

Routine Checking of Key Information Summaries (KIS) on admission to Colorectal Surgery

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Abbreviated abstract: Previous research demonstrates a high proportion of SPICT positive patients in surgical units, highlighting a need to engage in these individuals ACP wishes. We assessed the proportion of SPICT positive patients admitted to our surgical department and whether KIS is routinely checked at admission. This evaluation demonstrated that almost half of admissions are SPICT positive and very few KISs are checked. Further research exploring reasons behind poor KIS use alongside education highlighting KIS usefulness is recommended.

Related publications:

1. Spict.org.uk. 2021. *The SPICT™ – SPICT*. [online] Available at: <https://www.spict.org.uk/the-spict>
2. Dogbey, D., Burger, H., Edge, J., Mihalik, M. and Savieri, P., 2021. Identification of Palliative Care needs in cancer patients in a Surgical Emergency Centre. *Journal of Pain and Symptom Management*,.

Background and Methods

- Anticipatory care plans (ACP) are important in guiding patient management according to their wishes.
- The Supportive and Palliative Care Indicator Tool (SPICT) assists clinicians to identify patients who would benefit from ACP discussions¹.
- In Scotland, these discussions are then shared between healthcare providers using Key Information Summaries (KIS).
- Recent research demonstrates significant numbers of SPICT positive individuals within surgical units², highlighting a need to identify their ACP wishes. Therefore, this evaluation wanted to assess KIS use in our own surgical unit to help guide patient management.

Aims:

- To review routine checking of KIS at admission to colorectal surgery
- To assess whether content of KIS is up to date at admission
- To evaluate proportion of patients admitted who are SPICT positive

Methods

- Over 2 weeks in April 2021, anonymised data was collected for all patients admitted to colorectal surgery.
- Data collected included:
 - Patient demographics
 - SPICT score
 - Whether KIS was checked at admission
 - Whether KIS contents were considered up to date at point of admission
- Results were focused on the SPICT positive patient cohort.

Results

1. Very few KISs were checked at admission

- 100% of SPICt positive patients had a KIS, however only 8% were checked at admission. A further 16% were checked within 48 hours of admission.
- 1 Community DNACPR appeared to be missed due to KIS not being routinely checked.

2. Over half of KISs were considered up to date

- 58% KISs were considered up to date at point of admission.
- 33% contained detailed anticipatory care plans.

3. Significant numbers of SPICt positive patients are being admitted to colorectal surgery

- 46% of patients admitted were SPICt positive.

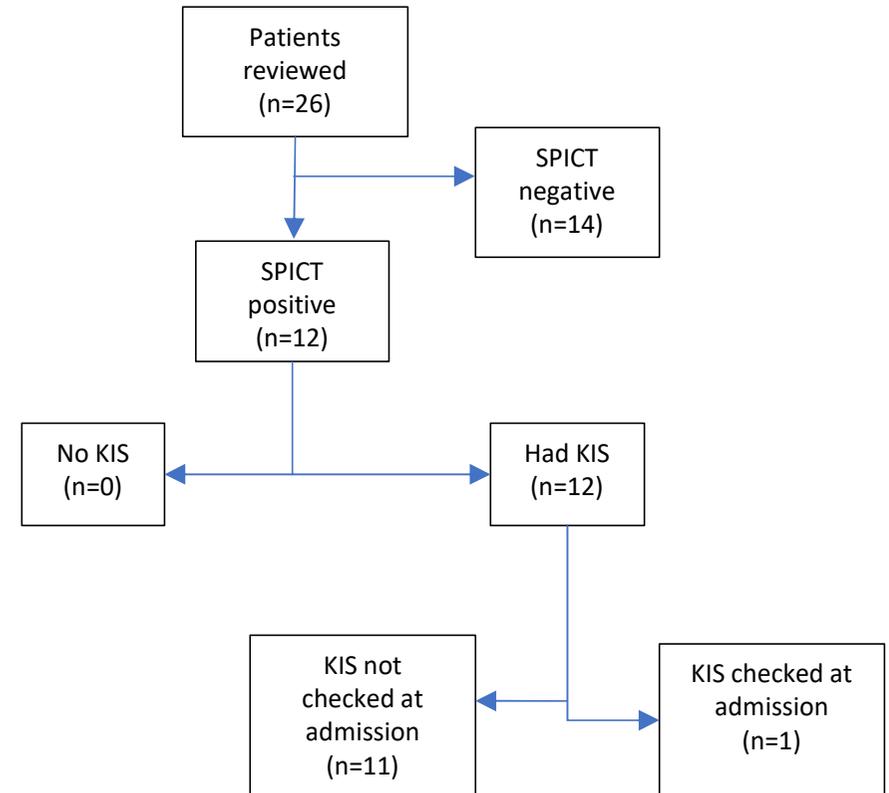


Figure 1. Routine checking of KIS at admission

Conclusions

- Despite this being a small-scale evaluation, it has reinforced the notion that a significant number of patients admitted to surgery are SPICT positive and at risk of deterioration.
- SPICT positive individuals are likely to have KIS but low rates of checking KIS at admission risks this information not being used to guide management.

Future work

- It is unclear why KIS is not being routinely checked at admission and it would be beneficial to explore this in future work.
- KIS education sessions with surgical teams with the aim to highlight usefulness of KIS in this patient cohort is recommended.

