

coordinate
my care

Urgent Care Plan

Coordinate My Care (CMC)

Quick Reference Guide to CMC Urgent Care Plans

Original: May 2016

Last updated: February 2018

Preface

The following Quick Reference Guide to Coordinate My Care (CMC) is aimed at providing you with a handy resource to support you to create a CMC care plan which contains clear, helpful and up to date information that will support other clinicians to give your patient the right care in the right place at the right time.

It is intended as a quick reference or refresher guide and to address commonly asked questions. It can be used when there is a single item you are unclear about or you can read the whole guide as required. More detailed information is available through our e-learning resource on <https://cmc.learning.intersystems.com/> or PDF versions of that training at <http://coordinatemycare.co.uk/getting-started-training/>. Also our helpdesk on coordinatemycare@nhs.net or 0207 811 8513 will be happy to assist with specific trouble shooting.

There are also some very useful videos available to support clinicians engaging in Advance Care Planning, Patient Consent for CMC care plan creation and Mental Capacity assessment. Click here to view them <http://coordinatemycare.co.uk/getting-started-training/>

Revised versions of this document will be available on a quarterly to half yearly basis as required at: <http://coordinatemycare.co.uk/downloads/cmc-quick-reference-guide.pdf>

Hints for easy navigation of this PDF document

- 1) The Table of Contents is clickable – click the section you wish to read and it will appear on screen.
- 2) Page 3 is the Contents page. To return to the Contents page easily from anywhere within the document, click the page number box at the top of the PDF (don't delete the previous number) and click 3 on your keyboard and then click return.



Version changes:

V3 Dec 2017 updated to V4 February 2018: factual correction re care plan review date. See section 12 below.

Contents

Preface	2
Hints for easy navigation of this PDF document	2
Introduction	4
1. Log in and home screen	5
2. To begin creating a care plan	6
3. Consent	7
4. Finding your way around a care plan	8
5. Status of the Care Plan as you look at it	9
6. Legitimate relationship	9
7. Moving Employers/Teams:	9
8. Mandatory Data items	10
9. New mandatory fields on the new CMC care plan	10
10. Saving your data entries	10
11. Searching for a clinician or organisation's name	10
12. Approving the care plan	11
13. Administrators & Submit for Approval	11
14. Updating or Reviewing care plans:	11
15. Key Topics	12
16. Restricted Records	12
17. Diagnosis	12
18. Medications	12
19. DNACPR form	12
20. Contacts	12
21. Telephone numbers within Contacts	12
22. Recording Death	13
23. Urgent Care Updates	13
24. Urgent Care Summary	13
25. Attaching Documents	13
26. Printing	14
27. Lists	14
28. Patients moving out of the CMC commissioned area	14
29. Smartcard use	15
30. Updating non-clinical information:	15
31. Draft Care Plans – number, visibility and deletion.	15
32. Published Care Plans – number, visibility and deletion:	15
33. Quality – making care plans useful in the real world	15
34. Password, Password Reset & Security question	16
35. In-context links (EMIS etc.)	16
36. CMC Data & Reports: to request reports follow this link -	16
37. Subscriptions:	16
38. Screen captures & meaning of various Viewing and Updating/Editing options	17
Subject Index (Alphabetised)	18

Introduction

Having fulfilled your Information Governance requirements, you are going to use this Quick Reference Guide as an ongoing support for you. You will already have accessed our training resources or our eLearning resources/PDFs; you may have chosen to waive the need for training. You have now got your login and password. Or perhaps you are using this guide to refresh understanding or trouble shoot a problem you may be having.

You are ready to logon onto CMC. You will be using CMC to view existing care plans, update existing care plans or create new care plans – all to support the clinical outcomes for your patient – the right care by the right team in the right place.

CMC Urgent Care Plans are **now** documents about the future. A CMC care plan is the combination of the **courageous** work of the patient (thinking about a future where deterioration may occur) and the **skilled** work of the clinical team. It is a **headlines and highlights summary** only, **about** the patient and **from** the patient, shared safely across **buildings**, across **services** and across **time**. It makes the plan of care **known** by those who regularly care for the patient, **known** to the Urgent Care Services **24/7**, who will only occasionally care for your patient and typically know nothing about them. It takes the work you and your patient have already done and places it where it can be **most fruitful** for them – beyond local information silos.

The CMC system is accessible through a web browser across the NHS N3 network and through enhanced non-N3 connections also when appropriate. All engagement with care plans is fully auditable and reportable. Information governance compliance - yours and ours - to ensure patient confidentiality and data safety is of the highest priority.

The CMC system itself has been designed to be intuitive. You will be able to navigate your way around easily and very speedily with repeated use. There is a lot of help on-screen along the way and most people find it easy to use with minimal training.

To support you as you use CMC to care for your patient, this Quick Reference Guide has been designed to be a source of clarity and information if and when you need it. It has been put together to present you with items that you may want to know about, in the order that you might encounter them on screen in the process of creating, editing and viewing a care plan for your patient with urgent care needs – see sections 1-14 for the key items that typically make up the care plan life cycle. Sections 15 – 37 are an occasional reference resource – just access the items you need when you need them.

There is a hyperlinked table of contents and an alphabetised subject index at the end of the document which are particularly useful if you use it as a PDF on your computer or alternatively you can use either to track the page you require if you have printed it out.

If you use a facility called an in-context link which is operational now for those who use EMIS systems and other in-hospital systems then **some** parts of this guide will not be relevant as you are starting and engaging with CMC slightly differently. See the 'In-context' section on page 16 below for the functional differences – benefits and limitations of the using the in-context link. Valuable additional functionality is available to all users when they log directly onto CMC itself instead of using the in-context linking route. It may be a good idea to set up your NHS smartcard to access the main login page to CMC (and not through the in-context link) to be able to use this functionality from time to time.

Our helpdesk (020 7811 8513) of course is available to help you but often the answer is sitting within this guide, easily findable through the table of contents or index. Please contact us for clarity on any matter.

1. Log in and home screen

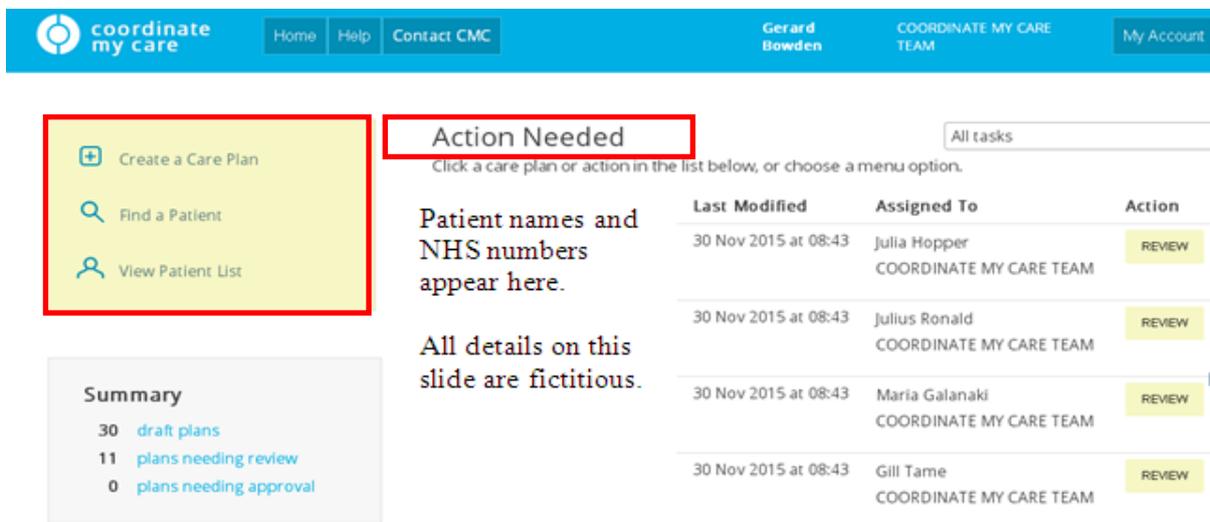
<https://nww.coordinatemycare.net>

Login – Enter your login ID and full password – press return. From the drop down box choose the **correct** organisation for which you are accessing/creating the CMC care plan. To log out, click Logout on top right of screen.

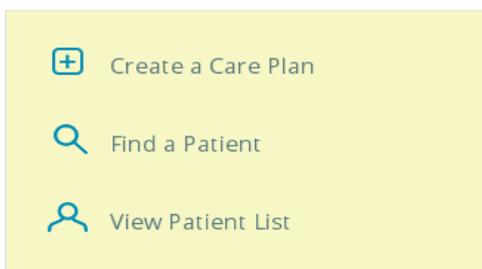
If the organisation you work for is incorrect or not offered on the screen, do not proceed but contact CMC at coordinatemycare@nhs.net or at the Helpdesk 02078118513.

Home Screen - this is the first screen you see. This is your starting point where you can search for and create/update a CMC care plan. The large area of this screen is available to show you your **Action Needed** list. Items only appear in your action needed list if you or your organisation has been named for the task, for example if you have started a care plan but not published, it will remain a Finalise task for you or your organisation until you complete it. If you are an administrator and you Submit for Approval then the Approve task will appear for the person or clinicians in the organisation who the task is for. The Review task is set when a care plan is published and may go to an organisation or individual.

These actions can be activated by clicking on the specific task button to the right of the screen.



A key area to notice is the yellow square box on the left of the Home screen. This contains the main options for you to Create a Care Plan, Find a Patient, View Patient List. Create and Find takes you to the same search screens.



Clicking the View Patient List on the left is how you see the Patients on CMC associated with your GP practice or team. This gives you an overview of *yours and your team's patients*. There may be some others listed. Click [here](#) to go to the Lists section of this guide – in the Key Topics area – page14.

2. To begin creating a care plan

First check to see if the care plan you wish to view/create already exists.

Search by NHS number and Date of Birth or by Surname, DOB and Gender. NHS number and DOB will be more effective.

Find a Patient

By NHS # By Surname

NHS # * 9219281928

Date of Birth * 9 / Feb / 1928

Find

Find a Patient

By NHS Number By Surname

Surname * []

First Name []

Date of Birth * Day / Month / Year Reset

Gender * []

Postcode []

Cancel Reset Find

If there is a CMC care plan (or an initial draft of a care plan) already in place you will be presented with it. There will be options to View (you may want to read only) or Edit if you want to make changes, whichever you choose. If you choose the View mode, you will have an option to change to Edit Mode by clicking Update Care Plan on the white Banner of the screen. Our search engine is designed to give you the exact patient if they exist on CMC and any close matches (same DOB and gender) this is essential to support the Urgent Care Services. So if you do not get the patient you searched for but are presented with others – ignore them, because they are not the one you need and also to comply with Information Governance principles.

Jeds Quickcreate

NHS Number: 519 011 1776

Date of Birth 1 Jan 1960 (Age 56)
Gender Male
Address juygfikuf, kuhgvkhv
 , jhkv N16 7BU
Care Plan Draft

View Published Care Plan

Edit Draft Care Plan

Key Learning Point: If a care plan does not exist (and your search details are correct) you will be presented with the NHS Record base details from the **Personal Demographic Service (PDS)**, a national NHS patient database.

Existing Care Plans: 0 results

NHS Records: 1 result

Choose Enaitchess-Rekkord

NHS Number 971 253 6424

Born 1 Jan 1960 (Age 57)

Gender Male

Address 8799 Ash Place
 Vail, Northumberland AB36 8TQ

Create

Choose

Ignore

Only use this option if there is not an existing NHS Record above that matches your search criteria. Selection of a matching NHS Record will increase the data quality of the care plan and reduce the time required to create it.

Create

You should **choose the button to Create from this NHS Record base** and **avoid the option to ignore this**. Creating from the NHS Record base plate will auto-populate your care plan with basic demographics, the NHS number (essential to Publish the care plan) and the GP practice and any patient telephone numbers that are available from the PDS. This is helpful for you and good for the accuracy of the care plan. Use of an NHS smartcard is not necessary to make this efficient mechanism work.

3. Consent

The next screen you will see is the Consent Screen (CMC is a consent based care plan). Depending upon the date of birth entered you will see either an adult's or a child's consent screen. You are required to indicate how consent was arrived at for the creation of a CMC care plan. You will not be able to create a care plan until the mandatory items on this screen are complete.

Consent Type * Please select the consent type.

- The patient is an adult (18+) and has agreed to the creation of a personalised care plan and sharing of information as above
- The patient is an adult (18+) but lacks mental capacity to make the above decisions. Consent has been given by an appointed person with Lasting Power of Attorney for health and welfare
- The patient is an adult (18+) but lacks mental capacity to make the above decisions. A clinical decision has been made in their best interest in consultation with the family/carers, if possible

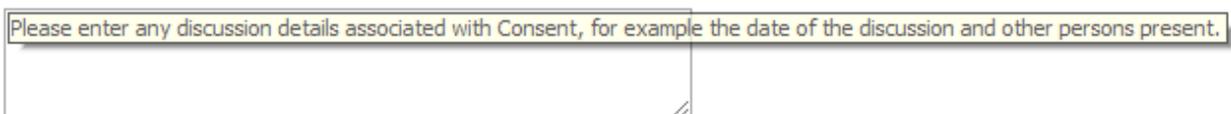
Discussion Details Please add any further information in the box below. This is mandatory if the consent type is in the patient's Best Interest or Lasting Power of Attorney for health and welfare.

Date Consent Obtained * Day / Month / Year Today Reset

Navigate through this to the end choosing options as you go – **a small number of data fields are mandatory**, date of consent for example. In the care plan, mandatory items have a small red * (asterisk) beside them. Note this on Consent Type and Date Consent Obtained items above.

The final button **Initiate this Care Plan** on the Consent screen is the confirmation that the Consent type has been chosen as appropriate and you do want to initiate creation of this care plan.

Key Learning Point: As you go through the Consent screen and throughout the care plan, if you hover your cursor over any entry field you will be presented with a line of 'helptext'. It will appear briefly.



Key Learning Point: There are also a number of areas which provide you with some further information pertinent to the area and links to legislation and resources also – Mental Capacity Act etc. Notice the 'Tell me more' option below. Click 'Tell me more' on your CMC screen to view further resources/explanations.

Consent to Create a Care Plan

Personalised Urgent Care Plan

Informed consent must be obtained before a CMC plan is created. [Tell me more](#)

Withdrawal of Consent: If at some stage your patient wishes not to be supported by a CMC care plan and thereby withdraws their consent to the CMC care plan, please call the CMC helpdesk on 020 78118513 and they will guide you through this brief process. Specific guidance is not given here to avoid inappropriate use of this functionality, as the result if the Withdrawal of Consent action is that the care plan is deleted. CMC aims to avoid deletion of a care plans inappropriately.

4. Finding your way around a care plan

The Patient Details Screen appears next and confirms you have successfully started a care plan. A pop up box will appear telling you this. Press OK on the pop up box to continue.

From the Patient Details screen onward the screen looks a little different. See capture below.

System Banner COORDINATE MY CARE TEAM My Account Logout

Confirm CONSENT Born: 1 Jan 1960 (Age 57) Address: 2006 Washington Place
NHS No: 642 722 1345 Gender: Male Boston, Lancashire AB36 8TQ Patient Banner

State of Care Plan: Published, View Only Last clinical approval: 12 Apr 2017 at 15:50
Only Last clinical approver: Gerard Bowden at COORDINATE MY CARE T

UPDATE CARE PLAN Care Plan Status Banner Care Plan Options Banner SUBSCRIBE PATIENT LIST

Care Plan Navigation

- Urgent Care Summary
- Patient Consent
- Patient Details
- Significant Medical Background**
- Preferences
- Cardiopulmonary Resuscitation
- Emergency Treatment Plan
- Medication
- Contacts
- Social Situation

Significant Medical Background

Significant Diagnoses

The following table shows only those diagnoses that are active, clinically significant and will provide useful information to urgent care services.

Category	Diagnosis	Additional Details	Main Diagnosis
Cancer - Secondary site	Disseminated	s	

Awareness of Diagnoses

Patient Aware of Diagnoses (not specified)

Additional Details (not specified)

Horizontal Banners: Notice there are 4 horizontal coloured banners across the top – System banner (blue), Patient Banner (yellow), Care Plan Status and Options Banners (white). The Blue will be static – Your name & organisation, your account where you can set up some security questions and the Logout button. The Yellow banner contains key patient demographics and any alerts you set up within the care plan – allergy, DNACPR etc show up here in symbol form [CNR A]. The first white banner will provide the status of the care plan **as you are engaged with it right now** and will also tell you when was it last clinically approved, by whom (if created on the new system since November 2015) and their organisation. At the appropriate phases of the ‘care plan life cycle’, the second white banner will present the **Update, Record Death, Submit for Approval, Approve, Discard Draft, Subscribe, Patient List, and Enrol** buttons.

Notice the **Care Plan Navigation menu** on the left of the screen – see capture above. This lists the different sections contained within the care plan. You can use these to navigate your way quickly through the care plan sections. Alternatively at the bottom of each page you will see the name of the last/next screen. Click on either of these to navigate forward and back.

See this example at the bottom of the Significant Medical Background section. When you are in Edit/Update mode you can go from section to section to record the plan of care.

< Patient Details

Preferences >

5. Status of the Care Plan as you look at it: Being sure you understand your engagement with the care plan: Notice If you look up to the White banner – the text to the left tells you the State of the Care Plan **as you are currently engaging with it**. ‘Published – View only’ means it is a Published care plan (complete, approved, and visible to Urgent Care Services) and you are viewing it (not editing it). Other examples:

State of Care Plan: **Published, View Only**
 Last saved on: **16 Nov 2015 at 08:43**

‘Published – View only’ means it is a Published care plan (complete, approved, and visible to Urgent Care Services) and you are viewing it (not editing it).

State of Care Plan: **Draft, Editing**
 Last saved on: **12 Jan 2016 at 12:48**

You arrive at this status by entering into the Editing/Updating mode of the care plan. A draft is created immediately, even if you don’t edit an actual field. This draft will need Approval by a clinician or Submission for Approval (by an administrator working in partnership with their clinical colleague) & then approval.

State of Care Plan: **Review, View Only**
 Last saved on: **16 Nov 2015 at 17:56**

Option 1: This Published care plan has reached the review stage of its life cycle. All Approved care plans are marked for clinical review of 90 days by default or up to a year post publishing if selected. Click **Update Care Plan** on the White banner.

Option 2: Alternatively, you are in View Only mode of a care plan that is sent to you or a colleague by an Administrator/HCA level colleague for clinical approval. Click **Update Care Plan** on the White banner to enter edit mode and view/edit the care plan as required and then

6. Legitimate relationship: By starting a CMC care plan you indicate implicitly that you have a Legitimate Clinical Relationship with the patient. Also when entering the View or Edit mode of a care plan that you did not initiate you will be asked to **Claim a Legitimate Relationship**. In other words, it is appropriate clinically and in terms of governance for you to engage with this CMC care plan.

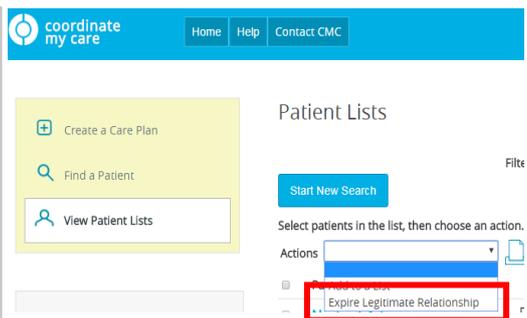
Claim Legitimate Relationship

You are now claiming a legitimate relationship to the patient

Patient Name **Andrew Patient**
 Date of Birth **01/01/1960**
 Gender **Male**

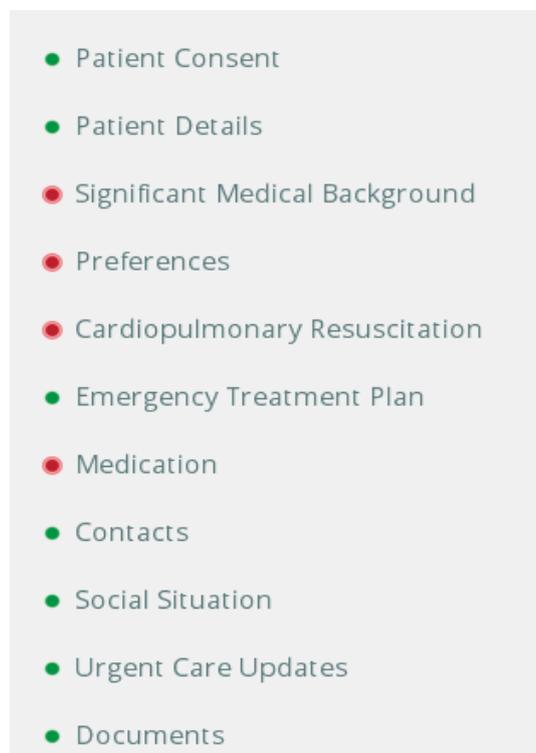
Please confirm this.

The relationship can be expired when you discharge the patient from your care. Go to your View Patient List screen – select patient and choose Expire. Also make sure you remove your name from the Contacts section. See ‘Updating non-clinical information’ section below.



7. Moving Employers/Teams: Claiming a legitimate relationship is a crucial information governance requirement that is affected by joining or leaving your employing organisation. **Key Learning Point:** The information governance forms we have for you must match the organisation you are currently working for and **we must know about any changes to your employing organisation**. Communicate any changes to CMC at coordinatemycare@nhs.net so we can make the necessary adjustments. As you leave your employer, you should expire all your relationships to your patients on CMC and remove your name from the Contacts section of any relevant care plan.

8. Mandatory Data items: Notice the mandatory fields throughout the care plan are indicated by a red asterisk * beside it and there are lots of helps for when you have missed something mandatory. When you go beyond the Consent screen, the care plan navigation menu on the left of the screen gives you visual indicators of where the mandatory data fields are located. A red dot indicates a location of a mandatory data field (or telephone validation error in Contacts). See capture below.



Please note the mandatory clinical fields all sit within the red dot sections identified in this capture. Within the mandatory sections, mandatory items are all indicated by a red asterisk * and have red text below them or a red box to highlight them.

If you leave a section without completing the required mandatory fields – you won't be able to Approve the care plan. **But administrators can Submit for Approval.** The red dot will still appear to the left of the section name. For example, a red dot beside **Contacts** will mean a telephone validation error has occurred.

At the Approval screen when there is a failure to Approve, you will be provided with a list of any mandatory items not yet completed.

Red mandatory sections turn green on completion of the mandatory items or resolution of telephone validation issues. All green means ready to Publish (make viewable to the Urgent Care Services).

Key Learning Point: A clinical safety feature of CMC is to highlight clinically inconsistent CPR and Ceiling of Treatment decisions where they exist in historic care plans and not allow such inconsistencies in new care plan creations.

9. New mandatory fields on the new CMC care plan: When updating care plans which were migrated from the older CMC system (pre November 24 2015), you will encounter a number of additional mandatory items that were not part of the old system care plan. Cardiopulmonary discussions, decisions and documentation have become more complex and prescriptive in clinical practice. This complexity is reflected within a more comprehensive Cardiopulmonary Resuscitation section including some extra mandatory fields. If you encounter these new fields on an old care plan they will need to be engaged with in order to Approve and Publish the care plan. Similarly Prognosis information became mandatory in September 2017 due to requests to be able to report on the proportion of End of Life and non-End of Life patients with CMC care plans.

10. Saving your data entries: **Key Learning Point:** Moving from one section/screen of the care plan to another saves the screen you have just left. There is no auto save button. Do not press the back button arrow at the top left of your screen as that will log you out of the care plan. Logging out from a care plan also saves your last changes as draft. When the care plan is saving, part of the screen may go 'grey screen' for a second.

11. Searching for a clinician or organisation's name: There are 5 (non-freetext) points where a clinician, practice or organisation name can be added (some mandatory). Clinicians can see **Add Me** buttons at 4 of these points and it is simple to use. Administrator/Healthcare assistant level colleagues see Find Clinician or Find Provider. Click this, and click **Add My Organisation**, then Click on Provider option Search button and select your appropriate colleague from the list provided.

This easy Add Me or My Organisation functionality does not need to be used. Click the Find Clinician, enter – enter the surname (not forename) in the Provider box or the organisation name in the Organisation box and

search. Select as appropriate. Searching by Organisation requires you to find the clinician's name also. Finding the clinician's name first automatically populates the organisation.

- 1) Patient Details screen: GP name **or** GP practice (no add function available or necessary – see the bottom of page 6).
- 2) Significant Medical Background screen – Prognosis
- 3) Cardiopulmonary Resuscitation screen - 'Clinician recording this decision'
- 4) Contacts screen: Health & Social Care Contacts section
- 5) Approve screen: Approver / Reviewer on the Approval or Submit for Approval screen

12. Approving the care plan: When you are ready to leave the care plan and clinically approve it – click the Approve button at the top of the screen in the White banner. This presents the full Approval screen where you need to choose a Review date (CMC care plans are live documents and should be reviewed regularly according to need) and a reviewing organisation or clinician. The reviewer is typically yourself but if you are a hospital clinician you will probably be choosing a community clinician involved in the patient's care. The care plan review date is set at 90 days as default but is adjustable upwards to 1 year as appropriate for each patient's situation. To select the reviewer, search for the organisation **or** the individual clinician. Either will enable the CMC system to generate an email to the clinicians work email address or the Organisations generic email address regarding the need to Review the care plan in 90 days or as chosen. No patient identifiable data is included in this or any emailed alerts. A review task will appear on that user's Action Needed list

Now click the Approve button at the bottom of the Approval screen and you will get a 'pop-up' confirmation that you have successfully approved and published the care plan. From this point onwards, the care plan can be viewed by the Urgent Care Services when they need to do so in order to support patient care. **Therefore it is vital to Approve care plans in a timely manner.**

If you choose not to approve the care plan – clicking on your Home button in the blue banner will cause the care plan to be saved as a draft. The task to Finalise this care plan will appear in your **Action Needed** list - on the Home screen). However a draft care plan is not visible to the Urgent Care Services. Draft work is stored on the CMC care plan database for you or a colleague from any involved team/service to complete at a later date. It is visible to any other (**non-urgent care**) clinician who searches for it and confirms that they have a Legitimate Relationship with patient. **Key Learning Point: Draft care plans do not support patient care.**

13. Administrators & Submit for Approval: Helpfully, CMC enables appropriate non clinical staff e.g. GP practice administrators access to the CMC care plan to enter data on behalf of their clinical team. Information can be entered into the care plan by a non-clinician but the care plan must be submitted for approval to a clinical colleague who should then view, edit and finally approve the care plan as appropriate.

Key Learning Point: Administrators and Health Care Assistants should note that in the Cardiopulmonary Resuscitation section, there is a question "Clinician recording this decision". The name that should be entered here is the **name of the clinician who will approve the care plan. It should never be the name of the administrator or the Health Care Assistant.** The Submit for Approval button is on the White banner. The sequence is quite straightforward. Choose your Approver in the way you chose other professionals previously in the care plan. Your organisation is auto-populated and you should choose the individual clinical colleague. They will receive an email and the task Approve appears on their Action Needed list when they open CMC.

14. Updating or Reviewing care plans: To update, search for the patient or find on one of your lists, enter the update/edit mode, navigate according to your needs and Approve as normal. Reviewing can be demonstrated by entering and then Approving the care plan without any changes. This changes the date stamp for the Published care plan giving confidence to the Urgent Care Services viewers. When Approving, please select the appropriate clinical person or organisation to do the next review.

15. Key Topics

16. Restricted Records: There is a facility within the CMC care plan to take a care plan which is already safely held on the CMC database and put in place restrictions about who can view/edit the care plan. Use of this facility is likely to be very rare. **You may wish to contact CMC Helpdesk before using it to clarify your intentions.** In short, it reduces the access to the care plan to a limited and chosen number of clinicians who have been highlighted as such within the Contacts section - Health & Social Care area. It blocks the wider team including Urgent Care Services having access to the care plan. On clicking to read the care plan, the user gets access to the contact details of those with unrestricted access. They can be contacted for information or alternatively there is a **Break the Glass** feature which allows a bypass of the restriction on provision of a rationale for doing so – granting access to view the care plan only. CMC monitor **Break the Glass** accesses.

17. Diagnosis: A diagnosis is mandatory and only one can be indicated as **Main Diagnosis**. It is recommended to use the Main Diagnosis **tick box** as appropriate as it supports anonymised reporting and research functionality. There is a dropdown set of options from Diagnosis Category to actual Diagnosis. Multiple diagnoses can be added but do remember the value to Urgent Care Services of the viewing the chief diagnoses only.

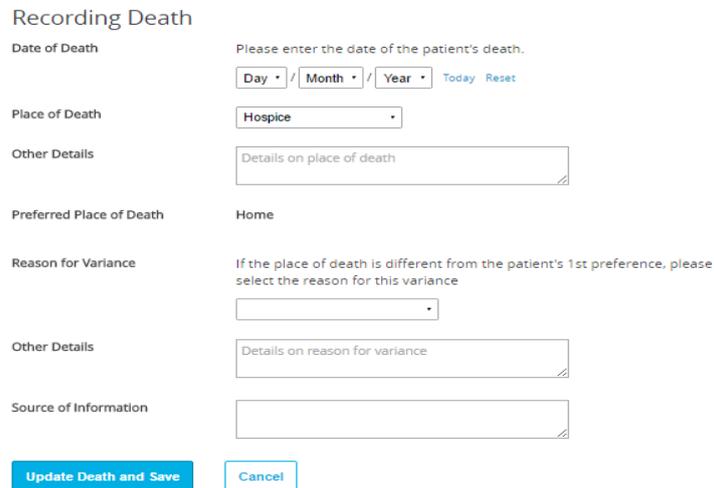
18. Medications: Medications **useful for the Urgent Care to know** should be entered via the easy-to-use drop down boxes – otherwise omit. An **Allergy** entry is required; ‘no known allergy’ is an available option.

19. DNACPR form: A DNACPR form for both adults and children can be created within the CMC system after appropriate discussions and decision making. The care plan **does** allow a clinician e.g. a nurse who has not and was not authorised to make a DNACPR decision to **note or document** with clarity the CPR discussions, the DNACPR decision and date, made by the appropriate clinician and write the name of the endorser of the decision i.e. the decision maker. This is possible only where the recorder of this information has access to this kind of information. A review date is not mandatory and should only be entered when a review is clinically desirable. Often with palliative care patients for example, a review of the DNACPR decision is not required. The ‘Clinician Recording the Decision’ is the clinician documenting on CMC the **Endorser’s** (the clinical decision maker’s) decision. **The clinician recording is responsible for accurate documentation. The DNACPR clinical decision maker is responsible for the decision.** Filling in this section is adequate to inform all of the valid decision. A form with the typical red border format is **not necessary** but there is a facility to generate one.

20. Contacts: This is a valuable place to put your professional contact details, both in-hours and out-of-hours details. Consider adding the contact details (in and out-of-hours) of notable clinicians also involved in your patient’s care. The GP practice is loaded automatically from the PDS. The contacts are very important to the 111 and Ambulance Services. They may prove pivotal in preventing an inappropriate and unnecessary admission to hospital or help to set up an urgent review from palliative care services or a fast track admission to the local hospice. Similarly a key relative’s contact details may support the right place of care. If expiring the relationship with the patient’s care plan, you should remove your contacts, which can be done without engagement with clinical information areas of the plan. **Contacts** 

21. Telephone numbers within Contacts: Take extra care when entering phone numbers in the Contacts section of the care plan. As the CMC service moves closer to levels of inter-operability with other clinical systems e.g. EMIS (a GP records system) and urgent care systems, the accuracy of key items like phone numbers becomes even more paramount as they will be transferred to and from other systems. Therefore entering a landline in a mobile phone field or vice versa will raise a Validity issue ‘pop-up’ message. Similarly writing two phone numbers in one box or a phone number and an extension number will cause the same ‘pop-up’ box. No words or letters should appear in the number fields for the same reason e.g. ‘Ext’ or ‘as above’ or same. Helpfully the system tells you exactly what you’re doing incorrectly.

22. Recording Death: Recording death is very important. It can be achieved by clinicians or administrators (**not requiring clinician approval**). Locate care plan, enter update/edit mode, click **Record Death** on the white banner, enter details of death (date, place and variance, if any, are very important for metrics and Service Providers business reports which we provide to your CCG etc.). Click the **Update Death and Save** blue button (see capture) and confirm 'ok'. The care plan is then stamped as **Deceased** – viewable immediately on lists and searches. After this, the broader care plan body itself cannot be edited. Within 'Record Death' the place of death and free-text items can be edited. However, for an **incorrect date of death**, call CMC Helpdesk to undo this.



23. Urgent Care Updates: The Urgent Care Updates is a listed section that will inform you **of care plan views by the Urgent Care Services** (date, time and name). It also serves as the location of memo style notes that Urgent Care Services choose to write. For example, the Ambulance Service may note here that they visited and found the patient on the floor, assessed the patient as safe and unharmed, assisted them back to bed and informed their daughter who lives in the next borough. This will not replace the normal communication of their response to the patient's GP practice.

24. Urgent Care Summary: The urgent care summary is a high-level view of the key data items held within the care plan, presented on the first screen of the care plan when View Published Care Plan is selected. Useful to all, it is of particular value to the Urgent Care Services, who can easily and quickly see high level information arranged together, without having to navigate around the care plan. Urgent Care Services can navigate the care plan as normal when required. When viewing is complete click the Home button to leave.

25. Attaching Documents: Documents can be attached to the care plan. However, our recommendation is that they be **documents of very high value** to the reader and useful for supporting complex decision making. An Advance Decision to Refuse Treatment (ADRT) or Power of Attorney document or a **very significant** discharge summary outlining step changes in the treatment trajectory and options. This advice is given because the reader of the care plan – typically the Urgent Care Services – may not have time to go through attached documents at all, let alone ten or twenty documents. Remember to enter the key message of any attached document into the most appropriate place **within the body of the care plan itself**. We enable the attachment of a DNACPR form. However we recommend as an alternative a comprehensive engagement with the Cardiopulmonary Resuscitation section of the care plan instead. We do not facilitate both. This is to promote the use of a single CPR and DNACPR discussions, decision and documentation work flow to try and prevent contradictory or variable DNACPR forms in the home, on CMC or in clinical notes. To attach – select **Documents** in the side care plan navigation menu and begin to attach as you would in another system.

26. Printing: The Print icon is only available on the lower White Banner when the care plan is in 'Published - View Only' mode. You can only print a complete and clinically approved care plan (a Published care plan). Click the icon. You may need to allow pop-ups on your computer system from CMC to generate a printable PDF care plan. Observe the top of your screen for possible pop-up blocking. Right click your mouse on that notice. To print a DNACPR form, you will need to click the DNACPR print icon. **Key Learning Point:** Access via in-context links (EMIS and Electronic Patient Record (EPR) links etc.) prevents printing. See the In-context section below.

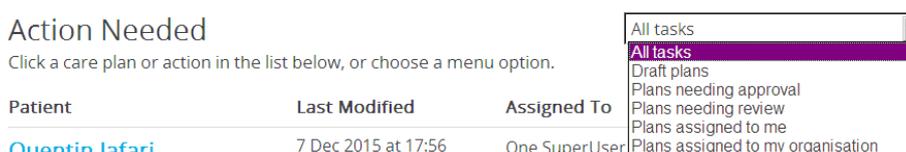


27. Lists:

a) Action Needed List: This non-alphabetised list appears on the Home screen – the first screen after your successful login. It is populated with **Action Needed** tasks – Finalise | Approve | Review – for care plans:

- 1) You have started but not yet published - Finalise
- 2) Where it has been submitted to you by an administrator for approval - Approve
- 3) Where you or someone else when Approving the plan have chosen you for future care plan review - Review

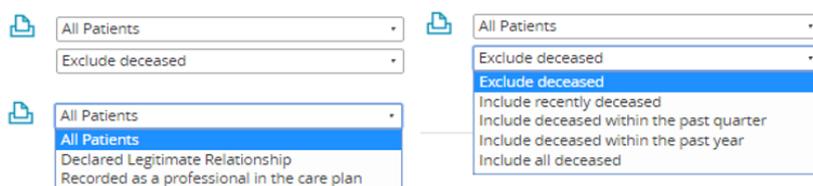
Effectively, in the above scenarios a Legitimate Clinical Relationship with the patient has been established (explicitly or implicitly). This is to enable all the clinicians involved in the patient's care plan directly or indirectly, task visibility and an access point to care plans. Use the filter to change what you see on your Action Needed List. Typically 'Plans assigned to me' are care plans that you have created. **Key Learning Point:** As tasks appear on multiple clinicians' screens, it may be appropriate for some to ignore these tasks – where it would be inappropriate and impossible for you to review the care plan - especially hospital clinicians.



b) View Patient List: This **alphabetised** surname list is designed to populate with:

- 1) All the care plans where you have claimed a Legitimate Relationship – implicitly or explicitly – by creating, approving, drafting, editing or viewing.
- 2) The care plans where you have been listed in the Contacts section - Health & Social Care of the care plan by yourself or another clinician
- 3) Patients created by your immediate team colleagues, (except on administrator's screens currently).

Filters can be applied to this list and these will be added to over time. Click the printer icon (you may need to allow pop ups from the CMC site) so that a PDF of the chosen list is made available for printing. **You are responsible for the use and destruction of any printed material after use.**

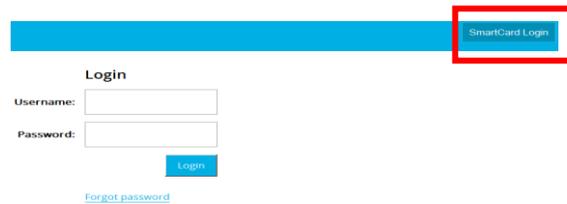


Key Learning Point: Understanding and use of **new enhanced functionality around lists and searches** can be sourced here <https://cmc.learning.intersystems.com/courses> (CMC Module 108 Patient Lists)

28. Patients moving out of the CMC commissioned area

Currently CMC is commissioned by all London CCGs. If your patient is moving out of the CMC Commissioned Area please contact us on our Helpdesk for advice about what to do.

29. Smartcard use: A smartcard can be utilised to facilitate quicker access to the CMC care plan database. Part of the initial set up requires you to provide the name and the long number on your smartcard to CMC at coordinatemycare@nhs.net. Also recently improved smartcard related software may need activating by you. Your IT colleagues may need to set it up for you. Click this link to prepare for your smart card <http://coordinatemycare.co.uk/downloads/smartcardguide.pdf>



30. Updating non-clinical information: CMC enables updates of non-clinical information such as **Patient Details** (demographics) and **Contacts** (Personal and Professional) without the need for clinical approval. Update the details, and click the blue Publish Non-Clinical Changes button and then OK to ensure they update the published care plan. **Contacts** [Publish Non-Clinical Changes](#) Also a quick way to update to a new GP practice or home address is to click **Check For Updates** (in update/edit mode). You will be presented with core demographics including the GP practice as noted on the Patient Demographic Service (PDS). Click **Apply** to incorporate them into the CMC care plan. Then go to Contacts and delete the wrong/expired GP practice – by clicking the red X where required. Updating **demographics/GP practice is vital** as it affects the flagging of care plans at the Urgent Care Services. **Key Learning Point:** When approving, the Approve screen will automatically have you as the next reviewer, change to the new GP practice and approve in the normal way. If you can't find them, please ring the CMC Helpdesk 020 7811 8513 for assistance.



31. Draft Care Plans – number, visibility and deletion. There is only ever one Draft Care Plan (if any) for your patient. A number of incremental steps by different clinicians to develop a draft over time do not create multiple drafts care plans. In this scenario, there is one draft that a number of clinicians have worked on. All draft entries are deleted when the **Discard Draft** button is activated. **Key Learning Point:** The draft care plan is accessible and editable by any appropriate clinical team but draft entries are not visible to the urgent care services. **Key Learning Point:** **After a patient death, do not update/publish a draft-only care plan – Discard it.**

32. Published Care Plans – number, visibility and deletion: There is only ever one Published Care Plan. Published means clinically approved and viewable by all CMC users including Urgent Care Services. As the Published care plan gets updated and clinically approved it is just re-published.

33. Quality – making care plans useful in the real world: **Key Learning Point:** The most useful care plans in terms of achieving positive and appropriate patient centred outcomes contain the following three kinds of information:

Where the patient wants to be cared for?

How much clinical intervention is appropriate?

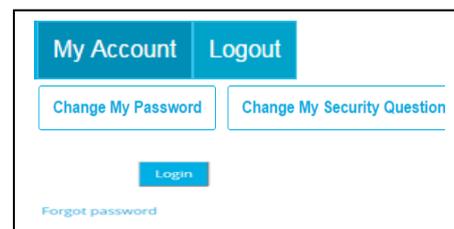
What clinical interventions are appropriate?

The **'what'** is **essential** in supporting the achievement of the **'where'** and the **'how much'**. Urgent Care Services say the Emergency Treatment Plan makes all the difference to them. Knowing how to achieve the desired outcomes is key.

Beyond PPC, PPD and the CPR decision - the Ceiling of Treatment and Escalation plan (symptoms & actions), and Family and Professional contacts are enormously helpful in enabling the right care, in the right place, at the right time, by the right team.

34. Password, Password Reset & Security question

So that an automatic password reset can be achieved, without having to call the Helpdesk, Forgotten Password functionality is available from the Login screen. This will only work if you have completed your Security Question within the My Account area of the screen and an email is noted there. An email will be sent to the email account that is held on the CMC system for you.



35. In-context links (EMIS etc.)

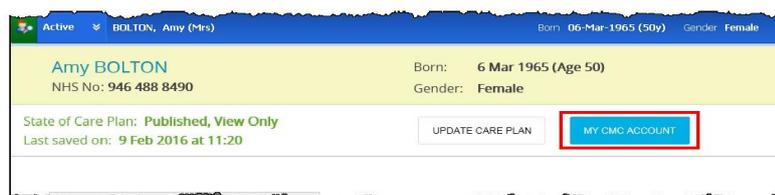
This provides, for example, EMIS Web users (GP Practices) with an efficient way to view, update, approve and create CMC care plans from the EMIS Web interface. If you haven't switched on your EMIS Web in-context link – follow these instructions: <http://coordinatemycare.co.uk/emis-in-context-link/>

For guidance on on-going use of CMC through EMIS Web, see here:

<http://coordinatemycare.co.uk/cmc/wp-content/uploads/2016/02/cmc-working-with-cmc-care-plans-from-emis.pdf>

There are functional limitations **instituted by EMIS and EPR systems for safety reasons** to be aware of:

- CMC patient searches cannot be performed from EMIS Web. To find a care plan for a patient, perform an EMIS patient search and open the care plan from the patient's record. Alternatively, you can use the full web-based CMC system.
- The patient's NHS number and date of birth cannot be updated on the Patient Details screen as these are linked to the EMIS Web patient record.
- No new windows or tabs can be opened. As listed next.
- Documents attached to the care plan cannot be viewed, though new documents can be uploaded.
- The care plan including any attached or generated document (DNACPR) cannot be printed.
- Restricted Records (see above) cannot be located through an in-context link (e.g. EMIS)
- Links to external organisations are disabled.
- List functionality, including your Patient List and Action Needed List, are not available from EMIS Web. Log in to the full CMC system to review these lists.
- To change your password and security challenge question, access the My CMC Account screen from the Care Plan banner of an open care plan. (In contrast, from the full CMC system, this screen is accessed via the My Account button in the system banner.)



- **Key Learning Point:** In summary, for safety reasons you cannot do anything that opens a separate screen as it could then remain open when you have moved to another CMC patient. You might then wrongly associate two data screens as being for the same patient. Patient safety is prioritised. This restriction is required by EMIS.
- To access the functions not available through the EMIS in-context link, you must log in via the CMC web based entry point in the normal way <https://nww.coordinatemycare.net/csp/healthshare/hsc/compat/login.html>

36. CMC Data & Reports: to request reports follow this link -

<http://coordinatemycare.co.uk/healthcare-professionals/cmc-data-and-reporting/>

37. Subscriptions: Users can subscribe to update notifications to see when certain care plan items change. Subscribe by individual care plan or from the View Patient List – choose Actions and then names.

38. Screen captures & meaning of various Viewing and Updating/Editing options: You will see several options depending on where you start:

1) From View Patient List – if the patient you are wishing to View/Update is there.

<p>View Draft Care Plan</p> <p>Edit Draft Care Plan</p>	<p>Only a Draft Care Plan exists – you can choose to view it or start editing it.</p>
<p>View Published Care Plan</p> <p>Update Published Care Plan</p>	<p>Only a Published Care Plan exists (no draft work has been added). You can view the Published Care Plan or start to update the Published Care Plan. By choosing Update, you automatically create a draft even if you don't then enter any details.</p>
<p>View Published Care Plan</p> <p>Edit Draft Care Plan</p>	<p>A Published Care Plan exists and there is draft work that has been commenced since. You can view the Published care plan or you can start editing the draft work which someone has started.</p>

2) From the Find Patient search

<p>View Draft Care Plan</p> <p>Edit Draft Care Plan</p>	<p>Only a Draft Care Plan exists – you can choose to view it or start editing it.</p>
<p>View Published Care Plan</p> <p>Update Published Care Plan</p>	<p>Only a Published Care Plan exists (no draft work has been added). You can view the Published Care Plan or start to update the Published Care Plan. By choosing Update, you automatically create a draft even if you don't then enter any details.</p>
<p>View Published Care Plan</p> <p>Edit Published Care Plan</p>	<p>A Published Care Plan exists and there is draft work that has been commenced. You can view the Published care plan or you can start editing the draft work which someone has started.</p>

3) From your Action Needed list - if your patient is listed on the Action Needed list.

<p>FINALISE</p>	<p>Draft work you (your team colleague or someone else) has started for a patient you have connection with needs Finalising. Any involved clinician can enter, complete and Approve the care plan. Click Finalise and you will enter the edit mode of the care plan.</p>
<p>REVIEW</p>	<p>A Published Care Plan now requires a review (as the review date, set when last Approved has or is about to expire. Click and you will enter the edit mode to review.</p>
<p>APPROVE</p>	<p>A non-clinical colleague has submitted a care plan for you (or your immediate team colleague) to Approve the care plan. Click Approve to enter into the edit mode of the care plan.</p>

Subject Index (Alphabetised)

	Page
Add Me / Add My Organisation functions	10
Administrators & Submit for Approval	11
Approving the care plan	11
Attaching Documents	13
Beginning a care plan	6
Consent	7
Contacts	12, 15
Demographics (updating)	15
Diagnosis	12
DNACPR screen/form	12
Draft Care Plans – number, visibility, deletion, after death	15
EMIS in-context link	16
Finding a patient	6
Forgotten Password	16
Home screen	5
Legitimate relationship	9
Lists	13
Logging on	5
Mandatory items	9
Medications	12
Moving employers	9
My Account	16
New mandatory fields on the new CMC care plan	10
Number of Draft and Published Care Plans for your patient	15
Password Reset	16
Patient demographic service – PDS	6
Patient moves out of the CMC Commissioned area	14
Printing	14
Published Care Plans – number, visibility, deletion	15
Quality – making care plans useful in the real world	15
Recording death	12
Reports	16
Resources	2
Restricted records	12
Reviewing care plans	11
Saving your data entries	10
Screen captured and meaning of various Viewing and Updating/Editing options	17
Searching for a clinician or organisation's name	9
Searching for a patient	6
Security Question	16
Smartcard use	14
Status of the Care plan as you look at it	9
Subscription to care plan changes	16
Telephone numbers within Contacts	12
Updating Care plans	11
Urgent Care Summary	13
Urgent Care Updates	13
Updating a care plan with new demographics or GP practice	15
Withdrawal of Consent	7