# Key Information Summary (KIS) completion for patients referred to a community specialist palliative care service

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**Marie Curie**

Care and support through terminal illness

## Introduction

- Electronic care coordination systems, such as the KIS in Scotland, enable the sharing of patient information across settings.

- KIS is used for patients with complex on-going healthcare needs. GPs, with patient consent, use KIS to upload patient clinical details and anticipatory care planning information. This information is then used to guide urgent care in the community or emergency hospital admissions[1,2].

- All patients with an advanced progressive or terminal illness should have a KIS.

## Study Aims

To explore KIS completion for patients referred to a community specialist palliative care service.

## Methods

A mixed-method evaluation consisting of:

**(i)** case note reviews for new patients referred to the Marie Curie community specialist palliative care service.

**(ii)** semi-structured interviews with Community Palliative Care Clinical Nurse Specialists (CNSs) to explore their views regarding KIS usefulness, quality and updating.

## Results

- 44 KISs relating to new patients were evaluated for completeness and content. 17 KISs were re-evaluated approximately one-month post referral to identify changes made and determine appropriateness for individual patients *(Figure 1)*.

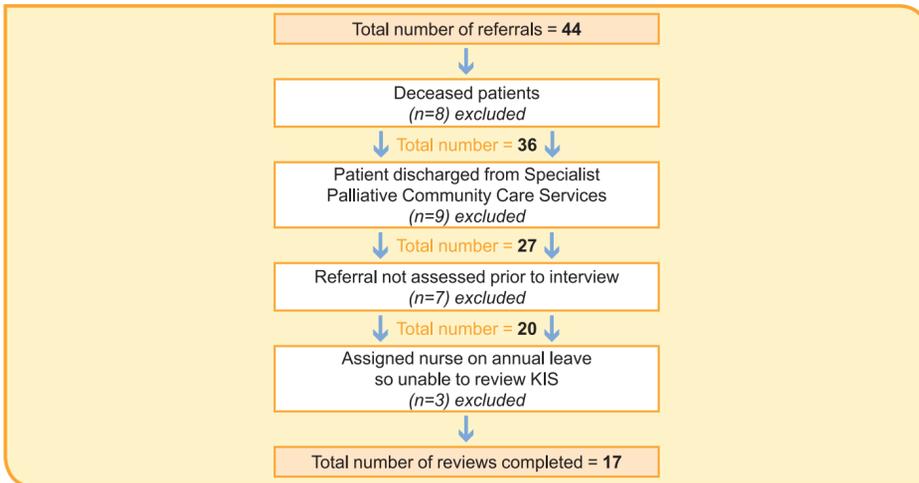- 11 CNSs participated in face-to-face semi-structured interviews.



*Figure 1: KIS follow up exclusion criteria.*

### 1. Most patients had a KIS on referral to a community specialist palliative care service

- Of the 44 new referrals evaluated, 34 (77%) had a KIS on referral.

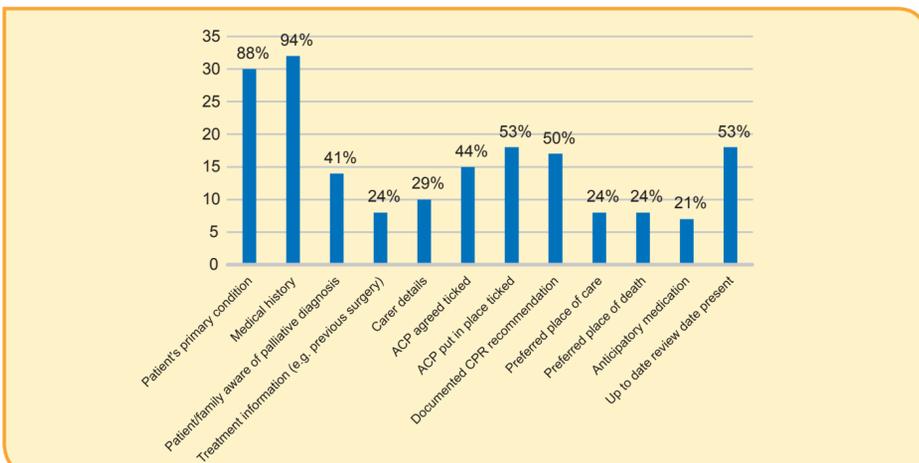### 2. Completeness of the KIS on first referral varied



*Figure 2: Completeness of KIS at point of referral (n=34).*

### 3. The special note section contained essential information regarding the patients care
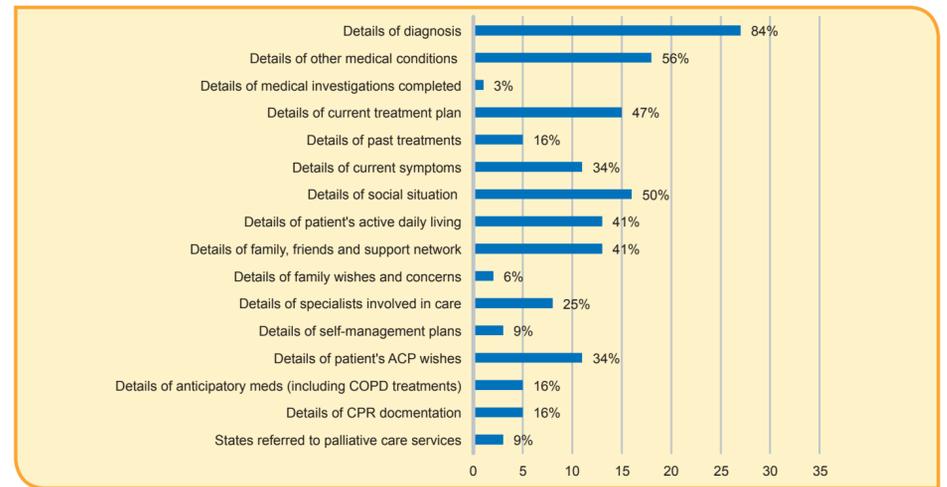


*Figure 3: Content of special notes (n=32).*

### 4. Most KISs were judged using established criteria[2] to contain useful information at the time of referral

- 32% were judged to contain high value information such as useful ACP information; 47% contained useful clinical information but no clear ACP detail; 21% were considered low usefulness with very little or no clinical information.

### 5. Post referral KIS follow up

- Out of the 17 KISs re-reviewed at one-month post referral, all had a KIS and over half (59%) had been updated.

### 6. CNSs perceptions of KIS

- Routinely uploading KIS to the hospice Electronic Health Record was suggested to improve KIS accessibility for CNSs as currently it is time-consuming to access: *"to get into the system is really slow…puts you off trying to access it" (P3)*

- The majority of CNSs felt ACP information is the most useful aspect of KIS. However, this information was considered incomplete at referral and not always updated following hospice referral and review. The ACP tick box alone was considered uninformative: *"what they will have ticked is anticipatory care plan in place. And that will be it." (P6)*

- Most CNSs felt that, despite increasing their workload, it would be helpful if they could update KIS themselves to enhance KIS detail, in particular ACP detail: *"if we are going and having these conversations then why wouldn't we update that part?" (P3)*

## Conclusions

- Just over three-quarters of patients had a KIS at referral to community specialist palliative care service.

- One-month post referral, all patients followed up had a KIS, with 59% containing updates.

- Routine uploading of KIS to the hospice electronic health record is recommended to ease accessibility for CNSs.

- Future systems that allow CNSs to update KIS are warranted and may increase KIS quality, reduce GP burden and enable more timely updates.

**References:** [1] NHS Scotland. Frequently Asked Questions on the Key Information Summary (KIS) [Internet]. NHS Scotland; 2013 p.1-8. Available from: https://www.scimp.scot.nhs.uk/wp-content/uploads/2013-04-05-KIS-Patient-FAQs-v2.01.pdf.
[2] Finucane AM, Davydaitis D, Horseman Z, Carduff E, Meade R, Baughan P, Tapsfield J, Spiller J, Thompson I, Boyd,K, Murray S. Electronic care co-ordination systems for people with advanced progressive illness: a mixed-methods evaluation. British Journal of General Practice (In press).

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