



ST JOHN OF GOD
HEALTH CARE

Revolving Doors : **Effective** Communication in the
Handover of Mental Health Patients to their
Community Health Practitionerss(CHOCYS)

Susan Wood & Noella Sheerin

on behalf of the Clinical Handover Steering Committee

Funded by the Australian Commission on Safety & Quality in Health Care



Acknowledgements

Steering Committee Members

- Susan Wood - Director Clinical Services (Site 1)
- Allison Campbell - Director Clinical Services (Site 2)
- Dr Lavinia Schmidtman - Medical Director (Site 2)
- Judith Marden – Pharmacist (Site 1)
- Dr Margo Hoekstra - GP representing Division of General Practice
- Denis Catlin – patient representative
- Dr Maree Chanter - Psychiatrist
- Kylie Stevens - Discharge Coordinator (Site 1)
- Sean Fitz-Gerald - Discharge Coordinator (Site 2)
- Noella Sheerin – Project Coordinator

Outline for the Session

- A brief background to private hospital mental health care
- Highlights of the CHOCYS Study objectives, methodology, results & documents
- An introduction to the Plan, Do, Study Act (PDSA) model for QI Research
- An exercise in using the information presented & resources provided to draft your clinical handover discharge implementation strategy

Background

- in 2003 mental health disorders comprised 13.3% of the total burden of disease and injury in Australia
- private hospitals providing almost a quarter of all mental health beds
- private hospitals treated nearly 100,000 patients in 2002-03
- private hospital policy requirements & governance

Study goals, methodology & results

Goals

- To develop a standardised clinical handover strategy to improve patient safety & quality of care,
- To improve Community Practitioner satisfaction with clinical handover information specifically the content, format and method of delivery, and
- To improve Patients' *overall satisfaction* with clinical handover discharge process

Methodology

- We used the collaborative, iterative, *Plan Do Study Act* (PDSA) model for quality improvement* to develop, test and refine our discharge clinical handover strategy
- 2 NSW St John of God hospitals took part
- 150 patients were recruited to the study for the two PDSA action cycles

*Website <http://www.ihi.org/IHI/Topics/Improvement/>

Methodology

- Data collection involved reference group written and face-to-face feedback; community practitioner surveys & patient surveys and chart audits
- Analysis – descriptive statistics

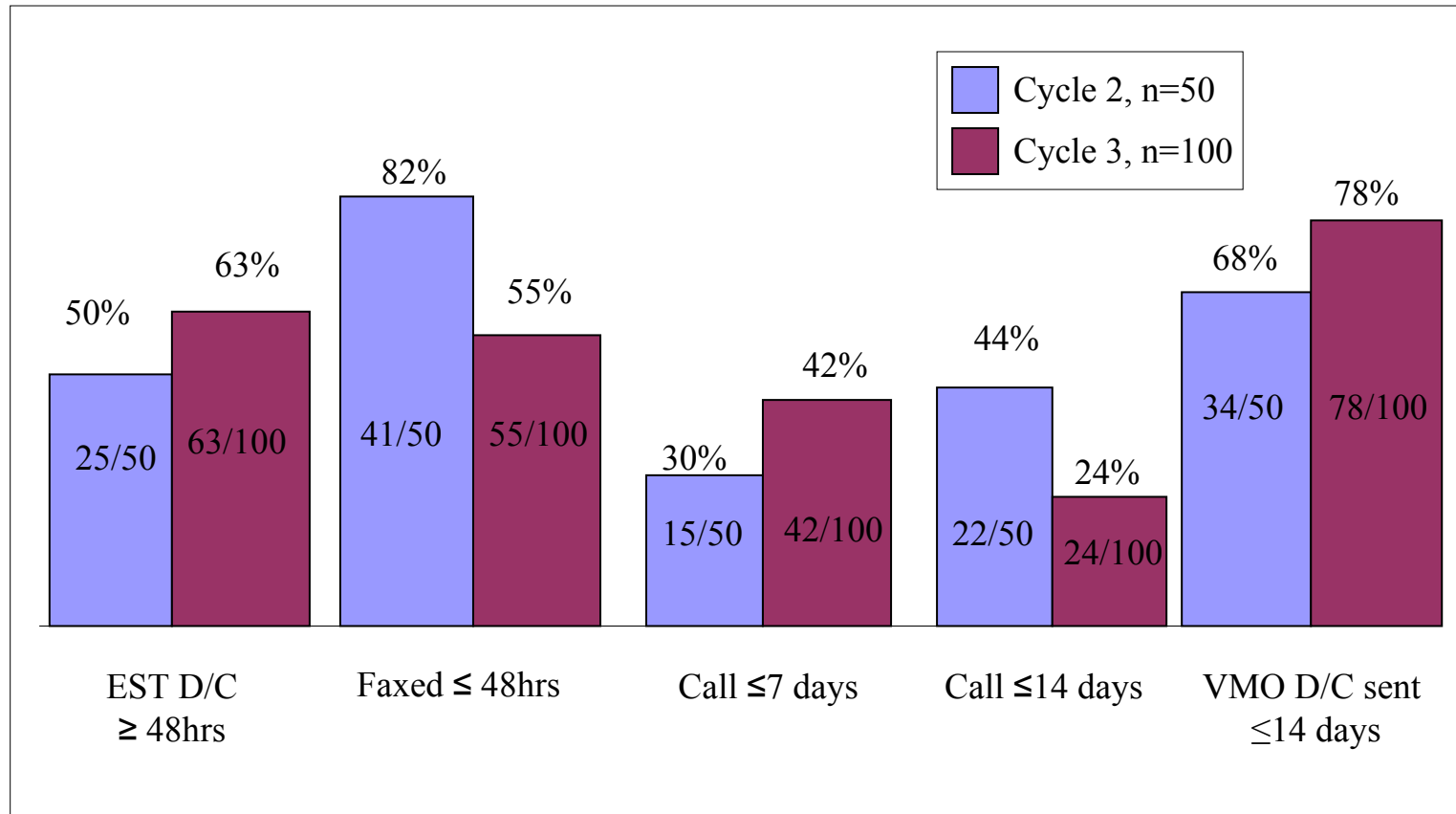
Study results

- A set of Comparative Clinical Indicators (CCIs)* were developed to measure study outcomes
- The CCIs were informed by the scientific literature and our consultation process
- The following slide summarises the CCI results for PDSA cycle 2 and 3

* Huw D. Measuring and reporting the quality of health care: issues and evidence from international research literature. Edinburgh: NHS Quality Improvement Scotland, 2006.

<http://www.nhshealthquality.org/nhsqis/files/Davies%20Paper.pdf> Last accessed 15/03/09

Comparative Clinical Indicators - Results



Affix Patient information label HERE

**Hospital Discharge Summary (HODS)
&
Psychiatrist's - Discharge Summary (PYDS)
Completion Checklist**

Tick box if completed

- Patient Discharge follow up Consent** – signed
- Medical-HODS** (page 1 of 3) – CMO/ Registrar/ VMO
- Medications- HODS** (page 2 of 3) – CMO/Registrar/ Pharmacist
- Psychosocial- HODS** (page 3 of 3) – Nursing/ Allied Health Carer
- Psychiatrist's Discharge Summary- VMO/ Registrar**
(send only if completed and signed)

Patient given a PHOTOCOPY of

- Medications- HODS
 - Psychosocial - HODS
 - Fax cover sheet details completed**
 - Attach additional reports as requested**
 - Report written in patient progress notes if 'not faxed'**
- e.g.** ► No consent ► Fax unsuccessful ► No/ incorrect referrer details

FAX STAMP with date HERE
(when documents confirmed sent)

Revised Add Date. File in Medical Record as part of Discharge Documentation package

Form MR

Organisation logo here

***URGENT MEDICAL INFORMATION - Please ensure a doctor reads this fax
within 48 hours of receiving***

Date:	
Send to:	From:
Attention:	Phone Number:
Fax Number:	Number of Pages, Including Cover:
SUBJECT - Patient's Hospital Discharge Summary & Reports	

Reports and Results (p Tick box & including number of pages for each item):

- Medical - Hospital Discharge Summary - (1)
- Medications - Hospital Discharge Summary - (1)
- Psychosocial - Hospital Discharge Summary - (1)
- Psychiatrist's Discharge Summary (1)

- Pathology Results [Circle included items: Biochemistry / Haematology / Drug levels] No. Pages ____
- Radiology Reports [Circle included items - X-Ray / CT Scan / Ultrasound] No. Pages ____
- Other (specify): No. Pages ____
- Other (specify): No. Pages ____

"Important: This transmission is intended only for the use of the addressee and may contain confidential or legally privileged information. If you are not the intended recipient, you are notified that any use or dissemination of this communication is strictly prohibited. If you receive this transmission in error please notify the author immediately and delete all copies of this transmission."

DISCHARGE FOLLOW UP UP CONSENT

Affix Patient Information Label HERE

Authority for Discharge Nurse to contact my Health Care Professionals

I hereby authorise the Discharge Nurse of (Organisation's name) to contact my Health Care Professional (GP, Psychiatrist, and/or Case Manager) to provide health information related to my discharge. No information will be disclosed unless it has been previously discussed with me. **Please note**, in life threatening situations we are obliged to provide necessary information to health care providers without your consent.

General Practitioner Name: _____ Phone No.: _____

Fax No: _____

Address: _____

Other Health Professionals (e.g. Psychiatrist, Nurse, Social Worker, Psychologist)

Name: _____ Phone No.: _____

Fax No: _____

Address: _____

Authority for the Hospital Pharmacist to contact my regular community pharmacist.

Pharmacy Name: _____ Phone No.: _____

Address: _____

I consent to the Discharge Nurse contacting me after I am discharged.

Home Phone: _____ Mobile Number: _____

Email: _____

Can the Discharge Nurse leave a discrete message Yes No

Patient Signature: _____ Date: ____/____/____

Witnessed by: _____ Date: ____/____/____

If you do not consent to any of the statements, cross out that statement.

This consent form is valid for a period of 12 months from the date of this form being signed.

BINDING MARGIN — DO NOT WRITE

DISCHARGE FOLLOW UP CONTACT - CONSENT

PSYCHIATRIST'S DISCHARGE SUMMARY

Affix patient information label here

**Note: A typed copy of the Psychiatrist's final discharge letter
will be forwarded via regular mail.*

Diagnosis (DSM-IV)

Axis 1: _____

Axis 2: _____

Axis 3: _____

History - Presenting Problem (s) and Mental state

In Hospital Progress and Treatment

Medications ceased this admission

Summaries to: (tick box if faxed at discharge)

Signature: _____

Date: ____/____/____

PSYCHIATRIST'S - DISCHARGE SUMMARY

BINDING MARGIN - DO NOT WRITE

HOSPITAL DISCHARGE SUMMARY

Affix Patient Information Label HERE

Instructions - Medical Officer to complete pages 1 and 2 (Medications); Pharmacy page 2 (sign/date); Nursing staff to complete page 2 Community pharmacy and Webster pack details, and page 3 - complete all sections prior to faxing within 12hrs to 48hrs of patient discharge.

VMO: _____ **Psychiatrist's Discharge Summary to follow (within 2 weeks)**

Admission Date: ____/____/____ **Discharge Date:** ____/____/____

Reason for Admission: _____

Referral by (relevant item) GP Psychiatrist Transfer from another hospital Allied Health Clinician
 Community Mental Health Team Self-presentation Other (specify) _____

Mode of Discharge: (relevant item) Planned Unplanned discharge due to breach of contract
 Early Discharge VMO Approval Transfer to another hospital Self-discharged against medical advice

Diagnosis (Axis) (for this episode of care): 1. _____

2. _____

3. _____

New Physical findings and Test results (Reports attached Tick box if relevant)

Medical follow-up required (For example: Urgency of GP follow-up, repeat tests, Non-psych Specialist management required, etc.)

Alerts (all relevant items) No Alerts Suicide - history Self-Harm Substance abuse Falls risk
 Harm to Others Cognitive impairment Medical Allergy Aggression Other _____

Comment: _____

Next treatment phase (all relevant items)

General Practitioner follow-up Psychiatrist follow-up Day Program Discharged at own risk
 Community Mental Health Care follow-up Webster medications pack Other (specify) _____
 Transfer to another hospital (reason): _____

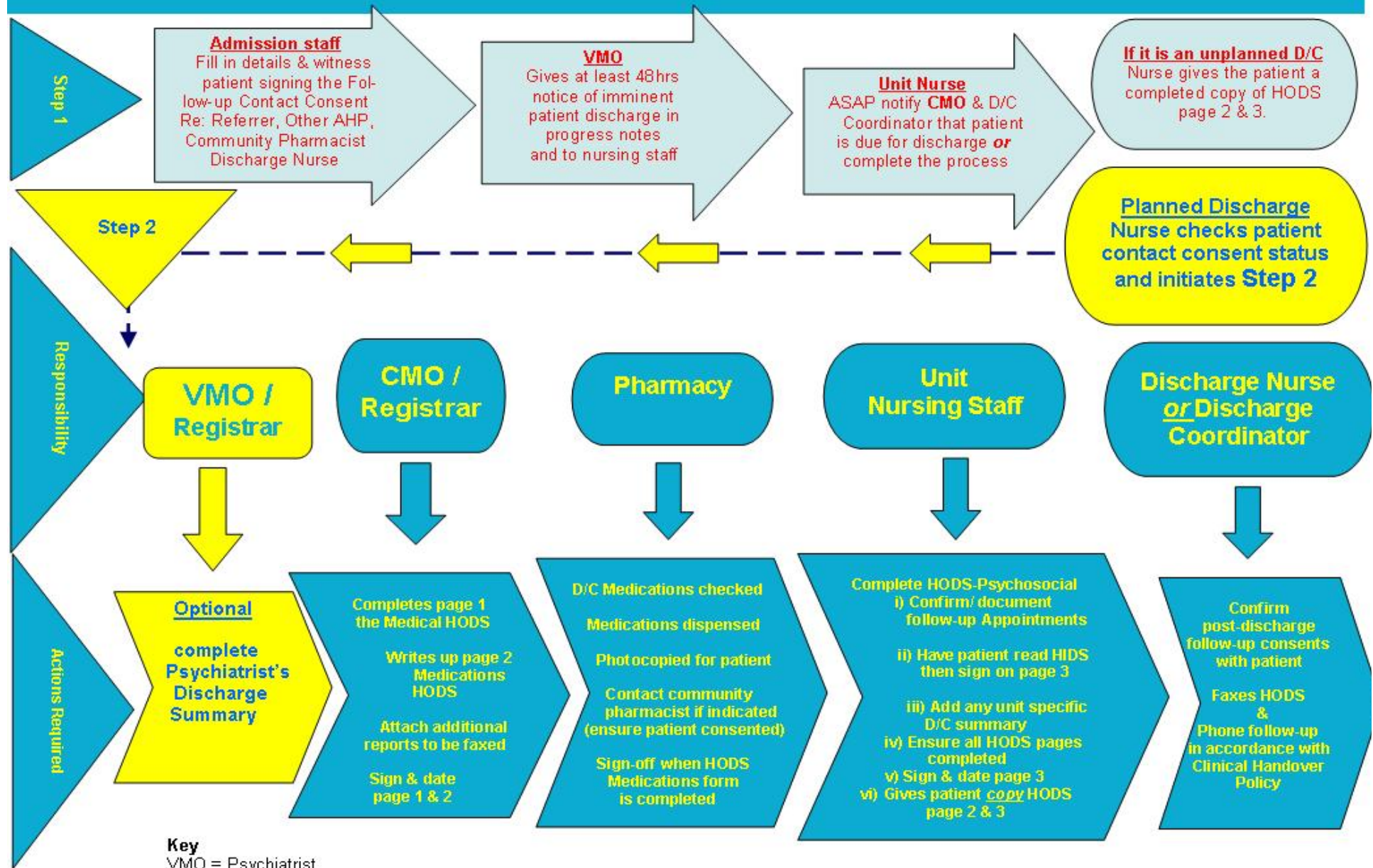
Medical Officer's Signature: _____ **Designation VMO / Registrar / CMO**
(circle relevant response)

Print Name: _____ **Date:** _____

BINDING MARGIN — DO NOT WRITE

HOSPITAL DISCHARGE SUMMARY — MEDICAL

ROLE & RESPONSIBILITIES IN COMPLETING THE CLINICAL HANDOVER (DISCHARGE) PROCESS



Key
VMO = Psychiatrist
CMO = Career Medical Officer / Registrar

This form is only required to be filled out by community practitioners when requested.

Clinicians' Evaluation Survey Hospital Discharge Summary

(Organisation) are undertaking a quality improvement initiative looking at clinical discharge strategies. (Organisation) is seeking your input regarding the timeliness; quality and appropriateness of the content, and method of dispatch for the key management issues for a hospital discharge summary. Please take this opportunity to make your thoughts and recommendations known to (Organisation)

Circle your response or provide comments in the space provided.
Thank you for support.

1. How would you rate your overall satisfaction with the hospital discharge summary?

POOR	FAIR	GOOD	V. GOOD	EXCELLENT
1	2	3	4	5

2. Do you agree that the content of the hospital discharge summary is adequate to resume clinical care?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	2	3	4	5

3. What information is missing from the hospital discharge summary in order to resume clinical care?

4. What is preferred method for receiving the patient discharge information? *(Please circle your choice)*

a) Hospital Discharge Summary:	via the patient	faxed	regular mail	e-mail
b) Psychiatrist's Discharge Summary:	via the patient	faxed	regular mail	e-mail

Additional comments:

Thank you for taking the time to complete this evaluation.
Your feedback will help improve our communication

Please fax back to (name of person and fax number)

Patients' Satisfaction Survey Hospital Discharge Process

Organisation name here are asking your advise as to how we can improve the hospital discharge process for our patients. By answering the following 2 questions you can help us improve our services here at *Organisation name here*.

Please Circle your response *or* provide *comments in the space provided*.
Thank you for help.

- 1. How would you rate your overall satisfaction with the hospital discharge process?** (Please circle your answer)

POOR

1

FAIR

2

GOOD

3

V.GOOD

4

EXCELLENT

5

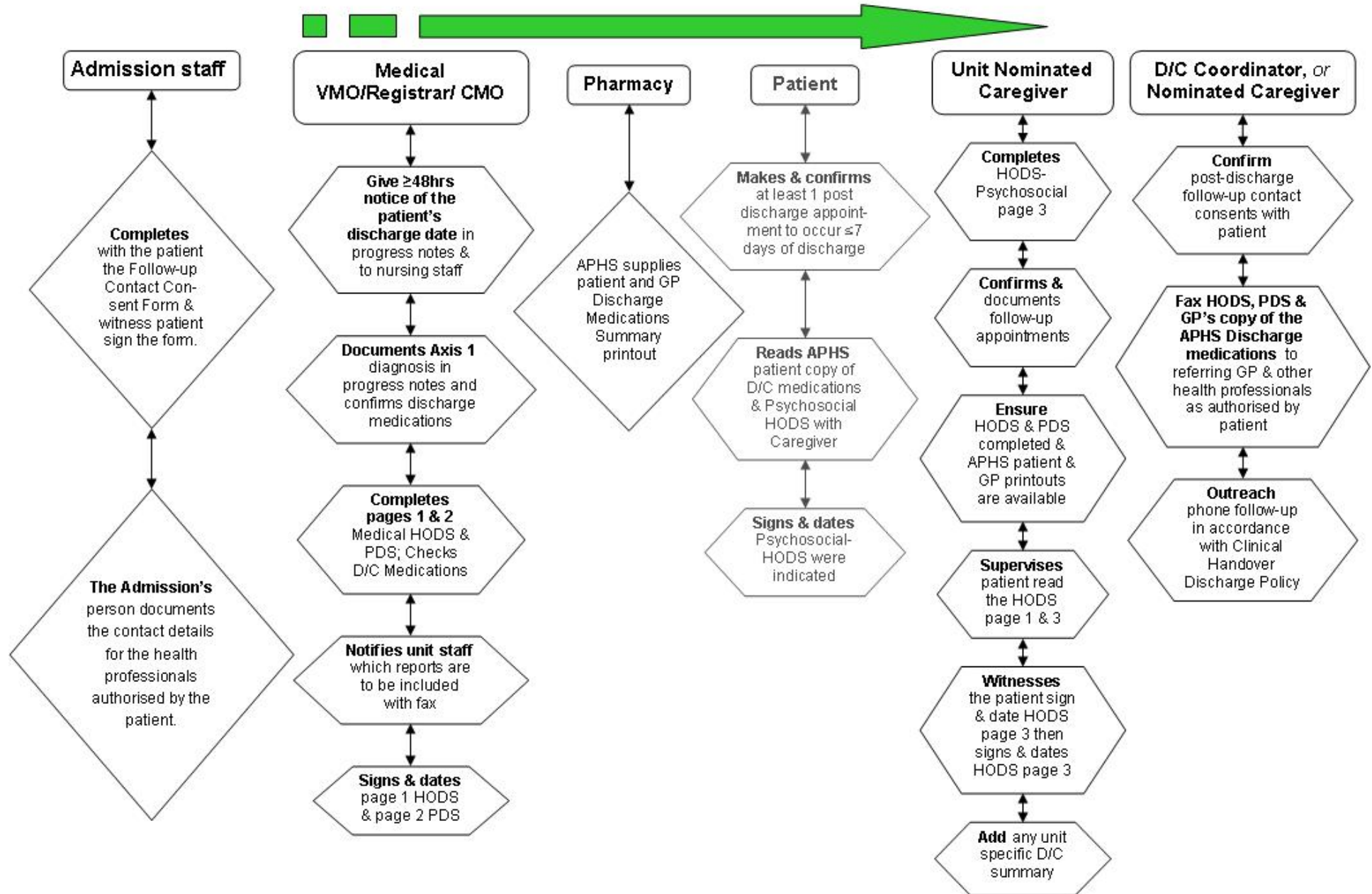
- 2. If there was just *one thing* you could change with the discharge from hospital process to make the process better for you what would it be?**

Any Additional comments:

Thank you for taking the time to complete this survey.
Your feedback will help improve our discharge process.

ALGORITHM FOR PLANNED PATIENT DISCHARGE (CLINICAL HANDOVER) PROCESS

Hospital discharge policy should always be followed when discharging a patient. This algorithm illustrates the sequence of operations for a planned patient discharge.



Organisation logo here

Community Practitioner Referral Form

Organisation contact details here

Name of Organisation and fax number here

Referring Practitioner

Name:			
Provider Number		Phone Number	Fax
Practice address			

Patient

Name:		Phone Number:	
Date of Birth	/ /	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address			

Health Fund:

Membership No:

Interpreter required:

DVA Number:

Preferred language is:

Insurance: Claim No:.....

Pension Card Number:

Medicare Number:

Patient already known to St John of God? (circle response) Yes / No

Reason for referral

Psychiatric History/ Duration / Treatment (previous counselling/ ECT/ etc)

Alerts (relevant items) No Alerts Suicide - Risk Self Harm Substance abuse Falls risk

Drug reaction Cognitive impairment Aggression Other (specify) _____

Doctor's Signature

Date:



Community Practitioner Referral Form

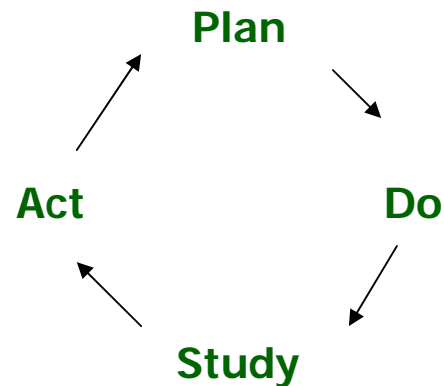
St John of God Hospital
13 Grantham Street
Burwood NSW 2134
Tel: 61 2 9715 9200
Fax: 61 2 9747 5223
Admissions Fax: 61 2 9715 9292
www.sjog.org.au

St John of God Hospital
177 Grose Vale Road
North Richmond NSW 2754
Tel: 61 2 4570 6100
Fax: 61 2 4571 1552
Admissions Fax: 61 2 4571 3561
www.sjog.org.au

Patient

Social History (include other current services)
Medical history
Investigation / Test Results
Current medications (or attached a print out)
<i>Allergies:</i>
Any other comments
Consent to referral and sharing of relevant information (please circle): YES / NO Attach 'Patient Consent Form' if restrictions apply.
Doctor's signature Date:

Introduction: The Plan, Do, Study, Act (PDSA) Model



Plan the strategy to be implemented

Do carry out the implementation

Study data gathered before and after the change, review what was learnt

Act plan the next change cycle or embed and monitor

Model for Improvement

What are we trying to accomplish?

How do we know that a change is an improvement?

What changes can we make that will result in the improvements we seek?



Reference: Langley G, Nolan T, Norman C, Provost L (1996). The Improvement Guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco



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http://www.improvement.nhs.uk/heart/sustainability/further_resources/techniques/pdsa.html

PDSA Planning Template

PHASE	ACTION	RESPONSE
Plan	What are we trying to change & why? How will we know there is an improvement? What resources do we have? Who should be involved and in what role? When & Where should it happen? What do we anticipate will be the outcomes?	
Do	Test the plan/ strategy / documents/ etc: - what actually happened, and - were there any unexpected consequences (+ ive or – ive) Collate and analyse feedback / data	
Study	Review what happened / the data Were the anticipated outcomes achieved? (If not why not?) What did we learn from this cycle?	
Act	Do we now <i>Implement</i> and <i>embed</i> the change <i>or</i> <i>Revise</i> and re-test <i>or Discard</i> and start again?	

Activity Outline

- Using the information presented & resources provided for this session this activity is an opportunity to draft your clinical handover discharge implementation strategy

* Use your PDSA planning template for this activity

Plan – Clinical Handover @ Discharge

- Why – what is your purpose, objectives
- Compare you current process with what is being offered - HODS
- Review available resources
 - i. Who
 - ii. When
 - iii. Where
- Consult stakeholders – who are they?
- Set up a working group
- What outcomes and issues do we anticipate
- Set preliminary CCIs

Plan - Clinical Handover @ Discharge

- Consult with internal and external clinical interest groups
- What information/ data do we already have?
- Do you want to survey patients and GPs?
- Involve patients in discharge process
- Review prototype for local implementation
- Develop strategies to address issues
- Educate the staff who will implement

Plan - our resources

At each site the following were already available:

- Who should be involved and in what role
 - i. Salaried Medical Officers
 - ii. On-site Pharmacy
 - iii. Discharge Coordinators
- Early Care Planning for Discharge (Future Plan)
- High speed Faxing and Photocopying
- Microsoft Publisher software

Activity 1 - Plan

Action: Make a list of all the resources that you have or might need to implement something similar at your site.



DO - Clinical Handover @ Discharge

- Let staff know – educate, use posters, flowcharts
- Test the intervention for a predetermined period on x number of patients (small scale)
- Test the content, the usability of the document
- Test the process, accountability and responsibility
- Central communication person (answers queries)
- Ask for feedback as it happens, look for issues /problems
- Collect CCI data

Activity 2 – DO: Discuss potential *Issues*

These were some of the issues that we identified:

- How to manage consent to release information
- What does the patient get
- Who does the faxing, where, when
- Maintaining privacy/ confidentiality
- Needed new CCI – 48 hours prior notice of D/C

What potential *issues* might you have?



STUDY - Clinical Handover @ Discharge

- Review feedback from all stakeholders
- Were the anticipated outcomes achieved, if not why not
- Resolve any problems with the process
- What did we learn from this cycle - Can the HODS be improved

Activity 3 - Study

- What makes it work ?



ACT - Clinical Handover @ Discharge

- Make changes and retest; or
- Imbed and monitor; or
- Discard and start again.
- When goal achieved, endorse through governance processes

Note:

To sustain the process, revise policy to reflect new process, roles and responsibilities and have CCIs that are routinely monitored and reported

Activity 4 - ACT

- Possible Barriers



Discussion & Questions

- St John of God Contact:
 - i. allison.campbell@stjohnofgod.org.au

Thank you

