

Using Valida to create Universal Care Plans (UCP)

Please note that Universal Care Plans are not just for End of Life patients, but are a useful method for information sharing for OOH services including paramedics, 111 and emergency departments.

Within the respiratory enhanced service we are encouraging use of UCP for respiratory patients with COPD who may be at risk of exacerbation. The aim is to help your colleagues know how to support these patients in the event that urgent care is needed.

Please note you do not need to complete all the fields in the UCP, but only those that are clinically relevant and appropriate so please use your clinical judgement.



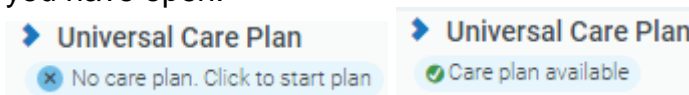
**Valida in the Clinical System**

You can access Valida to create a UCP for a patient when you have the patient records open in S1 and EMIS.

There is a Valida app which should already be downloaded on your computer but if not you are able to download it here (<https://ds2-client.careis.thirdparty.nhs.uk/adminsetup.exe>).

When the Valida app is opened it will ask you to link your smart card, you only need to do this once. No need to remember any usernames or password.

The Valida app will then automatically search for a UCP of the patient whose records you have open.



The first box that opens through Valida is the summary of the UCP you can select to go back at the top of the box and then you will see the contents page.


The contents page looks as follows, some of which will auto-populate:

- Summary
- Plan management
  - ✓ Personal information (Demographic details)
  - ✓ Personal information (Performance and Social)
  - ✓ Personal information (Contacts)
  - ✓ Advance decisions and statements
  - ✓ Medications and allergies
  - ✓ Significant medical background
  - ✓ Emergency care and treatment plan
  - ✓ Prognosis and preferences for location of care
  - ✓ Symptom management plan
  - ✓ Alerts

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We suggest the following fields may provide useful opportunity for information sharing:

### PERSONAL INFORMATION (Performance and Social)

 PERSONAL INFORMATION

**PERSONAL INFORMATION**  
-Baseline function, e.g. sits in a chair all day, MRC grade

#### Patient Disabilities

Condition name

<input type="checkbox"/> Unable to summon help in case of emergency	<input type="checkbox"/> Hearing loss
<input type="checkbox"/> Lacks safety awareness	<input type="checkbox"/> Mental impairment
<input type="checkbox"/> No known disability	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Difficulty with verbal communication	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Other	

Additional details

## PERSONAL INFORMATION (Contacts)

It is really useful to have NOK details and details of any key contacts here.


## ADVANCED DECISIONS AND STATEMENTS

If this legally binding document exists

## MEDICATIONS AND ALLERGIES

You don't necessarily need to put all medications on here but anything that might affect emergency clinical care, e.g. long term antibiotics, steroids or anticoagulants. Documenting allergies are essential.

## SIGNIFICANT MEDICAL BACKGROUND

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### Main Diagnoses

Please record only those diagnoses that are active, clinically significant, and will provide useful information to urgent care services. There must be at least one main diagnosis entered.

- Main diagnosis - 1 +

Diagnosis category Main diagnosis \*

### Awareness of diagnoses

Patient aware of diagnoses

Yes  No  Don't know

Patient awareness of diagnoses - additional details //

Family/carer(s) aware of diagnoses

Yes  No  Don't know

**SIGNIFICANT MEDICAL BACKGROUND**  
-In this case COPD and any staging, e.g end stage or severe

## Other Significant Past Medical History

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-You may want to mention any co-morbid heart failure or anything else that feels relevant

• Other significant diagnosis - 1



Diagnosis category

Diagnosis

Other medical information

## EMERGENCY CARE AND TREATMENT PLAN

Ceilings of care can be documented if clinically appropriate and relevant discussions have been had.

## PROGNOSIS AND PREFERENCES FOR LOCATION OF CARE

As above, if the relevant discussions have been had. Please note the specific prognostic indicators that are felt to reflect likely last year of life from the RCGP GSF Prognostic Indicator Guidance


<https://www.goldstandardsframework.org.uk/cd-content/uploads/files/General%20Files/Prognostic%20Indicator%20Guidance%20October%202011.pdf>

### **Chronic Obstructive Pulmonary Disease (COPD)**

At least two of the indicators below:

- Disease assessed to be severe (e.g. FEV1 <30% predicted)
- Recurrent hospital admissions (at least 3 in last 12 months due to COPD)
- Fulfils long term oxygen therapy criteria
- MRC grade 4/5 – shortness of breath after 100 metres on the level of confined to house
- Signs and symptoms of right heart failure
- Combination of other factors – i.e. anorexia, previous ITU/NIV resistant organisms
- More than 6 weeks of systemic steroids for COPD in preceding 6 months.

## SYMPTOM MANAGEMENT PLAN

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Please add details of the expected problems or symptoms, as well as guidance for the appropriate action plan for this patient. Please select the problems or symptoms that the patient may experience in the next few weeks or months, and provide a care plan for the urgent care services which is clear and practical.


The management plan is likely to include advice concerning medication, but please remember that it is not a prescription that colleagues can dispense or administer against. If medication is suggested, it should be prescribed and available for the patient in their home setting.

Symptom management plan - 1 +

▼

**SYMPTOM MANAGEMENT PLAN**  
-the main relevant symptom here is likely to be 'breathlessness' and any specific exacerbation management that you want to mention, including any known antibiotic resistance  
- Baseline resting saturations are really useful  
-if the patient has nebulisers or oxygen this is helpful to mention, as well as any rescue pack

## ALERTS


 ALERTS

Patient Alerts

Alert - 1 +

x ▼  
**Medical**

x ▼  
**Other (Please Specify)**

Today  
dd/MM/yyyy 

x  
**On home oxygen**

**ALERTS**  
-useful to highlight if patient is on home oxygen  
-key safe number is helpful if applicable

The benefit of using the Valida app to create a UCP is that it auto populates with the patients demographics but also if you have previously documented a prognosis or preferred place of care or death in S1 or EMIS.

It can write back into EMIS and S1 and uses a snomed code specific to UCP to enable you to easily monitor the patients who have a UCP by searching for that code. The WSIC dashboards will also use this specific code to match patients with a UCP.

You can request a username and password from UCP and access the UCP through a web browser. Unfortunately, this does not auto populate with EMIS or S1, will not write back and will not snomed code. You also need to manually search for the patient by adding 'new citizen'. [Web Portal Access – Universal Care Plan \(onelondon.online\)](#)

For any queries regarding Valida app and Universal Care Plans there is a web form available and the team are happy to support you remotely with any concerns. [Contact – Universal Care Plan \(onelondon.online\)](#)