

Barnsley Electronic Palliative Care Coordination System (EPaCCS): Hints and Tips

EPaCCS is designed to improve the identification of patients in the last year of life, record the wishes and preferences of these patients (CPR status, preferred place of death etc.) and share the information recorded with as many health care professionals as possible who are caring for these patients. The codes in the template are based on the Information Standard for End of Life Care (SCCI 1580).

The template is designed to be used by professionals with access to EMIS who may be caring for this group of patients. If all professionals contribute and update the information recorded as necessary it will be a useful tool in GP Palliative Care / Gold Standards Framework meetings and the information can be used to support appropriate decision making e.g. out of hours. Access to the information recorded such as emergency care plans and treatment escalation plans may prevent potentially avoidable hospital admission.

The template includes links to relevant local and national resources to support end of life care such as clinical guidelines and forms.

This document provides hints and tips for completion of the template. Some codes are 'tick box' but there are other codes where the addition of extra 'free text' information ensures that EPaCCS becomes a more useful clinical tool.

If information has already been recorded and is accurate and up to date there is no need for duplication of recording.

For any further information about EPaCCS please contact:

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Selecting '**On end of life care register**' ensures the patient is included in the GP Palliative Care 'QOF' register so forms part of the discussion in the monthly palliative care MDT meetings.

'**Consent**' for sharing information recorded can be obtained from the patient or recorded in the best interests of the patient if they lack capacity.

A **printed summary of EPaCCS information** recorded can be produced from this link. This can be helpful as it can be produced at the point of care in emergency situations

An **Information leaflet** about EPaCCS supports the consent process and can be printed from this link.

Selecting '**Express consent for core and additional SCR dataset upload**' can only be done by a GP practice. It is highly recommended that this is done for all patients at the end of life as this allows the information recorded in EMIS in the EPaCCS template to be shared with other services using different IT systems such as SystmOne (OOH GPs) and Adastra (NHS 111, YAS) that access Summary Care Record. An additional consent form may be required by some GP Practices for this and it can be printed off from the link. Further information: [SCR with AI](#)

The '**Primary Palliative Diagnosis**' codes are divided into 'cancer' and 'non-cancer' codes. About three quarters of all deaths will be from non-malignant disease so it is expected that there are significant proportion of patients with non-cancer on the GP practice palliative care register.

The '**Likely prognosis**' code should be kept up to date as the condition of the patient changes. This information can be used to support the discussion at the GP palliative care meetings to focus on those patients with the most urgent need. A report can be produced for the meetings which includes this information.

The screenshot shows the 'Barnsley EPaCCS Template' in a 'Template Runner' window. The patient's details at the top are: Born 07-Jul-1931 (87y), Gender Male, NHS No. Unknown. The left sidebar lists various categories: Core, Relationships, Function / social, Advance care planning (ACP), Escalation / CPR Status, Medication, MDT, After Death, Referrals, Guidelines, and Template Information. The main content area is titled 'Core' and contains the following sections:

- Barnsley EPaCCS Template**: A descriptive paragraph about the template's purpose.
- On end of life care register**: A checkbox that is currently unchecked, with a date of 20-Sep-2018.
- Consent**: A dropdown menu with 'No previous entry' selected.
- Express consent for core and additional SCR dataset upload**: A checkbox that is currently unchecked, with a date of 20-Sep-2018. Below it is a link for the 'Enhanced SCR Consent Form'.
- EPaCCS Patient Information Leaflet given**: A checkbox that is currently unchecked, with 'No previous entry' selected. Below it is a link for the 'EPaCCS Patient Information Leaflet'.
- Diagnoses**:
 - Primary Palliative Diagnosis - Cancer (please specify)**: A text input field with 'No previous entry'.
 - Primary Palliative Diagnosis - Non-cancer (please specify)**: A text input field with 'No previous entry'.
 - Likely Prognosis**: A dropdown menu with '20-Sep-2018 GSF prognost...' selected. Below it are links for 'GSF Prognosis Indicator Guidance' and 'Supportive and Palliative Care Indicators Tool'.
- If the patient is likely to be in the last days of life have you considered supporting care with My Care Plan?**: A question at the bottom of the form.

Barnsley EPaCCs (v1.0) - Template Runner

BAKER, Stuart (Mr) Born 07-Jul-1931 (87y) Gender Male
NHS No. Unknown

Template Runner

Pages

- Core
- Relationships**
- Function / social
- Advance care planning (ACP)
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Relationships

Record names and contact details for all carers and professionals involved in the patient's care

Key Services Involved

<input type="checkbox"/>	Has end of life care key worker	Text	<input type="text"/>	No previous entry
<input type="checkbox"/>	Has a carer	Text	<input type="text"/>	No previous entry
<input type="checkbox"/>	Does not have a carer	Text	<input type="text"/>	No previous entry

If a formal assessment of carers needs is needed, contact the BMBC on 01226 773300

<input type="checkbox"/>	Assessment of needs offered to carer	Text	<input type="text"/>	No previous entry
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Details of the exact disability of the patient can be added as 'additional text'

The '**Karnofsky Performance Status**' is a standardised way of measuring the functional status of the patient. Regular recording can be used to demonstrate overall changes in the condition of the patient. Use the hyperlink as guidance to score.

Barnsley: EPaCCz (v1.0) - Template Runner

BAKER, Stuart (Mr) Born 07-Jul-1931 (87y) Gender Unknown

Template Runner

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Function / disability

<input type="checkbox"/> Cognitive decline	Text		No previous entry
<input type="checkbox"/> Hearing loss	Text		No previous entry
<input type="checkbox"/> Impaired ability to recognise safety risks	Text		No previous entry
<input type="checkbox"/> Difficulty communicating	Text		No previous entry
Impaired vision			No previous entry
<input type="checkbox"/> Unable to summon help in an emergency	Text		No previous entry
<input type="checkbox"/> Other disability	Text		No previous entry
<input type="checkbox"/> No known disability			No previous entry
Australa-modified Karnofsky Performance Status			
Australa-modified Karnofsky Performance Status scale		/100	No previous entry

Social and financial support

If referral to Social Services is required, contact the BMBC on 01226 773300

CHC / Fast Track status			No previous entry
Blue badge holder			No previous entry
Blue badge referral			
<input type="checkbox"/> DS 1500 completed		20-Sep-2018	
Record information including family relationships and accomodation details below:			
<input type="checkbox"/> Social/personal history	Text		No previous entry

Any relevant information about the social situation of the patient can be recorded in the '**Social and personal history**' section. Examples include family relationships, housing situation, caring relationships.

Select '**CHC Fast Track funding granted**' if appropriate. This is usually allocated to patients in the last weeks of life with rapidly deteriorating condition in order to access appropriate care as required to meet changing needs.

Some patients may not wish to discuss **ACP** or discussion may be inappropriate at a particular time. It is important to include this information. As relationships develop then discussions may take place. Use the box to record details.

Any information the patient provides can form the basis of an **'advance care plan'**. Examples include: 'has made a will' or 'in event of incapacity the person to involve in decision making is....'.

If the patient has completed an **'Advance decision to refuse treatment'** then please add details as to where this document is located as it may need to be viewed in an emergency situation. A link to a form is included if a patient wishes to complete an ADRT.

Telephone /address details for the **LPA** should be recorded so they can be contacted as required.

The **'Preferred place of death'** may change as the condition of the patient changes. Ensure this field is kept up to date with any new decisions. There are codes to record 'discussion not appropriate' or 'patient unable to express preference'.

Deaths due to industrial disease or injury such as mesothelioma **MUST** be referred to the coroner. It can be useful to note this prior to death and explain the process to the family to avoid unnecessary distress.

'Emergency health care plans' can be extremely useful to share and they can support decision making out of hours for professionals who may be called for advice. Include management plans for potential problems e.g. 'at risk of hypercalcaemia. Would be appropriate to treat with iv bisphosphonates' or 'has oral antibiotics and steroids at home for use in infective exacerbations of COPD'.

The 'Treatment escalation plan' may include information such as 'comfort/symptomatic treatment only' or 'full active treatment'. Other options can be added to this section as appropriate for the patient. This section may need to be updated over time as the condition of the patient changes

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Treatment Escalation Plan

Please include details about any potential problem or condition and a plan for management e.g. practical information that could be useful for urgent and emergency care

Use the preset notes to record an overall plan of care for the patient

EHCP (Emergency health care plan) agreed

Emergency health care plan

Treatment Escalation Plan

Treatment Escalation Plan

If this patient has consented to an enhanced SCR (SCR Additional Information on Core page), then there is no need to complete a handover form

GP out of hours handover form completed

Resuscitation

Resuscitation: 17 May 2018 For attempt...

Resuscitation discussed

[DNACPR form](#)
Resuscitation Council: Decisions related to CPR
What happens if my heart stops?

Record the 'CPR status' for the patient. This section may need updating as the condition of the patient changes.

A DNACPR form can be printed using this button. Note a black and white form is acceptable but the original form must be with the patient and both sides of the form must be printed

Additional 'text' information recorded can be helpful. This information may include which professional had the discussion with the patient and which members of the family were involved in the decision making e.g. partner, wife, daughter (and name)

The only code to record on this page of the template is 'Prescription of palliative care anticipatory medication'.

Contact details of the Macmillan Community Palliative Care Team and Hospice are included for further advice.

Use the boxes and clinical guidance to support prescribing for patients. Ensure the 'anticipatory medication' includes an opioid, anti-emetic, sedative and anti-secretory as well as water and tegaderm.

Barnsley: EPaCC (v1.0) - Template Runner

Born: 07-Jul-1931 (87y) Gender: Male
NHS No.: Unknown

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It is recommended to prescribe 'anticipatory' medication for any patient expected to be in the last days of life even if they are not currently experiencing any particular symptoms. A minimum of 5 ampoules of medication plus water for injection should be prescribed. The doses and quantities will need adjustment if the patient is taking the medication regularly.

For advice contact the Macmillan Community Palliative Care Team on 01226 645280 or Hospice on 01226 244244.

[General advice about anticipatory medications](#)
[Palliative care participating pharmacies](#)
[Barnsley Last Days of Life Symptom Management](#)
[JH Guide to Symptom Management in Palliative Care](#)

Tick when anticipatory medications have been prescribed:

Prescription of palliative care anticipatory medication No previous

Pain

Prescribe **morphine 2.5-5mg sc 2 hourly prn** if not on regular opioid. To convert oral morphine to sc divide by 2. It is not recommended to use morphine if there is a risk of respiratory failure - seek specialist palliative care advice.
Oxycodone is an alternative to morphine. To calculate the sc dose from the oral dose divide by 2.

Prescribe:

- Morphine sulfate 10mg/1ml injection OR
- Oxycodone 10mg/1ml injection

Nausea and vomiting

Haloperidol 0.5-1.5mg sc PRN up to 4 hourly is recommended first line.
Cyclizine 50mg sc PRN is an alternative used in patients with Parkinsons Disease or who have experienced extrapyramidal side effects.
Levomopromazine 6.25mg sc PRN up to 4-6 hourly is an alternative broad spectrum antiemetic.

Prescribe:

- Haloperidol 5mg/1ml injection
- Levomepromazine 25mg/ml injection
- Cyclizine 50mg/1ml injection

Anxiety, restlessness or panic

Usual dose is **midazolam 2.5-5mg sc PRN up to hourly**

Prescribe:

- Midazolam 10mg/2ml injection

Respiratory tract secretions

Usual dose is **hyoscine butylbromide 20mg sc PRN up to 2 hourly**.

Prescribe:

- Hyoscine butylbromide 20mg/1ml injection

Cancel

Some GP practices record the outcomes of any MDT meetings on the clinical record. This is not mandatory but is considered good practice.

The screenshot displays a software interface titled "Barnsley: EPaCCs (v1.0) - Template Runner". At the top, a blue header bar shows patient information: "BAKER, Stuart (Mr)", "Born: 07-Jul-1931 (87y)", "Gender: Male", and "NHS No.: Unknown". Below the header, the "Template Runner" section is active, with a left-hand navigation menu listing various categories: Core, Relationships, Function / social, Advance care planning (ACP), Escalation / CPR Status, Medication, **MDT** (highlighted in orange), After Death, Referrals, Guidelines, and Template Information. The main content area is titled "MDT meetings" and contains the text: "It can be helpful to record the outcome and any actions of any MDT discussions. By recording below these can be viewed." Below this text is a checkbox labeled "Multidisciplinary meeting" followed by a "Text" input field and the text "No previous entry". An arrow from the text box above points to the "MDT meetings" section header.

Recording '**Actual place of death**' is helpful as can be used by services to evidence good practice in supporting patients to achieve their preferences for end of life.

Ensure the most recently recorded '**Preferred place of death**' is correct at the time of death. Reports can demonstrate the proportion of patients who achieve this preference as evidence of good practice in end of life care. This information can be updated after death if necessary.

BAKER, Stuart (Mr)

Template Runner

Pages: Core, Relationships, Function / social, Advance care planning (ACP), Escalation / CPR Status, Medication, MDT, **After Death**, Referrals, Guidelines, Template Information

Preferred place of death

Preferred place of death: [Dropdown] 20-Sep-2018: Preferred pl... [X]

25-Oct-2018 [Calendar]

Please ensure the the preferred place of death has been updated (if necessary) to record the most recent information

Actual place of death

Patient died in usual place of residence [Text] No previous entry

Place of death [Dropdown] No previous entry

If preferred place of death not achieved, please select main reason why preferred place was not achieved. It can be helpful to add 'free text' information to provide more detail for audit purposes

Place of death not in preferred location [Dropdown] No previous entry

[Text]

'Death in usual place of residence' should be recorded for deaths in the home or care home.

Recording '**Reason why preferred place of death not achieved**' can inform local strategy for end of life care to ensure that services are developed to support the wishes and preferences of patients. Additional 'text' information is often required as the reasons can be complex or multifactorial.

Barnsley: EPaCCs (v1.0) - Template Runner

BAKER, Stuart (Mr) Born **07-Jul-1931 (87y)** Gender **Male**
NHS No: **Unknown**

Template Runner

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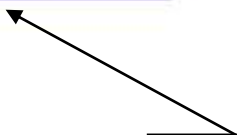
Referrals

Specialist level palliative care (SLPC) services are for patients who have advanced life-limiting illness, and/or their families, who have complex needs or needs persisting in spite of input from the team currently caring for them. These needs may be physical, psychological, spiritual/existential, or social, and are often a combination of the above. Patients can be referred to our services through their GP, Macmillan nurse, community nurse/matron, social worker or other medical professionals.

If telephone advice is required between 09.00 and 17.00hrs call the Macmillan Community Specialist Palliative Care Team on 01226 645280. Outside these hours telephone advice is available for health care professionals from Barnsley Hospice on 01226 244244.

Use "Barnsley Specialist Palliative Care Referral Form" or select hyperlink below.

[Barnsley Specialist Palliative Care Referral Form](#)



Click on the link to access a referral form for palliative care services.

This section will be kept updated with local and national clinical guidelines supporting patients at the end of life.

Barnsley: EPsCCs (v1.0) - Template Runner

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NHS No. Unknown

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Guidelines

Symptom management

- [YH Guide to Symptom Management in Palliative Care](#)
- [YH Symptom Management in End Stage Heart Failure](#)

Prescribing

- [General advice about anticipatory medications](#)
- [Palliative care participating pharmacies](#)

Last days of life

- [Barnsley Last Days of Life Symptom Management](#)
- [GMC guidance on care towards the end of life](#)
- [Last days of life oral hygiene management](#)

Other

- [Barnsley Diabetes Guidelines](#)
- [Diabetes UK End of Life Care Guidelines](#)
- [Oxygen assessment and provision](#)

Note the email address for any problems related to the template.

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Template Runner

Pages: <

Core
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Template Information

This template was created for
Date of Implementation: Aug 2018
Review date: Aug 2019
Please note that it may be may be updated prior to the review date.
This template was created by Kath Lambert, Consultant in Palliative Medicine. For any comments or suggestions about this template please contact: embed.bss@nhs.net