KIS
Key Information Summary

http://www.palliativecareggc.org.uk/

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Agenda

- Who is using KIS already?
- What is KIS for?
- KIS benefits?
- KIS concerns?
- Who should have KIS?
- What information does KIS contain?
- How to use KIS
- Future...
What is KIS for?

• Information transfer
  – ‘In hours’ GP > OOH GP
  – GP > District Nurse
  – 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

• e-Referral to Specialist Palliative Care

• All data stored in one place

• Structure for lists, meetings etc

• (Palliative Care DES)
KIS benefits for patient & carer?

- Targets a very vulnerable and needy group
- Encourages earlier identification
- Upstream of ‘last stages of life’
- Encourages anticipatory care planning
- All professionals have better information
- Fewer inappropriate actions
  - Transfer
  - Admission
  - Futile attempt at CPR
- Reassurance and ‘security’
- Better and safer care
KIS benefits for general practice?

- **In hours**
  - Natural extension of Gold Standards Framework
  - Better than ePCS
  - Simple information transfer
  - More effective
  - Less work
  - Fits in with palliative care DES

- **Out of hours**
  - Increased quantity and quality
    - Information
    - Patients
  - Less patient contacts(?)
KIS benefits for NHS?

• Better service
  – Information transfer
  – Increased pro-activity

• Fewer inappropriate actions
  – Admissions
  – 999 ambulances
  – Futile CPR

• Decreased OOH contacts (?)

• Save money
KIS concerns?

• Different systems
  – INPS / VISION – very different

• Data entry
  – Possible duplication
  – Visiting – particularly ‘on the way home’
  – Data entry OOH
    • Own GP
    • OOH GP
  – Data entry by AN Other...
KIS concerns?

• Data transfer
  – Remembering to obtain consent(!)
  – Consent model

• Access
  – Read access
    • SAS call handlers do not have access
      – Possibly changing
  – Write access
    • Restricted (more or less) to in-hours GPs
  – Knowledge of access rights...
Who should have KIS?

• 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?
Supportive and Palliative Care Indicators Tool (SPICT™)

The SPICT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

### Look for any general indicators of poor or deteriorating health.
- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

### Look for clinical indicators of one or multiple life-limiting conditions.

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Heart/ vascular disease</th>
<th>Kidney disease</th>
<th>Liver disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional ability deteriorating due to progressive cancer.</td>
<td>Heart failure or extensive, untreatable coronary artery disease with breathlessness or chest pain at rest or on minimal effort.</td>
<td>Stage 4 or 5 chronic kidney disease (eGFR &lt; 30ml/min) with deteriorating health.</td>
<td>Cirrhosis with one or more complications in the past year:</td>
</tr>
<tr>
<td>Too frail for cancer treatment or treatment is for symptom control.</td>
<td>Severe, inoperable peripheral vascular disease.</td>
<td>Kidney failure complicating other life limiting conditions or treatments.</td>
<td>- diuretic resistant ascites</td>
</tr>
<tr>
<td>Dementia/ frailty</td>
<td>Respiratory disease</td>
<td>Stopping or not starting dialysis.</td>
<td>- hepatic encephalopathy</td>
</tr>
<tr>
<td>Unable to dress, walk or eat without help.</td>
<td>Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.</td>
<td>Persistent hypoxia needing long term oxygen therapy.</td>
<td>- hepatorenal syndrome</td>
</tr>
<tr>
<td>Eating and drinking loss; difficulty with swallowing.</td>
<td>Has needed ventilation for respiratory failure or ventilation is contra-indicated.</td>
<td>Liver transplant is not possible.</td>
<td>- bacterial peritonitis</td>
</tr>
<tr>
<td>Urinary and faecal incontinence.</td>
<td>Not able to communicate by speaking; little social interaction.</td>
<td></td>
<td>- recurrent variceal bleed</td>
</tr>
<tr>
<td>Frequent falls; fractured femur.</td>
<td>Recurrent falls; fractured femur.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent urinary tract infections; aspiration pneumonia.</td>
<td>Recurrent urinary tract infections; aspiration pneumonia; breathlessness or respiratory failure.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other conditions
Deteriorating and at risk of dying with other conditions or complications, that are not reversible; any treatment available will have a poor outcome.

### Review current care and care planning.
- Review current treatment and medication to ensure the person receives optimal care; minimise polypharmacy.
- Consider referral for specialist assessment if symptoms or problems are complex and difficult to manage.
- Agree a current and future care plan with the person and their family. Support family carers.
- Plan ahead early if loss of decision-making capacity is likely.
- Record, communicate and coordinate the care plan.
Who should have KIS?

- 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?
What information does KIS contain?

• Patient
  – Core details – name, address, telephone number, CHI
  – Contact Numbers
  – Carer details
  – Next of kin
  – Access information – key holder & address instructions

• Practice details
  – Core details – registered GP, usual GP
What information does KIS contain?

• Special Note
  – Possibly the most important field

• Relevant Past Medical History
  – Populated from Problem List

• Palliative Care and Treatment

• Agency Contact / Other Agencies Involved
  – Drop down pick list

• Capacity issues
  – Guardianship
  – Power of Attorney
  – Adults with Incapacity form
What information does KIS contain?

• Planning issues
  – Single Shared Assessment
  – Self management Plan
  – Anticipatory Care Plan
  – DNACPR
  – CYPADM
  – Oxygen
  – Additional drugs available
  – Syringe pump
  – Preferred Place of Care
  – Preferred Place of Final Care (V)
What information does KIS contain?

- **Equipment**
  - Moving and Handling
  - Catheter and continence

- **OOH arrangements**
  - Do patient/carer know what to do?
  - Will GP issue death certificate
  - Is GP to be contacted OOH?

- **Patient / Carer Understanding**
  - Diagnosis
  - Prognosis

- **Contractual**
  - Palliative Care Register
How to use KIS – EMIS

• Decide who should have one
• Consultation mode / 8-KIS
Consultation Mode - On 27 Nov 2015 by Dr Hugh OPry at Hillington Road Surgery

<table>
<thead>
<tr>
<th>Heading</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Problem</td>
</tr>
<tr>
<td>H</td>
<td>History</td>
</tr>
<tr>
<td>E</td>
<td>Examination</td>
</tr>
<tr>
<td>Y</td>
<td>Family History</td>
</tr>
<tr>
<td>M</td>
<td>Medication</td>
</tr>
<tr>
<td>C</td>
<td>Coment</td>
</tr>
<tr>
<td>G</td>
<td>Allergy</td>
</tr>
<tr>
<td>O</td>
<td>Social</td>
</tr>
<tr>
<td>Q</td>
<td>Test Request</td>
</tr>
<tr>
<td>R</td>
<td>New Referral</td>
</tr>
<tr>
<td>F</td>
<td>Follow up</td>
</tr>
<tr>
<td>9</td>
<td>aPOS</td>
</tr>
</tbody>
</table>

Quick History: Most Recent

17 Mar 2014 Test Request Glucose - Completed, Adult Urine (CSF) - Renal / Upper UTI - Completed, Blood Film - Completed, Folate - Completed, CK - Completed, Urea and Electrolytes -
How to use KIS – EMIS

• Decide who should have one
• Consultation mode / 8-KIS
• Add data via KIS template
Structure of EMIS KIS

0 - Consent
1: Demographics
2: Current situation
3: Care & Support
4: Resuscitation & Preferred Place of Care
5: Palliative Care (ePCS)
Structure of EMIS KIS

0 - Consent
  – KIS Upload Decision
  – Patient consent
  – Apply Special Note
  – KIS Review date
Structure of EMIS KIS

1: Demographics
   - Patient Details
   - Practice Details
   - Usual GP
   - Contact Numbers
   - Carers
   - Next of Kin
   - Access Information
Structure of EMIS KIS

2: Current Situation

– Medical History
– Self Management Plan(s)
– Anticipatory Care Plan
– Single Shared Assessment
– Oxygen
– Additional Drugs Available at Home
– Catheter and Continence Equipment at Home
Main Diagnosis

- 28/02/2005: Uncomplicated arteriosclerotic dementia
- 09/02/2011: Severe chronic obstructive pulmonary disease

Self Management Plan

- 01/04/2013: Mental health personal health plan
- 10/04/2013: Has self-management plan

Anticipatory Care Plan

- Has anticipatory care plan: None
- 27/11/2015: Free Text

Oxygen

- None
- 27/11/2015

Additional drugs available at home (shared with ePCS)

- None
- 27/11/2015

Catheter and Continence Equipment at home (shared with ePCS)

- None
- 27/11/2015
Structure of EMIS KIS

3: Care & Support

– Agency Contact
– Moving and Handling Equipment at Home
– Care at Home (basically presence of syringe pump)
– Adults with Incapacity Form
– Power of Attorney
– Guardianship with Welfare Decision Making Powers
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/2013</td>
<td>Referred to community specialist palliative care team</td>
<td>Yes</td>
</tr>
<tr>
<td>10/04/2013</td>
<td>Home help attends, 0 times/week</td>
<td>Yes - add freetext</td>
</tr>
</tbody>
</table>

**Moving and Handling Equipment at home (shared with ePCS)**
- None

**Care at Home (Shared with ePCS)**
- Syringe Driver

**Adults with Incapacity Form**
- Sub-cust with issued Adults with Incapacity (Sco) Act 2000

**Power of Attorney**
- None

**Guardianship with Welfare Decision Making Powers**
- Guardian Appointed Adults with Incapacity (Sco Act 2000)
Structure of EMIS KIS

4: Resuscitation & Preferred Place of Care
   - Preferred Place of Care
   - DNACPR
   - CYPADM
<table>
<thead>
<tr>
<th>Date</th>
<th>Preferred place of care</th>
<th>CPR Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/2013</td>
<td>Nursing Home</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**DNACPR (Do not attempt CPR)**

- Do not attempt CPR (DNACPR) form in place: 10/04/2013

**CYPADM**

- None: 27/11/2015
5: Palliative Care / ePCS

- Palliative Care Register & review date
- OOH arrangements
  - Discussed
  - Death certificate
  - GP OOH Contact / Number(s)
- Patient’s Understanding
- Palliative Care and Treatment
### Palliative Care Register

- **Add Patient to Palliative Care Register**: Yes
- **Palliative Care Review Date Due**: 27/02/2016

### OOH Arrangements

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed with Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed with Carer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP sign death certificate in normal circumstances?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>GP should be Contacted OOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP OOH Contact Number(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Patients Understanding

<table>
<thead>
<tr>
<th>Understanding</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's Understanding of Diagnosis</td>
<td>Patient aware of diagnosis</td>
</tr>
<tr>
<td>Patient's Understanding of Prognosis</td>
<td>Informing patient of prognosis</td>
</tr>
<tr>
<td>Carer's Understanding of Diagnosis</td>
<td>Family aware of diagnosis</td>
</tr>
<tr>
<td>Carer's Understanding of Prognosis</td>
<td>Informing relative of prognosis</td>
</tr>
</tbody>
</table>

### Palliative Care and Treatment

- **27/11/2015**: Cancer chemotherapy
  - Yes - free text
- **27/11/2015**: On gold standards palliative care framework
  - Yes
Consultation Mode - On 27 Nov 2015 by Dr Hugh OPray at Hillington Road Surgery

<table>
<thead>
<tr>
<th>Heading</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>P - Problem</td>
<td>Palliative care</td>
</tr>
<tr>
<td>H - History</td>
<td>Patient aware of diagnosis</td>
</tr>
<tr>
<td>E - Examination</td>
<td>Family aware of diagnosis</td>
</tr>
<tr>
<td>Y - Family History</td>
<td></td>
</tr>
<tr>
<td>M - Medication</td>
<td></td>
</tr>
<tr>
<td>C - Comorbid</td>
<td></td>
</tr>
<tr>
<td>G - Allergy</td>
<td></td>
</tr>
<tr>
<td>O - Social</td>
<td>Subj cert auth issued Adult with Incapacity (Scot) Act 2000</td>
</tr>
<tr>
<td>L - Result</td>
<td></td>
</tr>
<tr>
<td>Q - Test Request</td>
<td></td>
</tr>
<tr>
<td>R - New Referral</td>
<td></td>
</tr>
<tr>
<td>F - Follow up</td>
<td>Key Information summary review date (09/05/2016)</td>
</tr>
<tr>
<td>J - ePCS</td>
<td>Consent for electronic palliative care summary upload</td>
</tr>
<tr>
<td>J - Additional</td>
<td>Send key Information summary (KIS) upload</td>
</tr>
<tr>
<td>J - Additional</td>
<td>Dissent for key information summary upload (18/04/2013) Must add free text if dissent</td>
</tr>
<tr>
<td>J - Additional</td>
<td>Dissent for KIS upload overridden, patient unaware (10/04/2013) Must add free text if dissent</td>
</tr>
<tr>
<td>J - Additional</td>
<td>Dissent for KIS upload overridden, risk to self (10/04/2013) Must add free text to override</td>
</tr>
</tbody>
</table>

Quick History: Filtered on 'Palliative care'

No consultations found...
**Key Information Summary**

KIS Upload Decision: Yes  Review Date: 28/05/2016  Last Updated: 07/01/2014  **(Upload Pending)**

<table>
<thead>
<tr>
<th>Consent</th>
<th>ECC Consent must be given for KIS to be sent to OOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/04/2013</td>
<td>Dismiss for key information summary upload  Must add freetext if dismiss</td>
</tr>
<tr>
<td>27/11/2015</td>
<td>Send key information summary (KIS) upload  Must add freetext if dismiss</td>
</tr>
<tr>
<td>10/04/2013</td>
<td>Dismiss for KIS upload overridden, patient unaware  Must add freetext to override.</td>
</tr>
<tr>
<td>10/04/2013</td>
<td>Dismiss for KIS upload overridden, risk to self  Must add freetext to override.</td>
</tr>
</tbody>
</table>

**Special Note**

Does Not Expire

30/03/2014  Key information summary, this is a text special note  special note added

**Demographic/Contact Information**

<table>
<thead>
<tr>
<th>Sex</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Kis</td>
</tr>
<tr>
<td>Forename</td>
<td>Joseph</td>
</tr>
<tr>
<td>Date Of Birth</td>
<td>11/08/1970</td>
</tr>
<tr>
<td>Telephone</td>
<td>0141 111 1111</td>
</tr>
<tr>
<td>CHI Number</td>
<td>1108706975</td>
</tr>
</tbody>
</table>

**Next Of Kin Details**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename</td>
<td>John</td>
</tr>
<tr>
<td>Address</td>
<td>123 Smith Street, Glasgow</td>
</tr>
</tbody>
</table>

**Address**

Dr Hugh OPhag @ EHS Bus Surgery (014195641)
How to use KIS - VISION

• Decide who should have one
• List
• ECS Summary Management
Structure of VISION KIS

- Summary and Consent Status
- Emergency Care Summary
- Key Information Summary
- Palliative Care Summary
Structure of VISION KIS

• Summary and Consent Status
  – Traffic lights
  – ECS / KIS / PCS
  – Previous data sent
  – Consent
**KISSANE, John (Mr)**

**Address**: 14, TYNWALL ROAD, MOORTOWN, LEEDS, LS17 5NG  
**Phone**: No Contact Numbers Recorded

*Summary and Consent Status: ECS:  KIS:  PCS:  Less:*  

<table>
<thead>
<tr>
<th>No Previous ECS data sent</th>
<th>History</th>
<th>No Previous KIS data sent</th>
<th>History</th>
<th>No Previous ePCS data sent</th>
<th>History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change</td>
<td></td>
<td>Change</td>
<td></td>
<td>Change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27/11/2015 KIS Consent given</td>
<td></td>
<td>27/11/2015 Decision to send KIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Practice review due 27/05/2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** ECS Upload is disabled for all patients. No data will be sent ***

**Emergency Care Summary**

- [ ] Has a Guardianship Order
- [ ] Has Power of Attorney
- [ ] Has Adult Incapacity Form
- [ ] Has Single Shared Assessment Plan
- [ ] Has Anticipatory Care Plan

**Patient Contact List**

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Update</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered GP</td>
<td>Dr David Burton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usual GP</td>
<td>Dr David Burton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer</td>
<td>None recorded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next of Kin</td>
<td>None recorded</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Agencies Involved**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Special Note**

- [ ] Preferred Place of Care
- [ ] Preferred Place of Final Care

**Relevant Medical History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Access Information**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Self Management Plans**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Structure of VISION KIS

• Emergency Care Summary
  – Current Medication
  – Repeat Medication
  – Allergies and Adverse Reactions
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/07/1997</td>
<td>Increase 50 micrograms dose every 4 weeks (GSK counterfeit UK Ltd) maximum 1 allowed. Supply (750 mg) dose TWO PUFF EVERY DAY TO EACH NOSE</td>
</tr>
</tbody>
</table>
Structure of VISION KIS

- **Key Information Summary**
  - Un-headed (1)
    - Guardianship / PoA / AWI / Single Shared Assessment / Anticipatory Care Plan
  - Self Management Plans
  - Patient Contact List
  - Access Information
  - Relevant Medical history
  - Other Agencies Involved
  - Un-headed (2)
    - DNACPR form / Resuscitation status / CYPADM / Additional Drugs / Catheter & Continence / Moving & Handling / Oxygen / PPC
    - PPFC (preferred place of final care)
  - Special Note
Structure of VISION KIS

• Palliative Care Summary
  – Un-headed
    • Radiotherapy / Chemotherapy / Palliative Treatment
  – Palliative Care Register
  – Awareness and Understanding
  – Syringe Driver Use
  – Additional OOH Arrangements
Future...

• eHealth vision
  – Extending access
    • Patients
    • Wider professional groups
  – Improving accuracy/completeness of summary information
  – Integrating clinical and patient generated information
  – Ensuring systems fit for purpose
  – Ensuring information governance issues adhered to
Future...

• **Short term**
  – Access for Hospices
  – Improve use of KIS
  – Improve access to ECS/KIS for professional groups who are allowed access
  – Enable wider professional access to ECS/KIS

• **Current areas of work**
  – Optimising access and usability of KIS
  – Improving access to ECS/KIS
  – Anticipatory Care Planning improvement
    • Looking at what is needed
    • Linking to Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
    • Linking to HIS Scottish ACP template
Future...

• Long term
  – Digitalising and interlinking key records in health and social services
  – Making summary health information available to all citizens through a patient portal
  – Establishing requirements for an integrated End of Life/ACP summary
  – Replacing summaries obtained through ECS/KIS with a summary drawn from multiple clinical systems
  – Bidirectional functionality of professional portals(!)
  – Bidirectional functionality in the patient portal(!!)