RACF Discharge Improvement Project:

Same day sending of discharge summaries to Residential Aged Care Facilities – lessons learned.

Dr Dave Isaac

GP Liaison Unit, St Vincent's , Melbourne

RACF Discharge Improvement Project

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- Where did the project come from?
- Project process and initial data
- Outcome
- Lessons learned

Where did the project come from?

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- **Residents of RACFs are a vulnerable population**
- **Reports from Residential In-reach Nurse that patients were bouncing back to ED after discharge and that discharge summary not sent**
- **10% of admissions to General Medicine Units are from RACFs**

Where did the project come from?

“No medical discharge paperwork, sent with resident today. Facility requesting in-reach to follow up.”

“Another poor d/c, complicated resident going back for palliative care, very difficult family. In-reach especially requested that this medical d/c be completed and accompany the resident back to the facility.
It is still not done, d/c….9/1/2015”

Where did the project come from?

“Another episode of a resident going back to facility for palliative care, again no discharge completed at the time of d/c

Resident bounced back into hospital a few days later”

Darren Gaut

Residential Aged Care In-Reach Nurse

Project process and initial data

Initial Data (May 2015)

General Medicine Patients	231
RACF residents	24 (10%)
Discharge Summary sent to GP	19 (79%)
Timeliness:	
within 24 hours	8 (33%)
within 48 hours	4 (50%)
within 7 days	2 (58%)
within 28 days	5 (79%)
Discharge Summary sent to RACF	1 (4%)

Project process and initial data

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The Players:

- 8th floor NUMs
- Senior medical registrar
- Junior Docs (Gen Med)
- Patient Services Clerks (PSC)
- Decision Support Unit (data)
- GP Liaison Unit (plus managers)

Project process

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Process:

Meetings held with each group but never possible to get everyone around a table

Project process

8th floor NUMs

- Agreed to review the discharge checklist (NUMS arrange transport to RACF)
- Would prompt docs regarding summaries
- Would flag PSCs to send letter to RACF
- NUM transferred 6 weeks in.

Project process

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Senior Med Reg:

- Similarly would flag the RACF discharges at morning team meetings
- Senior Med Reg changed twice

Project process

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Junior Docs:

- Discharge summary completion is monitored
- Chief Medical Officer emailed them concerning St Vincent's Hospital policy

Project process

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Patient Services Clerks:

- GPLU surveyed each floor
- Communication with PSCs "difficult"
- PSC coordinator agreed to try to encourage checking of RACF in PAS

Project process

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Decision Support Unit (data)

- Most but not all RACFs in PAS database
- DSU can add new RACFs manually if notified
- New listing found but NO FAX NUMBERS!
- Still looking – NHSD looks hopeful

Outcomes.

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Data	May	November
General Medicine Patients	231	276
RACF residents	24 (10%)	26 (9%)
Discharge Summary sent to GP	19 (79%)	23* (88%)
Timeliness:		
within 24 hours	8 (33%)	11 (42%)
within 48 hours	4 (50%)	4 (57%)
within 7 days	2 (58%)	2 (80%)
within 28 days	5 (79%)	2 (88%)
Discharge Summary to RACF	1 (4%)	2 (8%)

Outcomes.

1. **Confirmed St V policy re RACF discharge √**

2. **Engagement with clinical staff encouraging √**

3. **Will lead to a sound RACF database with fax numbers! √**

Outcomes.

4. **Once the data was in, discussion with PSC coordinator identified the distribution issue**

5. **Discussions on-going about data entry and distribution roles**

Lessons learned

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1. Hospitals are complex work environments.
 System change is often protracted and unpredictable.

2. Seek out the rate-limiting step, “the weakest link”

3. A clear need for change + dogged persistence
 + data can (eventually) achieve results.

Questions and Discussion