P 147 · DEVELOPING AN ELECTRONIC PALLIATIVE CARE COORDINATION SYSTEM (EPACCS) WITHIN A LARGE CITY WITH MULTIPLE CLINICAL IT SYSTEMS

Karen Henry,[1] McDermott Sarah,[3] Suzanne Kite,[1] Naomi Penn,[2] Paul Westerman[2]. [1]Palliative Care, Leeds Teaching Hospitals Trust, Leeds, West Yorkshire, Leeds, England; [2]Leeds South and East CCG Clinical Commissioning Group; [3]Leeds Community Healthcare Trust

Background The DH End of Life Care (EoLC) Strategy (2008) identified EPaCCS as an enabler of greater co-ordination of patient care through supporting the elicitation, recording and sharing of people's key preferences about their care and enabling these preferences to be met across a wide variety of teams and organisations. A variety of approaches to the design of EPaCCS have been adopted across England (Ipsos-Mori 2011). In Leeds the emphasis has been on hosting EPaCCS within the current clinical IT systems that span the city, in response to the stakeholder priorities of accessibility in clinical practice and minimal duplication of record entry.

Aim To design and implement an EPaCCS IT solution that maintained clinical intuitiveness across a multitude of clinical IT systems ie 'one click' from the organisational clinical record.

Results Three clinical IT systems predominate. SystmOne is the platform for 66% of GP's, community nursing, OOH's and the two hospices, and EMIS is predominantly used by the remaining GPs. The acute Trust had a myriad of systems currently being amalgamated into a single Clinical Portal. Bespoke templates have been developed with clinicians and implemented to collect the patient information specified in the 1SB1580 standard within the existing clinical systems of the healthcare provider organisations. Interoperability between the IT systems to permit sharing of the EoLC plan is being pursued via the Leeds Care Record which will facilitate sharing of information between different clinical systems and is the first of its kind in the country.

Conclusions The "one click away" approach to EPaCCS is a challenging one, and a lengthy process. However, the benefits of supporting clinicians to build a record of patient preferences and wishes for end of life care within their own clinical system are now being realised.