Revolving Doors: Effective Communication in the Handover of Mental Health Patients to their Community Health Practitioners (CHOCYS)

Susan Wood & Noella Sheerin
on behalf of the Clinical Handover Steering Committee

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Acknowledgements

Steering Committee Members

- Susan Wood - Director Clinical Services (Site 1)
- Allison Campbell - Director Clinical Services (Site 2)
- Dr Lavinia Schmidtman - Medical Director (Site 2)
- Judith Marden - Pharmacist (Site 1)
- Dr Margo Hoekstra - GP representing Division of General Practice
- Denis Catlin - patient representative
- Dr Maree Chanter - Psychiatrist
- Kylie Stevens - Discharge Coordinator (Site 1)
- Sean Fitz-Gerald - Discharge Coordinator (Site 2)
- Noella Sheerin - Project Coordinator
Outline for the Session

- A brief background to private hospital mental health care
- Highlights of the CHOCYS Study objectives, methodology, results & documents
- An introduction to the Plan, Do, Study Act (PDSA) model for QI Research
- An exercise in using the information presented & resources provided to draft your clinical handover discharge implementation strategy
Background

- in 2003 mental health disorders comprised 13.3% of the total burden of disease and injury in Australia
- private hospitals providing almost a quarter of all mental health beds
- private hospitals treated nearly 100,000 patients in 2002-03
- private hospital policy requirements & governance
Study goals, methodology & results

Goals

➢ To develop a standardised clinical handover strategy to improve patient safety & quality of care,

➢ To improve Community Practitioner satisfaction with clinical handover information specifically the content, format and method of delivery, and

➢ To improve Patients’ *overall satisfaction* with clinical handover discharge process
Methodology

- We used the collaborative, iterative, *Plan Do Study Act* (PDSA) model for quality improvement* to develop, test and refine our discharge clinical handover strategy

- 2 NSW St John of God hospitals took part

- 150 patients were recruited to the study for the two PDSA action cycles

*Website [http://www.ihi.org/IHI/Topics/Improvement/](http://www.ihi.org/IHI/Topics/Improvement/)
Methodology

- Data collection involved reference group written and face-to-face feedback; community practitioner surveys & patient surveys and chart audits

- Analysis – descriptive statistics
Study results

- A set of Comparative Clinical Indicators (CCIs)* were developed to measure study outcomes
- The CCIs were informed by the scientific literature and our consultation process
- The following slide summarises the CCI results for PDSA cycle 2 and 3

Comparative Clinical Indicators - Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Cycle 2, n=50</th>
<th>Cycle 3, n=100</th>
</tr>
</thead>
<tbody>
<tr>
<td>EST D/C ≥ 48hrs</td>
<td>50%</td>
<td>63%</td>
</tr>
<tr>
<td>Faxed ≤ 48hrs</td>
<td>41/50</td>
<td>55/100</td>
</tr>
<tr>
<td>Call ≤7 days</td>
<td>15/50</td>
<td>42/100</td>
</tr>
<tr>
<td>Call ≤14 days</td>
<td>22/50</td>
<td>24/100</td>
</tr>
<tr>
<td>VMO D/C sent ≤14 days</td>
<td></td>
<td>78/100</td>
</tr>
</tbody>
</table>

44% 22/50 30% 15/50 82% 41/50 50% 25/50 24% 24/100

≤ 48hrs 42% 42/100 55% 55/100

63% 78% 78/100

EST D/C ≥ 48hrs 50% 63/100
Hospital Discharge Summary (HODS) & Psychiatrist’s - Discharge Summary (PYDS)
Completion Checklist
☑️ Tick box if completed

☐ Patient Discharge follow up Consent – signed
☐ Medical-HODS (page 1 of 3) - CMO/ Registrar/ VMO
☐ Medications- HODS (page 2 of 3) - CMO/Registrar/ Pharmacist
☐ Psychosocial- HODS (page 3 of 3) - Nursing/ Allied Health Carer
☐ Psychiatrist’s Discharge Summary- VMO/ Registrar
 (send only if completed and signed)

Patient given a PHOTOCOPY of
☐ Medications- HODS
☐ Psychosocial - HODS

☐ Fax cover sheet details completed

☐ Attach additional reports as requested

☐ Report written in patient progress notes if ‘not faxed’
  e.g. ► No consent ► Fax unsuccessful ► No/ incorrect referrer details

FAX STAMP with date HERE
(when documents confirmed sent)

Revised. Add Date. File in Medical Record as part of Discharge Documentation package

Form MR
URGENT MEDICAL INFORMATION - Please ensure a doctor reads this fax within 48 hours of receiving

Date: ____________________________ From: ____________________________
Send to: ____________________________ Phone Number: ____________________________
Attention: ____________________________ Number of Pages, Including Cover: ____________________________
Fax Number: ____________________________

SUBJECT - Patient’s Hospital Discharge Summary & Reports

 Reports and Results (please tick box & including number of pages for each item):
  □ Medical - Hospital Discharge Summary - (1)
  □ Medications - Hospital Discharge Summary - (1)
  □ Psychosocial - Hospital Discharge Summary - (1)
  □ Psychiatrist’s Discharge Summary (1)
  □ Pathology Results [Circle included items: Biochemistry / Haematology / Drug levels] No. Pages ___
  □ Radiology Reports [Circle included items - X-Ray / CT Scan / Ultrasound] No. Pages ___
  □ Other (specify): No. Pages ___
  □ Other (specify): No. Pages ___

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Revised Add date. File in Medical Record as part of Discharge Documentation package

Form MR
DISCHARGE FOLLOW UP CONSENT

Authority for Discharge Nurse to contact my Health Care Professionals

I hereby authorise the Discharge Nurse of (Organisation’s name) to contact my Health Care Professional (GP, Psychiatrist, and/or Case Manager) to provide health information related to my discharge. No information will be disclosed unless it has been previously discussed with me. **Please note**, in life threatening situations we are obliged to provide necessary information to health care providers without your consent.

**General Practitioner**

Name: ___________________________ Phone No.: ___________________________

Fax No.: ___________________________

Address: ___________________________

Authority for the Hospital Pharmacist to contact my regular community pharmacist.

Pharmacy Name: ___________________________ Phone No.: ___________________________

Address: ___________________________

I consent to the Discharge Nurse contacting me after I am discharged.

Home Phone: ___________________________ Mobile Number: ___________________________

Email: ___________________________

Can the Discharge Nurse leave a discrete message ☐ ☐ Yes ☐ ☐ No

Patient Signature: ___________________________ Date: __/__/____

Witnessed by: ___________________________ Date: __/__/____

If you do not consent to any of the statements, cross out that statement.

This consent form is valid for a period of 12 months from the date of this form being signed.
PSYCHIATRIST'S DISCHARGE SUMMARY

*Note: A typed copy of the Psychiatrist’s final discharge letter will be forwarded via regular mail.

Diagnosis (DSM-IV)
Axis 1:
Axis 2:
Axis 3:

History - Presenting Problem(s) and Mental state

In Hospital Progress and Treatment

Medications ceased this admission

Summaries to: (tick box if faxed at discharge)

Signature: ________________________________
Date: _____/____/____

MRM Revised Add date: Copy faxed to patient's referring community practitioner (GP or other) File in Medical Record Form MR
Instructions - Medical Officer to complete pages 1 and 2 (Medications): Pharmacy page 2 (sign/date). Nursing staff to complete page 2 Community pharmacy and Webster pack details, and page 3 - complete all sections prior to faxing within 12hrs to 48hrs of patient discharge.

VMO: ________________________________ Psychiatrist's Discharge Summary to follow (within 2 weeks)

Admission Date: ____________________ Discharge Date: ____________________

Reason for Admission: ____________________

Referral by (☑ relevant item) ☐ GP ☐ Psychiatrist ☐ Transfer from another hospital ☐ Allied Health Clinician
☐ Community Mental Health Team ☐ Self-presentation ☐ Other (specify) ____________________

Mode of Discharge (☐ relevant item): ☐ Planned ☐ Unplanned discharge due to breach of contract
☐ Early Discharge VMO Approval ☐ Transfer to another hospital ☐ Self-discharged against medical advice

Diagnosis (Ads) (for this episode of care): 1.
2.
3.

New Physical findings and Test results (Reports attached. Tick box ☑ if relevant)

Medical follow-up required (For example: Urgency of GP follow-up, repeat tests, Non-psych Specialist management required, etc.)

Alerts (☐ all relevant items) ☐ No Alerts ☐ Suicide History ☐ Self-Harm ☐ Substance abuse ☐ Falls risk
☐ Harm to Others ☐ Cognitive Impairment ☐ Medical Allergy ☐ Aggression ☐ Other ____________________

Comment:

Next treatment phase (☐ all relevant items)
☐ General Practitioner follow-up ☐ Psychiatrist follow-up ☐ Day Program ☐ Discharged at own risk
☐ Community Mental Health Care follow-up ☐ Webster medications pack ☐ Other (specify) ____________________

☐ Transfer to another hospital (reason) : ____________________

Medical Officer's Signature: ____________________ Designation: VMO / Registrar / CMO

Print Name: ____________________ Date: ____________________
<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Strength</th>
<th>Morning</th>
<th>Midday</th>
<th>Evening</th>
<th>Bedtime</th>
<th>Purpose</th>
<th>Script given</th>
<th>Special instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRN (Take only when needed medications)</td>
<td>PRN</td>
<td>PRN</td>
<td>PRN</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Medical Officer's signature:</td>
<td>Date:</td>
<td>Print name:</td>
<td>YMO or Registrar or CMO</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Patient has consented to community pharmacy contact?** Yes / No / Not documented

**Patient had a Webster pack on admission** or Webster pack requested for discharge

**Community Pharmacy contact details**

Name | Phone | Fax | Date contacted |
|------|-------|-----|----------------|

**Pharmacists signature (when form completed):** Date signed:

**HOSPITAL DISCHARGE SUMMARY - MEDICATIONS**
Preferred language:  
Interpreter (if relevant item)  
- Required  
- Not Required  
Patient information label here

Assessments on Admission & Discharge  
(If all relevant items—complete details if required)
Health of the Nation Outcome Scales (HoNOS) total score on:  
- Admission:  
- Discharge:  
- N/A
Edinburgh PND scale:  
- On Admission:  
- On Discharge:  
- N/A

- Nursing care
- Living skills / Rehab
- ECT
- Group CBT
- Diversional
- Pharmacotherapy
- Group DBT
- Detoxification
- 1:1 Counselling
- Group Psychoeducation
- Psychotherapy other (specify):
- Other (specify):

Summary Social Issues  
(If all relevant items—complete details if required)
- No Social Issues identified
- ACAT Assessment - date:  
- Other (specify):
- Dept of Housing

Accommodation on discharge  
(If relevant item)
- Own House/Flat
- Relative's House/Flat
- Rented
- Residential Care
- Nursing Home
- Hospital
- Crisis accommodation
- Other (e.g. Hostel) (specify)  
- or  
- Unknown

Accommodation contact phone number:

Discharge Goals  
(Refer to patients discharge planning book and write one Short term and Long term goal)

Follow-up appointments confirmed  
(Psychiatrist, GP, ECT, Counselling or Therapy Programme, Psychologist, DCC nurse, etc.)
- With:  
- Location:  
- Date:  
- Time:
- With:  
- Location:  
- Date:  
- Time:
- With:  
- Location:  
- Date:  
- Time:

I have read and understood this discharge summary and I have received my Future plan (i.e. Information pack).
Patient's signature:  
Caregiver's Signature:  
Date:  
Designation:  
(e.g. Nurse)

Caregiver print first name:  

Copies also sent to the patient's:  
- GP
- Psychologist
- CMHT
- Psychiatrist
- Other (specify):

Revised Add date: Copy given to patient; Fax to Patient's Referring Community Practitioner (GP, Other) on Discharge. File in Medical Record  
Page 3 of 3
Clinicians’ Evaluation Survey
Hospital Discharge Summary

(Organisation) are undertaking a quality improvement initiative looking at clinical discharge strategies. (Organisation) is seeking your input regarding the timeliness, quality and appropriateness of the content, and method of dispatch for the key management issues for a hospital discharge summary. Please take this opportunity to make your thoughts and recommendations known to (Organisation).

Circle your response or provide comments in the space provided.

Thank you for support.

1. How would you rate your overall satisfaction with the hospital discharge summary?

   POOR  1  FAIR  2  GOOD  3  V. GOOD  4  EXCELLENT  5

2. Do you agree that the content of the hospital discharge summary is adequate to resume clinical care?

   Strongly agree  1  Agree  2  Neutral  3  Disagree  4  Strongly disagree  5

3. What information is missing from the hospital discharge summary in order to resume clinical care?

   ____________________________
   ____________________________
   ____________________________
   ____________________________

4. What is preferred method for receiving the patient discharge information? (Please circle your choice)
   a) Hospital Discharge Summary: via the patient  faxed  regular mail  e-mail
   b) Psychiatrist’s Discharge Summary: via the patient  faxed  regular mail  e-mail

Additional comments:

   ____________________________
   ____________________________
   ____________________________
   ____________________________

Thank you for taking the time to complete this evaluation.
Your feedback will help improve our communication

Please fax back to (name of person and fax number)
Patients’ Satisfaction Survey
Hospital Discharge Process

Organisation name here are asking your advice as to how we can improve the hospital discharge process for our patients. By answering the following 2 questions you can help us improve our services here at Organisation name here.

Please circle your response or provide comments in the space provided.
Thank you for your help.

1. How would you rate your overall satisfaction with the hospital discharge process? (Please circle your answer)

   POOR  FAIR  GOOD  V.GOOD  EXCELLENT
   1     2     3     4     5

2. If there was just one thing you could change with the discharge from hospital process to make the process better for you what would it be?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Any Additional comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for taking the time to complete this survey.
Your feedback will help improve our discharge process.
ALGORITHM FOR PLANNED PATIENT DISCHARGE (CLINICAL HANOVER) PROCESS

Hospital discharge policy should always be followed when discharging a patient. This algorithm illustrates the sequence of operations for a planned patient discharge:

- **Admission staff**
  - Completes with the patient the Follow-up Contact Consents Form & witness patient sign the form.

- **Medical VMO/Registrar/CMO**
  - Gives 24 hrs notice of the patient's discharge date in progress notes & to nursing staff.
  - Documents Acts 1 diagnosis in progress notes & confirms discharge medications.
  - Completes pages 1 & 2 Medical HODS & PDS, Checks D/C Medications.
  - Notifies unit staff which rooms are to be included with fax.
  - Signs & dates page 1 HODS & page 2 PDS.

- **Pharmacy**
  - APHS supplies patient and GP Discharge Medications Summary printout.
  - Signs & dates patient copy of D/C medications & Psychosocial HODS with Caregiver.

- **Patient**
  - Makes & confirms at least 1 post discharge appointment to occur at 7 days of discharge.
  - Reads APHS patient copy of D/C medications & Psychosocial HODS with Caregiver.

- **Unit Nominated Caregiver**
  - Completes HODS: Psychosocial page 3.
  - Confirms & documents follow up appointments.
  - Ensures HODS & PDS completed & APHS patient & GP printouts are available.
  - Supervises patient read the HODS, page 1 & 3.

- **DIC Coordinator, or Nominated Caregiver**
  - Confirms post discharge follow up contact consists with patient.
  - Fax HODS, PDS & GP's copy of the APHS Discharge medications to referring GP & other health professionals as authorised by patient.
  - Outreach phone follow up in accordance with Clinical Handover Discharge Policy.
  - Witnesses the patient sign & date HODS page 3 then signs & dates HODS page 3.
  - Add any unit specific DIC summary.
Community Practitioner Referral Form

Referring Practitioner

Name:
Provider Number: Phone Number: Fax:
Practice address

Patient

Name: Phone Number:
Date of Birth: [ ] Male [ ] Female
Address

Health Fund: Membership No:
Interpreter required: DVA Number:
Preferred language is: Insurance: Claim No:
Pension Card Number: Medicare Number:

Patient already known to St John of God? (circle response) Yes / No
Reason for referral

Psychiatric History/Duration/Treatment (previous counselling/ECT/etc)

Alerts (irrelevant items): [ ] No Alerts [ ] Suicide - Risk [ ] Self Harm [ ] Substance abuse [ ] Falls risk
[ ] Drug reaction [ ] Cognitive impairment [ ] Aggression [ ] Other (specify) __________________________

Doctor’s Signature: __________________________ Date: __________________________
Patient

<table>
<thead>
<tr>
<th>Social History (include other current services)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Medical history</th>
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<table>
<thead>
<tr>
<th>Investigation / Test Results</th>
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<table>
<thead>
<tr>
<th>Current medications (or attached a print out)</th>
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<tr>
<th>Allergies:</th>
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<table>
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<tr>
<th>Any other comments</th>
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Consent to referral and sharing of relevant information (please circle):  **YES / NO**

Attach Patient Consent Form if restrictions apply.

<table>
<thead>
<tr>
<th>Doctor's signature</th>
<th>Date:</th>
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</table>
Introduction: The Plan, Do, Study, Act (PDSA) Model

**Plan**  the strategy to be implemented

**Do**  carry out the implementation

**Study**  data gathered before and after the change, review what was learnt

**Act**  plan the next change cycle or embed and monitor
## PDSA Planning Template

<table>
<thead>
<tr>
<th>PHASE</th>
<th>ACTION</th>
<th>RESPONSE</th>
</tr>
</thead>
</table>
| **Plan** | What are we trying to change & why?  
How will we know there is an improvement?  
What resources do we have?  
Who should be involved and in what role?  
When & Where should it happen?  
What do we anticipate will be the outcomes? | |
| **Do** | Test the plan/ strategy / documents/ etc:  
- what actually happened, and  
- were there any unexpected consequences (+ ive or – ive)  
Collate and analyse feedback / data | |
| **Study** | Review what happened / the data  
Were the anticipated outcomes achieved? (If not why not?)  
What did we learn from this cycle? | |
| **Act** | Do we now Implement and embed the change or Revise and re-test or Discard and start again? | |
Activity Outline

- Using the information presented & resources provided for this session this activity is an opportunity to draft your clinical handover discharge implementation strategy

* Use your PDSA planning template for this activity
Plan - Clinical Handover @ Discharge

- Why - what is your purpose, objectives
- Compare your current process with what is being offered - HODS
- Review available resources
  i. Who
  ii. When
  iii. Where
- Consult stakeholders – who are they?
- Set up a working group
- What outcomes and issues do we anticipate
- Set preliminary CCIs
Plan - Clinical Handover @ Discharge

- Consult with internal and external clinical interest groups
- What information/ data do we already have?
- Do you want to survey patients and GPs?
- Involve patients in discharge process
- Review prototype for local implementation
- Develop strategies to address issues
- Educate the staff who will implement
Plan - our resources

At each site the following were already available:

➢ Who should be involved and in what role
  i. Salaried Medical Officers
  ii. On-site Pharmacy
  iii. Discharge Coordinators

➢ Early Care Planning for Discharge (Future Plan)
➢ High speed Faxing and Photocopying
➢ Microsoft Publisher software
Activity 1 - Plan

**Action**: Make a list of all the resources that you have or might need to implement something similar at your site.
DO - Clinical Handover @ Discharge

- Let staff know – educate, use posters, flowcharts
- Test the intervention for a predetermined period on x number of patients (small scale)
- Test the content, the usability of the document
- Test the process, accountability and responsibility
- Central communication person (answers queries)
- Ask for feedback as it happens, look for issues/problems
- Collect CCI data
Activity 2 - DO: Discuss potential issues

These were some of the issues that we identified:

- How to manage consent to release information
- What does the patient get
- Who does the faxing, where, when
- Maintaining privacy/ confidentiality
- Needed new CCI – 48 hours prior notice of D/C

What potential issues might you have?
STUDY - Clinical Handover @ Discharge

- Review feedback from all stakeholders
- Were the anticipated outcomes achieved, if not why not
- Resolve any problems with the process
- What did we learn from this cycle - Can the HODS be improved
Activity 3 - Study

- What makes it work?
ACT - Clinical Handover @ Discharge

- Make changes and retest; or
- Imbed and monitor; or
- Discard and start again.
- When goal achieved, endorse through governance processes

*Note:*
To sustain the process, revise policy to reflect new process, roles and responsibilities and have CCI's that are routinely monitored and reported
Activity 4 - ACT

Possible Barriers
Discussion & Questions

➢ St John of God Contact:
   i. allison.campbell@stjohnofgod.org.au

Thank you