

SNEE ICS pilots dynamic integrated care plan led by Better's open data platform and low code tools



WWW.BETTER.CARE

Suffolk and North East Essex ICS have implemented a dynamic End of Life digital care plan where patients and care teams can gain easy and real time read- write access to a single source of information focused on patients' needs, anticipatory care and wishes.

			CARE PLAN	×	EMERGENCY CARE PLAN AND RESUSCITATION DE	CISION	×
			Advance Care		JONES, Sarah 🥥 12 Apr 1942 - 80y 3m 👔 - NHS No: 450 557		
		Q	Last update: 21 Jul 202	2. 12:24 - Full Clinician			
					NHS V CAN DO HEACHING CARE		
		ඛ	VIEWS				
		Θ	End of life Key Infor	mation	DO NOT ATTEN CARDIOPULMONARY RESUSCI		
		0			Adults aged 16 years and over. In the even	t of cardiac or respiratory	
			CONTENT		arrest do not attempt cardiopulmonar All other appropriate treatment and c	are will be provided.	
			Getting to Know Last update: 21 Jul	Me 2022, 09:03 - Full Clinician	Emergency Care Plan and Resusci	tation Decision	
			Ø Advance care inf	ormation In progress			
			Last update: 21 Jul 2022, 12:17 - Full Clinician		Advance Decision to Refuse Treatment		
			End of Life Care Last update: 21 Jul	2022, 12:24 - Full Clinician	An ADRT is legally binding and not the same as a CPR Decision document.		
			C Emergency Care	Plan and Resuscitation	O Has advance decision to refuse treatment (Mental	Capacity Act 2005)	
			Decision	2022, 09:18 - Full Clinician	O Advance decision to refuse treatment retracted		
					ADRT Physical location	ADRT attachment	
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"For many years people have expressed the problems of having to repeat their story to different professionals about what is important to them and what they might wish to happen if they were dying. This project offers a solution to that problem and could play a vital role in improving the quality of care at such a difficult time in people's lives."

Barbara Gale, Chief Executive, St Nicholas Hospice Care

### **Project scope**







Serves population of over 1M

## Challenges

- Difficult for patients and informal carers to participate
- Care planning tools can be rigid
- Not easily accessible
- No single source of truth
- Difficult to customize and extend with new information
- Duplicate and repeat data entry

## Solution

- Single coherent source of truth of information accessible anywhere anytime
- Better DHP allows for persistence of data and separation of data from function providing staggering value
- ✓ This approach intrinsically supports adaptability and scale
- Care IS collaboration on the clinician facing app
- FreshEHR collaboration on the web- based application
- Cohesion collaboration on the patient facing app

#### **Benefits**

- Digital solution that is a single source of information
- ⊕ Puts patient at the centre and in control
- Accessible in real time anywhere by anyone with the right authority
- Single sign on approach that plugs into applications that Trusts already use
- No need for additional log in or sign up details

- Ability to reuse the data that has already been captured
- Ensuring a high confidence that the patient's EoL wishes are consistently followed
- Enabling the patient's EoL health and care information to be reused to support their care throughout the complete patient journey
- Scalability and extendibility over time

Accessible from any device

## **Dynamic and Integrated Care Planning Service**



# **About Better**



## Better data, better care.



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