THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

FROM THE PRESIDENT

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Hon Alex Somlyay
Chair
House of Representatives Standing Committee on Health and Ageing
Parliament House
Canberra ACT 2600

Dear Mr Somlyay

Thank you for the opportunity to meet with the House of Representatives Committee on Health and Ageing, during its inquiry into health funding.

The Royal Australian College of General Practitioners (RACGP) offered to provide your Committee with examples of good practice in communication between hospitals and general practice.

As a result, the RACGP has canvassed our members. Twenty general practitioners and other people who work at this interface with hospitals have provided a range of examples from their experience.

The RACGP is happy for this information to be released. If you would like to make contact with the individual respondents to the RACGP's call for examples, please contact Mr Ian Watts, National Manager – GP Advocacy and Support at the RACGP in the first instance. Mr Watts can be contacted on (03) 8699 0544, or ian.watts@racgp.org.au

The material shows the large number of valuable initiatives, but also the absence of a well-resourced national strategy to ensure that the opportunity for high quality information transfer is available to every patient and their general practitioner in Australia.

I trust that this information is of assistance to the important work of your Committee.

Please do not hesitate to contact Mr Watts if the RACGP can be of further assistance.

Yours sincerely

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President

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Examples of good practice in hospital-GP communication

The following examples of good practice in hospital-GP communication were provided following a call from The Royal Australian College of General Practitioners for such examples. The descriptions are largely in the words of the respondents.

The approaches described range from ones with a narrow focus on timely (one-way) provision of information from the hospital to the GP on the discharge of a patient, to broader approaches on two-way communication (e.g. on admission and discharge).

Example 1: Royal Perth Hospital

Some of the examples from Royal Perth Hospital include:

- GP Notify – an automated fax/email system to advise GPs of patient admission, discharge or death. This contains minimal clinical information. In 1998/9 when it was developed, this model containing little clinical information was used because of the lack of encryption and the concerns about fax security. It has been well received by the GPs
- Changed processes around identification of the GP and discharge communication to increase the likelihood of the GP receiving the letter
- "TEDS" The Electronic Discharge Summary, commenced in 2000, is compiled electronically by the medical staff and at least ensures legibility. This was intended to be an interim measure until an integrated EHR was available. The Discharge Summary was printed and posted while they overcame the security issues and they are now trialling electronic transmission to GPs using Healthlink.
- An Enhanced Primary Care Discharge Demonstration Program jointly funded by the Department of Health and Ageing (DoHA) and the Department of Health in Western Australia (DoHWA) is delivering discharge care plans for patients with chronic and complex diseases in General and Respiratory Medicine. This is being further rolled out.
- GP Satisfaction Surveys regarding communication undertaken approx once every three years to guide the work. In 1997 and 2000 the response rates were 58% and 54% respectively, even though it was widely distributed. This shows the interest GPs have in hospitals improving communication.

Example 2: Queanbeyan District Hospital

A model is being trialled at the Queanbeyan District Hospital. At this stage it involves most general practices in Queanbeyan. This is a model of secure email communication, using ARGUS as the encryption program. Currently, they have one Visiting Medical Officer (VMO) working through the Accident and Emergency (A&E) Department at the Queanbeyan District Hospital (QDH) successfully emailing details of his patient relevant notes to that person's GPs. They have plans to expand this to all interested VMOs working in the A&E Department. They have also commenced an extension of this project to enable the same process from community health and GPs.

Example 3: St Vincent's Private, Sydney

St Vincent's Private sends a fax to let GPs know their patient has been admitted and also another fax when they are discharged. It has limited information but it certainly helps.

Example 4: Royal Prince Alfred Hospital, Sydney

Royal Prince Alfred Hospital (RPAH) has just developed a computer generated discharge summary so it is legible and has a good summary of the information. Time will tell if it comes in a timely manner that is helpful to patient care.

RPAH casualty will send a typed one-page summary of clinical presentation and investigations done and phone numbers for results that were not back.

Example 5: Mater Children's Hospital, Brisbane

At the Mater Children's Hospital Emergency Department in Brisbane to log off a patient's details on the computer one has to complete a brief summary of the consult which then prompts one to send a computer-generated fax to the GP.

Example 6: The Mater Mothers Hospital and Royal Brisbane and Royal Women's Hospital, Brisbane

Mater Mothers Hospital and Royal Brisbane & Women's hospital in Brisbane, both send timely summaries of delivery details on mother and infant within 1-2 days of delivery. This is very useful as GPs have information if "baby book" not brought in by parent/s, and GP has a prompt to check up on mother and child if they do not attend as would be appropriate (usually at 5-10 days post delivery as average maternity discharge is after 2.2 bed days). This discharge summary is typed and faxed. Other public hospital discharges are scribbled sheets with little information of use, and arrive up to one month later.

Example 7: Princess Alexandra Hospital, Brisbane

There is a medication sheet that is printed produced by Princess Alexandra Hospital (PAH) pharmacy that is given to patients, but not sent to GPs. If patient forgets it (as they do), little is achieved; but if they remember to bring along to GP, it is very useful.

Example 8: SA Public Hospital System

The South Australian public hospital system is about to start a pilot using the Argus clinical messaging system to transmit separation summaries (discharge summaries) to GPs. The public hospitals' $100 million clinical information system Oacis (Open Architecture Clinical Information System) is used currently to generate 25% of the separation summaries to GPs from public hospitals, and will be used increasingly to communicate with GPs and other health professionals about patients.

The pilot of electronic transmission will be conducted jointly with SA Divisions of General Practice (SADI), which nominated the Argus system to be explored initially for this purpose. The electronic separation summary system will use general practices' digital encryption certificates stored in the South Australian Health Provider Registry (expanded GP Registry), developed by SADI with funding from the State Department of Health.

The Oacis clinical system generates semi-automated discharge summaries, which contain more useful information (such as dates of any planed outpatient follow up appointments) in a legible form than the previous hand-written or dictated and typed summaries. Most importantly, the summaries generated using Oacis are available much sooner than summaries were available using the previous 'manual' systems.

Currently the Oacis system is faxing or posting the summaries to GPs, using the GPs' contact details stored in the GP Registry to which all public hospitals and some other health organisations now subscribe.

Last year, SADI reviewed available clinical messaging systems and found that the Argus system appeared to have advantages over its commercial competitors for this purpose.

They are now about to increase the usefulness and ease of storing of the Oacis discharge summaries by emailing them to GPs. If this is successful, installation and set up of the Argus GP software will be offered to all South Australian GPs.

A nominee of SADI represents GPs on the Oacis Enterprise Wide Steering Committee. The content and layout of the Oacis discharge summaries was decided in close consultation with GPs, and the summaries are being accepted very well by GPs.

Example 9: Central Coast of NSW

The E-Link Central Coast is a joint project between Central Coast hospitals within Northern Sydney Central Coast Health Service (NSCCH) and NSW Central Coast Division of General Practice (CCDGP) to improve communication delivery from hospital to general practice.

E-Link Central Coast utilises an innovative, Australian designed *DivisionReport*, which enables medical providers to electronically communicate with one another and relevant government agencies in a secure and dynamic online environment. The system has been specifically tailored by Computer Network Systems (CNS) for Central Coast region as *CentralReport* and will deliver

- Status Messages from NSCCH to GPs and Specialists on their patients
- Discharge Referrals (EDR's) from NSCCH to GPs and Specialists
- Messages between GP and Specialists

As of July 2005, there are 200 GPs (80% of the region) and 31 Specialists (various disciplines) connected with Central Reports on the NSW Central Coast. These numbers are climbing as others come on board.

STATUS MESSAGING TO GPs:

The introduction of electronic transfer of status reports to the GP desktop has improved communication, patient confidentiality and efficiency of sending & receiving status messages (such as Patient is admitted, Discharged, Deceased and baby born). All messages being sent from NSCCH are secure which ensures patient confidentiality is maintained.

DISCHARGE SUMMARIES TO GPs:

The Central Coast EDR's project was identified as a potential source of key information required to support ongoing clinical management and messages between GPs and specialists for referral and other communication purposes.

Planned NSCCH departmental interfacing of software has allowed patient reports and results to appear in the electronic health record, creating an integrated electronic medical record.

One recent major achievement for the area health service has seen the completion of clinical documentation by medical officers in the following clinical disciplines - Discharge Referrals / Summary for Paediatrics, Palliative Care, Geriatrics, General Medicine, Neurology and Registration/Care Plans for Palliative Care. The next clinical specialties planned to come on board include Surgical, AODS, Cancer Care, Respiratory and Cardiac Services. These secure discharge summaries are now being received by the GPs.

COMMUNICATION BETWEEN GPs AND OTHER SPECIALISTS:

GPs and other specialists can also communicate with each other in real time, delivering patient information for referral or providing feedback whilst enabling the integration of patient notes. Most GPs and other specialists have current systems and processes that are labour intensive and as a result many GPs on the coast have responded favourably with this solution.

Example 10: The Royal Adelaide Hospital

The Rural GP liaison Nurse based at the Royal Adelaide Hospital is worth her weight in gold. An email or phone call to her can achieve so much in chasing up trauma victims we have stabilised and sent down, or arranging overlooked follow up tests & appointments. She is great.

The Royal Adelaide Hospital notification of admission and discharge faxes / emails, and their concise, directed and timely discharge summaries are an example of what is possible. The RAH could supply the information and a policy / procedure. (comment from GP in Alice Springs)

Example 11: Mulungu Aboriginal Corporation Medical Centre, Mareeba, North Queensland

In a practice in the rural community of Mareeba in North Queensland they have very few problems with discharge confusion. On the GP side, they try to provide an up to date list of medical problems and medications when referring patients. A GP also attends a weekly multidisciplinary discharge-planning meeting to discuss their current inpatients and other complex outpatients. The hospital always faxes the general practice a discharge summary on the day of discharge. In particularly complex cases the GP will ring the hospital medical officer before referral and the hospital doctor will ring the GP before discharge.

Example 12: Southern Health, Melbourne, Victoria

At Southern Health they have undertaken a major initiative in the past 12 months in the development of their GP Access website. This site is password protected for GPs and provides the GP partners of Southern Health with an unprecedented amount of information about services that are available at Southern Health (all sites) and how to access them. It links to the Department of Human Services (DHS) statewide referral tools and aims to:

- increase GP knowledge of services that are available
- increase the quality of referrals from GPs to hospital based services through the provision of accurate info re eligibility criteria, clinical service profile, costs, mandatory referral information
- improve client access to the right service at the right time
- improve efficiency in health service use by reducing duplication and streamlining services.

Example 13: Peninsula Health, Frankston and Mornington Peninsula Division of General Practice, Victoria

Peninsula Health in Frankston, Victoria has implemented a successful electronic discharge communication process that has become an integral part of the continuum of care between hospital and general practice. It has implemented a seamless 'desktop to desktop' method of discharge summary delivery that has been embraced by the hospital, welcomed by GP's and positively supported by the Mornington Peninsula Division of General Practice.

The Hospital

The move to electronic discharge communication commenced in late 2001 when Peninsula Health, a public hospital of 845 beds, purchased a Clinical Information System capable of producing electronic discharge summaries and sending them directly to GP's Practice Management Software. This initiative had support at Board level, and was encouraged by Executive Managers of Peninsula Health.

Comprehensive system training is provided to all medical staff on commencement of their employment with Peninsula Health, and support and follow-up is ongoing. The support team comprises 3 Registered Nurses who are responsible for system administration, training, support, change management and implementations.

The change from handwritten discharge summaries to electronic documents was well received by the majority of medical staff, as the benefits to the patient were clear. Furthermore, electronic summaries are legible, timely and easily accessible.

To create an electronic discharge summary, hospital doctors work through an electronic template on any of the hospitals PC's before the patient is discharged. The discharge summary document is commenced on admission of the patient, and is updated and edited throughout the inpatient

stay. On the day of discharge, the document is completed and copies of the printed discharge summary are sent to the GP, given to the patient, filed in the medical record and stored in the clinical information system database for future reference.

- For all sub acute admissions, allied health and nursing staff have input into the discharge summary as well as medical staff, providing the GP with a more holistic view of the care provided. Surveys have shown GP's appreciate the extra information.
- All discharge summaries for patients returning to the care of their GP include an electronic medication list.
- Pharmacists also have access to the discharge summary system where they can send the GP notifications of changes to discharge medication.
- Currently, 80% of all electronic discharge summaries are sent to the GP within 24 hours of the patient being discharged.
- There are 16 discharge summary templates available, which are automatically loaded on screen based the patient's admission specialty (e.g. Special Care Nursery) Other examples of templates include: Cardiology, Neurology, Palliative Care, Birthing Services, Nursing Home, Rehab, Movement Disorders, Hospital in the Home, Dialysis.
- System Administrators work closely with Unit Consultants and the GP Liaison Team to create and refine specialty templates that are constantly being reviewed and updated.
- A Quality Improvement Team meets regularly to address issues related to discharge summary quality and timeliness.
- A GP survey completed in 2000 and repeated in 2004 highlights the positive view GP's have adopted after Peninsula Health implemented this new discharge summary system.

The GP

Peninsula Health maintains a GP database that stores preferences of how GP's would like their discharge summaries delivered. There are 3 options.

Electronic Data Interchange (HealthLink)

All GP's with access to the internet have the option of downloading discharge summaries from Peninsula Health directly into their Practice Management Software. Once the discharge summary is completed at the hospital, it is encrypted and sent from the hospital server to the HealthLink server via a secure network that complies with HL7 messaging standards. GP's then connect to their HealthLink mailbox and download any waiting discharge summaries, again via a secure network. The speed of this process can enable GP's to read a discharge summary before the patient has even arrived home from hospital. All software, support and setup is free for all GP's. The hospital pays a fee for this service.

Fax

For GP's who prefer to receive faxed summaries, the process above is repeated, but summaries are sent out via fax, rather than being stored in the GP's HealthLink mailbox. This service is also free for GP's.

Post

Any GP in the doctor database that does not have a fax number or a HealthLink mailbox recorded receives all discharge summaries via post.

Example 14: Calvary Health Care, ACT

Calvary Health Care ACT has been committed to GP integration since their involvement in the National Hospital Demonstration Program 3 in 1999.

The subsequent appointment of a full time GP Liaison Nurse has allowed them to build on their early successes in improved communications. The Calvary GP Liaison team also built and maintains a comprehensive ACT and regional GP database to facilitate communications. The GP Directory is available to all Calvary staff through the intranet. This GP database is now shared throughout ACT Health to facilitate communications across the territory.

The GP Liaison team, comprising a GP Adviser and a GP Liaison Nurse, stays in close contact with GPs through practice visits and regular survey or more recently, GP Focus Groups. Calvary also liaises closely with the ACT Division of General Practice and the GP Adviser to ACT Health.

The GP Liaison Nurse attends hospital Care Continuum meetings and is an accepted and respected part of the Calvary staff. From this position, there is ample opportunity to provide the GP perspective and Calvary staff have become very aware of the importance of the GP in community and consider them to be part of the treating team. This is demonstrated by the GP name on the patient's bed card, along with the VMO/Consultant. The GP Liaison Nurse also provides the GP perspective through Orientation of new medical staff when a new rotation of doctors starts at Calvary.

Calvary has developed an electronic Notification system so that GPs are aware of their patients' admission, discharge, death, birthing, unplanned admission to Intensive Care, and transfer to another facility. The electronic Discharge Referral that is electronically faxed to GPs on completion has also been a welcome development.

In addition to the usual hospital Clinical Meetings, Calvary GP Liaison facilitates high quality GP Education sessions throughout the year, providing GPs with the opportunity to meet with Calvary Specialist staff, while gaining RACGP QA&CPD points.

A more recent innovation was the enhancement of the documentation of Calvary's patient's discharge plan that is now faxed to the GP, to support the medical discharge referral. This initiative has been welcomed by GPs and is currently being assessed through our annual survey results.

Example 15: Bourke, NSW

In Bourke NSW they have a terminal server arrangement where by the GPs can dial from the hospital into surgery server over a broadband connection and see all the GP patient records. The GP Visiting Medical Officer (VMO) does discharge summaries or a discharge plan on the computer. The hospital also needs a discharge summary done which they do as well. Ideally it would be good to have the same template for a hospital discharge as the discharge care plan so not to double up and would be printed for the hospital records. Alternatively hospital DC summaries can be scanned into the surgery notes. This works well in rural areas where you can get good integration and the GPs both work at the hospital VMO's and as GPs and all GP medical records for the whole town are kept on one server.

Contrasting views

Comment 1:

The single most effective method with which I am actively involved – is for the admitting hospital medical officer and general practitioner to be one and the same person, with specialist consultants for consultation. It was the main model of care in years gone by, and remains so in rural hospitals. I believe there is scope for greater GP involvement in inpatient care, even in urban settings.

Comment 2:

I am a GP on the Gold Coast and have the usual problem of waiting lists, and appointments not followed through with the Gold Coast Hospital (GCH).

A few years ago for a short time we experimented with the GCH in contacting the Outpatient coordinator by encrypted email.

This allowed us to contact and lobby the Outpatient Department (OPD) coordinator regarding any patient, appointment and result etc. This was a terrific time as I felt I had a 'friend' with influence in the GCH who could lobby on my behalf and on behalf of the patients (e.g. if a patient was put on a waiting list but I thought this deserved further consideration I could bring it to the attention of 'my contact' who would then lobby the registrar or consultant concerned).

Queensland Health shut down this arrangement and the Gold Coast Division of General Practice appointed a part time 'GP coordinator.' This was about three years ago and during this time have not met him or had one personal contact with this person. The problem was that this GP co-ordinator had no hospital position, no authority and no influence.

We as GP's co-ordinate care but when we hit the hospital it fragments.

We need someone like that OPD coordinator in every hospital who liaises re 'outside' patient care for every patient. This system would go some way to 'filling the gaps' (i.e. patients who have no regular GP, change addresses, follow up of results).

As far as I know there is no system at GCH to ensure that a patient is followed up once they leave hospital except a letter in the hand.

I as a GP live in constant frustration with our major hospital 15 minutes away because I have no 'friend' in the system. Registrars come and go, and these days consultants come and go, as they are salaried for a short time.

Comment 3:

There are countless examples of good discharge communication between hospital and GPs every day, particularly in the private sector.

It is called the telephone call.

The 5-minute discussion between the doctor responsible for the patient in hospital and the doctor responsible for the patient back in the community is the most efficient and effective way of ensuring continuity of care.

The great tragedy of poor discharge processes is the reluctance of resident hospital staff to make a telephone call and the reluctance of a GP to receive such calls. Discharge planning committees, liaison nurses, proformas and continuity of care working parties all have good intentions, but the critical factor is the volition of one Doctor to personally communicate to another Doctor.

Possible solution : Offer $20 incentive to every hospital Doctor who engages a GP by phone prior to discharge.

The key features are:

- say the words " Dear Doctor, I am seeking your contribution to discharge care plan"
- identify and document actions for follow up by the GP on the discharge plan
- send the plan to the GP
- GP claims item 729 ($41)
- 5000 discharges per annum = $100K, add $50K project infrastructure and for $150K one could prove the method.