

Coordinated Care Project Summary and Updates

Title: Information sharing - Discharge summary information to patients

Background:

Increasingly health consumers want and expect to be more informed and involved in their health and in decisions regarding their treatment and care. National e-health reform initiatives such as the Personally Controlled Electronic Health Record are supporting consumers to have greater access to their information and helping to facilitate sharing of information among different health professionals and health services.

NEMICS consumer reference group members have expressed the need to have access to more personally tailored cancer information. The discharge summary provides an account of the inpatient hospitalisation – the dates of care, team involved, reason for admission, any complications, follow-up appointments and medication needs.

Given health service policies encourage the provision of patient information, NEMICS undertook to review whether patients admitted to oncology and haematology wards at the local health services were receiving copies of their discharge summaries and whether this was a feasible strategy for strengthening information sharing between health care providers and oncology patients.

What have we done/doing?

This project included:

- a review of the policy and procedures pertaining to discharge summaries at the four public health services in the region, and
- consultations with consumers, oncology and haematology clinicians – doctors/nursing staff and health information service staff.

Findings:

It is current practice for oncology patients who have an inpatient admissions at Northern Health and Mercy Hospital for Women to receive copies of their discharge summaries on the day of their discharge from hospital. Staff members acknowledged that while the summaries are brief and mostly handwritten, they ensure patients are provided with information about their hospitalisation. This is especially important should they require immediate medical follow up on return home.

This is not currently the case at Austin and Eastern Health services. Both of these health services have adopted the CERNER software system to complete discharge summaries. These summaries are very comprehensive and include pathology and radiological results, as well as medication related information. Clinical units are working to personalise these formats to make them more user friendly. Additionally, due to work processes, discharge summaries are not always fully complete at the time of discharge and may not be ready when the patient is leaving the ward. Some clinicians were concerned that discharge summaries contain information

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pertinent to medical care and the information is not expressed in a way accessible to lay persons and could cause distress.

Consumers also provided feedback on whether this level of information and detail is wanted by patients and whether it should be routine practice to receive this sort of information. Consumers strongly confirmed wanting to receive their complete discharge summaries. They acknowledged that while their understanding of some terms and results may be limited, they would consult with their GPs, families/friends. They also expected that most written information on their discharge summary would have been discussed with them during their hospitalisation.

Consumers also reinforced the importance of this information for their own records, and that all patients should routinely be provided with copies of their discharge summaries.

Outcome:

This project found that existing policies and e-health initiatives are moving health services to provide information such as discharge summaries to patients. Cancer consumers confirmed that this sort of personally relevant information is important and desired. Therefore a recommendation was made to those health services not currently providing patients with their discharge summaries to consider the necessary processes to ensure this information is made accessible to all patients.

For further details or information on this project, please contact **Anna Mascitti – Coordinated Care Service Improvement Facilitator on 9496 3261** or anna.mascitti@austin.org.au