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ECLP Cohort 23

SMART Aim Statement:

“Within 6 months by October 2020, 100% of Transfer of care (discharge summaries) to GPs would be communicated to GPs within 12 hours of discharge from Older Person mental health Unit”

Background to problem worth solving

- High levels of variability in sending ToC to the GPs
- This raises important issues concerning continuity of care, potential risks and readmission.
- ToC shall be completed on, or before, the day of transfer” (NSW MoH Policy of ToC from MHS).
- MH ToC to be provided to GP within 12 hours of discharge” (ISLHD Procedure regarding ToC- MH).
- Recent RCA recommends ToC to be communicated with GP promptly.

Sponsor/s (Guidance team) members:

Julie Carter, Director Mental Health Service, ISLHD
Dr David Alcorn, Clinical Director, Mental Health Service, ISLHD

Project team members:

Dr Dev Lakshmanan (Project Lead)
Prof Nagesh Pai (Community Old Age Psychiatrist, ISLHD and Private Psychiatrist)
Peter Pulcini, NUM, Older Persons Mental Health Unit
Eddie Zebellos, A/Principal Nurse Educator
Simone de Graaf, Administration Officer, Older Persons Mental Health Unit, ISLHD
Sharyn Candy, Information Development Co-ordinator
Belinda Demertzis, Mental Health Data and Outcome Measures Co-ordinator
Melisa McMillan, Patient Safety Officer, ISLHD
Dr Shammi Rajapakse, Registrar
Quality Advisor : Jason Pratt, Quality & Safety Manager
Patient / consumer involvement:
Alicia Forlano, Peer Support Worker, Wollongong Mental Health

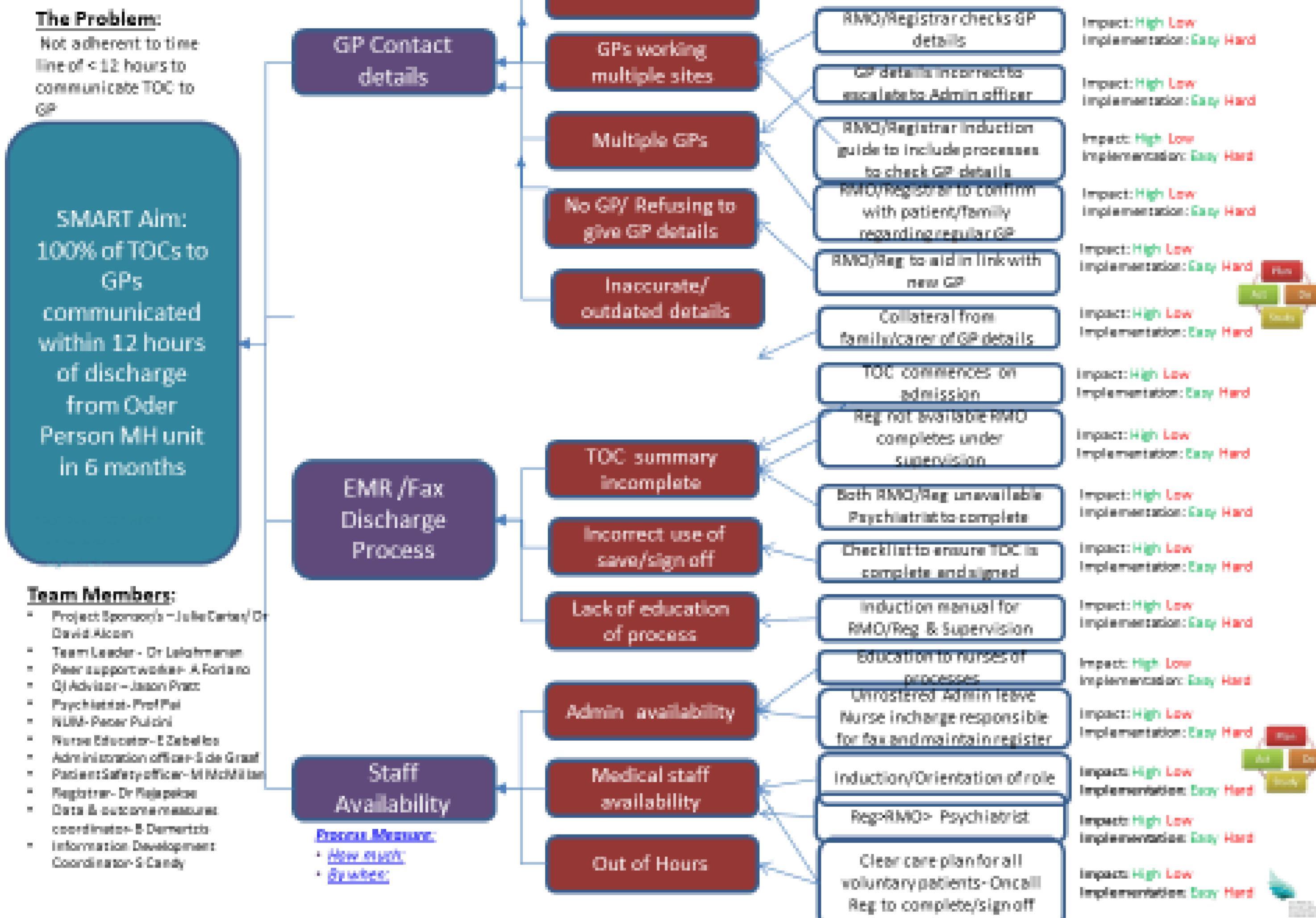
Link to National Standard and LHD Strategic Imperative

Standard 1- Clinical Governance
Standard 4- Medication Safety
Standard 5 - Comprehensive Care
Standard 6 - Clinical Handover

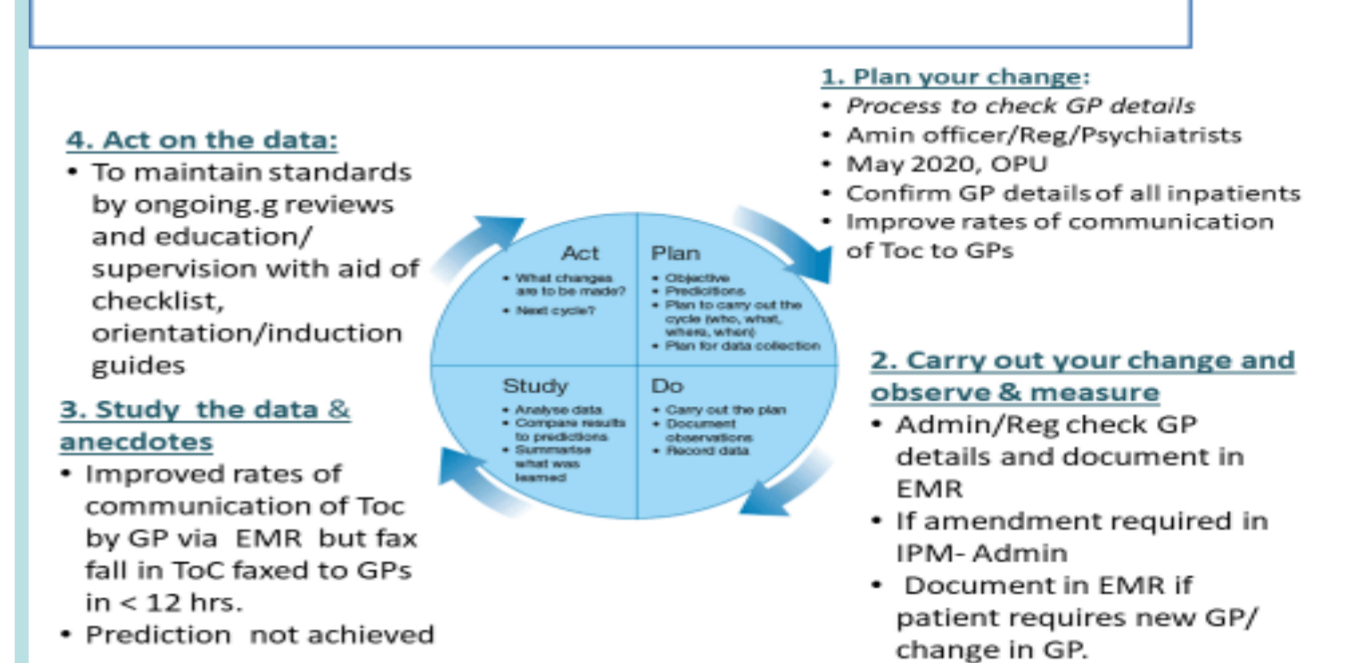
Literature review (

- The current Transfer of Care from Mental Health Inpatient Services policy (2016-2021)
- <https://www.safetyandquality.gov.au/sites/default/files/migrated/NSQHS-Standards-Fact-Sheet-Standard-6.pdf>
- Part 6 of the ISLHD procedure regarding Transfer of care- Mnetal health in section 4.5.8

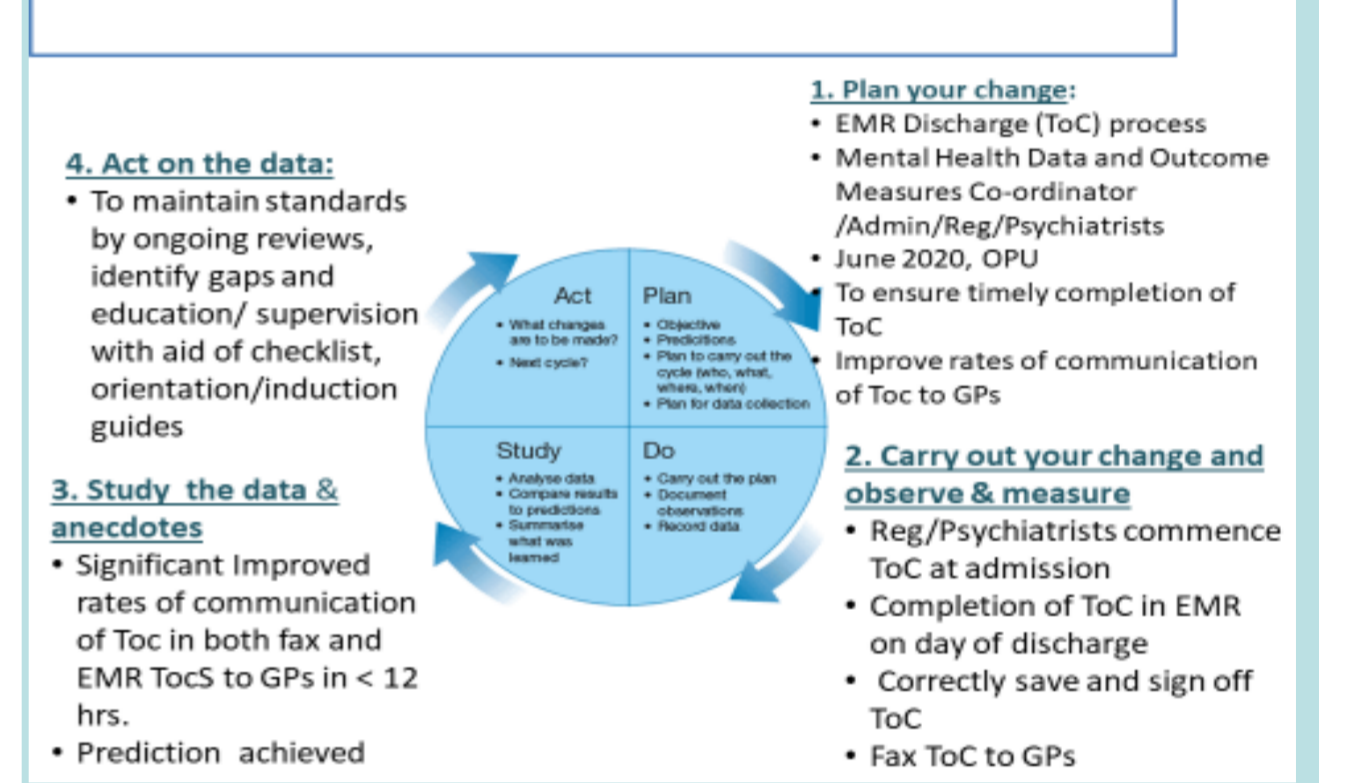
Driver Diagram



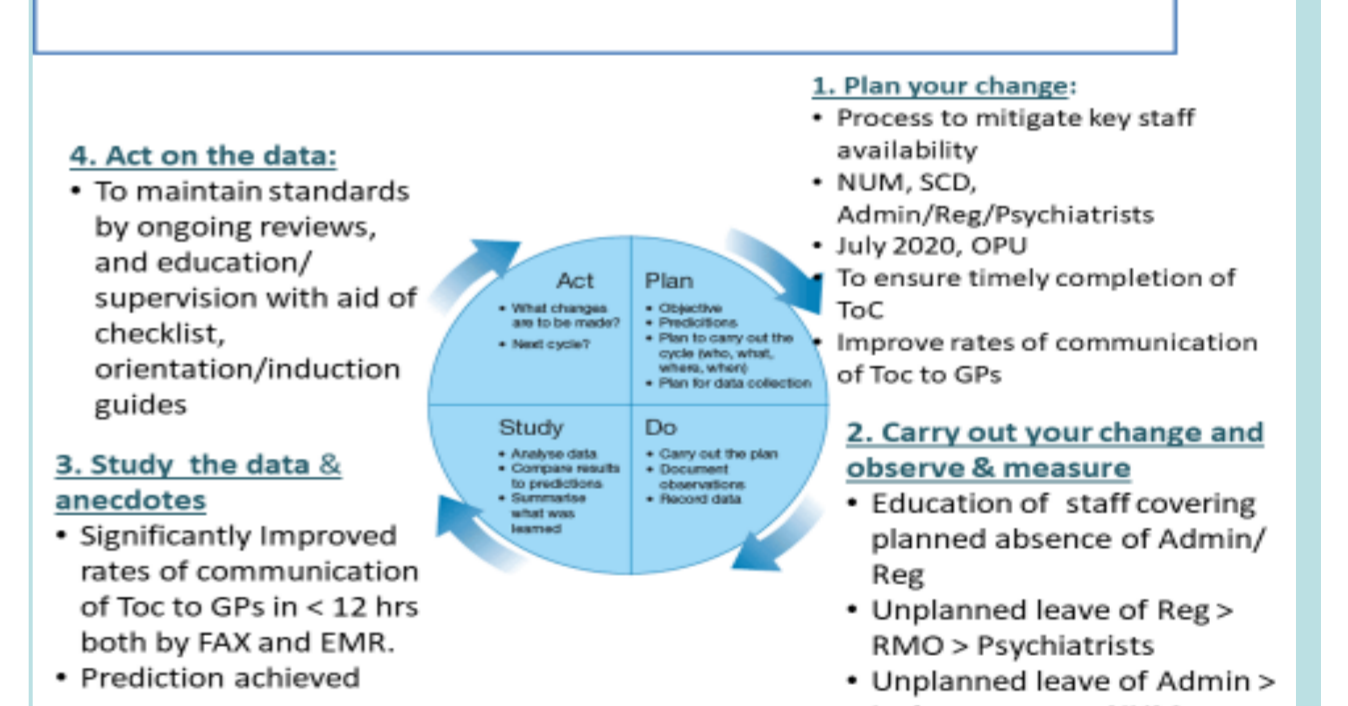
PDSA Cycle: Process to check GP details



PDSA Cycle: EMR/Fax Discharge (ToC) process

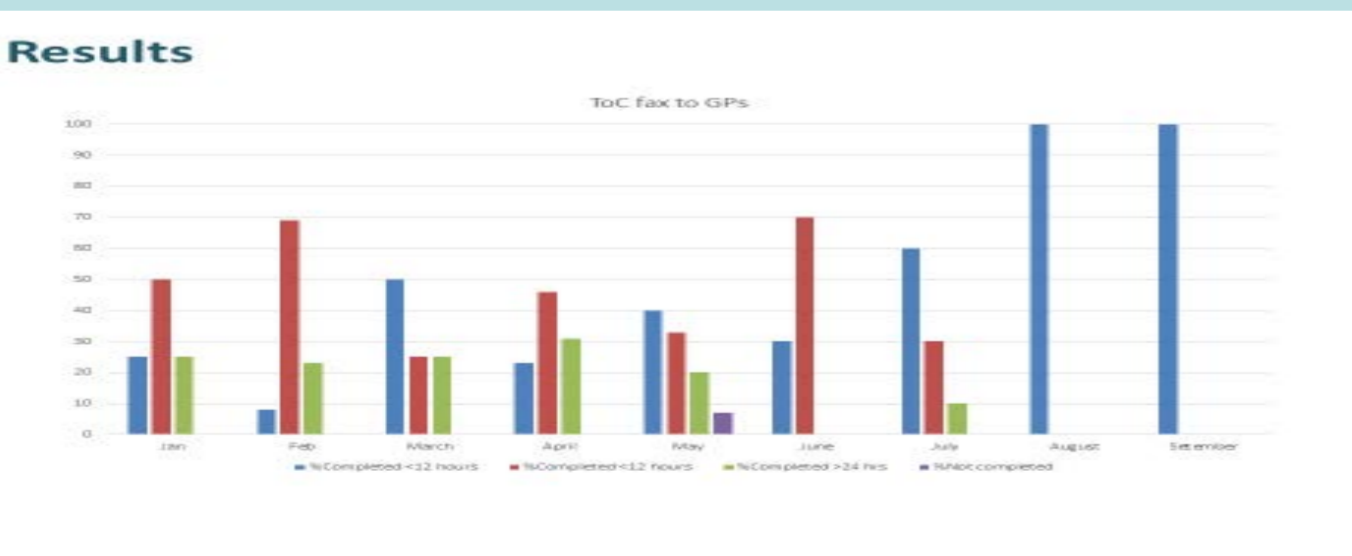


PDSA Cycle: Process to mitigate key staff availability



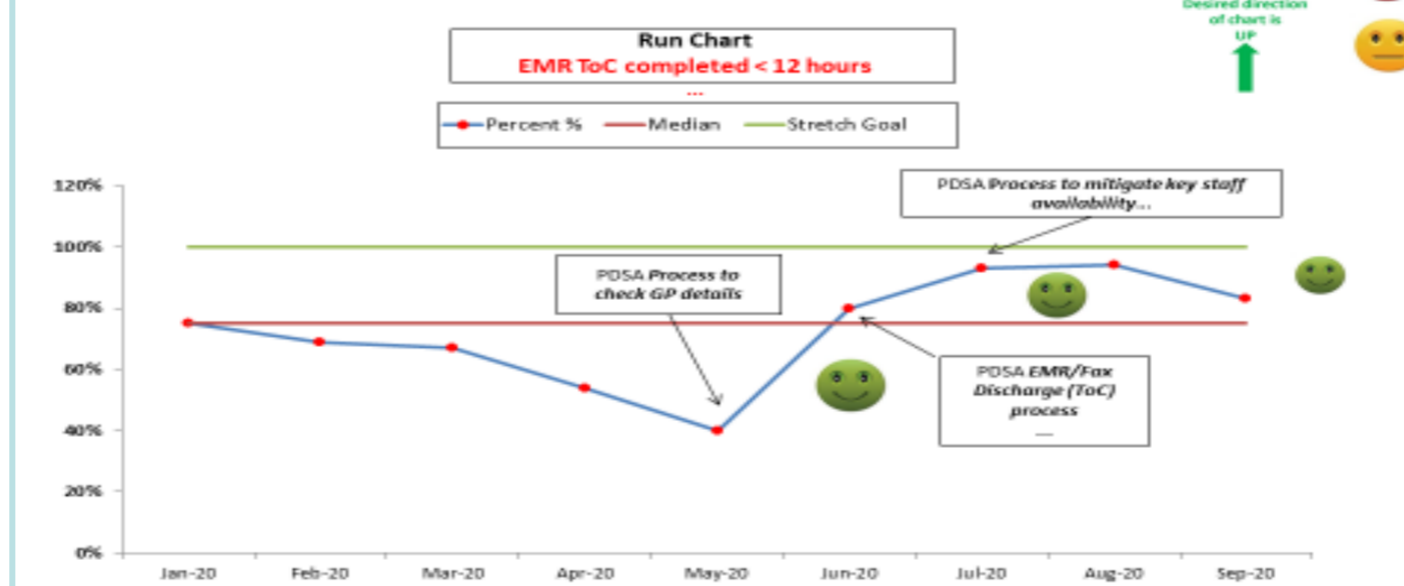
Results

Outcome measures (annotated run charts)

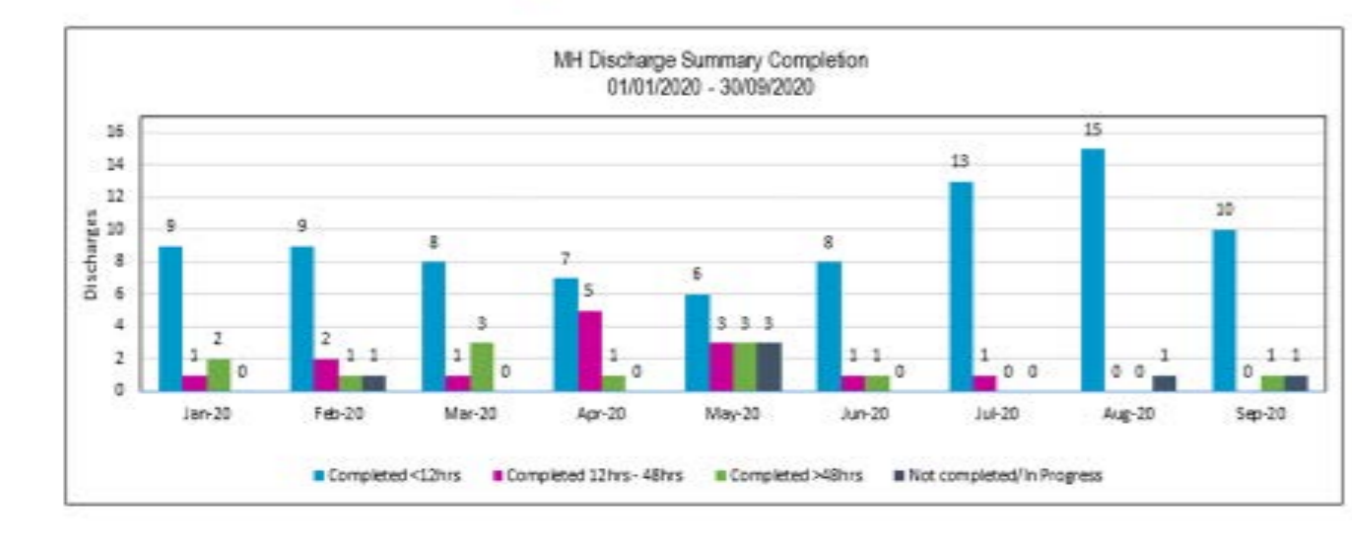


Results – Impact of the Change Ideas tested via PDSA

OUTCOME MEASURES: EMR ToC completed within 12 hours of discharge



Results :Completed EMR ToC



Discussion

The baseline Toc was highly variable. There is not a process in place to identify which GP has subscribed to one of the three brokers and it was identified that some GPs might not have subscribed. Hence faxing is still required and automation not possible though discussions have commenced with EMR team. The first PDSA showed significant improvement for the ToC signed off in EMR but this does not guarantee GP has got it. There were unplanned leave of Admin and this impacted and sending by fax soon after discharge. The second PDSA looked at addressing the EMR/fax processes and this showed significant improvement. Similar to third PDSA the EMR completion was impacted by ToC not signed off on time and on one occasion the document was completed on the wrong encounter (community rather than inpatient unit). The Project has had significant sustained improvement but ongoing reviews of data, training of staff with contingency plans when relevant staff is on unplanned absence is required to attain and sustain the stretch goal.

Overall Outcome of Project:

- Significant improvement with attaining stretch goal in the outcome measure of ToC send by fax to GPs < 12 hours.
- Significant improvement in the outcome measure of completion of EMR discharge summary.

Strategies for Sustaining Improvement Holding the gains

- Standardisation of ToC process for effective delivery of discharge summaries to psychiatrists to whom transfer of care is made
- Measurement – Continue to collect data on a regular basis (monthly data)
- Training- New to OPU Reg/RMO/Admin on ToC process with aid of induction/orientation packs
- For further improvement and sustained improvement to continue to do Orient new Admin/RMO/Reg with aid of flow chart, check list and induction packs.
- Supervision and training
- Continue regular project team meetings with review of data monthly then 3 monthly and 6 monthly.
- To seek feedback of GPs 3-6 monthly.
- Hoping to reduce re-admissions by 10% in next 12 months

Strategies for Spreading

- To Submit to the ACI Innovation Exchange
- To enter ISLHD Quality and Improvement Awards-2021
- Plans to publish in Australasian Psychiatry- 2021
- Present at The 2021 International Forum on Quality and safety in Healthcare at Sydney on Monday 7 June – Wednesday 9 June 2021
- Presentation in the Research Sub-committee, ISLHD MHS
- Presentation to MHS Clinical Governance and OPMHS Clinical Governance
- Project brief in ISLHD Newsletter