

Accessing Advanced Care Plans: what's in a Key Information Summary (KIS)?

Lucy Baird¹ and Jennifer A. Harrison²

¹Locum Appointment for Service, Acute Medicine, Western General Hospital, Edinburgh*; ²ST6 Medicine of the Elderly, Royal Infirmary of Edinburgh
*Current post: Locum Appointment for Training, Palliative Medicine, Western General Hospital, Edinburgh

Introduction

78% of people are admitted to hospital in their last year of life¹ and 89% of those who die in hospital are admitted as an emergency². They often have an Anticipatory Care Plan (ACP), documented by GPs in the Key Information Summary (KIS), which is accessible electronically by all emergency services in NHS Lothian. The KIS can include invaluable information, however, utilisation remains poor in the acute hospital setting.

Aims

We aimed to learn more about the information contained in KISs and find out why there was such poor utilisation of them apparent amongst hospital staff. We additionally aimed to use quality improvement methodology to improve use of the KIS within the Acute Receiving Unit (ARU).

Methods

1. Data were collected from 20 patients per month (August '16 to January '17) who had a KIS and were admitted through ARU. We documented:

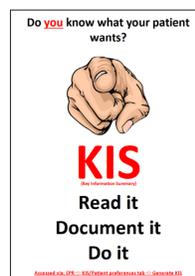
- Whether the full KIS had been downloaded (reception staff were meant to do this routinely)
- What information the KIS contained
- Whether the information in the KIS was judged as useful
- If there evidence of KIS utilisation within 24 hours of admission

2. In January 2017 a survey of ARU staff was performed which looked at awareness of the KIS

3. There were then two interventions:

- An acute medicine departmental education session
- Display of a poster

4. Data collection then continued from February '17 to July '17 to track any improvement



Results

Pre-intervention use of the KIS in ARU

- Data from August '16 to January '17 showed that the full KIS was downloaded in 72% of cases
- There was only evidence the KIS was read in 8% of patients' notes
- 89% were deemed to contain useful information
- **Conclusion: KISs are often useful but not being utilised by hospital staff**

Staff survey

- The staff survey was completed by 13 doctors in ARU
- **Although 92% had heard of the KIS and 62% thought they were useful, only 46% knew how to access the full version**
- Key survey comments:
 - *"a well completed KIS is incredibly helpful"*
 - *"great resource but not used to maximum potential"*
 - *"sometimes not massively helpful or up-to-date"*
 - *"...says 'has anticipatory care plan' but no ACP within it"*

Post-intervention use of the KIS in ARU

- Data from February '17 to July '17 showed that the KIS was downloaded in 70% of cases
- **There was evidence that the KIS had been read in 13% of cases**
- **87% were felt to contain useful information**

Missed opportunities?

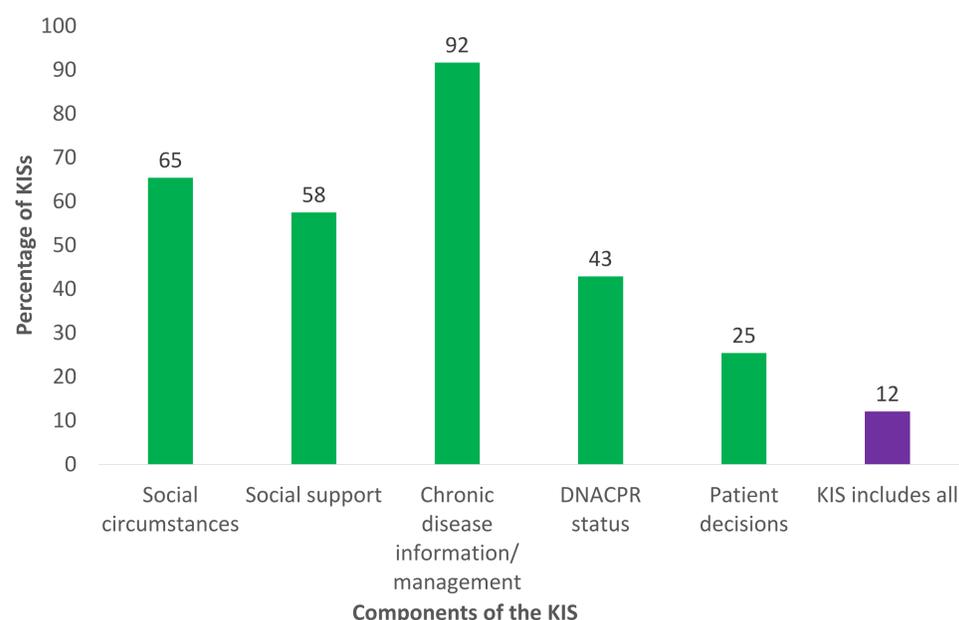
Some of the **potentially** missed opportunities:

- Patient died in hospital during admission but documented preferred place of death was home
- Patient with chronic neutropenia was admitted and investigated for this despite it being on their KIS that they did not wish this
- Patient admitted for treatment of a chest infection but their KIS said not for treatment of infections

What information does a KIS contain?

- Data were gathered on five main categories: social circumstances, social support, chronic disease information/management, DNACPR status and patient decisions
- Undoubtedly **the most useful KISs contained information about all five categories** (12% of KISs)
- 3% of KISs contained no information
- The mean number of categories of information in a KIS was 2.8
- **Information most likely to be included was information about chronic diseases** (92%) (Figure 1)
- **Information least likely to be included was about patient decisions** (25%)

Figure 1: Information contained in Key Information Summaries



Conclusions

KIS as a tool

The KIS is a potentially invaluable tool for out-of-hours GPs and hospital staff caring for patients with palliative or complex needs. There is currently some lack of belief in this by hospital staff which undoubtedly affects the utilisation of KISs within secondary care. Consistent high quality and up-to-date KISs will further encourage hospital staff to access and utilise the information contained in KISs.

KIS utilisation

Utilisation of the KIS at the front door improved from 8% to 13% with our interventions, but overall remained poor. There are several reasons for this such as staff awareness, time pressures, difficulty accessing the KIS, and prioritisation of other information-gathering. As hospital staff cannot update it they may not be engaged with, or invested in, the KIS. It is hoped improved staff awareness and faith in the KIS will alleviate this, as would allowing them rights to edit it.

Limitations

This was a small project carried out in one hospital. Our results may underestimate true use of the KIS within the department as it may have been used but this not explicitly documented. GP contract changes and loss of QOF points associated with ACP documentation may reduce drive from GPs to complete KISs.

Recommendations

- **Ongoing community and hospital-based education regarding use of the KIS**
- **Allow hospital and hospice staff to update and alter the KIS**
- **Feedback to GPs about the importance of the KIS as a resource**
- **Creating a flag in patients' notes that alerts staff to the presence of a KIS**

References

- 1 National End of Life Care Intelligence Network. What do we know now that we didn't know a year ago? New intelligence on end of life care in England. 2012. file:///C:/KIS/What_we_know_now_report_Web.pdf
- 2 Davidson S, Gentry T. End of Life Evidence Review. 2013