

# CliniSys ICE Case Study

## UH Bristol enhances end-of-life care using direct clinical correspondence with GPs

### Organisation

University Hospitals Bristol  
NHS Foundations Trust

- More than 9,000 staff delivering more than 100 different clinical services across nine sites
- Eleven dedicated palliative care staff serving the entire organization
- Winner of 2017 British Medical Journal palliative and hospice team of the year

### Objectives

- Ensure that patients nearing end of life have access to their desired level of care
- Improve communication between hospital specialists and general practitioners
- Increase awareness and understanding of Supportive and Palliative Care services



### Background

Communication between hospital specialists and general practitioners (GPs) is a crucial step to respecting patients' wishes regarding end-of-life care. Busy schedules and disconnected communication systems can make that challenging.

"In the old days we'd pick up the phone and call if we were discharging a patient nearing the end of life," said Dr. Colette Reid, a consultant in palliative medicine at University Hospitals Bristol NHS Foundation Trust. "But today, I may admit a patient but not be responsible for the discharge. And you can't just ring GPs because it's impossible to get through: they're too busy."

### Building on existing ICE platform

CliniSys' Integrated Clinical Environment (ICE) was already in place at UH Bristol. As part of CliniSys' suite of interoperable technologies, ICE Clinical Correspondence allows staff to compile and send discharge summaries and other patient letters during a patient stay, without exiting the patient record or logging into a new program.

### Improving communication without expanding workload

UH Bristol places a high priority on end-of-life care, in several ways. Their Supportive and Palliative Care team helps patients with choices for future care, symptom management and, when appropriate, discharge to their preferred place of death. "Our local GPs told us they needed prognostic information from secondary care specialists to help them identify patients approaching the end of life so that they could focus their resources appropriately," Dr. Reid said. Better communication with patients then allows individuals to receive their preferences for full, active care until death or only limited interventions with more time at home.

The Supportive and Palliative Care Team at UH Bristol needed a way to communicate prognostic information to GPs to help:

- Simplify communication between clinicians in different areas
- Encourage detailed communication while protecting patient privacy
- Avoid additional costs or use of other resources

"Using the ICE system means patient prognosis letters are sent in seconds. They stand out to GPs because they are clinician-to-clinician letters that contain only information specific to the prognosis." Dr. Colette Reid, palliative care specialist

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## Promoting collaboration among clinicians for better patient care

Dr. Reid approached the IT department to develop a letter that would take less than five minutes to complete. Using ICE Clinical Correspondence, specialists at UH Bristol hospitals can type in only the details essential to a patient's prognosis for the GP and send it in seconds.

"This is information that should go into the discharge summary, although sometimes it didn't if a doctor was concerned about the patient or family seeing information about the poor prognosis," said Dr. Reid. "Because the PPL is a clinician-to-clinician letter, doctors can be more open about what they write. And I think the ability to be open makes it more likely the letters get sent."

## Increasing information sharing by 22 percent

Since introducing the PPL in 2013, it's been used increasingly across the Trust. Where only 19 percent of patients had prognostic information communicated to GPs before the initiative, a 2017 audit found that 41 percent had a PPL sent to their GP.

Among Trust patients who had a completed PPL between April and October of 2015, only 36 percent died in the hospital – significantly lower than the proportion of in-hospital deaths for the Bristol clinical commissioning group (CCG) as a whole, which was 46 percent in October 2015. The difference suggests that more patients who wished to stay at home were able to spend their last days there, in a familiar, comfortable environment.

"After receiving a letter, GPs have taken actions including referrals to hospice, home visits and directly discussing patients' wishes for future care. One GP said that the letter had helped in dealing with a son who had been pushing for very active care with his mother," Dr. Reid said. Consequently, different specialties have begun to develop their own criteria for a poor prognosis, leading to evidence-based prognostication for patients with advanced liver disease. Because all new doctors in UH Bristol are now educated about the PPL, regardless of specialty, many more patients will be able to discuss their prognosis and preferences for future treatment with their doctors.

"All doctors working in the Trust are now taught about appropriate use of the Poor Prognosis Letter (PPL) during induction. Since it is a task that can take as little as five minutes, it has been incorporated into routine practice."

*Dr. Colette Reid,  
Palliative care specialist*

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*Dr Colette Reid and the Supportive and Palliative Care team*