GP→OOH palliative care handover project – Pilot in South Doc
Background

The majority of care of the last year of life is in the community
There is no formal framework to support community based staff
IHF / ICGP / HSE published “Primary Palliative Care in Ireland”

Formal recommendation:

“The introduction of a formal mechanism for GPs to communicate to their local out of hours service providers with regard to the palliative care needs of their patients”
Why handover?

Kiely at al. in 2010 surveyed GPs in Southwest of Ireland (n=212)

82% did not routinely transfer information on end-of-life issues

96% indicated they would value such a service.

Items specifically requested:

- Diagnosis (96%)
- Medications (94%)
- Patient insight (91%)
- Patient wishes regarding end of life care (90%)
- Anticipated problems and suggested management (90%)
First steps

Contact made between IHF and Southern Doctors on Call (SouthDOC)

Proposal for pre-pilot project initially.
   Purpose - To determine user friendliness of form, and seek feedback from GPs, South Doc and SPC Staff re ease of system

Paper based form, incorporating all elements identified by Kiely study
   Two pages long

Electronic form
   An adaption of an existing national referral template.
Pre-Pilot

Went live early December 2012
Health One uploads electronic form
SouthDOC doctors advised of pilot
  Health One users can generate information within patient record
  Other doctors fill in hard copy
  All doctors encouraged to fax forms to SouthDoc.
NEW Palliative Care GP-Out of Hours Handover Form

Why fill in this form?
The purpose of this form is to help GPs anticipate palliative care needs of their patients, at home or in a residential setting, that might arise out of hours and communicate these needs in advance to SouthDoc.

The use of a similar standardised form via electronic format in NHS Scotland has led to increased reassurance amongst patients and carers. Out of hours teams reported that their decision making was more informed and GPs noted that it assisted in their advance planning with patients.

SouthDoc is piloting this form at the moment and would like to receive your feedback. Please contact Annette Heffernan at SouthDoc with regard to content and ease of use.

What to do?
- For users of Health One, this form is available in electronic format
- For users of other packages, please print this form off in hard copy from the RMS via www.southdoc.ie, fill it in and fax to SouthDoc at 064 6691944
- More information on this project is available at www.southdoc.ie

How much to fill in?
We realise that you are pushed for time, in this context, there are three options:

1. Fill in full form
2. Flag that you consider this patient is at end of life and fill in the really important information: medications, CPR, and estimated prognosis.

Thank you for your help
### GP → OOH Palliative Handover Form

#### Referral Details

**Surname:**

**First name:**

**Address:**

**Date of birth:**

**Gender:**

**Medical card number:**

**Next of Kin:**

**Mobile number:**

**Telephone:**

**Telephone (evening):**

**Hospital number:**

**First language:**

**Interpreter required:** □ Yes □ No

**Wheelchair assistance:** □ Yes □ No

**Current location of patient – different from above:**

**Patient living alone:** □ Yes □ No

**Main carer:**

**Name:**

**Relationship:**

**Ph. No.:**

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#### Referrer details

**Name:**

**Address:**

**Telephone:**

**Fax:**

**Mobile:**

**Signature of referrer:**

**Medical Council registration number:**

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#### Patient’s usual GP (if different from Referrer details above)

**Name:**

**Address:**

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#### Clinical Information

**Reason for referral/Anticipated outcome:**

**Main diagnosis:**

**Symptoms (including history of presenting complaints and interventions to date):**

**Examination findings:**

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#### Relevant family history:

#### Relevant social history:

#### Community supports in place:

- PHN
- Specialist Palliative Care
- Night Nursing

#### Additional relevant information (including special needs, disabilities, clinical warnings):

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#### Additional information

- Patient's preference on admission to hospital in the event of clinical deterioration/dying:
  - □ Admit to hospital
  - □ Stay at home

- Will GP sign death notification form in the event of expected death: □ Yes □ No

- Has the patient been informed that you are sending this information to OOH? □ Yes □ No

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**NB:**

- Data on this form will expire 4 weeks after date of issue - unless subsequent form reissued
- Please fax through to South Doc: 064 6669144 (Mon-Fri 9am-5pm) and 064 6669189 (Out of Hours)
- For more information please contact Annette Heffernan at South Doc

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**Patient’s Name:**

**Patient’s date of birth:**

**Referring GP’s name:**
### General History

**History of Presenting Complaints:**
I called to see she has weakened in the last few days she had quite a comfortable night last night apart from a low grade temperature of 37.7 which settled with paracetamol no itch it is taking more effort for her to swallow and her fluids are being thinned she is sitting

**History of Past Illness:**
- Hypertension
- Urinary tract infection [UTI]
- Recurring osteo

**History of Surgical Procedures:**

**Allergies/Adverse Medication Events:**
- Nitrofurans derivatives
- Codeine 15mg/5ml
- Buprenorphine

**Relevant Family History:**

### Social History

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinkers</td>
<td>Yes</td>
</tr>
<tr>
<td>Smoker</td>
<td>Non-smoker</td>
</tr>
<tr>
<td>Next of Kin</td>
<td>Eleanor</td>
</tr>
<tr>
<td>Units of Alcohol</td>
<td>per week</td>
</tr>
<tr>
<td>Number of Cigarettes</td>
<td>per day</td>
</tr>
<tr>
<td>Years Smoking</td>
<td></td>
</tr>
</tbody>
</table>
And then we waited...

After three months, we had 10 forms
An A5 leaflet was developed and left at treatment centres
After the six month pre-pilot period we had 17
  14 manual forms
  3 electronic forms
Filled by 12 GPs.
Initial analysis

The majority of analysed forms had:
- Demographic details
- Diagnosis
- Symptoms
- CPR status

Missing was:
- CPR discussion with the patient
But the process was impactful

12 patients had a total of 31 visits out of hours
  18 visits for pain management
  7 for respiratory symptom management
  3 for management of other symptoms
  3 to confirm death
Feedback from stakeholders

Form was time consuming to complete
Some fields were felt to be unnecessary
Data entry to co-op computer system time consuming
Possibility of transcription errors
Further development

Over a number of teleconferences handover forms refined
Many stakeholders involved
Significant debate on each item on handover form
Result – much improved, more pertinent form
# GP → Out-of-hours Palliative Care Handover Form

**Reference number:** SouthDoc use only

<table>
<thead>
<tr>
<th>Out of hours service: SouthDoc</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name:</td>
<td>Main carer name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family name:</td>
<td>Main carer telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Emergency contact name: (if different to above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency contact number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical card number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Hospital number: (if known)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What is the main diagnosis?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient aware of the diagnosis?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Don't Know</td>
</tr>
<tr>
<td><strong>Carer aware of the diagnosis?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Don't Know</td>
</tr>
<tr>
<td><strong>Current symptoms:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Estimated prognosis:</strong></td>
<td>Less than 1 week</td>
<td>Less than 1 month</td>
<td>Less than 3 months</td>
</tr>
<tr>
<td><strong>Patient aware of the prognosis?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Don't Know</td>
</tr>
<tr>
<td><strong>Syringe driver in situ?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Don't Know</td>
</tr>
<tr>
<td><strong>Current medications (including dose and frequency):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Allergies/Adverse medication events:** None known If yes give details:

**Has a decision been made NOT TO ATTEMPT CARDIOPULMONARY RESUSCITATION for this patient?** Yes | No | Don’t Know

**Additional relevant information:** (e.g. examination findings, test results, advanced care plan, family history, social history, special needs etc.) None applicable

**Community supports in place:** PHN | Specialist Palliative Care | Night Nursing | Other | Don’t Know

**Patient’s preference in the event of clinical deterioration/imminent death:**
- Stay at Home
- Stay in nursing home
- Refer to Hospital
- Don’t know

**Will patient’s GP sign death notification form in the event of expected death?** Yes | No

## GP DETAILS/STAMP

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Mobile:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>MCRIN:</td>
<td></td>
</tr>
<tr>
<td><strong>DATE:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GP: Please fax to SouthDoc on 064 669 1944**

(SouthDoc use only): Inputted to SouthDoc IT system by: Date:

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This project is an initiative of the Primary Palliative Care Programme.

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Awareness raising

Contact made with GP CME tutors

Information pack developed – sent to every practice in SouthDOC
  Covering letter
  Information leaflet
  Guidance document
  Supply of forms
Current state of play

Pilot has been running for the last month
There are 17 forms in already
Some GPs have asked that they be contacted first by the co-op
Health One form remains unchanged
Further supplies of hardcopy form available from SouthDoc
Process

GP:
- Fills the form manually or electronically
- Faxes form to SouthDoc (not currently possible up upload electronically)

SouthDoc:
- Form is assigned unique reference number
- Existing patient record opened, or new record created
- Note added to record and flagged
- Triage nurse retrieves form and notifies GP
- Own GP notified of outcome
Gold Standard

Scottish Electronic Palliative Care Summary (ePCS)

The ePCS with patient/carer consent, allows automatic twice daily updates of information from GP records to a central store. This allows GP practices to:

- Replace the fax form
- Set review dates

Allows practices to build up Anticipatory Care Plans which may include:

- Medical diagnoses as agreed between GP and patient
- Patient and carer understanding of diagnosis and prognosis
- Patient wishes on preferred place of care and resuscitation
Thanks:

Ms Annette Heffernan – Clinical Services Manager, SouthDoc
Dr Terence Adendorff – Clinical Development Specialist, SouthDoc
Dr Fiona Kiely – Specialist Registrar in Palliative Medicine
Sarah Murphy – Development Officer, IHF (to July 2013)
Tony Duffy – Development Officer, IHF (from July 2013)
Dr Paul Gregan – Chair – Primary Palliative Care Steering Committee
Marie Lynch – Programme Development Manager, IHF
Dr Rory O’Driscoll – Technical co-ordinator, Health ONE