Adelaide PHN & CALHN Interactive Session

Summary Report
November 2019

Government
of South Australia

SA Health

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An Australian Government Initiative

1   Introduction

On 28 November 2019 Adelaide Primary Health Network (Adelaide PHN) and Central Adelaide Local Health Network (CALHN) hosted an Interactive Session to give general practitioners (GPs) and hospital consultants working in the central Adelaide metropolitan region an opportunity to identify Quality Improvement activities that could be undertaken in response to issues and opportunities that related to 'Poor clinical communication' highlighted in previous workshops.

This report documents the proceedings and outputs of the Interactive Session held at Royal Adelaide Hospital.

2   Objective

The objective of this workshop was to move from high level themes to a prioritised list of clear, actionable and specific quality improvement activities that can be undertaken to improve clinical communication between primary/acute to achieve improved patient outcomes.

3   Participants

There were 11 participants from across the metropolitan region – six CALHN Hospital Consultants and five GPs.

4   Workshop activities

4.1   Method

The individually identified issues and opportunities that collectively made up the heading of 'Poor clinical communication' at the last Enzyme workshop were analysed prior to the Interactive Session and determined to align with three themes:
1. Referrals into Hospital
2. Discharge/Separation Summaries
3. Other Communication Channels.

With these three themes identified, the first activity of the session was designed to achieve a better understanding of what these themes meant for the GPs and Hospital Consultants.

Participants were then provided the opportunity to identify quality improvement activities that related to the descriptions developed in the previous activity using a patient centred lens. Two types of quality improvement activities were able to be identified in this activity:
   a.   clear, specific and actionable 'Quality Improvement' ideas,
   b.   blue sky ideas.

Participants were then able to vote on the ideas they thought would have the biggest impact on their patients. Only Quality Improvement ideas were able to be voted on, not blue-sky ideas.

4.2 Defining the Themes

The following is the record of content generated during the first activity. The sub-themes that have been identified such as 'Referral criteria' immediately below have been generated by Adelaide PHN staff following the event to enable easier interpretation of the long list of commentary.

Theme 1: Referrals into Hospital

Referral criteria
- More referrals than appointments change to threshold of referral to OPD
  - Could be resolved with clinical communication
- Poor referral quality/ incomplete information
  - means inability to triage
- Clinical screening prior to referral
- Electronic resources
- More information provided for referral assists prioritising
- difficulty finding information of what is required to assist referral quality
  - inclusion
  - exclusion
  - Screening
- HealthPathways support knowledge of referral criteria
- Frustration not all relevant
- Standard referral terrible
  - only one line for clinical input or information.
- Improved triage & booking will decrease workload of CALHN & GP
- Send letter to consumer & GP when referral not accepted
- Unable to write clear criteria related to acuity, progression, vulnerability
- Functional State, Frail etc please communicate

Mechanism for electronic referrals
- Integrated software to support referral criteria
  - Difficult if too long
  - If prepopulates & Integrates would support use
- Electronic referral's with receipt

Navigation and on referrals
- Advise to consumers to return to GP for another referral lack of clarity to why
- NALHN/ CALHN
  - No clarity of catchment area
  - ? CALHN to send to NALHN
- One contact within CALHN who will manage resending of referrals to other LHN's
- Awareness of what is available to look at
- Right advice when you call CALHN
- Time taken to look for information
- Prompt acknowledgement of referral outcome

Theme 2: Discharge/Separation Summaries,

Timeliness
- Delay on summaries with instruction for GP
- Each department different with time to distribute
  - If details of GP correct usual timely in distribution
  - Quality, timeliness variable

Hospital systems
- GP to follow up results requested without access to results
- Access to OACIS for D/C summaries
- Processes of registering GP's on patient presentation
- Complex follow up request for GP's to do on discharge post long stay in hospital.

My Health Record
- MHR
- Sunrise uploading D/C summaries
- Clinicians unaware to use MHR within medical director
- Pharmacy / PBS, imaging, pathology in MHR
- D/C summaries not uploaded to MHR if patient Opted Out

Navigation
- boundary issues
- Boundaries different for different services
- Who is our single point of contact
- Public vs Private appointments
- Poor access to private sector specialists
- Difficult to send summaries to multiple GPs
- If new to RACF D/C summaries sent to old GP
- D/C letter need to be sent to RACF otherwise hard to get
- Review by specialist not done during admission unable to do OPD @ CALHN due to patient location

Patient experience
- Patients afraid to talk to admin staff - feel dismissed
- ED reception experience
- Reminders encouraged

Theme 3: Other Communication Channels.

Navigation
- Knowing who to call when advice needed will decrease referrals
- Central Integrated Care Collaborative (CICC)

Access to clinicians
- Prioritise information when hospital calling
- Difficulty in seeking advice when trying to avoid sending patient to emergency
- Emergency consultant/ registrar
- Level of experience providing advice to GP
- Access to GP via phone variable timeframe
  - some prioritise; some don't return calls
- Limited response due to private number
- Staff reluctant to interrupt GP if in a consult
- Reception to prioritise messages from consultants to GPs
- Keeping/ finding numbers for CALHN clinicians

Other
- Photography
- Nurse practitioners
  - Fax

4.3   Brainstorming and Prioritising

Theme 1: Quality Improvement - Referrals into Hospital

Quality Improvement idea	Votes
One referral SA Health taking responsibility for on referrals - if not appropriate and more appropriate service on LHN then the triager should take responsibility and send it on	8
Smart form (N2) template for referrals (display inclusion/ exclusion criteria)	3
Website for LHNs to see improved	3
Rotations in LHNs for areas of interest	1
GP Portal on SA Health website	1
Look at Clinical Prioritisation criteria with HealthPathways (PS: QLD Model)	-
GP education sessions	-
Quality information so activity & triage can be easier	-
Electronic receipt for referrals received	-
a 1800 number for SOS for referrals	-

Theme 2: Quality Improvement – Discharge Summaries

Quality Improvement idea	Votes
Admin staff (Hosp) proactively checks copy to GPs details (more than one needed sometimes)	3
Improved education in the access & use of the MHR Awareness workshop - Practice Visit Demographic and GP contact data collection	2
Hospital Doctor awareness education on MHR, especially event summary	-
Remember GPs do not get salary.	-
Undue administrative activities cause financial disadvantage	-
GP education on SA Health discharge summary in MHR	-
Allied health assessment in letters would be helpful	-
Process in place for patients not on MHR	-
Audit of ED Discharge letter & whether they are getting to right people	-
If going to RACF (new/ existing) letter to go with patient	-

Theme 3: Quality Improvement – Other Communication Channels

Quality Improvement idea	Votes
Concierge for GPs Email - question line: -ie: geriatrics@sa.gov.au, - for any GP questions	10
Secure Messaging	7
Share contact - personal phone or mobile number	3
Admin staff data quality. Quality assurance	2
Information to GP to be prompt especially if been advised to follow up or review results	1
More awareness of MHR - upload from both primary and tertiary	-

Available consultant on call for GP access (? How do LHNs capture this activity for LHNS)	-
Hospital doctors' easy access to MHR	-
Use MHR as an alternative communication method -> Do an event summary both GP + Consultant	-
Promotional campaign targeting GPs re hospital avoidance services (Acc, etc)	-
Communicate requirements & guidelines via website and educate GP's about resource (Mass communication)	-

All themes: Blue Sky ideas

Referrals into Hospital	Discharge Summaries	Other Communication Channels
Consultants or reg to outreach to general practice - increase case conference - increase GP skills	ED discharge letters to go onto MHR or electronically to GP office/ residential care facility.	Secure messaging
Specific topics - diabetes/ COPD - generic medicines	Copy or advise provided to patients - change to medication to be handed over to patient while waiting for referral letter prepared	Telephone number specific for doctors calling for advice - to avoid delay
HealthPathways integrated with e-referrals	Endoscopy Echo Nerve conduction study > send to MHR	Hospital doctors to do event summary in MHR
Remote GP access to SA Health electronic medical record.	Hospital initiated event summary	Fax is not dying! May be smart use of it in future
	GP access to read only discharge letter (sunrise)/ OPD letter (see QLD system)	

4.4   Next Step
Adelaide PHN and CALHN to review the outcomes from the session and communicate planned next steps for implementation of agreed quality improvement activities.