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

**What it is for**

* Information transfer – unscheduled care
	+ ‘In hours’ GP > OOH GP
	+ ‘In hours’ GP > Community Nursing Services (in hours and OOH)
	+ ‘In hours’ GP > A&E / Acute Receiving Units
	+ ‘In hours’ GP > Scottish Ambulance Service
	+ ‘In hours’ GP > 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