

ABM University Health Board	
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	Improving Discharge Information – Progress and Plans
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1.0 Situation

It is vital that essential information about a patient's condition, and the treatment provided during their stay, is conveyed to their General Practitioner (GP) promptly when the patient is discharged from hospital. This ensures that there is no disruption to the individual's care and that patient safety is maintained.

Significant improvement has already been achieved but this needs to be accelerated.

As well as continuing to prioritise improving discharge information within the organisation, the Health Board is working with NHS Wales Informatics Service (NWIS) and The Royal College of Physicians Health Informatics Unit (RCP HIU) to drive further improvement.

2.0 Background

Provision of meaningful and timely discharge information to GPs has been a longstanding problem across the NHS. Many strategies have been tried and adopted to improve the situation. In recent years ABMU has moved away from paper process and adopted an in-house electronic transfer of care system (EToC) that allows automatic pre-population of elements of the form and speedier transfer of information to GPs.

The Health Board has adopted *EToC - Sharing information accurately and in a timely fashion between clinical teams, particularly on discharge from hospital* as one of its Top 10 Quality Priorities.

To support Delivery Units to make and sustain improvement and to monitor progress, ABMU has developed an electronic tool (Dashboard) to record completion of EToCs at Delivery Unit, ward, Consultant, specialty and sub-specialty level. In addition, the Executive Medical Director chairs the Discharge Information Improvement Group. Membership of the group comprises hospital and Mental Health & Learning Disabilities Unit Medical Directors, along with GPs representing the Morgannwg Local Medical Committee.

ABMU currently utilises its local Clinical Portal's Electronic Transfer of Care (EToC) module to capture, store and transmit discharge information to primary care. The national Medicines Transcribing and e-Discharge (MTeD) product within the Welsh Clinical Portal has similar functionality – the ability to enter presenting complaints/reason(s) for admission, diagnoses and problems, advice, recommendation and future treatment plans, and a record of medications at the point of discharge.

3.0 Assessment

3.1 Completion of Electronic Transfer of Care (EToC)

Between December 2016 and December 2017, the overall Health Board percentage of EToCs completed and sent has increased from 50% to 67%. There have been marked improvements in Morriston (46% to 64%), Singleton (42% to 75%) and Mental Health & Learning Disabilities (65% to 93%) over this period as a result of focussed local improvement work led by Unit Medical Directors. However, there is still considerable scope for improvement. In particular the timeliness of the transfer of information to GPs. For the 30-day period to 17/01/18 only 42% of EToCs were approved and sent within 24hrs of the patient's discharge and 56% within 5 working days. It is anticipated that the products of collaborations with NHS Wales Informatics Service (NWIS) and The Royal College of Physicians Health Informatics Unit (RCP HIU) outlines in 3.2 and 3.3 will support further improvement.

3.2 Medicines Transcribing and e-Discharge (MTeD)

A core principle of the 2015 concordat for partnership working between ABMU and the NHS Wales Informatics Service (NWIS) is to ensure that collective investment in technology across NHS Wales delivers planned benefits to patients.

ABMU plans to replace the locally developed ABMU Clinical Portal to pilot and subsequently implement all Welsh Clinical Portal (WCP) modules across the organisation when critical inpatient management functionality becomes available in WCP i.e. the ability to admit, discharge and transfer patients. Implementing the national Clinical Portal solution demonstrates ABMU's commitment to a prudent, 'once for Wales' approach to systems' development and implementation.

ABMU plans to implement Medicines Transcribing and e-Discharge (MTeD) to replace EToC in the Spring/Summer of 2018 alongside the implementation of Welsh Clinical Portal across inpatient wards to support live admissions, discharges and transfers. Implementing MTeD has a number of benefits for patients and clinicians:

- The automatic generation of a discharge advice letter (DAL is the EToC equivalent) upon admission – EToC requires a form to be manually created following admission
- The ability to import GP medications directly into the DAL – current processes are for pharmacy/medical staff to transcribe prescribed medication, obtained from the patient or from telephoning GP practices, into the EToC form.
- The automatic submission of a DAL to patients' GPs following form completion and patient discharge – EToC forms are submitted manually through ABMU Clinical Portal.

WCP will replace a number of current legacy systems in place across ABMU – staff will use WCP to request pathology tests, review clinical documentation and test

results from all NHS Wales providers, access patients' GP records for additional information including problems, allergies, procedures, and previous/recently stopped medication. It is anticipated that reducing the number of systems used by staff will support efficient processes while capturing and retrieving clinical information.

A number of WCP implementations have commenced or will shortly begin:

- Access to the Welsh GP record – patients' Primary Care summary records
- Electronic Test Requesting – the ability to request pathology tests and monitor their progress
- Welsh Results Reviewing Service – the backload and retrieval of test results undertaken at ABMU and other Health Boards
- Welsh Patient Referral Service – electronic referrals from Primary to Secondary Care
- Welsh Care Records Service – the storage and retrieval of ABMU clinical documentation within the electronic patient record

3.3 Transfer of Care (TRoCAR)

Transfer of care (TRoCAR) is collaboration between ABMU HB and the Royal College of Physicians Health Informatics Unit (RCP HIU) to improve, as part of a digital strategy, the structured recording of digital clinical information. It is anticipated that the introduction of an electronic task and handover product will assist clinicians in recording and retrieving clinical information that will ultimately improve the completion rate of discharge summaries.

Clinicians currently use a variety of systems, both paper-based and electronic, to access and record clinical information and investigations of hospital inpatients. These systems are diverse, patient information is obtained from multiple sources and there is frequent duplication of information entry. When patients are discharged, doctors are required to complete discharge summaries to ensure information is sent to the primary care setting. This information is largely obtained from the patient notes and is not available in a summarised format at present.

The TRoCAR Project Board is in the process of defining the product requirements. Once established and signed off the next step will be to cost an in-house development and compare this with the procurement of a commercial, ready to use product. Essential criteria within the product specification will include; patient demographics, patient location, task lists, a robust audit trail, patient summary view and reporting. The product must have the ability to interface with WPAS (for patient demographics) and ABMU Clinical Portal and/or Welsh Clinical Portal for live patient admissions/discharge/transfer information.

It is anticipated that the task and handover product will develop a new approach to digitising clinical information, by ensuring there is complete and accurate clinical information on transfer of care particularly from Secondary to Primary Care. It will also provide detailed information for trainees to include in their portfolios and enable clinicians to audit and review their own practice.

The aim is to pilot a task and handover product across the eight General Medicine wards at Morriston Hospital. The pilot will be evaluated for proof of concept. Swansea University Medical School will develop a measurement strategy

that will be used to evaluate discharge summary completion rates before, during and after the pilot. Subject to a successful proof of concept, the product could be made fully available to the pilot wards; however this will depend on a number of factors such as the availability of a service management model for the ongoing product support.

4.0 Recommendations

The Committee is asked to note the report.