Graphnet Transforming Care

NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

Integrated Care Record (ICR)
Using the ICR for Palliative Care

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Context

For me in Palliative Care there are three main points where I use the ICR. We mostly use the medication information, End of Life Care Plan, Digital ReSPECT and the Contingency Plan in the ICR.

- First is when I am asked to come down to see a patient in the Emergency Department.
- Second is when we meet a patient for the first time on the Ward.
- Third is before a patient goes home.

Patients in Emergency Department

This is somebody who's come in extremely unwell and if they have a preexisting condition for example, cancer. I will always look at the ICR to see where they have their treatment, and particularly this is particularly useful if somebody, for example, has their treatment in another trust such as RUH. because it means I can look at their clinic letters, I can look at where they are in their treatment journey straight away."

Meeting patients on the ward

"It may be that the treating teams, who are extremely busy, might not been aware of conversations that have previously happened, or had the time to look at that patient's history. They might not realise that difficult conversations have already been had with other professionals and are documented in the ICR. So I review the ICR as one of the first steps when it comes to reviewing medical history in my role."

Before a patient goes home

"The third time I use it is before someone goes home. So It may be me that's had a difficult conversation, or it may be a member of my team and we've agreed some ceilings of treatment, or we've identified the patient's wishes and we document those in the ICR before they go home."

How does the ICR benefit you and the patients?

"In the context of my patients who may be on strong painkillers, and other drugs, and have come to hospital because they have got uncontrolled pain, and I'm asked to come in and help improve their pain relief. I would say that the biggest challenges we previously had were knowing what's happened before.

Usually, these people have had different trials of different medications or they're already on a concoction of strong drugs. In the past, what would happen is the patient might not remember what they had before or they might know that something was trialled couldn't quite remember why it was stopped.

Getting this information would take time, but it would also mean precious time to the patient, because all the while we're trying to work out what's happened in the past, we're not fixing things now for them. The medicines section on the ICR has revolutionised this challenge for us"