Cheshire EPaCCS Digital Roadmap

2019 - 2023

Executive Summary

This is Cheshire's digital roadmap for the implementation of an Electronic Palliative Care Coordination System (EPaCCS); a key digital initiative enabling advance care planning and improved communication and coordination of care at end of life.

Covering a four-year period, this roadmap provides an overview of the shared digital vision for EPaCCS across Cheshire and sets out the short, medium and longer-term goals (and required plan) to fully embed the system within the local end of life healthcare system and to ensure greater alignment overtime with the wider digital strategy for Cheshire and Merseyside.

This digital roadmap has been developed in line with the Palliative Care Coordination: Core Content 'Requirements Specification[1]', and the associated 'Information Governance Guidance[2]' and 'Implementation Guidance[3]', as well as the 'EPaCCS Recommended IT System Requirements[4]' documents.

Introduction

People considered to be approaching end of life often require care that is supported by a combination of health and social care services, which are often provided by a wide range of professionals and staff groups, as well as by their families and other carers.

EPaCCS is a nationally recognised system for enabling improved communication and better coordination of care. EPaCCS is underpinned by technology, which facilitates the recording and sharing of accurate, consistent and timely information about patients in their year of life, so that the right information is available in the right place, for the right person, to make the right decisions, at the right time.

The overall aim of EPaCCS is to improve patient experience and care at the end of life, by putting patient's wishes and preferences at the centre and helping to create an environment where healthcare professionals (regardless of employer) can work easily together.

A digital vision for EPaCCS

A fully embedded system that enables the transfer of information electronically, to support advance care planning and improved communication and coordination of care at the end of life

We will do this by:

- ☑ Using technology to identify those individuals with progressive life-limiting illness whom would benefit from advance care planning, such as people with a dementia diagnosis, people with long-term conditions and people who are severely frail, as well as those individuals with a cancer diagnosis.
- ☑ Empowering individuals (and their families/carers) to have direct access to their EPaCCS record and enabling them to contribute information to it, so that they have greater control over determining what information is recorded and how it is then shared.
- ☑ Supporting healthcare professionals to have proactive, person-centred conversations with individuals about their condition and their wishes and preferences for end of life care, and enabling them to then share this information with others professionals involved in delivering care
- ☑ Empowering healthcare professionals to have direct access to accurate, consistent and timely information, electronically, at the point of care delivery, to support appropriate treatment decisions and interventions

Our Approach

Improving experience and quality of care for patients coming to the end of their lives is everyone's business – there is no single individual, team, service or organisation that can do this alone.

We are therefore taking a whole-systems approach to delivering EPaCCS across Cheshire i.e. organisations and practitioners are committed to working together to plan and implement coordinated actions, that address several key success factors, required to achieve the shared vision for EPaCCS. These critical success factors include:

Our Pledges

We will:

- ☑ **Make the most of what we already have** by using existing systems and trying best to connect our present digital resources and committing to new ways of working
- ☑ **Co-design and co-produce with the person at the centre,** by working with patients and staff; ensuring that what we develop is designed around what works for them
- ☑ **Share our learning and also learn from others**, both locally and nationally; creating a learning from best practice approach

Our Digital Partners

Implementation of EPaCCS across Cheshire involves the following partner organisations:

▪ Central Cheshire Integrated Care Partnership	▪ NHS South Cheshire CCG
▪ Cheshire & Wirral Partnership NHS Foundation Trust	▪ NHS Vale Royal CCG
▪ East Cheshire Hospice	▪ NHS West Cheshire CCG
▪ East Cheshire NHS Trust	▪ St Luke's Hospice
▪ EMIS Health	▪ The Countess of Chester Hospital NHS Foundation Trust
▪ Graphnet	▪ The End of Life Partnership
▪ Mid Cheshire Hospitals NHS Foundation Trust	▪ The South Cheshire and Vale Royal GP Alliance
▪ NHS Eastern Cheshire CCG	

Cheshire EPaCCS – Achievements So Far

Implementation of EPaCCS across Cheshire commenced with an early adopter pilot in East Cheshire during 2013 –14. The learning and outcomes of the pilot evaluation were used to subsequently plan the phased roll-out of EPaCCS across Cheshire (phase 1 during 2014 /15 and phases 2,3 and 4 during 2015/16 onwards**.**

As part of implementation an EPaCCS steering group comprising representation from key partner organisations was established and importantly, continues to meet on a regular basis to oversee EPaCCS implementation and provide the necessary direction and expert advice required to plan and deliver local developments.

To date partners across Cheshire have digitally achieved the following:

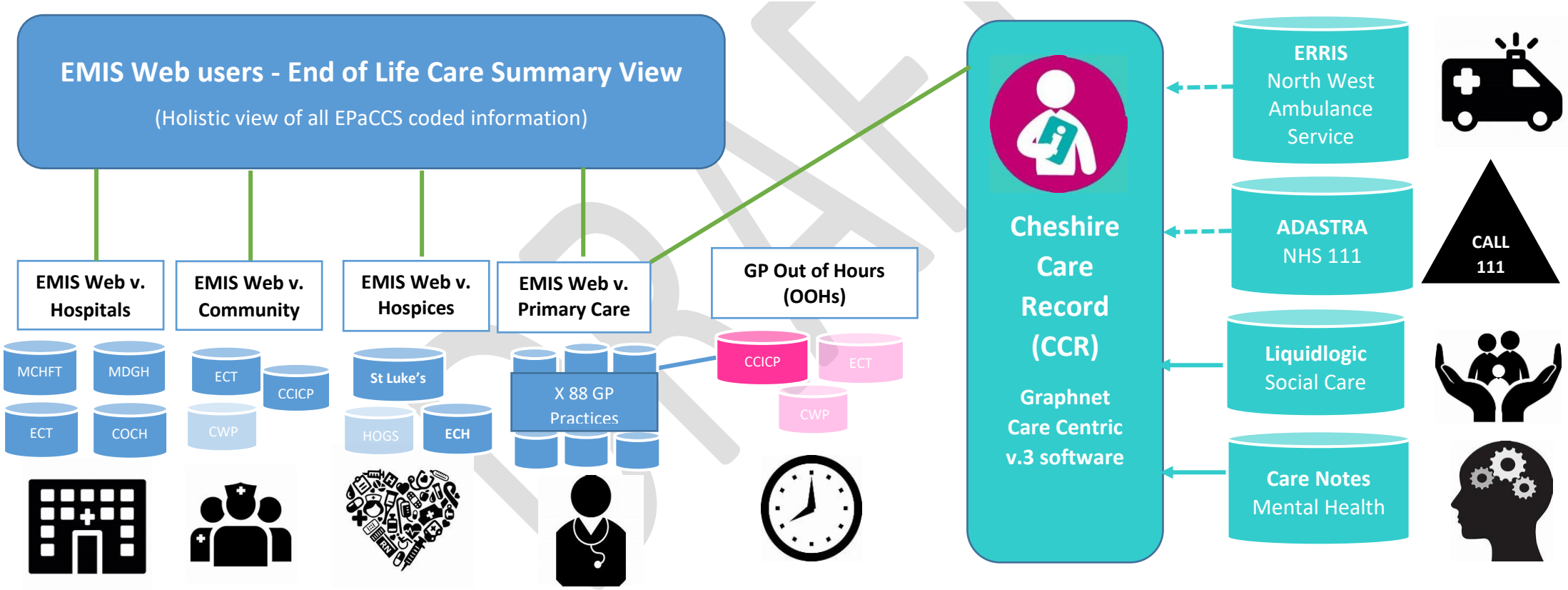
- Compliance with the Palliative Care Coordination Information Standard (ISB 1580), which specifies the core content required to support high-quality, coordinated end of life care
- Compliance with SNOMED CT coding , meaning we're all using the same language which makes it easier for clinicians to view shared information
- Secured EMIS Health for two of the three Hospices (East Cheshire Hospice and St Luke's) and Hospitals (MCHFT & MDGH) meaning that they are now using EMIS Web software to record EPaCCS information
- Signed EPaCCS information sharing agreements for the secure recording, storing and sharing of end of life information between relevant partner organisations – *see appendix for current information sharing agreement matrix*
- Secured EMIS Web EPR Viewer for GP OOHs in South & Vale Royal giving clinicians 24 hour access to patients' GP records, including end of life information
- Influenced the prioritisation of EMIS Health access for a number of teams that frequently care for people at the end of life: Specialist Palliative Care, Acute Oncology, Tumour site specific specialist nurses, Integrated Discharge & Heart Failure.
- Development plans for the integration of EPaCCS with the Cheshire Care Record that are built using national Interoperability Toolkit (ITK) specifications.

The following page provides a visual overview of the current EPaCCS landscape across Cheshire

Current EPaCCS Landscape

Key:

- Solid Green Line – Coded EPaCCS data exchanged
- Dashed Green Line – Data exchange in development
- Blue Cylinder – Instance of EMIS with active end of life coding
- Faded blue cylinder – Instance of EMIS requires/in development
- Read only access to patients' GP record via EMIS EPR Viewer
- Pink cylinder- Access to EPaCCS data via EPR Viewer
- Faded pink cylinder – Access to EPaCCS data required/in development
- Solid Turquoise Line – Exchange with CCR enabled
- Dashed Turquoise Line – Exchange with CCR in development



To help contextualise the current EPaCCS landscape, the following sections provide a detailed summary of the local systems 'specification'. *In creating this section people should refer to the 'EPaCCS Recommended IT System Requirements' document (page 17 Requirements Summary), as a guide.*

Information Governance

Where data is transferred between organisations, a secure legal basis for doing so is needed. This should additionally be supported by data sharing agreements to ensure there are appropriate information governance safeguards and adequate data security and data protection measures in place.

Each delivering organisation should ensure a **Privacy Impact Assessment (PIA)** has been completed or retrospectively undertaken. Further guidance on performing a PIA can be found on the Information Commissioners Office website

Approach – In order for a complete EPaCCs record to be available and usable participating organisations must agree to information sharing via the EMIS system whether this is via enabling data sharing from within an organisations own EMIS system or via other connections to other local Patient Information Systems such as the Cheshire Care Record. This data sharing should meet the specifications outlined in the local Minimum Dataset for End of Life.

Organisations are also advised to complete data sharing agreements with all partner organisations based on the templates that can be found in the local EPaCCs Operational Policy.

EPaCCs Consent – Consent wording for the EPaCCs template is dictated nationally. At a local level, patients EPaCCs data will still be shared even if this consent box is unticked, this is because consent checkboxes within the EMIS EPaCCS template have no relation to the general sharing consent for the patients' whole medical record. The Cheshire EPaCCS steering Group have produced a consent statement that describes this function and how it should be applied locally.

Further details of recommended implementation standards around Audit and Data Security and Confidentiality can be found on the NHS Digital Website. However all implementations of EPaCCs should also consider other local and national guidance, standards and legislation such as General Data Protection Regulation where applicable.

Interoperability

Using EPaCCS dataset in line with the national information standard – with all our different systems meeting the same standard and using the same language, information can be shared and viewed by other healthcare professionals

The core dataset for EPaCCS is held within EPaCCS records, based on the North West EPaCCS Template

There is a national interoperability specification, which includes specific interoperability messages that have been developed to help information flow between different systems and therefore support care co-ordination such as ***notifications, document retrieval***

Functional Overview

Systems are designed to perform specific tasks to fulfil specific functions. Locally any implemented system where possible should seek to confirm with the Requirements Specification outlined in national information standard SCCI11580.

It is recommended that each provider record any areas where their implementation is not able to meet the national recommended standards.

Locally it is recommended that any EPaCCs implementations supporting system be capable of the following:

General

- Data items conform to the national information standard for palliative care (SCCI 1580)
- Supports the recording of palliative and end of life preferences
- capture a consent decision that relates directly to recording and sharing an EPaCCS record
- Allows for the removal of EPaCCS related information
- Prompts a review date to be set when an EPaCCS record is created
- Provides prompts users about recording cardiopulmonary resuscitation
- All coded information should be capture using SNOMED CT codes

Patient Access

- Allows for the printing of EPaCCS records
- Information provided to a patient can be filtered

Reporting

- Provides reporting capabilities
- Supports full data extracts
- Provides a summary view of all the EPaCCS coded information in a patients' record
- Prevents further access to a patients EPaCCS record if the patient withdraws their consent

Technical (Non-Functional) Overview

Systems must work in a certain way in order to meet 'business' needs. This section helps to describe the technical (or quality) aspects of our current EPaCCS.

Data

- Information held within the system is coded using SNOMED CT
- SNOMED CT data is kept up-to-date
- NHS Numbers are used as the primary unique identifier for a person
- Documentation can be attached to EPaCCS records
- Changes to the core data set can be made easily

Infrastructure

- Accessible over N3
- Offline access is provided (via EMIS Mobile and via locally redundant infrastructure where appropriate)
- Interoperability between non-EMIS systems is supported by the Graphnet Care Centrix software

User Interface

- A person's preferences appear as a single record
- Cross-organisational tasks, alerts and warnings

Access to EPaCCS data via EMIS Web

Hospitals

Mid Cheshire Hospital NHS Foundation Trust (Leighton Hospital) has an EPaCCS instance of EMIS web, which runs alongside their OOH and A&E instances. There are a number of key clinical teams that have been given appropriate access rights to EMIS to use EPaCCS within their working practice, these include:

Team	No. of Licences	Access rights
Macmillan Specialist Palliative Care	X2	Read and Write
Macmillan Lung Cancer	X4	Read and Write
Acute Oncology	X5	Read and Write
Bowel cancer screening	?	Read only
Heart Failure	X2	Read and Write
Upper GI	X3	TBC
Head and Neck	X1	TBC
Haematology	X2	Read and Write
Integrated Discharge	X9	TBC

East Cheshire NHS Trust (Macclesfield District General Hospital) provides physical health services for the population of Eastern Cheshire. All ECNT palliative care teams, community nursing and therapy services, adult and paediatric, use EMIS Web as their full EPR with full read and write access to EPaCCS as well as via their mobile device using the mobile app or Horizon virtual desktop, allowing access anytime, anywhere. Several areas within the Acute setting now have access to EMIS Web and are actively encouraged to access EPaCCS and the shared records and summaries.

With full sharing agreements across all East Cheshire Primary Care organisations as well as East Cheshire Hospice we are able to share appropriate EPaCCS summary screens.

Whilst East Cheshire GP OOH service remains on Adastra they do have full access to EMIS Web, able to view EPaCCS, full patient records and book published appointments directly into GP surgery diaries.

Community Services

Central Cheshire Integrated Care Partnership provide physical health services for the populations of South Cheshire and Vale Royal. During the summer of 2018, the partnership procured and transitioned staff to a new EMIS.org, following the re-commissioning of the community contract in 2016 (previously staff were using ECT's version of EMIS Community). All staff have full read and write access to EPaCCS through EMIS Web and have mobile working software (EMIS Mobile) to enable them to access all the core elements of EMIS Web anytime, anywhere.

NB: As part of CCICP's transition to EMIS Community there were a number of services which were not in scope including the GP Out-of-Hours Service. GP OOH continue to use ADASTRA as their primary clinical system, however staff within the service have been permitted read only access to EMIS Web via EMIS EPR Viewer.

Hospices

St Luke's Hospice provide palliative and end of life care to people in the Cheshire Area. During 2017 St Luke's Hospice implemented a new EMIS Community system to replace their use of Crosscare. All staff both in care and day hospice have access to EMIS and are coding EPaCCS information within their settings

East Cheshire Hospice provide palliative and end of life care to people in East Cheshire and Buxton area. The Hospice have been using EMIS Web as their clinical system since April 2015. All clinical staff in all services have access to EMIS Web and are using coded templates to record patient information. The Hospice has an EPaCCS template and summary screen available to all services.

Primary Care

There are 88 individual practices across Cheshire, each with their own instance of EMIS.

Other routes of digital communication

- Cheshire Care Record allows interoperability with non-EMIS systems and is provided by Graphnet using the Care Centrix software. Participating partners currently include: East Cheshire NHS Trust, Mid Cheshire Hospital Trust, Countess of Chester Hospital, Cheshire Wirral Partnership, and a growing number of GP Practices that represent Primary Care.

- North West Ambulance Service (NWAS) uses a Clinical IT system called ERRIS. This system provides a secure portal for organisations to inform NWAS of care planning arrangements for specific patient groups.

  Current concerns with using this communication route include, requires a separate log-in, is an additional task that needs completing alongside many other similarly important tasks, and limitations to the information held within ERISS that subsequently affect the quality of the information relayed to ambulance crews on the ground.

- Special Patient Notes for NHS 111 and GP OOH - Notes that can be attached to a new or existing patient to alert or highlight any specific care requirements, long term care plans or any other item of useful information for the patient. They will show up in the main Adastra v3 system when the patient contacts the service.

Cheshire EPaCCS - Where we want to be, digitally?

There are a number of gaps in terms of current access to and subsequent use of electronic end of life information. Partners across Cheshire plan to address these gaps through the EPaCCS steering group including:

- Ambulance service, NHS 111, Social Care and Mental Health to have access to end of life information via the Cheshire Care Record
- EPaCCS module to be part of the Hospitals EPR
- Find solutions so that Care Homes are part of the EPaCCS landscape

- Explore solutions for partners currently not involved in EPaCCS
- Enable patient access to EPaCCS records
- Upload Advance Care Planning documentation within EPaCCS including DNACPR forms

With regards to outstanding functional and non-functional requirements, Partners expect to see progress with:

- Printable version of the End of Life Care Summary View which could then be taken on home visits, or left in the front of care home notes
- Equality reporting to support organisations in ensuring equitable provision of care and support at end of life

Future Considerations/Dependencies/Assumptions

Considerations

MCHFT and MDGH are to jointly commence procurement of an Electronic Patient Record (EPR) called Cerner. This is a system already used at Wirral University Teaching Hospital, whom are currently developing an end of life module. The local EPR is likely to terminate use of EMIS Web software at the hospitals and efforts will be required to ensure that data feeds from within Cerner can easily integrate and transfer information between itself and existing EMIS systems.

EMIS Cloud development – Current planned developments to move EMIS into a cloud based infrastructure will eliminate current sharing issues between Primary Care and Community Care systems where by entries in EPaCCs records in the community systems are not fed back into the Primary Care systems. However, these developments will most likely not be seen in the Community EMIS environment for 5-10 years.

Care Home technology limitations – Many Care Homes still operate in an environment where computers are situated only in management offices and technology is not widely available to care staff.

NWAS are working across a much wider geography than Cheshire and are currently exploring their involvement in the Care to Share work across Cheshire & Merseyside. Developments in Greater Manchester Health & Care Partnership around EPaCCS also have the potential to impact on the Eastern Cheshire locality due to patient flows.

Requirement to further understand the planned implementations of EPR and EPaCCs within the West Cheshire Area.

Dependencies

Delivery of Cheshire Care Record development activity

Delivery of a Hospital EPR with abilities for EPaCCS integration

NWAS solutions for interoperability with the CCR are realised and progressed

IT solutions for Care Home access to EPaCCS are identified

Partners are willing to share data and data sharing agreements remain relevant and up to date

Assumptions

Ambulance service have access to electronic devices

Staff working out in the community have access to EMIS Mobile

Digital Challenges and Barriers

- Providing patient's with access to view and contribute to/update their EPaCCS record
- Uploading of ACP documentation
- EPaCCS Reporting – GP system is currently the primary system
- IT Leadership & resources
- Overall engagement – functionality requires commitment from staff to new/different ways of working to realise the potential of EPaCCS
- Up-to-date information – discrepancies between different systems data entries do not become embedded within other clinical systems only the professionals native system
- Care Homes not using electronic IT systems. A lot of their patient records and care plans are paper-based and we have over 120 care homes within our geography
- Number of practices choose not to share their information with other organisations/professionals, including not participating in the Cheshire Care Record
- Misconceptions around EPaCCS, including around the consent position
- Commitment to information sharing amongst partners- including keeping data sharing agreements' relevant and up to date

How are we going to get where we aspire to be?

Short-Term Goals (to March 2019)			
Key Area	**Deliverables**	**How**	**By Who**
Data Exchange	Test EPaCCS data feed from EMIS to the Cheshire Care Record	- Identify test practice - Identify test patient - Obtain practice & patient consent to test - Enable the practice - Test data feed - Evaluate	EMIS & Graphnet
	To influence inclusion of EPaCCS within Hospital EPR implementation plans	-Secure representation from EPaCCS clinical and IT leads within EPR design plans	EPaCCS Steering Group
	Develop unified approach to data sharing agreements across partners	- Draft Initial Agreement - Review with local steering groups and partners	EPaCCS steering group

	Resolve data sharing issues between MCHT , CCICP & St Luke's	- Implment agreement with providers (EMIS etc) - Publish Templates - Replace agreement where appropriate Work with partner organisations to identify the source of the problem and to resolve	EMIS/ CCICP/MCHT/SLH
Data Collection	EPaCCS reporting across all partner organisations to provide a full – picture of EPaCCS uptake and the quality of its use locally	- Establish viable reporting mechanisms with partners - Agree ongoing reporting arrangements and secure commitment/resources	EPaCCS Steering Group
Improve uptake	Launch of template for Cheshire Wirral Partnership Community Teams Support Primary Care Quality Improvement work Define Western Cheshire approaches to EPaCCS	- Work with CWP to develop template and to launch across District Nursing and Macmillan Teams - Run a series of Quality Improvement workshops with Primary Care Networks aligned to use of EPaCCS - Include Western Cheshire plans within digital roadmap	CWP/EoLP/West CCG EoLP/CCG's West CCG
Medium-Term Goals (April 2019 – March 2020)			
Direct patient access to EPaCCS Record	- Deliverables to be defined by the Patient Knows Best Project in Cheshire East	- Link with patient knows best project leads to explore potential solutions	EoLP/ Cheshire East Council

	- Align activity to GP Practice patient access related activity	- Link with wider work around patient access	Steering Group
Data exchange	- To pilot sharing of EPaCCS data with NWAS	- Secure NWAS representative at EPaCCS steering group - link to wider interoperability projects between Cheshire Partners & NWAS	Steering Group/EoLP
Care Homes	- Develop and test models of using EPaCCS in Care Homes	- link to other care home initiatives to integrate EPaCCS agenda	Steering Group/EoLP
Longer-Term (April 2020 and beyond)			
Digital maturity	ACP documentation uploaded to EPaCCS record	TBC	TBC

Glossary

Adastra	A web-based system ….
CBD Number	A Customer Database number for EMIS Health clients. Each instance of EMIS is assigned a CBD number.
EMIS EPR Viewer	A version of the EMIS software specifically for read only access to Electronic Patient Records
EMIS Health	A provider of healthcare technology (systems/software/services)
EMIS Mobile	A software application that allows healthcare professionals to securely access all core elements of EMIS Web through their mobile devices, anytime, anywhere
EMIS Web	A clinical system that allows healthcare professionals to record, share and use information
Functionality	The tasks that an electronic system is able to do i.e. the system provides reporting capabilities
Instance of EMIS	An occurrence of EMIS. Different organisations have set up their own instances of EMIS (often known as EMIS.orgs) – linked to CBD number
Interoperability	The ability of one electronic system to exchange and make use of information from another electronic system
ITK Messages	Messages sent via an ITK system
ITK Toolkit	Insight Toolkit (ITK). ITK is an open-source, cross-platform system that provides developers with an extensive suite of software tools for image analysis

IT Solution	An aggregation of products and services, as opposed to a single, discrete product to help solve a 'business' problem. For example, for antivirus software to be a solution to preventing, detecting and removing malicious software it would need to be bundled with related products, such as spam filters or a backup service.
N3 Connection	The private internet/connectivity service provided specifically to NHS providers and partners
HSCN Connection	Health and Social Care Network. The private internet/connectivity service provided specifically to NHS providers and partners. Will replace N3
Technical	How an electronic system behaves to satisfy a user's standards and needs i.e. information should be coded using SNOMED CT
User Interface	The means by which the user and a system interact, in particular the use of input devices and software.

References

Ref	Title	Source
1.	National End of Life Care Intelligence Network. Palliative care coordination: core content. Requirements Specification	http://www.endoflifecare-intelligence.org.uk/national_information_standard/end_of_life_care_coordination
2.	Electronic Palliative Care Coordination Systems: Information Governance Guidance	https://webarchive.nationalarchives.gov.uk/20160921152006/http://systems.digital.nhs.uk/qipp/library/index_html#end-of-life-care-1
3.	National End of Life Care Intelligence Network. Palliative care coordination: core content. Implementation Guidance	http://www.endoflifecare-intelligence.org.uk/resources/publications/implementation_guidance
4.	EPaCCS Recommended IT System Requirements	http://www.endoflifecare-intelligence.org.uk/national_information_standard/end_of_life_care_coordination

Appendix 1. North West EPaCCS Dataset

Possible grouping	selection	Read V2	Read CTV3	SNOMED	text	Read code term	Item No	SCR
Demographics	s					Record creation date	2	
	s					Planned review date	3	
	s					Date and time of last amendment	4	
	s					Person family name	5	
	s					Person forename	6	
	s					Person preferred name	7	
	s					Person birth date	8	
	s					NHS number	9	
	s	01 Number present and verified 02 Number present but not traced 03 Trace required 04 Trace attempted - No match or multiple match found 05 Trace needs to be resolved - (NHS number / Patient detail conflict) 06 Trace in progress				NHS number status indicator code	10	
	s					Person gender	11	
	s					Person address	12	
	s					Person telephone numbers	13	
	s					Usual GP name	19	
	s					Practice details	20	
Consent status	m	9Nu6.	XaaYI	882921000000109	✓	Consent given for sharing end of life care coordination record	1	
		9Nu7.	XaaYJ	882941000000102	✓	Withdrawal of consent for sharing end of life care coordination record		

		9Nu8.	**XaaYK**	**882961000000101**	✓	**Best interests decision taken (Mental Capacity Act 2005) for sharing end of life care coordination record**		
		9Nu9.	XaaYL	882981000000105	✓	Consent given by legitimate patient representative for sharing end of life care coordination record		
		9Nu90	**XaaYM**	**883001000000106**	✓	**Consent given by appointed person with lasting power of attorney for personal welfare (MCA 2005) for sharing end of life care coordination record**		✓
On gold standards palliative care framework	**s**	**8CM1.**	**XaJv2**	**414937009**	□	**On gold standards palliative care framework**	**33**	✓
GSF Supportive Care Stage	**s**	8CM10	XaR50	518901000000101	□	Gold standards framework supportive care stage 1 - advancing disease		✓
		8CM11	XaR53	518941000000103	□	Gold standards framework supportive care stage 2 - increasing decline		✓
		8CM12	**XaR5A**	**519041000000106**	□	**Gold standards framework supportive care stage 3 - last days: category C - wks prognosis**		✓
		8CM13	XaR5B	519061000000107	□	Gold standards framework supportive care stage 3 - last days: category D - days prognosis		✓
GSF Prognostic Indicator Stage	**s**	**8CM15**	**XaZb7**	**845701000000104**	□	**Gold standards framework prognostic indicator stage A (blue) - yr plus prognosis**		✓
		8CM16	**XaZbA**	**845721000000108**	□	**Gold standards framework prognostic indicator stage B (green) - months prognosis**		✓
		8CM17	**XaZbD**	**845751000000103**	□	**Gold standards framework prognostic indicator stage C (yellow) - weeks prognosis**		✓
		8CM18	**XaZbE**	**845771000000107**	□	**Gold standards framework prognostic indicator stage D (red) - days prognosis**		✓
Likely prognosis	**s**	**2Jg..**	**XacdB**	**968211000000101**	□	**Last months of life**	**34**	✓

		2Jf..	**XacFk**	**955231000000109**	☐	**Last weeks of life**		✓
		2JE..	**XaQg1**	**511401000000102**	☐	**Last days of life**		✓
Personal care plan / review date	s	8CMD.	XaRB2	523051000000100	✓	Personal care plan completed		✓
	s	9Ne0.	XaKSG	185551000000106		Single Assessment Process summary care plan completed		✓
	s	8CM3.	XaLG1	196121000000104	✓	Palliative care plan review	**2**	✓
	s	389..	Ua1P6	225343006	☐	Assessment of needs		☐
	s	9e02.	XaQ8a	492321000000103	☐	Notification to primary care OOHS of palliative care plan in place		✓
Allowances / benefits	s	9EB5.	9EB5.	514591000000108	✓	DS 1500 Disability living allowance (terminal care) completed		
	s	9EB8.	XabBG	910051000000109	✓	Personal Independence Payment claim form completed		
	s	9RL5.	XaXUh	769351000000107	✓	NHS continuing healthcare funding granted		
Ambulance service notified	s	9G8..	XaZmb	854021000000106	✓	Ambulance service notified of patient on end of life care register		
Patient held palliative care record	s	9367.	XaZZe	845021000000105	✓	Patient held palliative care record		
	s	9365.	XaMie	280151000000107		Carer holds patient care plan		✓

Supportive Care needs	s	8BJ2.	XaIlN	243114000	☐	Supportive Care		
	s	9l4..	XaQjr	184087005	☐	Patient removed from supportive care register		
Palliative care	s	ZV57C	ZV57C	4701910 0000010 9	✓	[V]Palliative care		☐
	s	8BJ1.	XaIpI	363676003		Palliative Treatment		
	s	8BAP.	XaIpY	395092004		Specialist palliative care		
	s	8BAR.	XaIsf	395670002		Specialist palliative care treatment - inpatient		✓
	s	8BAS.	XaIt6	395694002		Specialist palliative care treatment - daycare		✓
	s	8BAT.	XaIt7	395695001		Specialist palliative care treatment - outpatient		✓
End of Life diagnosis	**s**				✓	**Primary End of Life Care diagnosis**	**26**	
	s				✓	**Other Relevant End of Life Care Diagnoses and Clinical Issues**	**27**	
Disabilities affecting care	**m**	**F5A..**	**XE0s9**	**151880001**	✓	**Hearing impairment / [CTV3 / SNOMED: Hearing loss]**	**28**	✓
		F49D.	**XE16L**	**397540003**	✓	**Visual impairment / [CTV3: Impaired vision]**		✓
		13oB.	**Xa4Cq**	**288579009**	✓	**Difficulty communicating**		
		28E3.	**Ua189**	**386806002**	✓	**Cognitive impairment**		✓
		13VM.	Ub0in	1975210 0000010 8	✓	Physical disability		✓
		1P80.	Xa2u6	284774007		Able to perform personal care activity		✓
		1P81.	Xa2u7	284775008	✓	Unable to perform personal care activity		✓
		1461.	1461.	161465002	✓	H/O: dementia		

		1PA0.	**Xaato**	**3255410 0000010 6**	✓	**Unable to summon help in emergency**		✓
		13i2.	**XabGs**	**9142710 0000010 3**	✓	**Impaired ability to recognise safety risks**		✓
		13VCZ	**13VCZ**	**2113400 2**	✓	**Disability NOS**		
		115M.	**XaX0D**	**7506910 0000010 6**	✓	**No known disability**		✓
		11520	**XaaYD**	**7031540 09**	✓	**Patient reports no current disability**		✓
Functional status	**s**	**38QF.**	**Xab0M**	**9013610 0000010 1**	*	**Australia-modified Karnofsky Performance Status scale**	**29**	✓
Allergies	**s**				✓	**Allergies / adverse drug reactions**	**30**	
Cardiac device	s	ZV450	ZV450	4271210 0000010 6	✓	[V]Cardiac pacemaker in situ		✓
	s	2JS..	XaNR7	4290820 09	✓	Patient with internal cardiac defibrillator pacemaker		✓
Occupational exposure	s	ZV4C.	ZV4C.	4018410 0000010 8	✓	[V]Occupational exposure to risk-factors		
Frailty	m	13C1.	13C1.	1606800 06	□	Fully mobile		✓
		13C2.	13C2.	1606810 05	□	Mobile outside with aid		✓
		13C3.	13C3.	1606820 03	□	Mobile in home		
		13C4.	13C4.	1606830 08	□	Needs walking aid in home		□
		13C5.	13C5.	1606840 02	□	Confined to chair		✓
		13C6.	13C6.	1606850 01	□	Bed-ridden		✓

		1611.	1611.	161825005		Appetite normal		
		1612.	XE24f	269813009		Appetite loss - anorexia		
		1613.	1613.	72405004		Appetite increased		
		1614.	XE0qa	267023007		Excessive eating - polyphagia		
		1615.	Ua1iv	643790006		Reduced appetite		
		161Z.	161Z.	161824009		Appetite symptom NOS		
		1621.	XE2th	271398006		Weight steady		
		1622.	1622.	161831008		Weight increasing		
		1623.	1623.	161832001		Weight decreasing		
		1624.	1624.	161833006		Abnormal weight gain		
		1625.	XE0qb	267024001		Abnormal weight loss		
		1626.	XaKaA	416528001		Intentional weight loss		
		1627.	XaXTs	448765001		Unintentional weight loss		
		1628.	XaXjS	449361003		Pattern of weight gain		
		162Z.	162Z.	161829004		Weight symptom NOS		
		2231.	2231.	162701007		O/E - Fully conscious		
		2232.	2232.	162702000		O/E - Mentally confused		
		2233.	2233.	162703005		O/E - Delirious		

		2234.	2234.	162704004	□	O/E - Drowsy		
		2235.	2235.	162705003	□	O/E - Semiconscious		
		2236.	XE1h1	268913004	□	O/E - Unconscious/comatose		
		2237.	2237.	162707006	□	O/E - Conscious level fluctuating		
		2238.	XaKSA	416865008	□	O/E - Clouded consciousness		
		2239.	XaKSB	417473004	□	O/E - Decreased level of consciousness		
		223Z.	223Z.	162700008	□	O/E - level of consciousness NOS		
Language	**s**	**9NU0.**	**XaI8X**	**315594003**	✓	**Interpreter needed**	**14**	✓
	s	**13l../13u../13w..**	**XaPGh/XaPGi**	**370157003**	□	**Main spoken language**	**15**	✓
Religion	**s**	**135../13y../13z..**	**135..**		✓	**Religion / [CTV3: Religious affiliation]**		
Ethnic category	s	9i…	XaJQu	92381000000106		Ethnic category - 2001 census		
Sexual orientation	s	1b0..	X766r	42035005	✓	Bisexual	**58**	
		1b1..	X766q	20430005	✓	Heterosexual		
		1b20.	E2201	89217008	✓	Lesbian		
		1b21.	E2200	76102007	✓	Male homosexual		
		1b3..	XaPO2	440583007	✓	Sexual orientation unknown		
Social - accommodation	**s**	**13F2.**	**13F2.**	**160725005**	✓	**Lives alone - help available**		✓
		13F3.	**13F3.**	**160726006**	✓	**Lives alone - no help available**		✓

		13FH.	13FH.	160756002	✓	Lives with relatives		✓
		13F61	13F61	160734000	✓	Lives in a nursing home		✓
		13FK.	XaImT	394923006	✓	Lives in a residential home		✓
		13HQ.	XE0pK	105568001	✓	In prison		
		13D..	Xa8O5	266935003	✓	Homeless		
		13FZ.	13FZ.	224209007	✓	Housing NOS		
Social - family	m	13W9.	13W9.	21959005	✓	Single parent family		
		13WL.	Ua0II	224120001	✓	Family with young children		
		13WP.	Ua0IO	224126007	✓	Family with school aged children		
		13WQ.	Ua0IQ	224128008	✓	Family with teenage children		
		13WJ.	13WJ.	161083000	✓	Help by Relatives		
Other social issues	m	13Z1.	13Z1.	161112004	✓	Illiteracy		✓
		13Z5.	13Z5.	161138004	✓	Literacy problems		✓
		13Z8.	13Z8.	161152002	✓	Social problem		
		13ZN.	XaIOM	390790000	✓	Asylum seeker		
		13ZR.	XaKbP	416142000	✓	At risk of emotional/psychological abuse		
		13ZS.	XaKbQ	417427001	✓	At risk of discriminatory abuse		
		13ZT.	XaKbR	416936003	✓	At risk of physical abuse		
		13ZW.	XaKbT	417361000	✓	At risk of sexual abuse		

		13Z..	**13Z..**	**160476009**	✓	**Social/personal history NOS**		
Organ donation	**s**	**139..**	**139..**	**160654005**	✓	**Wishes to be donor**		
	s	8922.	8922.	182774007	✓	**Consent to donate organs given**		
Other preferences	**s**				✓	**Other Relevant Issues or Preferences about Provision of Care**		
Patient is a carer	s	918G.	Ua0VL	224484003		Is a carer		✓
	m	918W.	XaKBe	413761004	✓	Carer of a person with Learning Disability		✓
		918X.	XaKBf	413763001	✓	Carer of a person with Physical Disability		✓
		918Y.	XaKBg	413764007	✓	Carer of a person with Sensory Impairment		✓
		918y.	XaZ4h	824401000000105	✓	Carer of a person with Dementia		✓
		918c.	XaKBj	413760003	✓	Carer of a person with Chronic Disease		✓
		918d.	XaKBl	413762006	✓	Carer of a person with Mental Health Problems		✓
		918m.	XaMHZ	248611000000108	✓	Carer of a person with Terminal Illness		✓
Main carer and/or next of kin details	**s**	**918F.**	**918F.**	**184156005**		**Has a carer**	**16**	✓
		918V.	**XaJvD**	**414041006**	□	**Does not have a carer**		✓
	s	**91800**	**Ua0VP**	**224487005**	✓	**Details of carer**		✓
	s	**918J.**	**XaJOJ**	**408400006**	✓	**Carer - home telephone number**	**17**	✓
	s	**918K.**	**XaJOK**	**408401005**	✓	**Carer - work telephone number**		✓
	s	**918L.**	**XaJOL**	**408402003**	✓	**Carer - mobile telephone number**		✓

	s	9182.	9182.	184142008	✓	Patient's next of kin		✓
Awareness of diagnosis	s	1H0..	1H0..	162565002	✓	Patient aware of diagnosis		
	s	1H1..	1H1..	162566001	✓	Patient not aware of diagnosis		
	s	1H2..	1H2..	162567005	✓	Family aware of diagnosis		
	s	1H3..	1H3..	162568000	✓	Family not aware of diagnosis		
	s	n/a	XaZKn	473308007	✓	Carer aware of diagnosis		
Awareness of prognosis	s	67D1.	XaClt	310868002	✓	Informing patient of prognosis	**18**	
	s	67G1.	XaE7h	313010003	✓	Informing next of kin of prognosis		
	s	**66W31**	**XaX1e**	**751961000000104**	✓	**Relative aware of prognosis**		✓
		66W41	**XaXBG**	**760101000000101**	✓	**Relative unaware of prognosis**		✓
	s	**66W30**	**XaX1d**	**473301001**	✓	**Carer aware of prognosis**		✓
		66W40	**XaVzE**	**711951000000105**	✓	**Carer unaware of prognosis**		✓
End of Life Care Key Worker	**s**	**9NNZ.**	**XaQkE**	**512831000000101**	✓	**Has end of life care key worker**	**21/22**	✓
	s	**9NNa.**	**XaQkJ**	**512891000000100**	✓	**Has end of life care key general practitioner**		✓
Careworkers or services involved in care	**m**	9NN6.	XaAOt	305455009	✓	Under care of GP	**23/24/25**	✓
		9NNA.	XaAQs	305580007	✓	Under care of Practice Nurse		✓
		9NNF.	**XaARG**	**305602008**	✓	**Under care of dietician**		✓

		9NNV.	XaLKF	201481000000104	✓	Under care of social services		✓
		9NNd.	**XaZhw**	**850951000000107**	✓	**Under care of palliative care specialist nurse**		✓
		9NNe.	**XaZi1**	**851011000000103**	✓	**Under care of oncologist**		✓
		9NNf.	**XaAP7**	**852031000000100**	✓	**Under care of physician**		✓
		9NNf0	**XaAPW**	**305496007**	✓	**Under care of palliative care physician**		✓
		9NNf1	**XaAPQ**	**305490001**	✓	**Under care of care of the elderly physician**		✓
		9NNf2	**XaAPC**	**305476004**	✓	**Under care of respiratory physician**		✓
		9NNf3	**XaAP9**	**305472002**	✓	**Under care of cardiologist**		✓
		9NNf4	**XaAPU**	**305494005**	✓	**Under care of neurologist**		✓
		9NNf5	**XaAPT**	**305493004**	✓	**Under care of nephrologist**		✓
		9NNg.	**XaAQS**	**305554006**	✓	**Under care of nurse**		✓
		9NNg0	**XaAQU**	**305556008**	✓	**Under care of clinical nurse specialist**		✓
		9NNg1	**XaAQm**	**305574004**	✓	**Under care of community based nurse**		✓
		9NNg2	**XaAQq**	**305578001**	✓	**Under care of district nurse**		✓
		9NNR.	XaLJP	201161000000102	✓	Under care of community matron		✓
		9NNh.	**XaAP6**	**305469009**	✓	**Under care of pain management specialist**		✓
		9NNi.	**XaAPz**	**305525000**	✓	**Under care of surgeon**		✓

		9NNj0	**XaARJ**	**305605005**	✓	**Under care of occupational therapist**		✓
		9NNj1	**XaARR**	**305613006**	✓	**Under care of physiotherapist**		✓
		9NNj2	**XaARU**	**305616003**	✓	**Under care of speech and language therapist**		✓
		9NNk.	**XaZri**	**405775000**	✓	**Under care of social worker**		✓
		9NgD.	XaLKI	201511000000105	✓	Under care of palliative care service		✓
		9NgZ.	**XaZj7**	**851821000000100**	✓	**Has spiritual and cultural support**		✓
		9NgW.	**XaZhv**	**850931000000100**	✓	**Has social services care manager**		✓
		9Nga.	**XaZj9**	**851851000000105**	✓	**Has social care assessor**		✓
		9Ngb.	**XaZm0**	**853721000000106**	✓	**Has direct care worker**		✓
		9Ngc.	**XaZm1**	**853741000000104**	✓	**Has healthcare support worker**		✓
		9Nh0.	XaLkE	246931000000107	✓	Under the care of community palliative care team		✓
		9Nh2.	XaLr5	247691000000100	✓	Under care of community respiratory team		✓
		66S3.	66S3.	170935008	✓	Full care by hospice		✓
		66S4.	66S4.	170936009	✓	Shared care - hospice and GP		✓
Referrals	s	8H7g.	XaAex	306237005	✓	Referral to palliative care service		

	s	8HH7.	XaIlk	25411000000109	✓	Referral to community specialist palliative care team		✓
	s	8H72.	XaBSn	308436005	✓	Referral to District Nurse		
	s	8HY..	XaAeN	306205009	✓	Referral to Hospice		
	s	8HHB.	XaAey	30623800	✓	Referral to Social Service		✓
	s	8H7y.	XaIwd	38921000000104	✓	Referral to housing department		
	s	8H7..	XE0iP	3457005	✓	Other referral		
Advance care planning	s	8CME.	XaRFF	526611000000100	✓	Has end of life advance care plan		✓
	s				✓	**Name and details of additional person to be Involved in Decisions (1)**	**54/55**	
	s				✓	**Name and details of additional person to be Involved in Decisions (2)**	**56/57**	
	s	**9NgH.**	**XaYlc**	**816281000000101**	✓	**Has advance statement (Mental Capacity Act 2005)**	**35**	✓
	s	9NgE.	XaYYQ	765141000000105	✓	Best interest decision made on behalf of patient (MCA 2005)		✓
	s	9NgzG	XaZfO	849101000000103	✓	Standard authorisation for deprivation of liberty under Mental Capacity Act 2005 given		
	s	2JR..	XaXvr	787381000000106		Lack mental capacity make decision (MCA 2005)		
Preferred priorities for care - discussion	m	**9NgJ.**	**XaXrX**	**785091000000102**	✓	**Preferred priorities for care document completed**	**33**	✓
		8Ce8.	XaR4x	518841000000107	☐	Preferred place of care - discussed with patient		✓

		8Ce9.	XaR4y	5188610 0000010 8	☐	Preferred place of care - discussed with family		✓
		8CeA.	XaR55	5189810 0000010 6	☐	Preferred place of care - patient unable to express preference		✓
		8CeB.	XaR7D	5205410 0000010 0	☐	Preferred place of care - patient declined to participate		✓
Preferred place of care - location	s	8Ce0.	XaQTk	5054010 0000010 2	✓	Preferred place of care - home		✓
		8Ce1.	XaQU3	5054310 0000010 8	✓	Preferred place of care - hospice		✓
		8Ce2.	8Ce2.	5054610 0000010 3	✓	Preferred place of care - community hospital		✓
		8Ce3.	XaQU5	5054910 0000010 9	✓	Preferred place of care - hospital		✓
		8Ce4.	XaQU7	5055510 0000010 2	✓	Preferred place of care - nursing home		✓
		8Ce5.	XaaYt	8831610 0000010 6	✓	Preferred place of care - residential home		✓
		8Ce6.	XaR4m	5186610 0000010 9	✓	Preferred place of care - learning disability unit		✓
		8Ce7.	XaR4n	5186810 0000010 0	✓	Preferred place of care - mental health unit		✓
Preferred place of death 1 - discussion	**m**	8CN1.	XaIsy	3956870 00	✓	Preferred place of death: discussed with patient	**36/37/38**	✓
		94ZB.	XaR4u	5188010 0000010 9	✓	Preferred place of death: discussed with family		✓

		94Z6.	XaQzq	51711100000103	□	Preferred place of death: patient unable to express preference		✓
		94Z7.	XaQzr	51713100000106	□	Preferred place of death: discussion not appropriate		✓
		94Z8.	XaQzt	51716100000101	□	Preferred place of death: patient undecided		✓
		94ZD.	XaXOt	76639100000108	□	Preferred place of death: patient declined discussion		✓
Preferred place of death 1 - location	s	94Z1.	XaJ3g	11048100000108	✓	Preferred place of death: home		✓
		94Z2.	XaJ3h	10840100000102	✓	Preferred place of death: hospice		✓
		94Z3.	XaJ3i	89751000000108	✓	Preferred place of death: community hospital		✓
		94Z4.	XaJ3j	10940100000108	✓	Preferred place of death: hospital		✓
		94Z5.	XaJ3k	89761000000106	✓	Preferred place of death: nursing home		✓
		94Z9.	XaR4q	51874100000100	✓	Preferred place of death: learning disability unit		✓
		94ZA.	XaR4s	51877100000106	✓	Preferred place of death: mental health unit		✓
		94ZE.	XaQiX	51207100000106	✓	Preferred place of death: residential home		✓
PPD 1 - usual place of residence	s	94ZF.	XaYsj	81921100000102		Preferred place of death: usual place of residence	39	✓
	m	8CN1.	XaIsy	395687000	✓	Preferred place of death: discussed with patient		✓

Preferred place of death 2 - discussion		94ZB.	XaR4u	5188010000001009	✓	Preferred place of death: discussed with family	**40/41/42**	✓
		94Z6.	**XaQzq**	**51711100000103**	□	**Preferred place of death: patient unable to express preference**		✓
		94Z7.	**XaQzr**	**51713100000106**	□	**Preferred place of death: discussion not appropriate**		✓
		94Z8.	**XaQzt**	**51716100000101**	□	**Preferred place of death: patient undecided**		✓
		94ZD.	**XaXOt**	**76639100000108**	□	**Preferred place of death: patient declined discussion**		✓
Preferred place of death 2 - location	**s**	**94Z1.**	**XaJ3g**	**11048100000108**	✓	**Preferred place of death: home**		✓
		94Z2.	**XaJ3h**	**10840100000102**	✓	**Preferred place of death: hospice**		✓
		94Z3.	**XaJ3i**	**89751000000108**	✓	**Preferred place of death: community hospital**		✓
		94Z4.	**XaJ3j**	**10940100000108**	✓	**Preferred place of death: hospital**		✓
		94Z5.	**XaJ3k**	**89761000000106**	✓	**Preferred place of death: nursing home**		✓
		94Z9.	**XaR4q**	**51874100000100**	✓	**Preferred place of death: learning disability unit**		✓
		94ZA.	**XaR4s**	**51877100000106**	✓	**Preferred place of death: mental health unit**		✓
		94ZE.	**XaQiX**	**51207100000106**	✓	**Preferred place of death: residential home**		✓

PPD 2 - usual place of residence	**s**	**94ZF.**	**XaYsj**	**819211000000102**		**Preferred place of death: usual place of residence**	**43**	✓
Cardiopulmonary resuscitation decision	**s**	**1R00.**	**XaZVX**	**450475007**	✓	**For attempted cardiopulmonary resuscitation**	**44**	✓
		1R10.	**XaZ9c**	**450476008**	✓	**Not for attempted cardiopulmonary resuscitation**		✓
	s					**Date of cardiopulmonary resuscitation decision**	**45**	
	s	**1R…**	**Xa9tR**	**304251008**	□	**Date for review of cardiopulmonary resuscitation decision**	**46**	
	s				✓	**Location of cardiopulmonary resuscitation documentation**	**47**	
	s	**9NgV.**	**XaZZn**	**845151000000104**	✓	**Not aware of do not attempt cardiopulmonary resuscitation clinical decision**	**48**	✓
	s	**67P0.**	**XaLwc**	**873341000000100**	✓	**Resuscitation discussed with patient**		✓
	s	**67F2.**	**XacqM**	**975291000000108**	✓	**Family member informed of cardiopulmonary resuscitation clinical decision**		
	s	**671E3**	**XacqN**	**975311000000109**	✓	**Carer informed of cardiopulmonary resuscitation clinical decision**		
Legal Advance Decision to Refuse Treatment [ADRT]	**s**	**9NgG.**	**XaYld**	**816301000000100**	✓	**Has ADRT (advance decision to refuse treatment) (MCA 2005)**	**49**	✓
	s	**9NgG0**	**XaYle**	**816321000000109**	✓	**Has advance decision to refuse life sustaining treatment (MCA 2005)**		✓
	s	**9NgK.**	**XaYv4**	**820621000000107**	✓	**Has involved healthcare professional in discussion about ADRT (MCA 2005)**		✓
	s				✓	**Location of Advance Decision to Refuse Treatment Documentation**	**50**	
	s	9X0..	XaCEL	310302007		Advanced directive discussed with patient		✓
	s	9X1..	XaCEM	310303002	□	Advanced directive discussed with relative		✓

Lasting Power of Attorney [LPA]	s	9W4..	XaOc4	34104100000103	✓	Lasting power of attorney property and affairs		✓
	s	**9W5..**	**XaOc5**	**34105100000100**	✓	**Lasting power of attorney personal welfare**	**51**	✓
	s	**9W8..**	**XaYlg**	**81636100000101**	✓	**Has appointed person with personal welfare LPA (MCA 2005)**	**52/53**	✓
	s	**9W80.**	**XaYlh**	**81638100000105**	✓	**Has appointed person with personal welfare LPA with authority for life sustaining decisions (MCA 2005)**		✓
Anticipatory Medicines / Just in Case Box issued	s	8BAe.	XaQ8S	443761007		Anticipatory Palliative Care	**31/32**	✓
	s	**8B2a.**	**XaaD3**	**87102100000106**	✓	**Prescription of palliative care anticipatory medication**		✓
	s	**8BMM.**	**XaPmq**	**37620100000102**	✓	**Issue of palliative care anticipatory medication box**		✓
	s	8BC4.	XaIlh	394907006	□	Syringe driver commenced		✓
		8BC5.	XaIlj	394909009	□	Syringe driver discontinued		✓
Care of patient with epidural in situ	s	8C1N.	XaIrK	395185007	□	Care of patient with epidural in situ		
Oxygen	s	745E2	XaMGg	22924100000100		Oxygen Therapy single assessment		□
	s	66Yj.	XaLL9	20167100000104	✓	Home oxygen supply - cylinder		✓
	s	66Yk.	XaLLA	20168100000102	✓	Home oxygen supply - concentrator		✓
	s	66Yl.	XaLLB	20169100000100	✓	Home oxygen supply - liquid oxygen		✓

	s	p42..	p42..		✓	Nebuliser		
Discharged from hospital	s	8HE..	8HE..	183665006	✓	Discharged from hospital		
Anticipated death	s	9e01.	XaQ8Z	492291000000108	✓	Notification to primary care OOHS of anticipated death		✓
	s				✓	Additional GP details to issue a Medical Certificate of Cause of Death		
Unexpected death	s	94A..	XE2IP	270115005	✓	Referral to coroner		
Date of death	**s**	**94E..**	**XaJOG**	**399753006**	□	**Date of death**	**59**	
Place of death	**s**	**9491.**	**9491.**	**184293009**	✓	**Patient died at home**	**60**	
		9493.	**9493.**	**184295002**	✓	**Patient died in nursing home**		
		9494.	**9494.**	**818961000000101**	✓	**Patient died in residential institution NOS**		
		9495.	**9495.**	**184297005**	✓	**Patient died in hospital**		
		949A.	**XaEK5**	**313372007**	✓	**Patient died in hospice**		
		949B.	**XaJ2g**	**896710000000108**	✓	**Patient died in community hospital**		
		949H.	**Xac3V**	**928321000000105**	✓	**Patient died in learning disability unit**		
		949J.	**Xac3W**	**928311000000104**	✓	**Patient died in mental health unit**		
		949Z.	**949Z.**	**366044004**	✓	**Patient died in place NOS**		
	s	**949E.**	**Xaafy**	**887801000000106**		**Patient died in usual place of residence**		✓
Cause of death	s	94B..	94B..	184305005	✓	Cause of death		

White text - red background	EoLC flag
Bold text - pink background	**ISB - mandatory**
Bold text	**ISB - optional**
Black text	NW EPaCCS items
Yellow striped background	QOF code

*** Modified Karnofsky Performance Scale (IP35, COM 32)**	
100%	Normal, no complaints or evidence of disease
90%	Able to carry on normal activity, minor signs or activity
80%	Normal activity with some effort, some signs of symptoms of disease
70%	Care for self, unable to carry on normal activity or to do active work
60%	Occasional assistance but is able to care for most of own needs
50%	Requires considerable assistance and frequent medical care
40%	In bed more than 50% of the time
30%	Almost completely bedfast
20%	Totally bedfast and requiring nursing care by professionals and/or family
10%	Comatose or barely arousable
0%	Dead