



## The NEHTA Continuity of Care Program is a national initiative enabling efficient transfer of information between clinicians to improve the transfer of patient care.

### Summary:

This program is developing a series of specifications to improve the flow of information, and ensure continuity of care, as patients move between clinicians.

The initial phase of this program focuses on foundational specifications, which define the content of electronic Discharge Summaries and Referrals, along with the supporting technical specifications needed to enable secure and timely electronic transmission of this information between clinicians. These specifications are built on top of developing national e-health infrastructure, including the National Healthcare Identifier Service, to ensure a robust and uniform national solution.

A recent study in NSW found that 13% of electronic discharge summaries contained medication errors.<sup>1</sup>

### Challenge:

Currently, the communication flow between clinicians during patient Discharge and Referral processes is less than optimal.

- Errors and omissions in communication result in uncoordinated patient care and unnecessary duplication and repeat of expensive diagnostic tests.
- Information exchange is often slow because of the effort required to complete each discharge summary and the delays experienced when sending discharge summaries and referrals between clinicians.
- Hand written referrals are often brief and illegible and may lead to the omission of important information resulting in:
  - i. patients having to repeat the same information several times to different clinical practitioners.
  - ii. specialists receiving incomplete or inaccurate information.
  - iii. unsecured documents being viewed inappropriately.
  - iv. lost documents needing to be reproduced meaning wasted time, effort and expensive requests for duplicated diagnostic tests.
- A recent study in NSW found that 13% of electronic discharge summaries contained medication errors.<sup>1</sup>
- A Canadian study, published in 2002, found that the risk of re-hospitalisation decreased when patients were assessed for follow-up by physicians who received a discharge summary.<sup>2</sup>
- A US study, published in 2007, found that the availability of a discharge summary at the first post-discharge visit was low (12%-34%) and remained poor at 4 weeks (51%-77%), affecting the quality of care in approximately 25% of follow-up visits.<sup>3</sup>
- A prospective study, performed in Switzerland in 2006, found that 66% of discharge summaries contained medication inconsistencies, of which 19% were considered potentially harmful.<sup>4</sup>
- A 2001 survey of Sydney GPs found that only 37% received a discharge summary which incorporated reasons for changing medications.<sup>5</sup>
- The report *For Their Sake*, commissioned by Aged Care Association Australia in 2007, documented responses from 371 respondents in residential aged care about their experiences in the chain of care between acute hospitals and aged care facilities. 78% said there was a problem with "documentation of medical and nursing treatment prior to transfer to your facility" and 65% responded there was a problem with "medication regime prescribed prior to transfer to your facility".<sup>6</sup>

These have been long standing issues with substantial cost to the Australian health industry both financially and, more importantly, in terms of patient outcomes.



## Opportunity:

The initial objective of the NEHTA Continuity of Care Program is to help the Australian healthcare industry improve the quality, safety and timeliness of Discharge Summaries and Referrals sent between clinicians. Foundational specifications have been developed which establish quality, nationally-endorsed eDischarge Summary and eReferral messages. These specifications are supported by technical specifications defining a national approach to the secure and timely transfer of these messages.

## Approach:

NEHTA has adopted an incremental approach to the development of specifications and supports phased implementation so industry can maximise its existing resources and gradually align with the national solution.

The program is currently focused on the delivery of a Discharge Summary Package – Release 1 (Hospital to GP), Referral Package Release 1 (GP to Specialist and Outpatients) and Specialist Letter (Specialist to GP) specifications. Once these foundational specifications are implemented, additional packages will be gradually introduced to cover broader continuity of care scenarios.

## To date the following specifications have been published by NEHTA:

### Discharge Summary Program – Initial Program

Release 1 (Hospital to GP) Published  
14th August 2009

- Executive Summary
- Business Requirements Specification
- Solution Design
- Core Information Components

Other specifications published to support the above release include:

- CDA Implementation Guide
- Structured Document Template
- SNOMED CT-AU Reference Set Library
- Services Interface Specification
- Web Services Profile

These documents constitute a complete set of specifications to support a nationally consistent approach to the initial implementation of a Discharge Summary solution.

NEHTA is collaborating with State and Territory health jurisdictions to develop a consistent Discharge Summary message which is compliant with the nationally endorsed specification.

Standards Australia is currently reviewing the Discharge Summary CDA Implementation Guide and Structured Document Template. It is anticipated that these specifications will be adopted as Australian Standards by late July 2010.

### Referrals Program – Initial Program

Release 1 (GP to Specialist and Hospital) was released for public comment on 15 February 2010 until 30 April 2010. This includes:

- Executive Summary
- Business Requirements Specification
- Solution Design
- Core Information Components

Supporting specifications are currently being prepared and are expected to be available in draft in the third quarter of 2010.

### Specialist Letter

The specialist letter package is in its initial stage of development with a draft of Release 1 documentation likely to be available for public comment in the latter half of 2010.

## How to get involved:

The NEHTA Continuity of Care Program is interested in hearing from industry stakeholders who would like to:

- Receive further information about the program.
- Implement all or part of the Discharge Summary or Referrals specification.
- Comment on Discharge Summary or Referral Release 1 documents.

Further information and contact details can be found online at:

**Discharge Summary -**  
[www.nehta.gov.au/e-communications-in-practice/edischarge-summaries](http://www.nehta.gov.au/e-communications-in-practice/edischarge-summaries)

**Referrals -**  
[www.nehta.gov.au/e-communications-in-practice/ereferrals](http://www.nehta.gov.au/e-communications-in-practice/ereferrals)

<sup>1</sup> Callen J, McIntosh J & Li J. Accuracy of medication documentation in hospital discharge summaries: A retrospective analysis of medication transcription errors in manual and electronic discharge summaries. *International Journal of Medical Informatics*. 79 (2010): 58–64

<sup>2</sup> C. van Walraven, R. Seth, P. C. Austin, and A. Laupacis. Effect of discharge summary availability during post-discharge visits on hospital readmission. *J Gen Intern Med* 17 (3):186–192, 2002.

<sup>3</sup> Kripalani S, et al. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. *JAMA*. 2007;297(8):831–41

<sup>4</sup> Perren A, et al. Omitted and unjustified medications in the discharge summary. *Qual Saf Health Care* 2009;18:205–208.

<sup>5</sup> Mant A, Kehoe L, Cockayne NL, et al. A Quality Use of Medicines program for continuity of care in therapeutics from hospital to community. *Med J Aust* 2002; 177: 32–34.

<sup>6</sup> <http://www.agedcareassociation.com.au/content/For%20Their%20Sake%20Oct%2007%20FINAL.pdf>