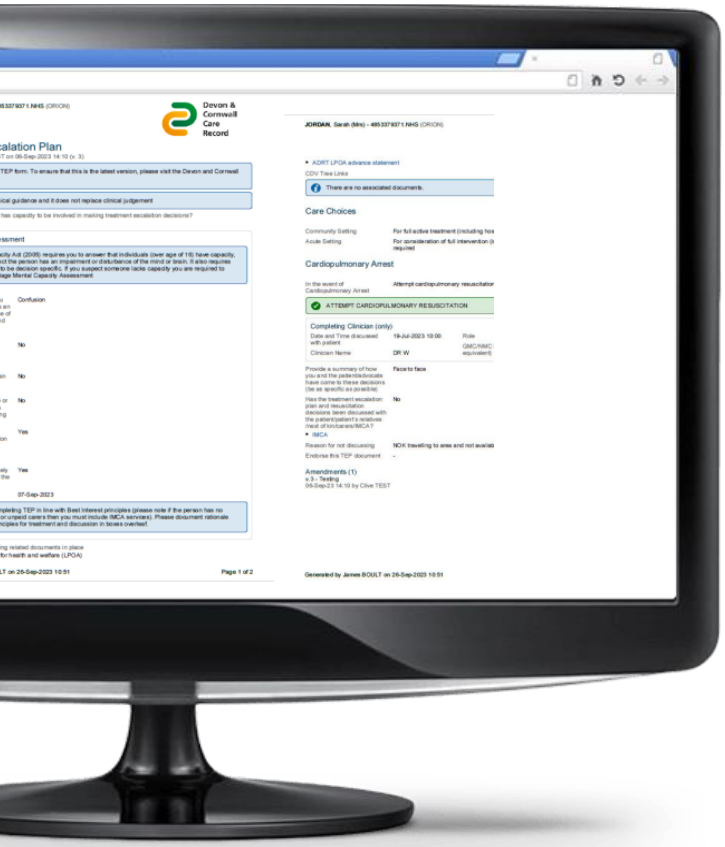
Devon & Cornwall Care Record

One Devon



Electronic Treatment Escalation Plan (e-TEP)

User Guide

July 2024

Introduction to Electronic TEP

The Devon and Cornwall Shared Care Record (DCCR) hosts the TEP form and will become a single source of the patient record. The TEP form has been developed with multiple stakeholders from across both counties to realise the benefits listed below:

- Accessible to all organisations involved in a patient's care, including care homes and ambulance service
- 100% assurance of the digital copy being the latest version
- Previous versions available
- Clear digital footprint of person completing/reviewing the form and traceability
- Consistency of information and increased quality
- Mandatory fields to ensure full completion including Mental Capacity
- Update in real time
- Increase the likelihood of the patient's decision being respected

Within Primary Care, all staff who have requested access to DCCR will be able to view and edit the forms through the patient record system. However, only staff trained to complete the TEP should make any changes to the form after conversations with patient and their families.

It is essential that all staff make themselves aware as to whether an Electronic TEP is available for a particular person.

How do I access DCCR?

All GP practices in Devon should have signed up to DCCR by September 1st 2024. Your practice has appointed a Sponsor and deputy, usually your practice manager, who can request accounts for users. The DCCR support team are on hand to guide practice managers though the process.

There will be no need for separate logons to the DCCR. It should launch in your clinical system (SystmOne/EMIS) in the patient record. Step-by-step instructions on how to set this up for SystemOne and EMIS are available here. Appendix 1 shows the images of where you can access DCCR in your clinical record.

What if I can't access my DCCR account?

The support team can support any access issues: rcht.dccrsupport@nhs.net.

Remember: Accounts will be automatically blocked when it has been inactive for over 180 days; you will receive a reminder email before this happens.

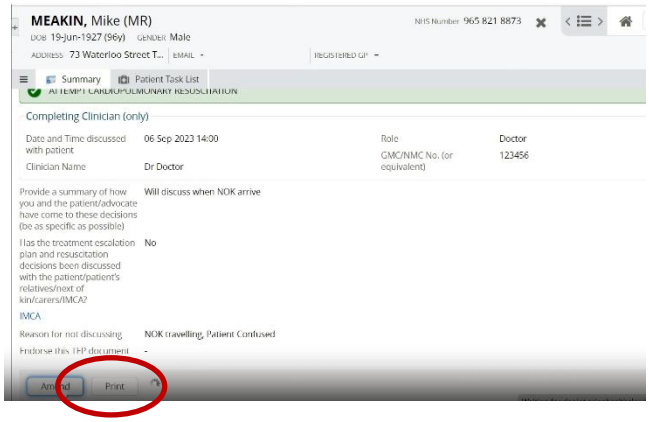
What about the paper copy for patients?

It is important for patients to know about Treatment Escalation Plans and why they may need one. You can find further patient-facing information and guidance videos on the One Devon End of Life website here.

To print an eTEP form

1. Log in to DCCR and select the patient
2. Click on the e-TEP form and from the bottom of the page, click Print
3. The printed form should always be given as a record for the patient/patient relatives

Remember: The printed copy is not the TEP form; the printed copy is simply a record of the decisions made at the time and date that the form was printed and does not replace the eTEP.



How do I code an eTEP form?

The coding of the TEP into the GP record assists audit and review and the code flows into the summary care record and GP Connect extract of GP record so also alerts other organisation and acute trusts on admission that a TEP exists on DCCR. All paper TEPS (should they accompany the patient) will be destroyed and eTEPs created.

Once the TEP has been created, add the codes into EMIS/SystmOne below to record the completion of TEP and the resuscitation decision:

- Treatment Escalation Plan **SNOMED CT 735324008**
- Add 'free text' associated with the code '**TEP in Devon and Cornwall Shared Care Record'.**

Optional Coding

If you wish to code resuscitation decision you will need to then display the below suggested codes:

- For attempted cardiopulmonary resuscitation **SNOMED CT 450475007**
- Not for attempted CPR (cardiopulmonary resuscitation) **SNOMED CT 450476008**

Will I be able to see eTEPs from other organisations such as the hospital?

eTEPs may be created in other organisations such as acute trust and by hospice teams for your patients. You should be notified of this on the discharge letters. Plans are in place to allow an automatic notification to GP practices soon so if a TEP is created or amended in DCCR the GP practice is notified.

As with current paper TEP it is the responsibility of the person creating the TEP to do this in collaboration with the patient and to give a paper copy of the TEP to the person. There is no expectation of the GP to revisit this conversation - they are simply being notified that this conversation has occurred, and the decision is on DCCR.

When notified about a new DCCR TEP it is good practice and helpful for you to code the presence of the TEP as above.

In this way your practice will retain a searchable list of patients with TEPs in DCCR for audit and review purpose, for example for care home reviews or if you wish to review TEPS.

Further Information

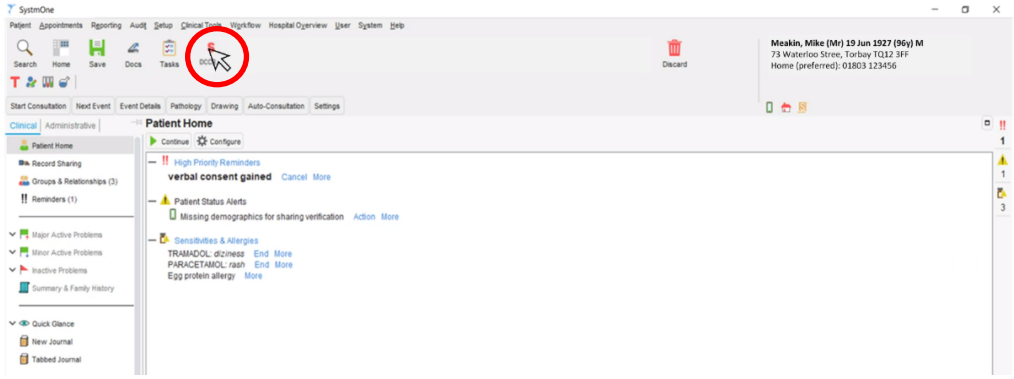
Documents, information and demonstration videos are available via the DCCR e-learning portal here and the resources library here.

Communication materials are also available if you wish to use them via the resources library.

If you have any further queries, please contact rcht.dccrsupport@nhs.net.

Appendix 1

SystmOne DCCR Navigation



EMIS DCCR Navigation