**KEY INFORMATION SUMMARY (KIS) – EMIS**

**What it is for**

* Information transfer – unscheduled care
  + ‘In hours’ GP > OOH GP
  + Primary Care > A&E / Acute Receiving Units
  + Primary Care > Scottish Ambulance Service
  + Primary Care > Specialist Palliative Care Centres
* Prompts for proactive care
* Anticipatory Care Planning
* Palliative care DES
* e-referral to Specialist Palliative Care
* All data stored in one place
* Structure for lists / meetings / etc

**How to use it**

* Find the template!
  + Consultation mode
  + 8 - KIS
* Decide who should have one
  + Not just for palliative care!
  + Patients with supportive / palliative care needs
    - Whoever YOU feel should be included!
    - Palliative care register
    - GSF register
    - SPICT / GSFS prognostication guidance?
    - Chronic disease registers? / Care Home patients? / Housebound patients?
* Obtain consent
* Add data via KIS template

**What it contains**

* 0 - Consent
  + KIS Upload Decision
  + Patient Consent
  + Apply Special Note
  + KIS Review date
* 1: Demographics
  + Patient Details
  + Practice Details
  + Contact Numbers
  + Usual GP
  + Carers
  + Next of Kin
  + Access Information
* 2: Current Situation
  + Medical History
  + Self Management Plan
  + Anticipatory Care Plan
  + Single Shared Assessment
  + Oxygen
  + Additional drugs available at home
  + Catheter and Continence Equipment at home
* 3: Care & Support
  + Agency Contact
  + Moving and Handling Equipment at home
  + Care at Home
    - Syringe Driver (pump!)
  + Adults with Incapacity Form
  + Power of Attorney
  + Guardianship with Welfare Decision Making Powers
* 4: Resuscitation & Preferred Place of Care
  + Preferred Place of Care
  + DNACPR
  + CYPADM
* 5: Palliative Care
  + Palliative Care Register
  + OOH arrangements
    - Discussed
    - Death certificate
    - GP OOH Contact / Number(s)
  + Patient’s Understanding
    - Patient and Carer Understanding of Diagnosis & Prognosis
  + Palliative Care and Treatment

**KIS Benefits**

* Patient & Carer/Loved ones
  + Targets a very vulnerable and needy group
  + Encourages earlier identification
  + Encourages anticipatory care planning
  + All professionals have better information
  + Fewer inappropriate actions
    - Transfer
    - Admission
    - Futile CPR
  + Reassurance and ‘security’
  + Better and safer care
* General Practice – In hours
  + Natural extension of GSFS
  + Simple information transfer
  + More effective
  + Less work
  + Fits in with palliative care DES
* General Practice – Out of hours
  + Information
    - More
    - Legible
    - No transcription
  + Less patient contacts(?)
* NHS
  + Better service
    - Information transfer
    - Increased pro-activity
  + Fewer inappropriate actions
    - Admissions
    - 999 ambulances
    - Futile CPR
  + Decreased OOH contacts(?)
  + Save money

**KIS Concerns**

* Data entry
  + Possible duplication
  + Visiting – particularly ‘on the way home’
  + Data entry OOH
    - Own GP
    - OOH GP
* Data entry by AN Other…
* Different systems
* Data transfer
  + Remembering to obtain consent(!)
  + Consent model
* Data access
* OH DNs do not have routine access to information