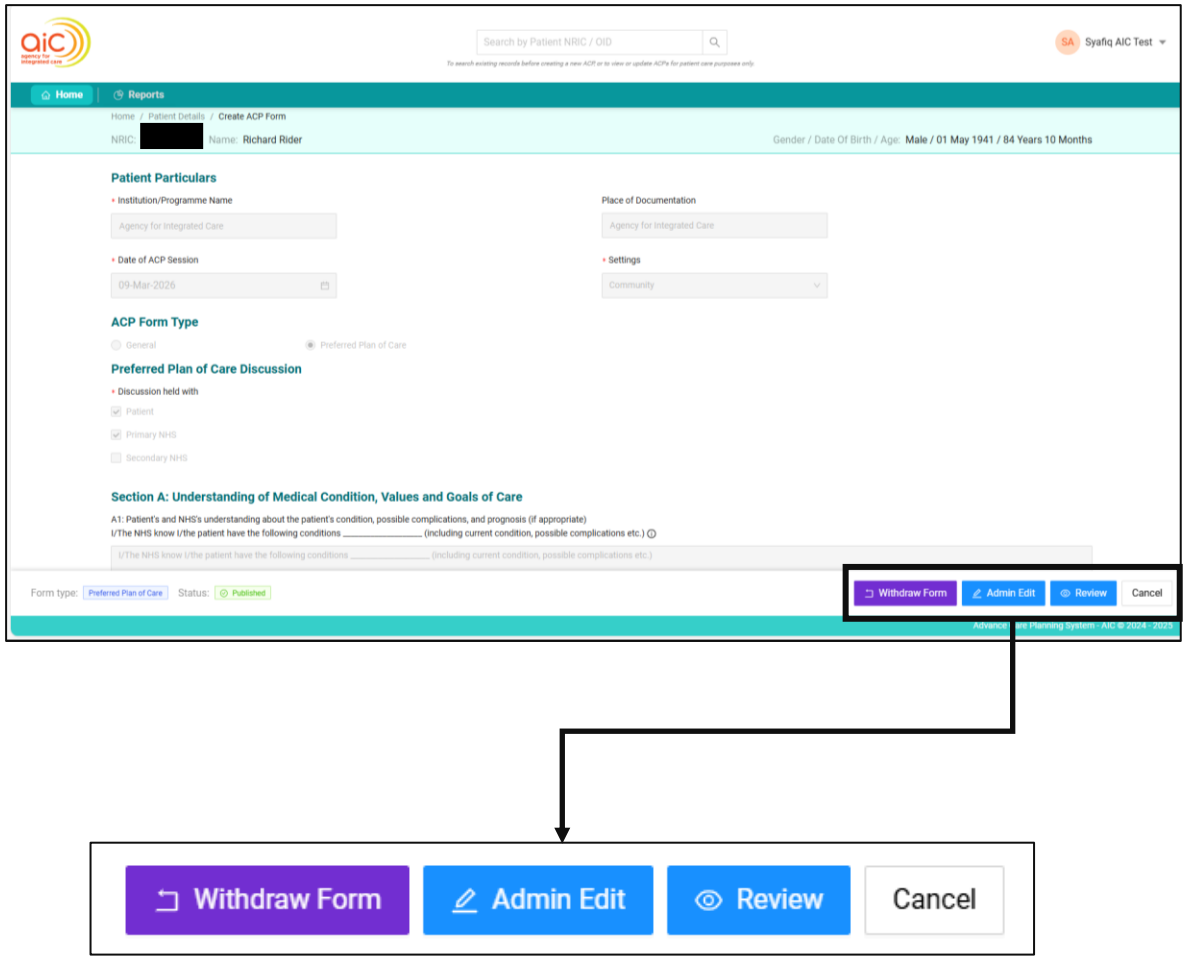
REVIEW



Overview

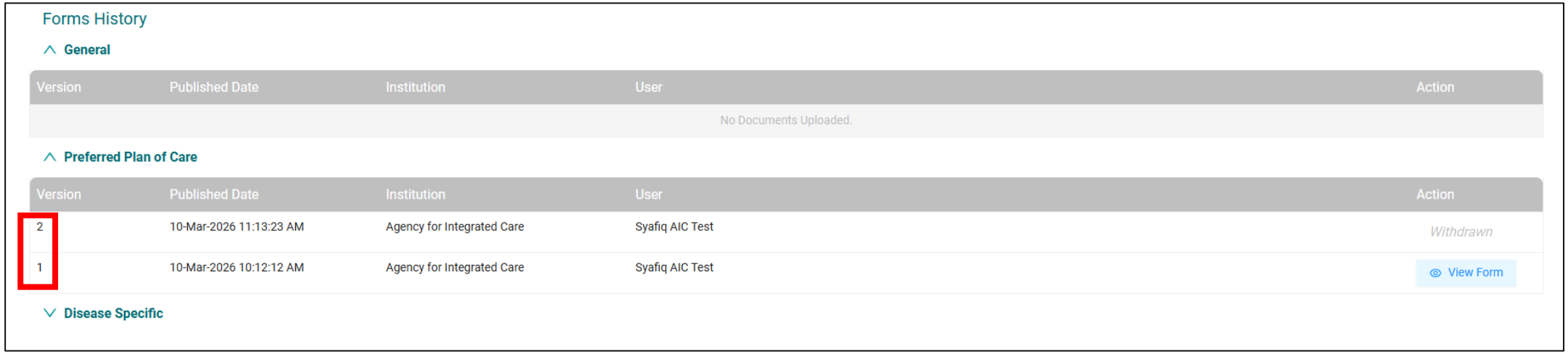
- If there are changes in care preferences discussed with the patient in a new session, a review can be conducted.
- Do not review the ACP form to add patient/NHS signatures.

REVIEW



1. Search for patient using NRIC or OID in the search bar.
2. Click on the patient name to view profile.
3. Select the ACP Form tab.
4. View ACP Form.
5. Select “Review”. All the fields are editable and all the data from the previously published ACP form will be auto-populated.
6. Make the necessary edits.
7. Do note that the date of session must be updated.
8. Click Save after completing edits.
9. Publish the form.

REVIEW



10. Patients can view the latest published version in MyLegacy.
    i. Latest edits will overwrite the previous version.
    ii. Unable to see previous versions.
11. Healthcare professionals can see the latest published version via NEHR.
    i. Previous versions remain in ACPS but NEHR displays only the latest published version.
12. The ACP Form Version History is available under the ACP form tab.
13. Version 1 represents the first published ACP form.
14. Each review increases the version number by 1. This reflects the number of times the ACP form was been reviewed.

REPORTS

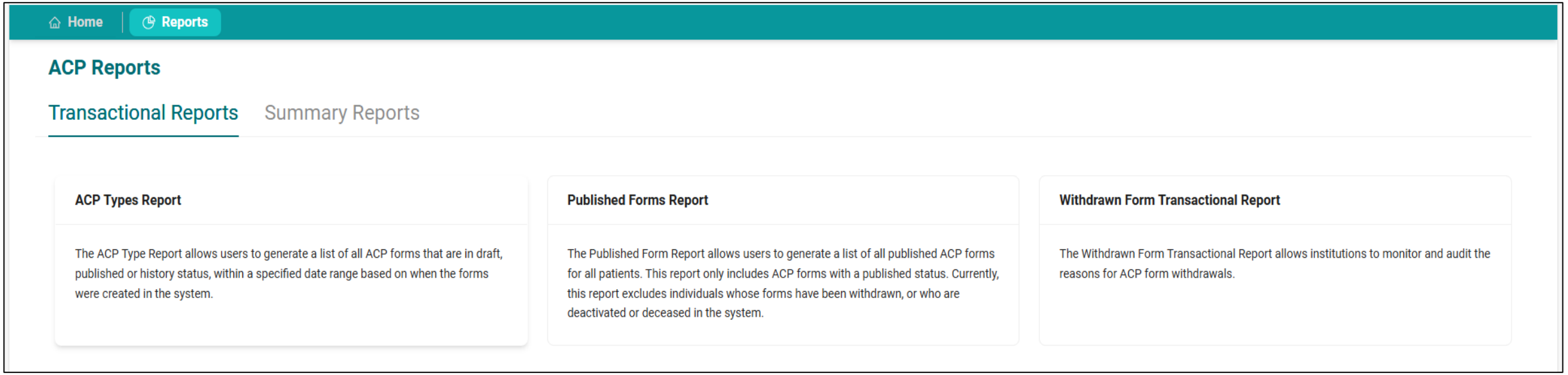


Legend:

- Access at organisation level
- Access at owner level
- Access at organisation level for all organisations under cluster
- No access

Type	Name	ACP Institutional Administrator	ACP Coordinator	General ACP Facilitator	PPC ACP Facilitator	ACP Facilitator (2 Types)	Cluster Representative
Transactional	ACP Type	✓	✓	✓	✓	✓	✓
	Published Form	✓	✓	✓	✓	✓	✗
	Withdrawn Form	✓	✓	✗	✗	✗	✗
Summary	NHS	✓	✓	✓	✓	✓	✗
	Care Preference	✓	✓	✓	✓	✓	✗
	Preferred Place of Death	✓	✓	✓	✓	✓	✗
	Utilisation	✓	✓	✓	✓	✓	✗
	ACP Workload	✓	✓	✗	✗	✗	✗
	Withdrawn Form Summary	✓	✓	✗	✗	✗	✗
Audit	Audit Login	✓	✗	✗	✗	✗	✗
	Audit Patient	✓	✗	✗	✗	✗	✗
	Audit Log	✓	✗	✗	✗	✗	✗

REPORTS



1. Login to the system.
2. Select the Reports tab.
3. Select the report required.

REPORTS



3 Types of Transactional Reports

i. Transactional reports reflect individual ACP patient records

ii. ACP Type, Published Form, Withdrawn Form Transactional

6 Types of Summary Reports

i. Summary reports reflect the aggregated number of ACP patient records

ii. NHS Report, Care Preference, Preferred Place of Death, Utilisation, ACP Workload, Withdrawn Form Summary

3 Types of Audit Reports

i. Audit reports reflect each user's movements for audit purposes

ii. Audit Login, Audit Patient, Audit Log

3 TYPES OF TRANSACTIONAL REPORTS

Reflect individual ACP patient records

1. ACP Type Report

- Lists all ACP forms by status:
  - Draft – ACPs that have been created by transcriber/ facilitator but not published. This means that the ACP is not available in NEHR or MyLegacy.
  - Published – The ACP is available in NEHR and MyLegacy.
  - History – The ACP was withdrawn or replaced by a newly published ACP. It is not available in NEHR or MyLegacy.
- Results are based on the form creation date range
- Used for tracking ACP activity across different form statuses

2. Published Form Report

- Lists published ACP forms only
- Excludes:
  - Withdrawn forms
  - Deactivated patients
  - Deceased patients
- Used for reporting and operational purposes

3. Withdrawn Form Transactional Report

- Lists withdrawn ACP forms
- Includes reasons for withdrawal
- Supports auditing and governance monitoring

6 TYPES OF SUMMARY REPORTS (1/2)

Reflect the aggregated number of ACP patient records

1. NHS Report

- Counts patients with a Nominated Healthcare Spokesperson (NHS)
- Shows the relationship between patient and NHS
- Includes published ACP forms only
- Data organized by ACP form type

2. Care Preference Report

- Summarises patients' care preferences
- Includes published ACP forms only
- Care questions vary by ACP form type

3. Preferred Place of Death Report

- Summarises patients' preferred place of death from PPC forms
- Compare preference with patient bio-data
- Includes published ACP forms only

6 TYPES OF SUMMARY REPORTS (2/2)

Reflect the aggregated number of ACP patient records

4. Utilisation Report

- Shows the number of ACP forms created by the selected organization
- Includes Draft and Published status
- Includes the number of new patients created with ACP forms
- Deceased individuals are included in counts
- Withdrawn or deactivated forms reduce totals

5. ACP Workload Report

- Track ACP forms contributed by certified facilitators
- Used to monitor facilitator activity and workload
- Deceased individuals are included
- Withdrawals or deactivations reduce totals

6. Withdrawn Form Summary Report

- Provides a high-level summary of withdrawn ACP forms
- Aggregates withdrawal counts and reasons
- Supports management reporting and audit oversight

3 TYPES OF AUDIT REPORTS

Reflect each user's movements for audit purposes

1. Audit Login Report

- Records all user login activities
- Includes logins performed via Corppass and Azure
- Used for security monitoring and audit purposes

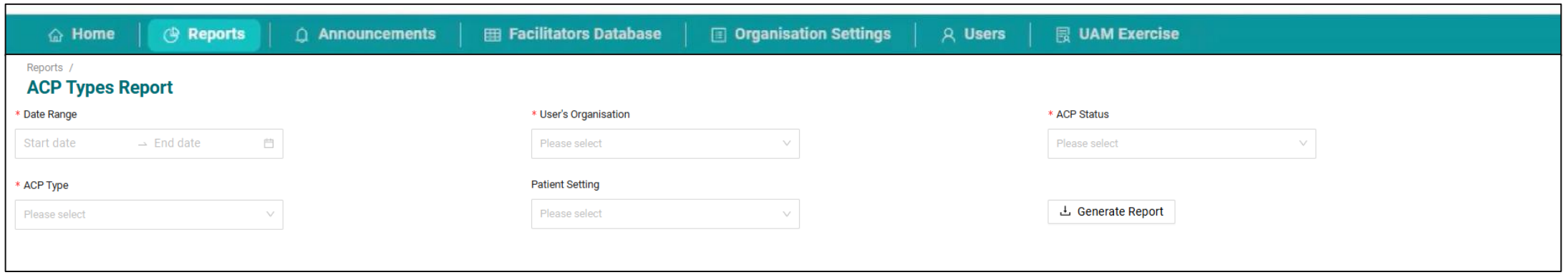
2. Audit Patient Report

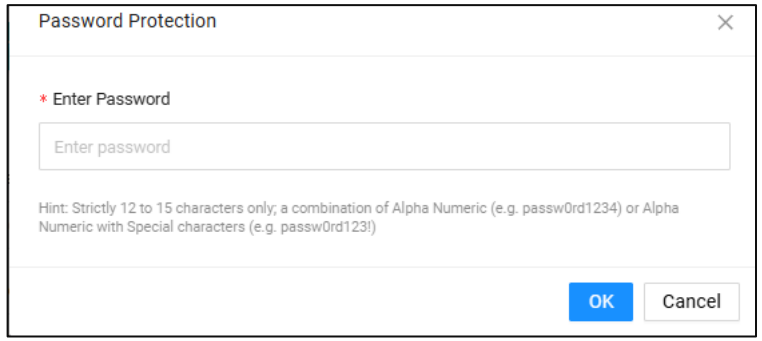
- Captures the audit trail of all actions performed on a patient record
- Supports traceability of patient-related activities

3. Audit Log Report

- Records system actions not related to login or patient activities
- Includes administrative and other operational system actions

REPORTS





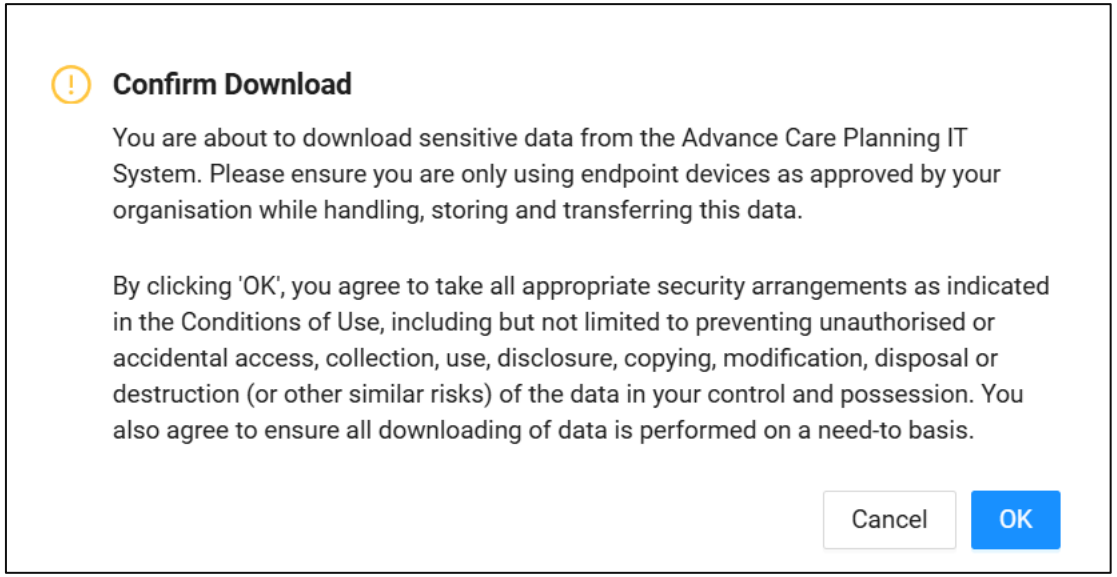
4. To generate the report, fill in the fields.
5. Generate Report.
6. Enter a password to protect personal data.
7. A progress tab will appear.
8. Users will receive an email when the report is generated.
9. The request will remain in the system for 5 calendar days from the date of request.



REPORTS

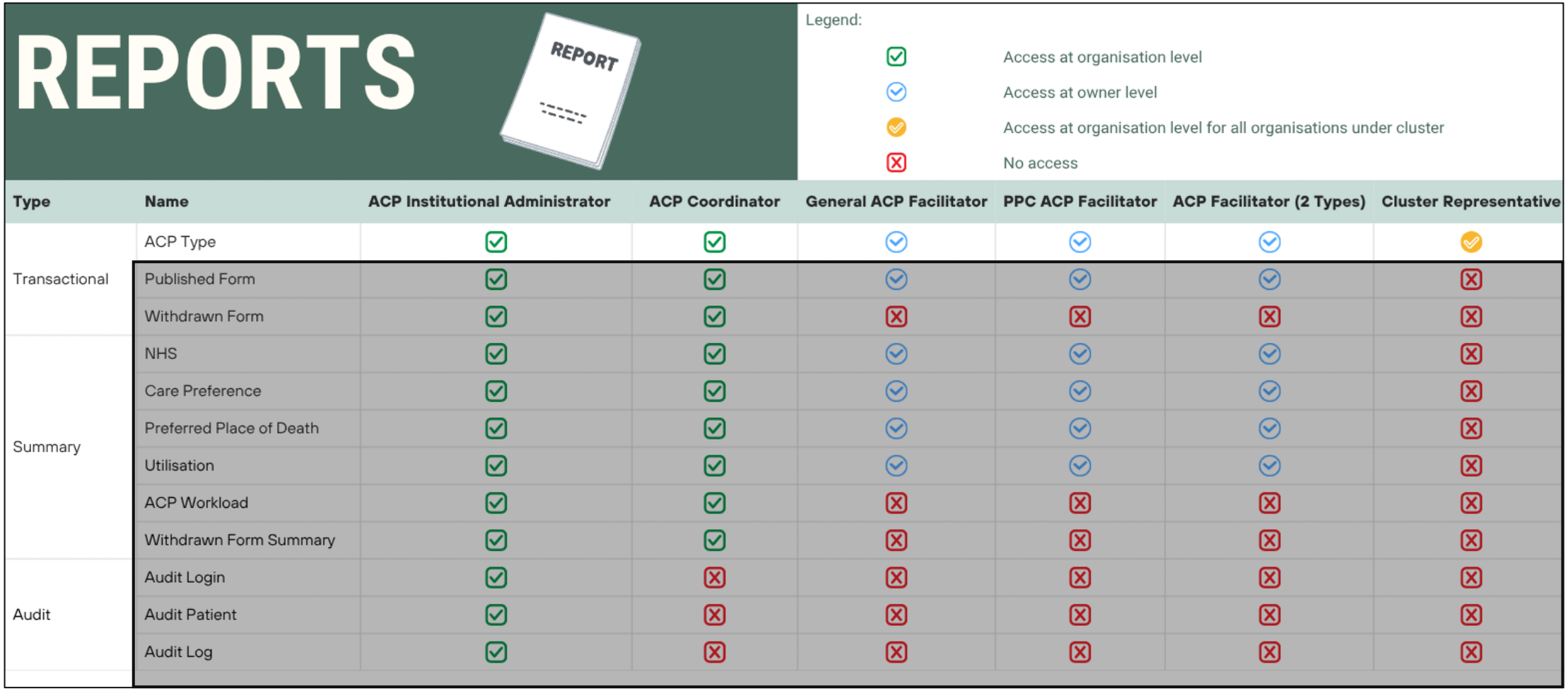


S/No	Requested At	Status	Action
1	19-Jun-2026 02:40:23 PM	Completed	ACPTYPEREPORT_20260619144023.xlsx



10. Click on the Report name. (e.g. ACPTYPEREPORT_20260619144023.xlsx)
11. Confirm Download.
12. The report will be downloaded.
13. Input the password to view the report.

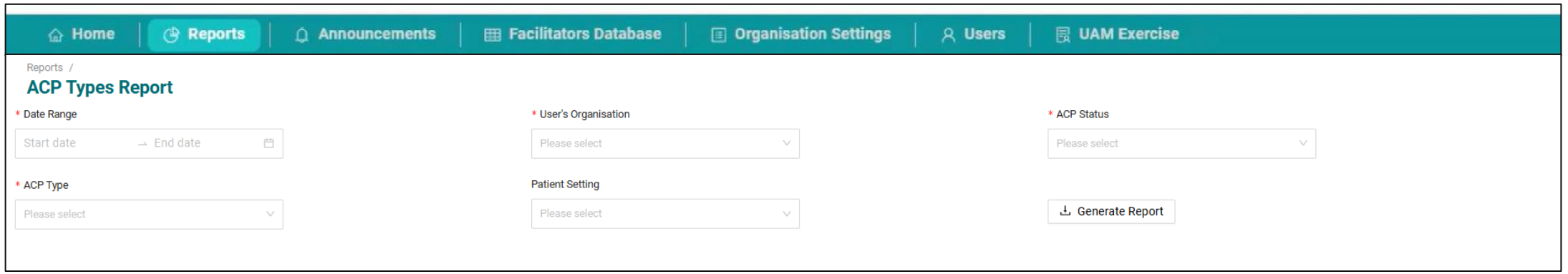
ACP TYPES REPORT



Type	Name	ACP Institutional Administrator	ACP Coordinator	General ACP Facilitator	PPC ACP Facilitator	ACP Facilitator (2 Types)	Cluster Representative
	ACP Type	☑	☑	☑	☑	☑	☑
Transactional	Published Form	☑	☑	☑	☑	☑	☒
	Withdrawn Form	☑	☑	☒	☒	☒	☒
Summary	NHS	☑	☑	☑	☑	☑	☒
	Care Preference	☑	☑	☑	☑	☑	☒
	Preferred Place of Death	☑	☑	☑	☑	☑	☒
	Utilisation	☑	☑	☑	☑	☑	☒
	ACP Workload	☑	☑	☒	☒	☒	☒
	Withdrawn Form Summary	☑	☑	☒	☒	☒	☒
Audit	Audit Login	☑	☒	☒	☒	☒	☒
	Audit Patient	☑	☒	☒	☒	☒	☒
	Audit Log	☑	☒	☒	☒	☒	☒

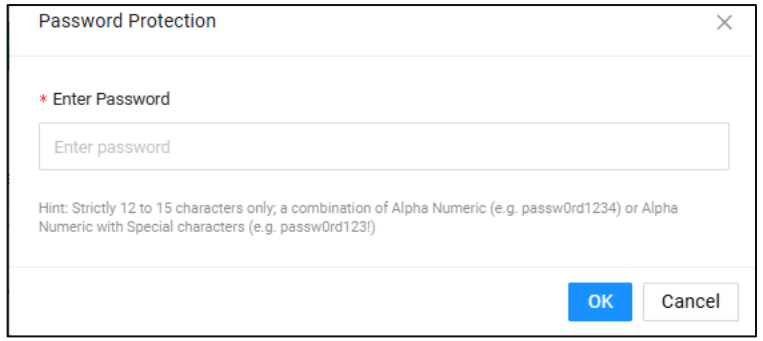
The ACP Type Report allows users to generate a list of all ACP forms that are in draft, published or history status, within a specified date range based on when the forms were created in the system. This report is mainly used for workload reporting for ACP programme and funding.

ACP TYPES REPORT

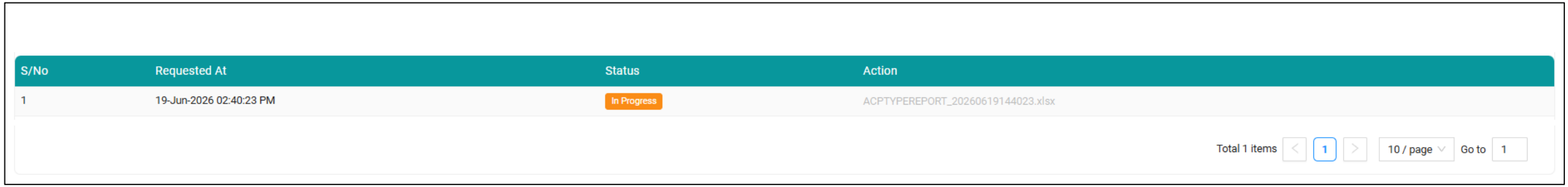


1. Go to the “Reports’ tab and select ACP Types Report.
2. To generate the report, select:
    1. Correct date range
    2. All the organisations and users under organisation or cluster
    3. ACP status “published” and “history”
    4. All ACP types “General”, “Preferred Plan of Care” and “Disease specific”
    5. All patient setting
3. Generate Report.

ACP TYPES REPORT



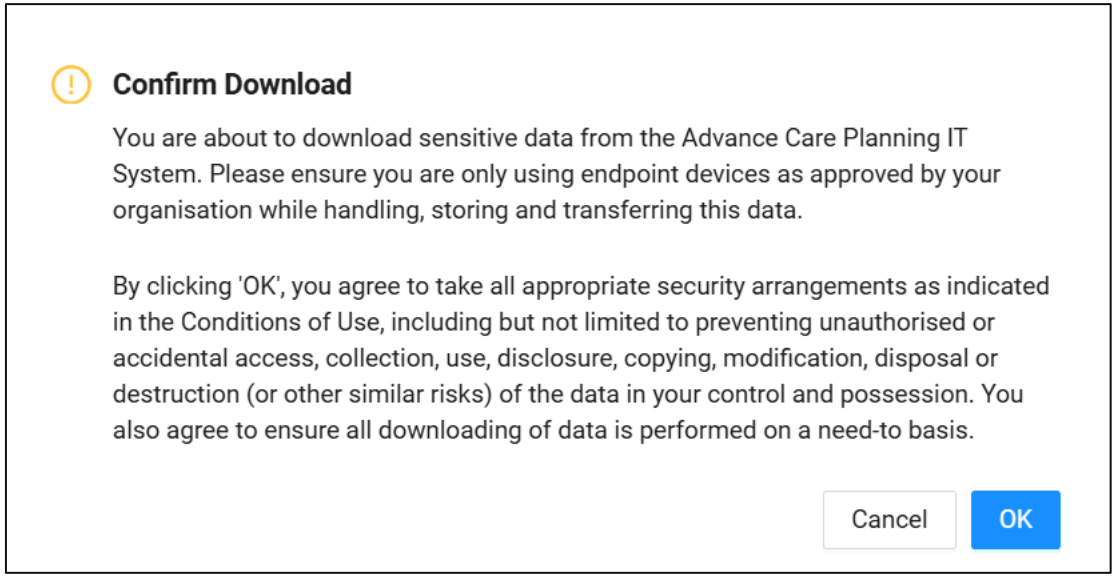
4. Enter a password to protect personal data.
5. A progress tab will appear.
6. Users will receive an email when the report is generated.
7. The request will remain in the system for 5 calendar days from the date of request.



ACP TYPES REPORT



S/No	Requested At	Status	Action
1	19-Jun-2026 02:40:23 PM	Completed	ACPTYPEREPORT_20260619144023.xlsx



8. Click on the Report name (e.g. ACPTYPEREPORT_20260619144023.xlsx)
9. Confirm Download.
10. The report will be downloaded.
11. Input the password to view the report.
12. The excel sheet will contain:
    i. The transactional data, which includes Date of ACP Session, Type of ACP, ACP Status, Published Date, Modified Date, Facilitator Name, and Withdrawal Details.
    ii. A summary based on Name of Cluster, Sector Type, Organisation Name and No. of Published ACPs.



ADDITIONAL COORDINATOR AND INSTITUTIONAL ADMINISTRATOR FUNCTIONS - WITHDRAWALS

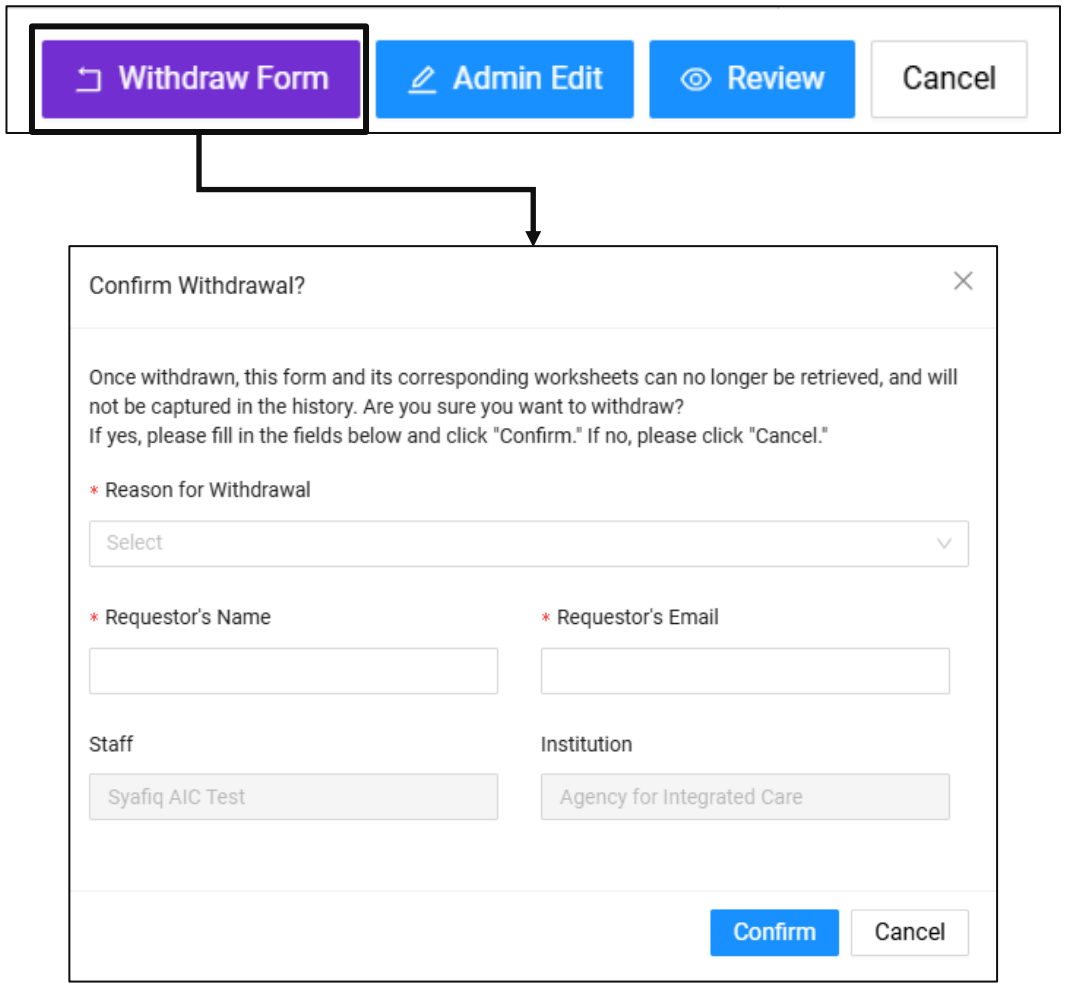
ROLES WITHIN ACPS

Role	Description	Recommended for
ACP Coordinator	ACP Coordinator role is granted to trained ACP Facilitators who are certified to conduct both types of ACP (General and PPC) for patients. In addition, they hold a privileged role at the institutional level to withdraw forms (e.g. in the event of consent withdrawal) and access reports that contains ACP information of all the patients whom their institution encounters.	This role is recommended for ACP Team leads who are ACP practitioners and certified to conduct both types of ACP (General and PPC). They may also use the report function for programme development and reporting purposes.
ACP Institutional Administrator	Institutional Administrator role is granted to programme administrators at the institutional level. They are not required to be a certified facilitator and thus there will be no 'writing' access granted under this role. They are able to access Audit Reports and other reports that contain patients' ACP information. This role can withdraw forms (e.g. in the event of consent withdrawal).	This role is recommended for ACP Programme Leads who are not ACP practitioners. They have the key role to make use of the report function for programme development and reporting purposes.

WITHDRAWALS

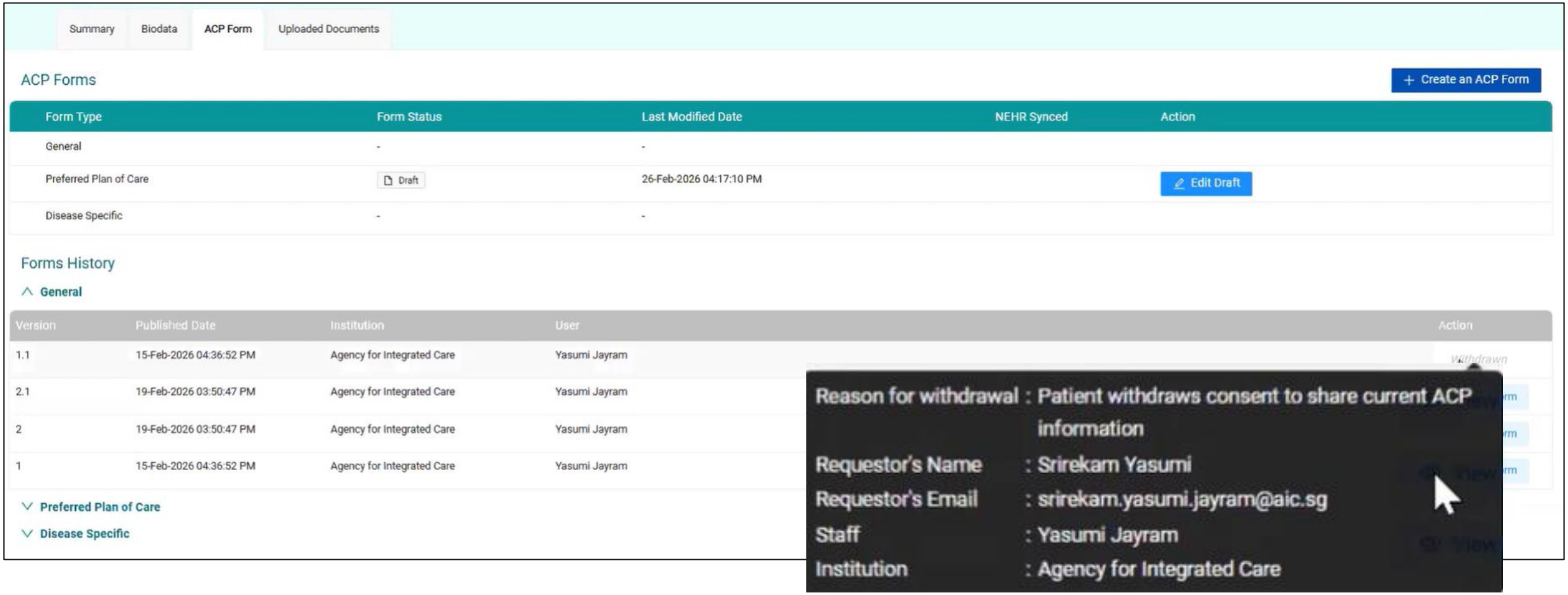
1. Forms can be withdrawn for the following reasons:
    i. Patient withdraws consent to share current ACP information
    ii. Data entry error
    iii. Duplication of form
    iv. Wrong patient
    v. Others (to specify)
2. Once withdrawn, the form and its corresponding worksheets are not longer retrievable and will not be captured in the history.
3. Only the following users can withdraw ACP forms:
    i. ACP Coordinators
    ii. Institutional Administrators
4. Note:
    1. If there are changes in patient's care preferences, Review the ACP form.
    2. If there are typo edits required for ACP form, make Administrative Edits to the ACP form.
    3. Patient may have multiple ACP forms in the form history. Ensure you are withdrawing the intended form.

WITHDRAWALS



1. Search for patient using NRIC/OID in the search bar.
2. Click on the patient name to view profile.
3. Select the ACP Form tab.
4. View ACP Form.
5. Select “Withdraw Form”.
6. A confirmation pop-up will be displayed. User must:
    i. Select a reason for withdrawal
    ii. Enter the requestor’s name and email address
7. Click Confirm to proceed with withdrawal.

WITHDRAWALS



8. Withdrawal details are recorded in ACP form history. Details can be viewed by hovering over the form status.
9. An email notification will be sent to the facilitator who published the form to confirm the withdrawal action.

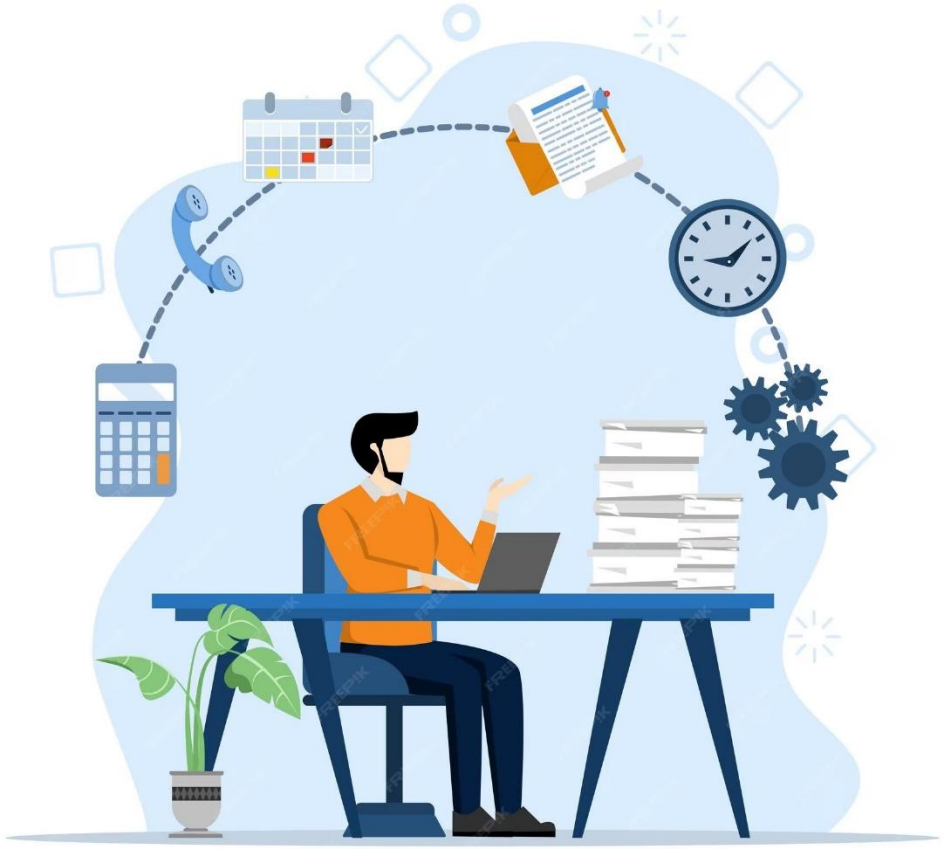


TRAINING ADMINISTRATOR FUNCTIONS

TRAINING ADMINISTRATOR ROLE

Role	Description	Recommended for
Training Administrator	The Training Administrator role is only for training partners to key training details into ACPS directly. Training records and facilitator database will be digitised and stored within ACPS. Upon role request, the system will check if the facilitator is trained and certified to have access to the system.	This role is recommended for training partners to key in the training details into the system directly.

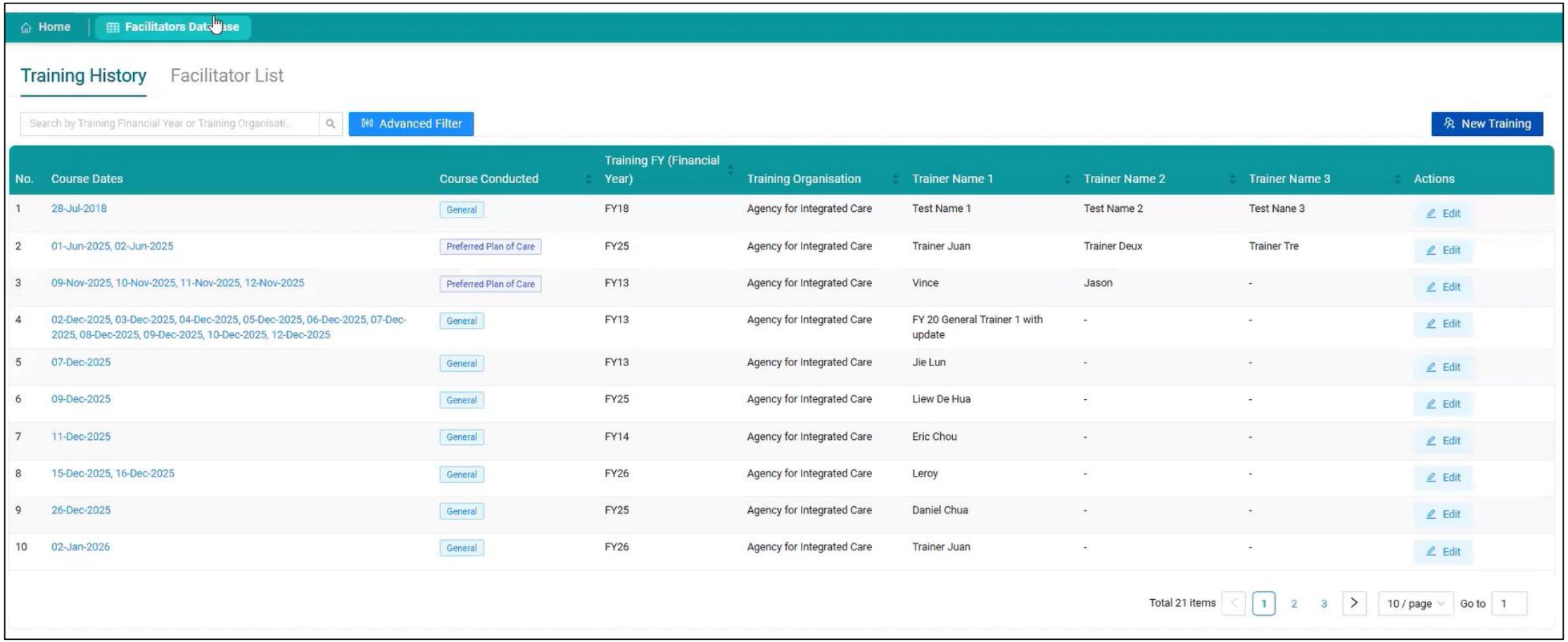
TRAINING ADMINISTRATOR



Overview

- Training Administrator is a new role for training partners only.
- Enables direct entry and management of training and facilitator records in the ACPS.
- The Facilitator Database is digitised and used to verify facilitator training eligibility.
- NRIC/FIN is used as a unique identifier for facilitators.
- The system checks training records before role requests are processed.
- If a facilitator is not trained for the requested role, the role request will not be sent for approval.
- Accurate data entry ensures correct role access and prevent delays.

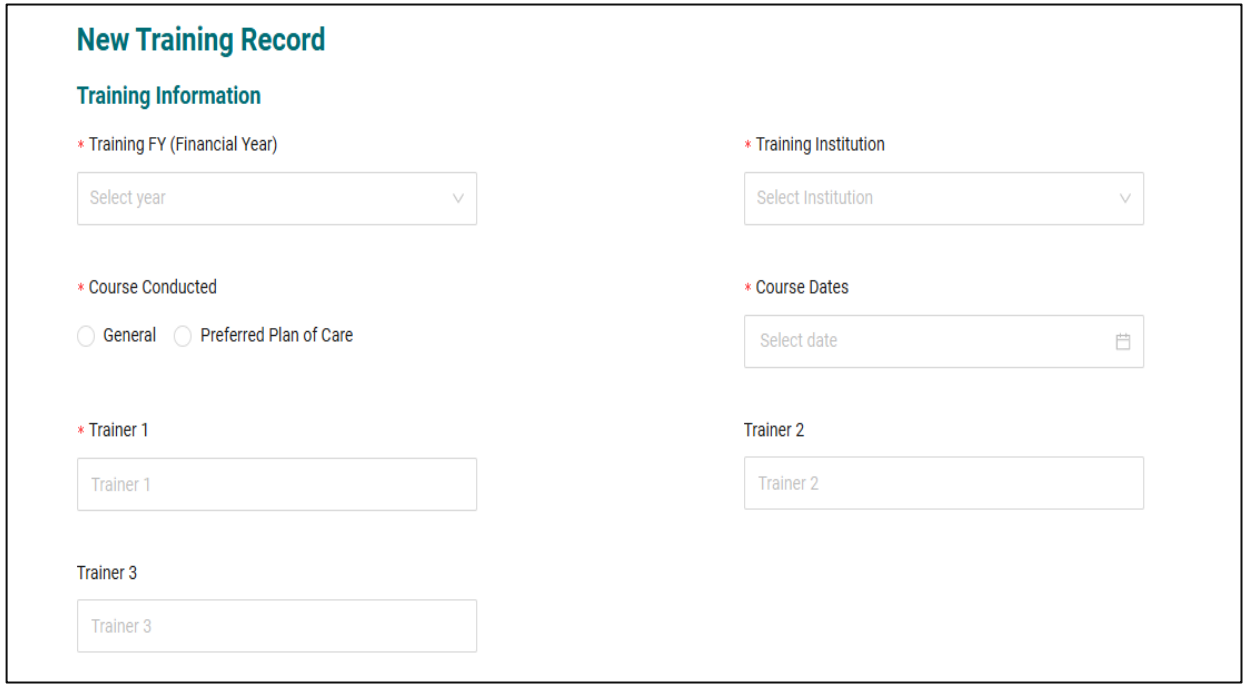
TRAINING ADMINISTRATOR – FACILITATOR DATABASE



1. Navigate to the “Facilitator Database” tab.
2. View and manage the training records and facilitators list.

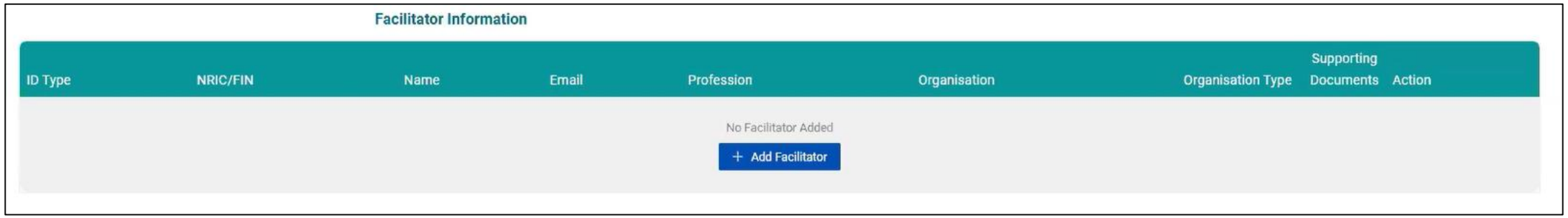
TRAINING ADMINISTRATOR – CREATE TRAINING RECORD

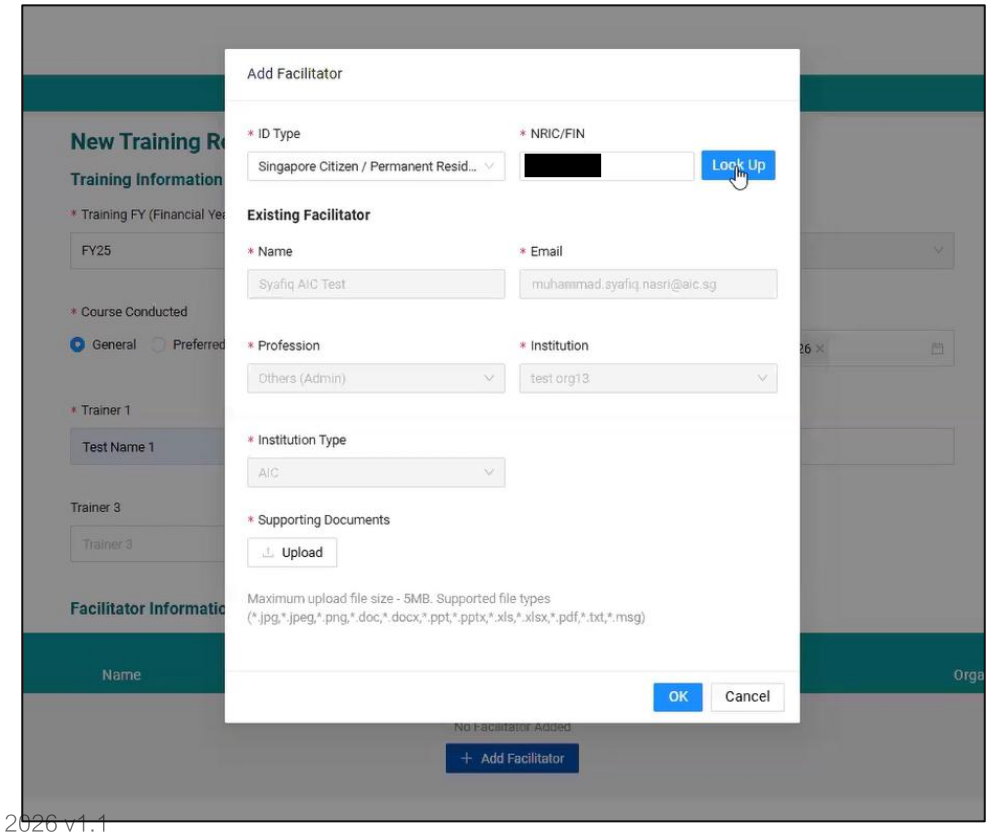




3. Under Training History, Select “New Training”.
4. Complete all required training fields.

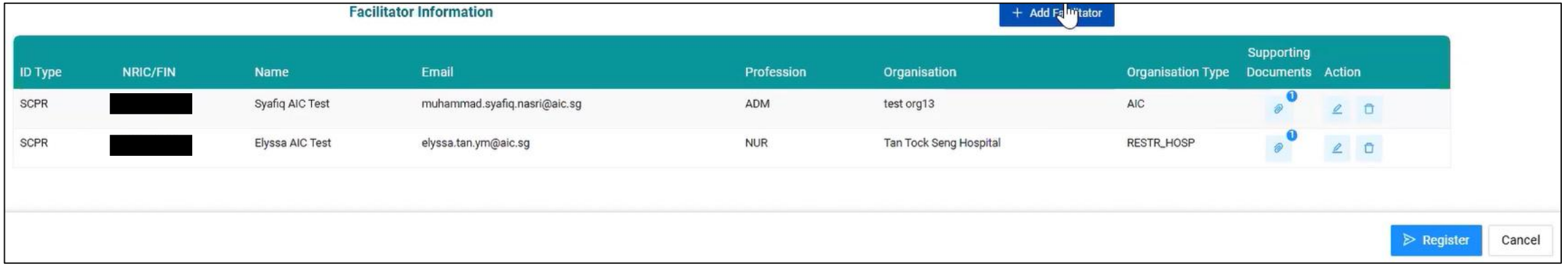
TRAINING ADMINISTRATOR – ASSIGNING FACILITATOR

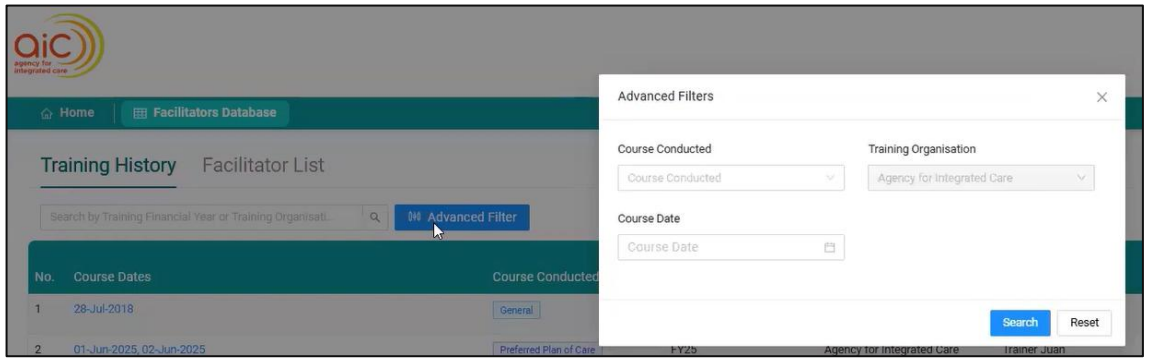


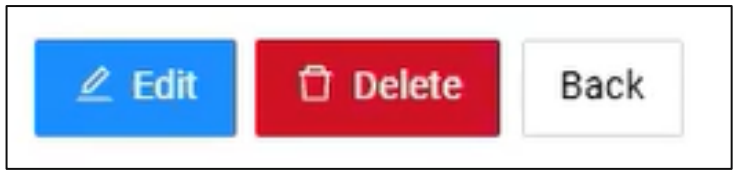


5. Select “Add Facilitator”.
6. Complete all required facilitator details.
7. The “Look Up” button allows administrators to check if the facilitator already exists in facilitator database.
8. Existing facilitator details will auto-populate.
9. Existing records cannot be edited at this stage.
10. Upload mandatory supporting documents as proof of training.
11. Multiple documents may be uploaded.

TRAINING ADMINISTRATOR – MANAGING RECORDS

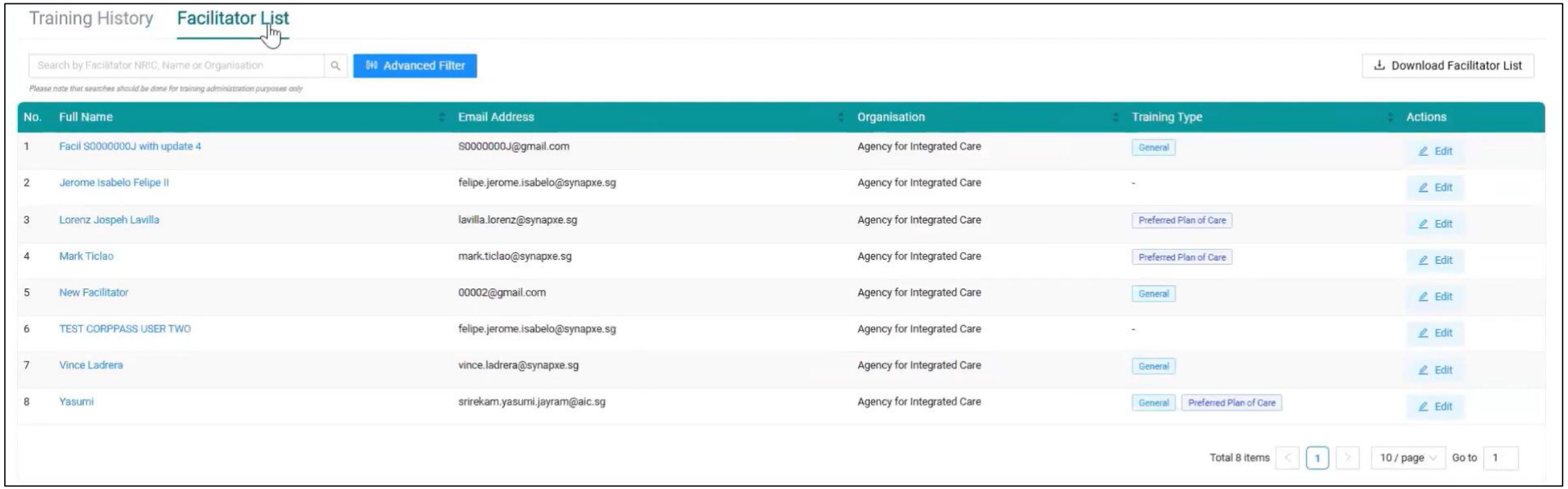






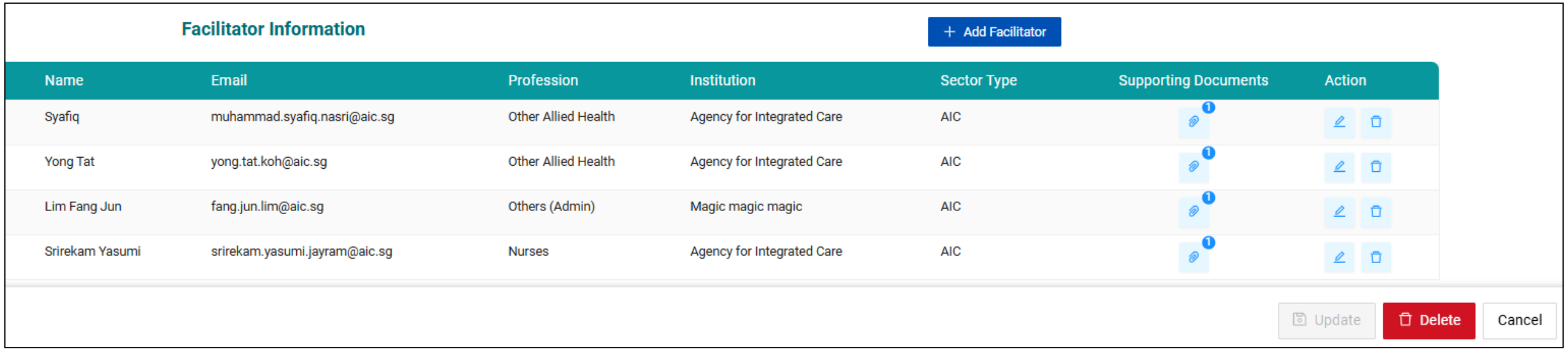
12. Register the training.
13. Search trainings by Financial Year.
14. Advanced filters:
    i. Course conducted.
    ii. Training organisation.
    iii. Course date.
15. Edit or delete training records conducted by your organisation if needed.

TRAINING ADMINISTRATOR – SEARCH FOR FACILITATOR



16. Under Facilitator List, search for facilitators using NRIC/FIN, Name or Organisation.
17. Administrators can search for all facilitators in the facilitator database.

TRAINING ADMINISTRATOR – EDITING FACILITATOR DETAILS



18. Data accuracy is critical as the training records and facilitator details are used to validate facilitator eligibility for ACP roles. Errors may result in rejected role requests or delayed system access.
19. AIC may approach TAs for rectification of training records if facilitator's NRIC/FIN has been updated or erroneous.
20. TAs will need to delete the facilitator record with the old/incorrect NRIC/FIN from the training record and add the updated facilitator as a new entry in the training record.

TRAINING ADMINISTRATOR – EDITING FACILITATOR DETAILS

S/N	Scenario	Follow-up
1	Update in citizenship / NRIC details a) Training Admin A from Organisation M creates Gen ACP Training Record for Facilitator B, who was on Employment Pass (FIN details) b) Facilitator B becomes a Permanent Resident and updates citizenship and NRIC details in ACPS profile page c) Facilitator B will lose access to ACPS as NRIC in profile does not match FIN in facilitator database	Delete existing record and add new record with updated details i. AIC will contact Organisation M Training Admins ii. Any Training Admin from Organisation M can enter ACPS and search for the training record. iii. Under Facilitator Information, delete Facilitator B record with FIN details. iv. Add Facilitator B record with NRIC details.



TRAINING ADMINISTRATOR – EDITING FACILITATOR DETAILS

S/N	Scenario	Follow-up
2	Typo in facilitator's NRIC during training record creation a) Training Admin C from Organisation O creates PPC ACP Training Record for Facilitator D with NRIC S1234567P b) Facilitator D applies for ACPS access with NRIC S1234567B and is not found in the facilitator database. c) AIC investigates and discovers that NRIC of Facilitator D has a typo in the facilitator database.	Delete existing record and add new record with correct details i. AIC will contact Organisation O Training Admins ii. Any Training Admin from Organisation O can enter ACPS and search for the training record. iii. Under Facilitator Information, delete Facilitator D record with incorrect NRIC details S1234567P. iv. Add Facilitator D record with correct NRIC details S1234567B.





CLUSTER REPRESENTATIVE FUNCTIONS

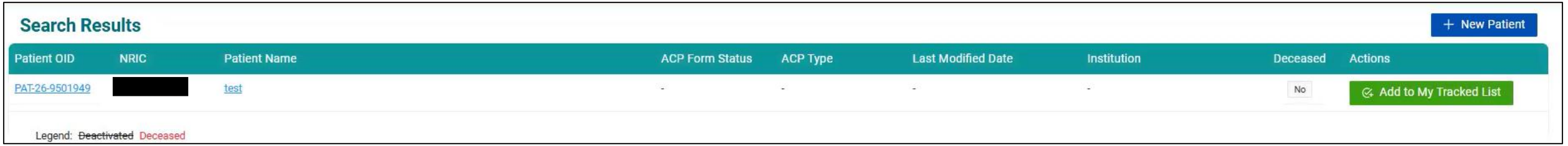
CLUSTER REPRESENTATIVE ROLE

Role	Description	Recommended for
Cluster Representative	The Cluster Representative role is only for clusters to access and review ACP Type Reports for institutions assigned to Clusters under ACP programme for funding purposes.	This role is recommended for clusters to review workload funding and audit purposes of their partnered institutions under ACP programme.

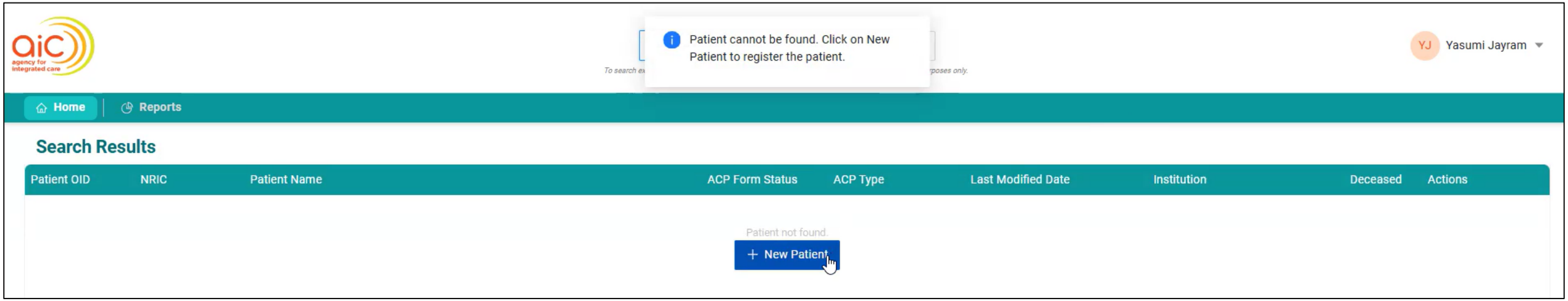
SEARCH PATIENT



1. Search for patient using NRIC/OID in the search bar.
    i. Users are strongly encouraged to use the OID, a unique identifier given to the patient, instead of NRIC/FIN when communicating with colleagues. This reduces the risk of data breaches and facilitates safe communication regarding ACP cases.
2. If the patient exists, the system will display the search results. Click on the patient name to view profile.

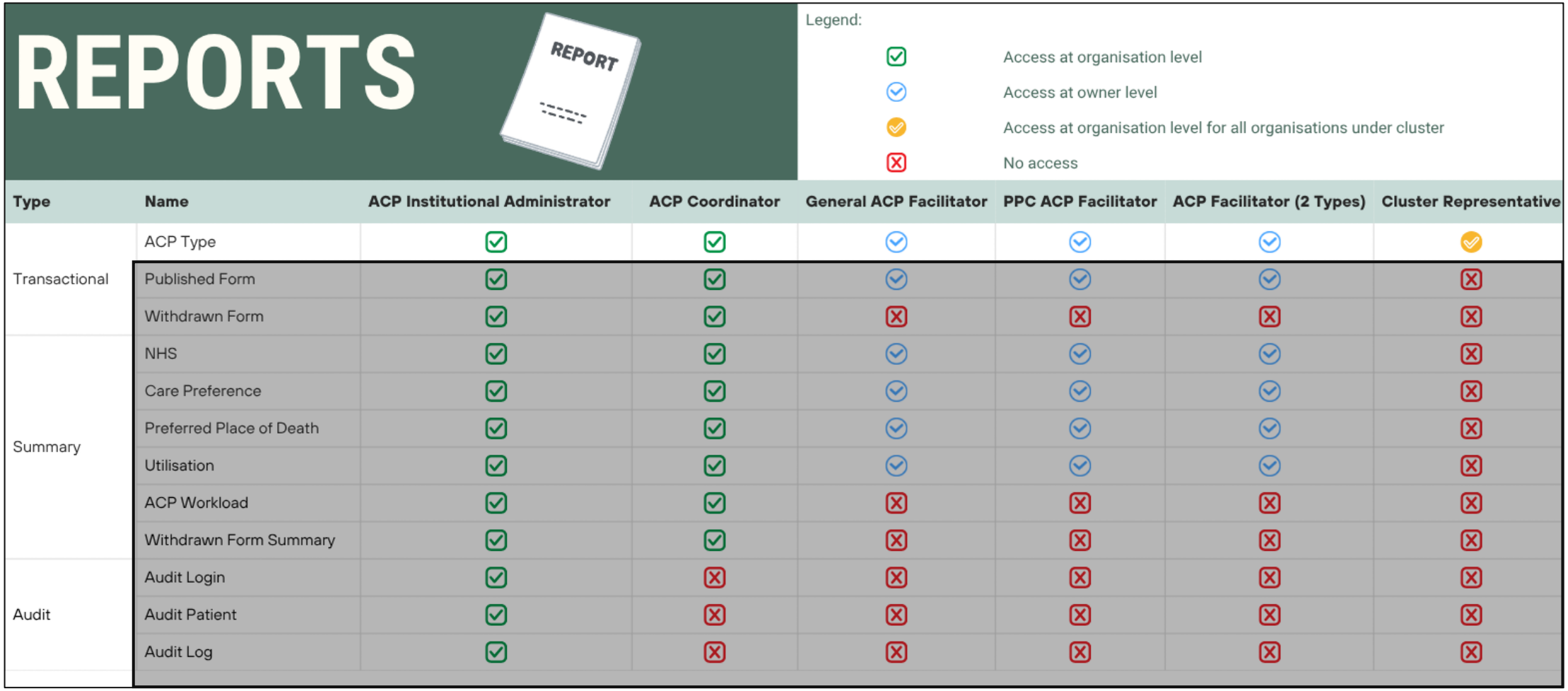


SEARCH PATIENT



3. If the patient does not exist, the system will display the following notification: “Patient cannot be found. Click New Patient to register the patient.”

ACP TYPES REPORT



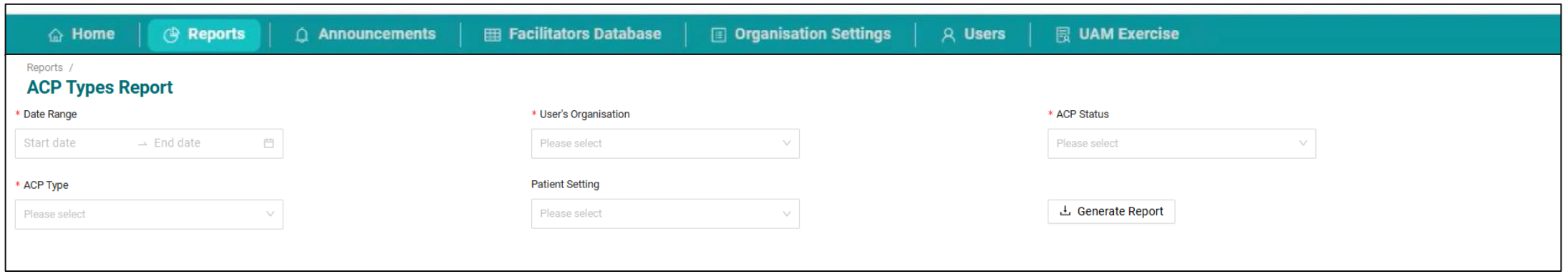
Legend:

- Access at organisation level
- Access at owner level
- Access at organisation level for all organisations under cluster
- No access

Type	Name	ACP Institutional Administrator	ACP Coordinator	General ACP Facilitator	PPC ACP Facilitator	ACP Facilitator (2 Types)	Cluster Representative
	ACP Type	✓	✓	✓	✓	✓	✓
Transactional	Published Form	✓	✓	✓	✓	✓	✗
	Withdrawn Form	✓	✓	✗	✗	✗	✗
Summary	NHS	✓	✓	✓	✓	✓	✗
	Care Preference	✓	✓	✓	✓	✓	✗
	Preferred Place of Death	✓	✓	✓	✓	✓	✗
	Utilisation	✓	✓	✓	✓	✓	✗
	ACP Workload	✓	✓	✗	✗	✗	✗
	Withdrawn Form Summary	✓	✓	✗	✗	✗	✗
Audit	Audit Login	✓	✗	✗	✗	✗	✗
	Audit Patient	✓	✗	✗	✗	✗	✗
	Audit Log	✓	✗	✗	✗	✗	✗

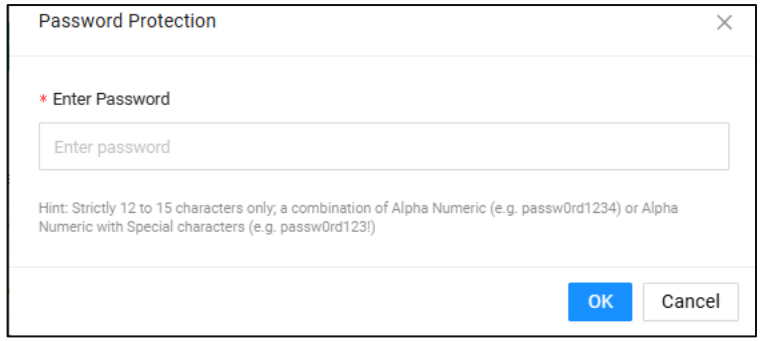
The ACP Type Report allows users to generate a list of all ACP forms that are in draft, published or history status, within a specified date range based on when the forms were created in the system. This report is mainly used for workload reporting for ACP programme and funding.

ACP TYPES REPORT

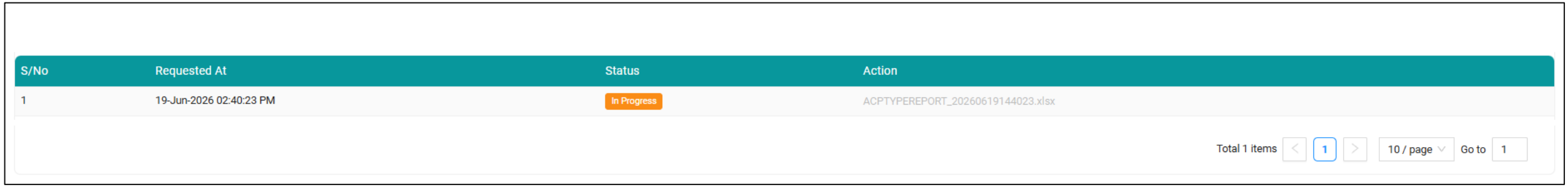


1. Go to the “Reports’ tab and select ACP Types Report.
2. To generate the report, select:
    1. Correct date range
    2. All the organisations and users under organisation or cluster
    3. ACP status “published” and “history”
    4. All ACP types “General”, “Preferred Plan of Care” and “Disease specific”
    5. All patient setting
3. Generate Report.

ACP TYPES REPORT



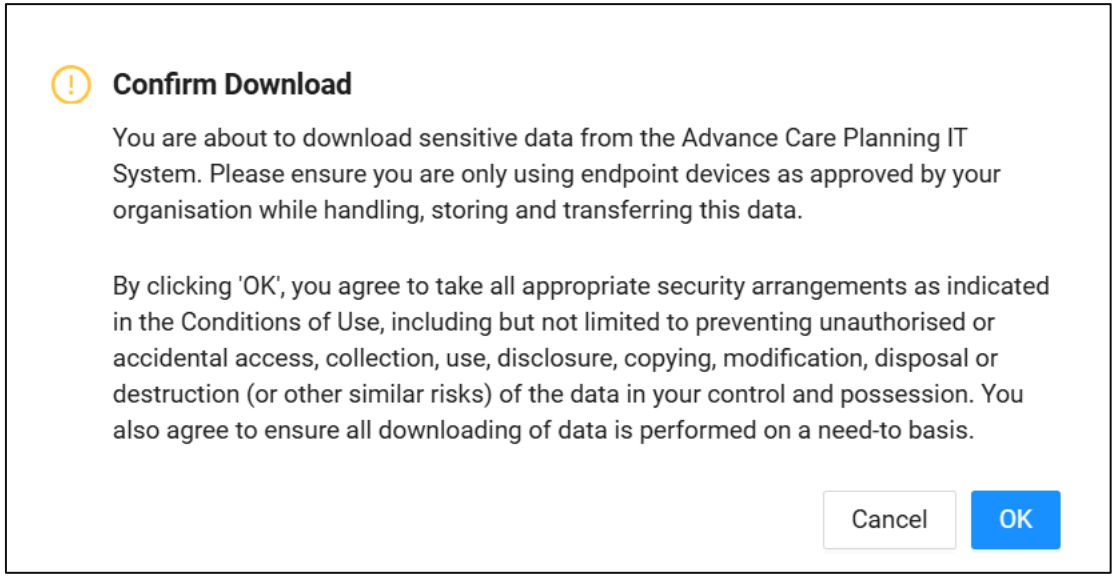
4. Enter a password to protect personal data.
5. A progress tab will appear.
6. Users will receive an email when the report is generated.
7. The request will remain in the system for 5 calendar days from the date of request.



ACP TYPES REPORT



S/No	Requested At	Status	Action
1	19-Jun-2026 02:40:23 PM	Completed	ACPTYPEREPORT_20260619144023.xlsx



8. Click on the Report name (e.g. ACPTYPEREPORT_20260619144023.xlsx)
9. Confirm Download.
10. The report will be downloaded.
11. Input the password to view the report.
12. The excel sheet will contain:
    i. The transactional data, which includes Date of ACP Session, Type of ACP, ACP Status, Published Date, Modified Date, Facilitator Name, and Withdrawal Details.
    ii. A summary based on Name of Cluster, Sector Type, Organisation Name and No. of Published ACPs.



VIEWER FUNCTIONS

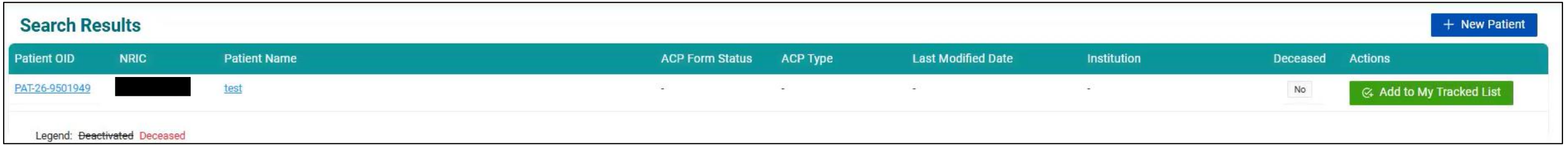
VIEWER ROLE

Role	Description	Recommended for
Viewer	The viewer role is only for viewers who do not have National Electronic Health Records (NEHR) access and need to view ACP information.	This role is recommended for healthcare professionals who do not have NEHR access and need to view ACP information.

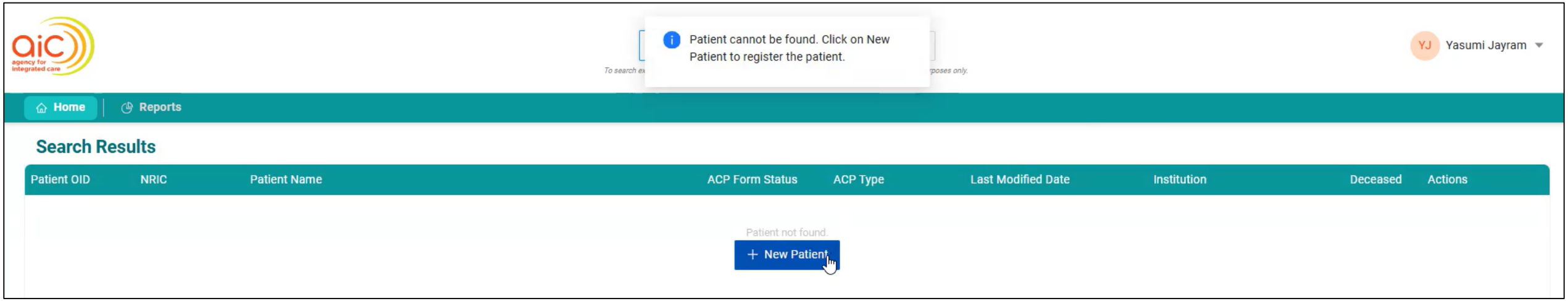
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SEARCH PATIENT



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THANK YOU

Connecting You to Community Care