Electronic Palliative Care Co-ordination System EPaCCsOnly 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



NHS &

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

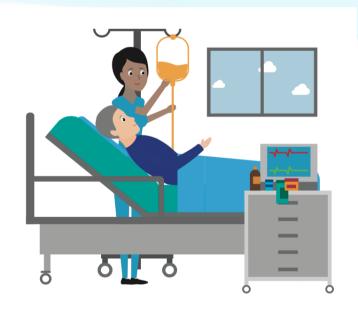
Family call 999
who dispatch ambulance
999 has no access to EPaCCs

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



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



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

Alex conveyed to an out of

area Hospital B

Hospital B has access to

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





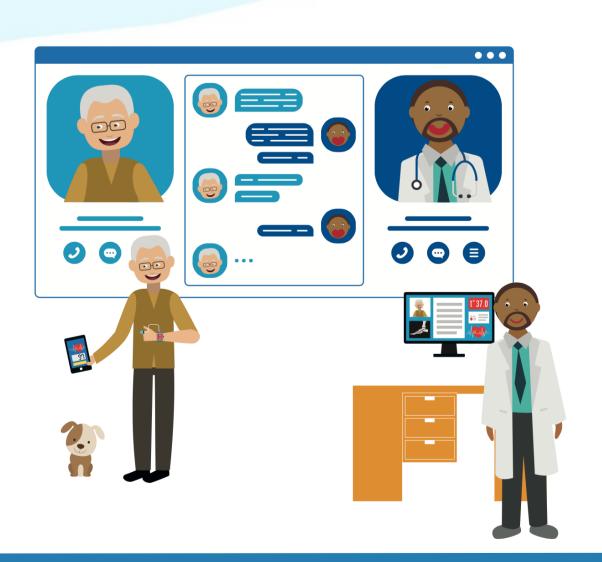
• Upheld Alex's wishes to be cared for at home



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