



Only One Chance To Get It Right

Meet Alex, he lives at home with his dog Jimbob. Alex is 93 years old, a retired plumber with frailty, dementia and history of seizures.

Before Share2Care

Alex was discharged from Hospital A on Friday evening; digital discharge letter to GP, with EPaCCs information for coding and follow up

GP practice initiates internal EPaCCs process

EPaCCs information not yet coded digitally; closed for weekend



2 days later on Sunday, Alex has a seizure at home



Family call 999 who dispatch ambulance
999 has no access to EPaCCs

Ambulance arrives, family inform paramedic of Alex's EPaCCS information
Paramedic has no access to EPaCCS



Paramedics contacts Out of Hours (OOH) for information
OOH has no access to EPaCCs

Paramedics only option is to convey Alex to hospital



Alex conveyed to an out of area Hospital B

Hospital B has access to EPaCCs

via the EPaCCs information contained in Hospital A's discharge letter

Hospital B discharges Alex back home to EPaCCs preferred place of care



GP practice codes EPaCCs information
EPaCCs information visible on some other systems

After Share2Care

Alex was discharged from Hospital A on a Friday evening, digital discharge letter to GP, with EPaCCs information

GP practice initiates **digital EPaCCs** journey immediately



2 days later on Sunday, Alex has a seizure at home

Family know of Alex's wishes and information on what to do/who to contact if required in Alex's **EPaCCS personalised care plan**

Family call 999
999 team review Alex's digital EPaCCs which informs them of Alex's preferred place of care at home

- Avoided conveyance
- Avoided admission
- Upheld Alex's wishes to be cared for at home



All involved in caring for Alex have access and are able to review and contribute to Alex's **EPaCCS personalised care plan**

Community nursing team access Alex's EPaCCS personalised care plan and provide care at Alex's home



Key Benefits:

- Patient care coordinated/wishes are known
- Conveyance avoidance
- Reduced demands on OOH
- Optimised and improved patient safety
- Reduced further patient and family distress
- Avoided inappropriate admission/interventions
- Contributes to joined up care at right time/place
- Reduced duplication