Minutes

Meeting of the SWMPF CWS
9:00am – 11:00am, Friday 27 March 2015
Cockburn Community Care
Jean Willis Centre, Cnr Healy Road and Ingram Street, Hamilton Hill

Chair: David Cain (UnitingCare West)

Participants: David Cain (UnitingCare West), Traci Cascioli (St Patrick's Community Support Centre), Jennie Gray (Anglicare), Sally-Anne Pearson (Disability Services Commission), Brent Lippiatt (Department of Social Services), Tracy Foulds (Headwest), Clory Carrello (Cockburn Integrated Health), Deborah Whiteside (Department of Housing), Antonella Segre (Connect Groups), Megan Richards (UnitingCare West), Paul Hogan (Cockburn Community Care), Jenni Gordon (SWMPF)

Apologies:
Karin Mac Arthur (SWMPF), Paul Loseby (HeadSpace), Olwyn Craske (Ruah Inreach Fremantle), Nicole Smith (Adult Community Corrections – Department of Corrective Services)

1. **Welcome, introductions and apologies**
   Welcome to Elizabeth Rohwedder and Joanne Godecke from the WA Department of Health.

2. **Volunteer to take the minutes**
   Megan Richards

3. **Approval of minutes of meeting 23/01/2015**
   The minutes were approved without change.

4. **Business arising from the minutes**
   NA

5. **Addressing the barriers to coordinated services**
   Shared consent form update
   The group was contacted by Stephanie from St John of God Hospital re the inclusion of the criterion "information not to be shared" on the Shared Consent Form. She highlighted the paradox of including this on the consent

form – i.e. the information the client wishes to remain confidential is shared as soon as the user sends a copy of the form to the people listed on the form.

There was general discussion about the current format and the need to change the Shared Consent Form. There were differing views on the need to change the form immediately or wait until the formal review period. There was further discussion on the process for changing the form and if this included having to seek further approval from the Leadership Group.

David advised that he would ask Jenni to develop some guidelines to be used with the form to minimize the risk of the form resulting in a breach of confidentiality.

David advised out of session that the working group would hold off making any changes to the form until June, at which point all the feedback received would be reviewed.

Initiatives under way to improve service coordination in the health sector
Elizabeth Rohwedder**,** Senior Project Manager, Health Systems Improvement Unit, WA Department of Health

Elizabeth and her colleague Joanne provided an overview of the project they have been undertaking. A detailed description of the points discussed were distributed at the meeting (and provided in Attachment 1 below).

6. **Building the capacity of existing inter-agency groupings**
Update on Directory of inter-agency groupings
Jenni provided a brief update. There are currently 11 interagency groups listed. Jenni and Karin are still trying to get information about who they are and what they do.

Update on proposed workshop of inter-agency groupings and proposed date and format
So far there has been an extremely positive response to the idea. The group agreed we should look at holding the workshop in July or August 2015. The group agreed the workshop should focus on the factors that contribute to success or create barriers for interagency working groups with a view to developing a best practice manual as a resource for existing or new interagency groups

7. **Guidelines for operation of SWMPF Think Tank**
There was general discussion about the draft guidelines circulated. Specific suggestions for changes included:

- Paragraph 2 Sentence 2 – include "or their delegates" after "The members of the Leadership Group"
- Emphasize the function of the Think Tank is to address system barriers to service coordination (as opposed to individual client issues).
- It would be useful to include a few examples of how the Think Tank would work in the guidelines
- It was felt the meeting frequency, notice period and length could be too onerous on participants and discourage people from attending or agreeing to participate.
- Needed further clarity about the membership of the Think Tank and who would attend and how this would be decided. Tracey volunteered to send a re-phrased statement to Jenni and to begin to draft a Think Tank referral form.
- Jenni volunteered to develop a flow chart to accompany the guidelines to assist providers understand the process of a referral to the Think Tank

8. **Proposal to change meeting start time to 10.00am (until 12pm)**
   There was a request to change to meeting time to 10am to enable an additional member to attend. Jenni agreed to send the question out to the group via email to for a decision

9. **Next meeting - date and venue**
   Antonella offered to host the meeting at the Connect Groups facility at Booragoon dependent on availability.

10. **Any other business**
    - Closed discussion forum now operational on the SWMPF website.
      It was agreed this discussion will be carried over until Karin's return.

    - Piloting the information sharing tools among youth services.
      Paul Hogan agreed to speak with a youth organization that may be interested in piloting the form.

Attachment 1

South West Metropolitan Planning Forum
Coordination of Wrap Around Services Working Group
Meeting 9.00am – 11 am Friday 27 March 2015

Purpose:

To provide some information on what WA Health is doing to improve discharge planning processes and information sharing for patients that go through the WA public health system.

Key points:

- Patient confidentiality is a legal duty (see Appendix A).
- Implementing formal information sharing processes across hospitals, community, other government and NGOs is very difficult; although there are examples where this is being undertaken (such as the North and South MHS's Care Coordination Frameworks for mental health).
- The standardisation of policy and practice for hospital patient discharge summaries is currently being reviewed statewide. *An update of this work is outlined below.*

Patient discharge summaries from WA Health hospitals:

- The current statewide policy relevant to patient discharge summaries is the Admission, Readmission, Discharge and Transfer Policy for WA Health Services (the ARDT policy) which states:
  - The discharge summary should be completed at or within 48 hours of discharge.
  - The discharge summary must be filed in the medical record where it is readily available for subsequent reference.
- There is no reference in the ARDT policy defining who the discharge summary is to be disseminated to; the format (electronic or paper-based) or any compliance or monitoring information.
- The various WA Health hospital sites' discharge polices have been reviewed and there wasn't consistency in the policies and practices that hospital sites adhere to in the communication of discharge summaries to GPs and other health care providers.
- Based on the policy and process variations, discharge summaries were being sent out any time from the day of discharge up to seven working days after discharge.
- Little consistency was evident in the format of the discharge summary; most were printed and faxed or posted with some sent out via email.

Work underway:

- Most Health Services have recently reviewed their policies and are working to provide all patients with a discharge summary at the time of discharge and copies going to the GP and/or other health care provider for follow up care within 24 hours.
- The merit of a single statewide Discharge Summary policy for WA Health hospitals to standardise policy and practice is being considered.

- A growing number of hospital sites are implementing a standard program to provide web-based, rapid, secure and reliable transmission of 'best practice' standard discharge summaries to GPs and health care providers (see example at Appendix B).

Hospital Medical Officers:

- The medical team that discharges the patient is responsible for completion of the final discharge summary. The consultant in charge is responsible for ensuring compliance with this. If a medical officer is not available to complete the discharge summary on time, the next senior clinician in the team is responsible for completing it.
- Hospital senior medical clinicians and registrars are working to provide oversight of junior medical officers to ensure that discharge summaries are completed correctly prior to discharge or transfer to another facility.
- There is a strong focus on ensuring that the appropriate training, education and support is being provided so that the responsible medical officer is able to produce a correct, concise, high quality discharge summary.

Appendix A

Patient Confidentiality (extract: Information Circular 0164/13: Legal Services WA Health):

- WA Health staff are under a duty to maintain the confidentiality of all patient information, unless:
  - consent has been given by or on behalf of the patient
  - where disclosure is required or permitted by operation of the law
  - where an overriding public interest justifies disclosure of information
- Patient consent may be express or implied, although it is always preferable to obtain express written consent.
- Where a patient does not have the capacity to consent to the disclosure of their confidential information, another person may be able to make the decision on their behalf (ie guardian or enduring guardian for adult; parent for a child).

Appendix B

Example: Notifications and Clinical Summaries (NaCS)

- The implementation of the Notifications and Clinical Summaries (NaCS) web-based application shows good promise in addressing many of the issues relating to discharge summaries from WA Health hospitals to GPs (and other stakeholders).
- When the recipient (e.g. GP) is registered for secure electronic delivery, these summaries are securely transmitted to compatible GP practice software via electronic means and to other health services such as psychiatric and aged care facilities as requested. Hard copies can be printed for the patient record and posting.
- NaCS is able to upload discharge summary documents to the national Personally Controlled Electronic Health Record (PCEHR), providing the patient is enrolled and has consented to upload.
- The PCEHR is a shared electronic health summary set up by the Australian government to provide a secure electronic summary of people's medical history; improving the sharing of information amongst health care providers to improve patient outcomes no matter where in Australia a patient presents for treatment.
- NaCS provides excellent accessibility of health information. Other benefits include:
    - provides secure, electronic exchanges of timely, accurate and structured discharge summary information to GPs and other health care providers upon finalisation, enabling better patient outcomes
    - assists with better coordinated care between hospitals, nursing homes and other health care facilities
    - better communication and clinical handover between health care providers
    - communicates with other current clinical systems and to compatible GP practice software
    - generates Pharmaceutical Benefits Scheme scripts on the spot.
- The actual template for the discharge summary document is based on the Australian Technical Specification[1] . This defines the template for electronic discharge summaries in Australia.

[1] Australian Technical Specification. Core discharge summary. Part 1: Structured document template. ATS 90006.1 – 2013. Standards Australia.