ENHANCED PRIMARY CARE (EPC) DISCHARGE CARE PLANNING

Project focus:

1. Aged Care Services (over two campuses)
2. Palliative Services (over two campuses)
3. Rural patients (Cardiothoracic)

Methodology: A systems approach

Rationale: Enhance the sustainability of the processes developed in the project by embedding them into the 'micro' system of the Health Service.

Site of activity: The automated discharge summary is the principal vehicle of communication between St Vincent's Health staff and GPs.

Adapt the discharge summary to meet the requirements of EPC discharge care planning, which requires:

- Patient consent
- GP participation
- Multidisciplinary participation

Let the adapted discharge summary/care plan document direct the processes to be developed at ward level.

Outcomes to date:

1. The evolution of the medical discharge summary into a multidisciplinary discharge summary into which a clearly articulated discharge care plan is set.
2. Change of practice at by all staff members at ward level.
3. Increase in workload of all ward staff from the patient's services clerk to the medical staff – including coordination of the processes associated with EPC.
4. Approval by GPs of the new discharge summary.

Unexpected outcomes:

1. Development of a discharge database
2. Improved team activity related to:
    i. database development (a bottom-up process)
    ii. Contribution to the discharge summary
3. Upskilling of ward staff
4. Rationalisation of forms and associated activities eg the multidisciplinary discharge summary now replaces the nursing transfer letter.

EPC hot spots:

1. Coordinating care across dissimilar systems (large public organizations/idiosyncratic small private businesses) requires the injection of dedicated funds. The large organization with its rotating staff requires predictability and standard processes. GP practices are highly idiosyncratic and unpredictable in their interface with hospital systems.
2. Securing patient consent is a cumbersome, untenable process for hospital staff.
3. Without specific funding at the ward level, the sustainability of the EPC process will be threatened because of the associated increased workload for hospital staff.

Hospital + GP = BETTER CARE

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