

The GP → OOH Palliative Care Handover Project

REPORT ON PILOT PROJECT IN SOUTHDOC



The Irish Hospice Foundation

The Irish Hospice Foundation (IHF) is a national charity dedicated to all matters relating to dying, death and bereavement in Ireland. Our work centres on development aimed at improving access to hospice services, ensuring continuous development of high quality care for people with life limiting illness and their families from initial diagnosis through to bereavement and building support for the hospice philosophy in all care settings. The IHF is governed by a Board of Directors, and is funded through its own fundraising and the generosity of its supporters and receives no core funding from the state.

Acknowledgments

The Primary Palliative Care Steering Committee and the IHF would like to acknowledge and thank SouthDoc for participating in this pilot project and in particular Annette Heffernan for the time and commitment she gave to support this project.

Further Information

For more information on the IHF primary palliative care programme contact info@hospicefoundation.ie or check the IHF website www.irishhospicefoundation.ie



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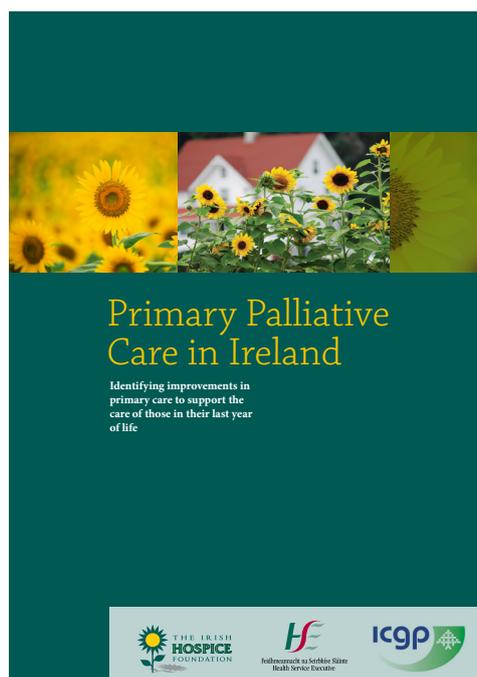
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1. The IHF Primary Palliative Care Programme

The work outputs from the IHF Primary Palliative Care Programme are led by the Steering Committee, which is chaired by Dr Paul Gregan. Dr Gregan works half time as a consultant in palliative medicine and half time as a General Practitioner (GP) and he represented the Irish Palliative Medicine Consultants Association on the Steering Committee between 2009 and 2014. The Steering Committee also has representation from The Health Service Executive, Irish College of General Practitioners, Irish Association of Palliative Care, All Ireland Institute of Hospice and Palliative care and Irish Hospice Foundation (see *Appendix 1 for membership*).

The key function of the Steering Committee is to oversee the implementation of the recommendations of the Primary Palliative Care in Ireland report which was published in 2011. One of the recommendations of this report was to develop and implement a palliative care summary for communication with out of hours (OOH) services¹, which is the subject to this report. The Primary Palliative Care Programme is also supporting projects that are seeking to identify patients with palliative care needs in the community and address the need for enhanced continuity of service for those people with palliative care needs outside traditional working hours.

The Steering Committee also seeks to encourage innovation and sharing of good practice in primary care; disseminate and cross reference emerging developments with key stakeholders and is committed to reporting and evaluating its work.



A close-up photograph of several bright yellow sunflowers with dark brown centers, set against a warm, golden-yellow background. The sunflowers are the central focus, with their petals and seeds clearly visible.

2. Introduction

2.1 The purpose of the GP → OOH Palliative Care Handover Form

GPs play a pivotal role in the delivery of end of life care to patients that require palliative care whilst living at home, and in order to ensure continuity and consistency of patients' end of life care on a 24 hour basis, it is necessary that the OOH Providers have up to date information on their palliative care needs.

The purpose of the GP → OOH Palliative Care Handover Form is to support the transfer of relevant information from GPs to the OOH service to assist in the care of the patient with palliative care needs. (It is not intended to replace usual medical assessment or management).

This GP → OOH Palliative Care Handover Form was piloted in SouthDoc in 2014, with support from the IHF Primary Palliative Care Programme. This report provides the rationale and next steps for the national implementation of this form, which is one of the key findings of the report of the independent evaluation².

2.2 Context

The need to develop a standardised information transfer process between GPs and the OOH services for patients with palliative care needs was highlighted as a key priority in the recommendations of the IHF/HSE/ICGP 2011 report, Primary Palliative Care in Ireland Identifying improvements in primary care to support the care of those in their last year of life¹. This report highlighted that GPs would find a handover form to the OOH service for patients with palliative care needs extremely beneficial. This finding was supported by Kiely (2013) who highlighted that whilst 82% of Irish GPs do not routinely hand over information to the OOH team for patients with palliative care needs, 96% would value a standardised way of transferring information³.

2.3 Development

In 2012, the IHF/HSE/ICGP Primary Palliative Care Steering committee commenced a project to develop such an information transfer form, and a project sub-group was formed to support this work (*Appendix 1*). The first version of the form was based on the HSE national referral form⁴ and the Electronic Palliative Care Summary (Scotland)⁵. SouthDoc, the GP out-of-hours co-op covering Cork and Kerry agreed to work with the Primary Palliative Care Steering Committee to pilot the form within their service. A pre-pilot was carried out on 17 forms in the SouthDoc region over a six month period in 2013 to test Version 1 of the form and determine an optimal operating process. Following the pre-pilot, Version 1 was reviewed, cross referenced with HIQA's National Demographic Dataset and Guidance for use in health and social care settings in Ireland⁶ and condensed to one page for ease of use. As part of this review a guidance document⁷ and information leaflet⁸ was also developed to support the introduction of Version 2 (V2) of the form in the formal pilot phase (*See Appendix 2 for copy of form V2*).

The formal pilot took place in SouthDoc in 2014, and was based on 60 forms being utilised over a 6 month period. This pilot was independently evaluated comprising of 22 interviews and quantitative analysis of the data from the 60 forms received. Appendix 3 gives the executive summary of this evaluation – and the full evaluation report is available on request from the IHF.

GP → Out-of-Hours Palliative Care Handover Project

SouthDoc Pilot Project 2014

Guidance Document for General Practitioners



This project is an initiative of the Primary Palliative Care Programme



Version 2 April 2014

GP → Out-of-hours Palliative Care Handover Form		Reference number: <small>(SouthDoc use only)</small>
Out of hours service: SouthDoc	Sex: Male Female	
Given name:	Main carer name:	
Family name:	Main carer telephone:	
Address:	Emergency contact name: <small>(if different from carer)</small>	
	Emergency contact number:	
	Medical card number:	
Date of birth:	Hospital number: <small>(if known)</small>	
What is the main diagnosis?		
Patient aware of the diagnosis? Yes No Don't Know Carer aware of the diagnosis? Yes No Don't Know		
Current symptoms:		
Estimated prognosis: Less than 1 week Less than 1 month Less than 3 months More than 3 months		
Patient aware of the prognosis? Yes No Don't Know Carer aware of the prognosis? Yes No Don't Know		
Syringe driver in-situ? Yes No Don't Know		
Current medications (including dose and frequency):		
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.): <i>None applicable</i>		
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		
Name:	Telephone:	Fax:
Address:	Mobile:	
	MCRN:	
Signature:	DATE:	

GP: Please fax to SouthDoc on 064 669 1944

<small>(SouthDoc use only): Inputted to SouthDoc operating system by:</small>	Date:
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This project is an initiative of the Primary Palliative Care Programme
Version 2. For further information on the use of this form, please refer to the GP Guidance Document and GP information leaflet available from <http://hospicefoundation.ie/what-we-do/primary-palliative-care>

GP Information leaflet

Version 2 April 2014

GP → Out-of-hours Palliative Care Handover Form		Reference number: <small>(SouthDoc use only)</small>
Out of hours service: SouthDoc	Sex: Male Female	
Given name:	Main carer name:	
Family name:	Main carer telephone:	
Address:	Emergency contact name: <small>(if different from carer)</small>	
	Emergency contact number:	
	Medical card number:	
Date of birth:	Hospital number: <small>(if known)</small>	
What is the main diagnosis?		
Patient aware of the diagnosis? Yes No Don't Know Carer aware of the diagnosis? Yes No Don't Know		
Current symptoms:		
Estimated prognosis: Less than 1 week Less than 1 month Less than 3 months More than 3 months		
Patient aware of the prognosis? Yes No Don't Know Carer aware of the prognosis? Yes No Don't Know		
Syringe driver in-situ? Yes No Don't Know		
Current medications (including dose and frequency):		
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.): <i>None applicable</i>		
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:		
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Will patient's GP sign death notification form in the event of expected death? Yes No		
GP DETAILS/STAMP		
Name:	Telephone:	Fax:
Address:	Mobile:	
	MCRN:	
Signature:	DATE:	

GP: Please fax to SouthDoc on 064 669 1944

<small>(SouthDoc use only): Inputted to SouthDoc operating system by:</small>	Date:
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GP → Out-of-Hours Palliative Care Handover Form

SOUTHDOC PILOT PROJECT 2014

INFORMATION LEAFLET FOR GENERAL PRACTITIONERS

FEEDBACK

A pilot study will run in SouthDoc from April 2014. Feedback on the form and the overall process is valued and encouraged. Please contact Annette Heffernan or Tony Duffy with your comments.

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A close-up photograph of several bright yellow sunflowers with dark brown centers, set against a warm, golden-yellow background. The sunflowers are the central focus, with their petals and seeds clearly visible.

3. Findings of the Independent Evaluation

The following five points summarise the findings of the independent evaluation of the GP → OOH palliative care handover pilot project in South Doc which took place in 2014². (See Appendix 3 for the Executive Summary of this evaluation).

3.1 Improvement in communication between OOH services and GPs

The majority of the 22 participants who were interviewed as part of the evaluation GP → OOH Palliative Care Handover Project indicated that using the form (V2) would represent a significant improvement in communication between doctors and OOH services.

3.2 Beneficial for care of patients with palliative care needs

The participants noted that it would be beneficial for the care of patients with palliative care needs as it supported the transfer of relevant information on their specific palliative care needs, it would support continuity of their care, and would reassure patients and their families if their regular GP was not available to attend. They also noted that it would enable the OOH personnel to be more knowledgeable and empathetic when in contact with these patients and their families.

3.3 Encourage ways for ease of use

The participants recommended that the introduction of an electronic version of the form would minimise difficulties with transcribing hand written information and obviate the need to fax the form. They also recommended that there would be greater awareness of the form and its benefits to support more widespread use.

3.4 Education and Terminology

The evaluation also highlighted the need for clarity on the question relating to 'Not To Attempt Cardiopulmonary Resuscitation'. This suggests that more education on this topic is required, and this could be coupled with sessions on palliative care at GP educational events.

3.5 Relevance of fields

The quantitative analysis revealed that most of the forms were well populated, with very few gaps in fields that were requested to be filled out. There were no additional amendments required to the form (V2). However clearer guidance and/or introduction of electronic auto-population would be helpful to maximise field completion.

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4. Discussion

There is an increasing emphasis in Irish health policy to support people to be cared for in their own home, avoiding unnecessary acute hospital admissions, and integrating appropriate models of palliative care in all care settings⁹. The findings from the evaluation suggest the introduction of the GP → OOH Palliative Care Handover form (V2) would support continuity of care between the GP and OOH provider; has potential to reduce the number of unnecessary hospital admissions, and should be shared with the National Clinical Programmes in Palliative Care and Primary Care.

The indicative findings from the evaluation have been shared with the ICGP GPIT group, and they have indicated their general support for this form. They have indicated a preference for use of an electronic version that supports auto population of information, which would be accommodated by GP Software packages. They have also suggested that Healthlink would be apprised of the findings of this evaluation to support electronic transfer.

Although the form (V2) is completed by the GP, it's success is dependent on the support of the OOH providers, and so any dissemination and awareness programme will require a focus on both these stakeholder groups, and this could be tailored with specific education programmes on palliative care delivery.

Although the quantitative analysis listed the range of interventions delivered to the patients by the OOH provider, the evaluation was somewhat limited in its scope in ascertaining the impact of the form on the patient and their family. It would be beneficial to explore this as the form is introduced by another OOH service provider. North East Doctor on Call Ltd have expressed interest in using the form (V2) which may lead to further exploration to the benefits of the form (V2).

While the form (V2) was purposefully designed for use by GPs, it has potential to be adapted for use in residential care centres, and for those patients with palliative care needs who are discharged from hospital.

5. Recommendations

1. National implementation

The GP → OOH Palliative Care Handover Form (V2) is recommended for use by all GPs and OOH providers in Ireland.

This will be supported by the following actions:

- a. Launch of the findings of the pilot of the GP → OOH Palliative Care Handover Form (V2)
- b. Provision of education and awareness materials to support use of the form (V2)
- c. Engagement and dissemination with key stakeholders to support implementation to include:
 - OOH providers
 - GP professional organisations (including ICGP and GPIT group)
 - HSE National Primary Care and Palliative Care Clinical Programmes
 - Specialist Palliative Care providers
- d. Presentation of findings at key conferences and seminars
- e. Publication of findings in key journals
- f. Making templates and guidance documentation accessible on relevant websites

2. Electronic version

For optimum use it is recommended that the form (V2) would be adapted for electronic use.

This will be supported by the following actions:

- a. Engagement is required with GP software companies and HealthLink to support development of an electronic version
- b. Determine the essential palliative care fields on the GP → OOH Palliative Care Handover Form (V2) that are used by OOH providers to inform future HSE electronic referral templates via monitoring and research activities

3. Further monitoring and research

Ongoing monitoring of use and further research is required to determine potential for wider application and impact on patient outcome.

This will be supported by the following actions:

- a. Develop and share auditing templates to facilitate monitoring of forms
- b. Gather views of patients and relatives to determine how the GP → OOH Palliative Care Handover Form (V2) supports the care they receive
- c. Adapt the form for application in residential care centres

6. References

1. Irish Hospice Foundation, Health Service Executive, Irish College of General Practitioners. Primary Palliative Care in Ireland Identifying improvements in primary care to support the care of those in their last year of life [Internet]. Irish Hospice Foundation; Available from: <http://hospicefoundation.ie/wp-content/uploads/2012/05/Primary-Palliative-Care-in-Ireland.pdf>
2. Weafer J. Evaluation of the GP Out-of-hours Palliative Care Handover Form Pilot Project 2014. Irish Hospice Foundation; 2015.
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5. National Health Service Scotland. Living and dying well: Electronic Palliative Care Summary [Internet]. DOH UK; 2013. Available from: <http://www.scotland.gov.uk/Topics/Health/Quality-Improvement-Performance/Living-Dying-Well/ePCS>
6. Health Information and Quality Authority. National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland [Internet]. HIQA; 2013 <http://www.hiqa.ie/publications/national-standard-demographic-dataset-and-guidance-use-health-and-social-care-settings>
7. Irish Hospice Foundation (IHF). GP Out-of-Hours Palliative Care Handover Project SouthDoc Pilot Project 2014 Guidance Document for General Practitioners [Internet]. IHF; Available from: <http://hospicefoundation.ie/wp-content/uploads/2014/06/GP-OOH-Palliative-Care-Handover-Project-GP-GUIDANCE-DOCUMENT-MASTER-COPY-APRIL-2014.pdf>
8. Irish Hospice Foundation (IHF). GP Out-of-Hours Palliative Care Handover Form SouthDoc Pilot Project 2014 Information leaflet for General Practitioners [Internet]. IHF; Available from: <http://hospicefoundation.ie/wp-content/uploads/2014/06/GP-OOH-Palliative-Care-Handover-Project-INFORMATION-LEAFLET-MASTER-COPY-2014.pdf>
9. Health Service Executive. Health Service Executive National Service Plan 2015. Health Service Executive (HSE); 2015.

Appendix 1

Membership of Primary Palliative Care Steering Committee and Project Subgroup

Primary Palliative Care Steering Committee (2015 membership)

Dr Emmet Walls - Irish Palliative Medicine Consultants Association
Dr Paul Gregan - Half time GP and half time Consultant in Palliative Medicine (Chairperson)
Dr Barry Cosgrove - Irish College of General Practitioners
Dr Eoin Dunphy - GP trainee
Helen MacMahon - Irish Association of Palliative Care
Noreen Holland - Director of Specialist Palliative Care Nursing
Michele Megan - Director of Public Health Nursing
Rhonda Forsythe - HSE Professional Development Co-ordinator Practice Nurses
Mary Ferns - Irish Cancer Society
Teresa O'Callaghan - HSE Quality and Patient Safety
Paddie Blaney or nominee - All Ireland Institute of Hospice and Palliative Care
Marie Lynch & Deirdre Shanagher - Irish Hospice Foundation
Sinead Fitzpatrick (observation capacity) - National Clinical Programme for Palliative Care

OOH Palliative Care Handover Form Project Subgroup (2014 – 2015)

Dr Paul Gregan, Half time GP and half time Consultant in Palliative Medicine
Dr Eamon Shanahan, GP Farranfore Medical Centre
Annette Heffernan, Clinical Services Manager, SouthDoc
Marie Lynch, Irish Hospice Foundation
Deirdre Shanagher, Irish Hospice Foundation (from March 2014)
Tony Duffy, Irish Hospice Foundation (August 2013 – March 2014)

Appendix 2

Copy of GP → OOH Palliative Care Handover Form (V2)

Version 2 April 2014

**GP → Out-of-hours
Palliative Care Handover Form**

Reference number: *(SouthDoc use only)*

Out of hours service: SouthDoc	Sex: Male Female
Given name:	Main carer name:
Family name:	Main carer telephone:
Address:	Emergency contact name: <i>(if different from carer)</i>
	Emergency contact number:
	Medical card number:
Date of birth:	Hospital number: <i>(if known)</i>
What is the main diagnosis?	
Patient aware of the diagnosis? Yes No Don't Know Carer aware of the diagnosis? Yes No Don't Know	
Current symptoms:	
Estimated prognosis: Less than 1 week Less than 1 month Less than 3 months More than 3 months	
Patient aware of the prognosis? Yes No Don't Know Carer aware of the prognosis? Yes No Don't Know	
Syringe driver in-situ? Yes No Don't Know	
Current medications <i>(including dose and frequency)</i> :	
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 <i>(e.g. examination findings, test results, advanced care plan, family history, social history, special needs etc.)</i> 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

Name:	Telephone:	Fax:
Address:	Mobile:	
	MCRN:	
Signature:	DATE:	

GP: Please fax to SouthDoc on 064 669 1944

(SouthDoc use only): Inputted to SouthDoc operating system by: _____ Date: _____

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Appendix 3

EVALUATION OF THE GP → OUT-OF-HOURS PALLIATIVE CARE HANDOVER FORM PILOT PROJECT 2014

Executive Summary (Weafer, 2015)

A recent large-scale study in the UK concluded that palliative and end of life care is an ‘under-researched area’ that ‘requires greater attention’ (PeolcPSP, 2015). The report concluded that this gap is particularly evident in relation to identifying the best ways of providing palliative care outside of working hours. In Ireland, GPs play a pivotal role in the delivery of end-of-life care to patients that require palliative care while living at home. However, Irish and international research suggests that there can be problems with the quality and type of information that is transferred between GPs’ practices and the Out-Of-Hours services. A study by Kiely in 2013, for example, highlighted that 82% of Irish GPs do not routinely hand over information to the OOH service for patients with palliative care needs (Kiely et al., 2013). In response to this identified need, a key priority in the recommendations of the IHF/HSE/ICGP report, Primary Palliative Care in Ireland published in 2011 (Irish Hospice Foundation et al., 2011) was that a standardised information form should be developed to improve the transfer process between GPs and the Out-of-Hours services for palliative care needs.

The aim of the current study is to review and critically evaluate the findings of a pilot project that was designed to determine to what extent the GP → Out of Hours Palliative Care Handover Form (hereafter GP → OOH Form) delivered on its purpose i.e., to support the transfer of relevant information from GPs’ practices to an Out of Hours service in the south of Ireland to assist in the care of patients with palliative care needs. It is primarily a qualitative research study, supported by additional quantitative data. The main findings are summarised overleaf.

Overall Views of the OOH Form

The vast majority of the 22 research participants (GPs, N=7; triage nurses, N=7; residential care staff N=5; and palliative care team staff, N=3) said they are confident that the GP → OOH Form transfers relevant information from GP practices to the OOH services and that, in their opinion, it is beneficial in the care for patients with palliative care needs. Many of them also said that the GP → OOH Form reduces some of the potential ‘grey areas’ that can occur when different individuals are responsible for the care of a patient because it sets down how a GP would like his/her patient to be cared for at end-of-life. In brief, the considered opinion of most stakeholders is that the GP → OOH Form represents a significant improvement on the situation that pertained before the OOH Form was introduced.

Ease of Use

Most of the research participants said they found the GP → OOH Form easy to use. This finding was verified by the completeness of the 60 forms analysed by SouthDoc during a six-month period in 2014. For the most part, the format of the questionnaire is regarded as easy to read and its length (1 page) concise. The research participants found most of the questions to be useful, straightforward, and easily understood. Conversely, most of the nurses found the ‘DNR’ question ambivalent and difficult to interpret, and some of them also said that they found the form difficult to read at times due to the illegibility of handwriting.

Reduction in Patient and Family Anxiety

Many of the participants felt that the GP → OOH Form would reassure patients and reduce any anxieties they may have when a doctor they don't know is treating them, sometimes in the middle of the night. They believe that patients and their families would find the GP → OOH Form to be 'a huge source of reassurance' because they know that if the patient deteriorates and their own GP is not available, the doctor who calls will be 'up to speed' with their situation. Overall, they believe that it represents a significant improvement in communication between doctors, and that it facilitates greater clarity on what needs to be done for a patient and what a patient's preferences are if their condition deteriorates.

Responding to Patients and Families in an Informed Way

Most of the research participants said that the GP → OOH Form allows them to be more knowledgeable and empathetic when speaking to patients or their families. Most of the triage nurses, for example, said that when they know the patient's condition they don't have to ask the family awkward or intrusive questions, or to rehash information that is already known and recorded in their system.

Electronic Form

Spontaneous comments by some of the respondents suggests that an electronic version of the GP → OOH Form, possibly similar to the version used in Scotland (Hall et al., 2012), would be welcomed by GP practices and OOH services, provided the computer services are integrated. This version of the GP - OOH Form would, for example, minimise difficulties related to handwriting and the need to fax the form. In the meantime the new secure clinical email for GP's and their support staff, Healthmail has been established, and this, can be used to provide a secure communications pathway between GP's and the OOH service.

Difficulties with the OOH Form

The main difficulty identified in the pilot study related to the lack of awareness and usage of the GP → OOH Form by GPs. Other difficulties included, deciphering handwriting, which sometimes lead to a delay in processing the GP - OOH Form, and the perceived ambivalent nature of the 'DNR' question. (Full copy of this evaluation report available on request)

Full copy of evaluation report is available on request from the IHF

Appendix 3 completed



The Irish
**Hospice
Foundation**

Striving for the best care
at end of life for all

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Primary Palliative
Care Programme
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