The evaluation of an MSWord [R] Summary Patient Record (SPR) for communication between hospitals, patients and primary care facilities.

Paper No. 51.0

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COMMUNICATION OF MEDICAL CARE IS BASED ON THE AVAILABILITY OF AN ADEQUATE MEDICAL RECORD.

Ed Shortliffe-Stanford University Shortliffe E, Perreault L. Medical Informatics-Computer Applications in Health Care. Adisson-Wesley. 1990

SUMMARISATION:

1. **Communication is maintained**

   Fries. J. Alternatives in medical record formats. Medical care. 1974;12:871-881

2. **Can serve as the sole source of clinical information in OP follow-up encounters. Decision Support tool.**

   Whiting-O'Keefe QW,Simborg DW,Epstein WV,Medical Care 1980;18:842-852

COMMUNICATION DEFECTS

[HOSPITALS TO P.CARE-*Kripalani, Feb2007.*]

Direct communication	**3-20%**
Discharge summary	
First post-discharge visit	**12-34%**
At 4 weeks	**51-77%**
Quality of care affected	**25%**
PCP dissatisfaction	
Diagnostic results missing	**33-63%**
Hospital Treatment missing	**7-22%**
Discharge medications missing	**20-40%**
Pending Test results –absent	**65%**
No Patient / family counselling	**90-92%**
Follow-up plans documented	**2-43%**

2007-

Interventions, including computer-generated discharge summaries and using patients as couriers, shortened the delivery time of discharge communications.

Use of standardized formats to highlight the most pertinent information improved the perceived quality of documents.

Kripalani, Sunil MD, MSc; LeFevre, Frank MD; Phillips, Christopher O. MD, MPH; Williams, Mark V. MD; Basaviah, Preetha MD; Baker, David W. MD, MPH. Deficits in Communication and Information Transfer Between Hospital-Based and Primary Care Physicians Implications for Patient Safety and Continuity of Care JAMA. 2007;297:831-841

Discharge summaries should include:

1^0 and 2^0 secondary diagnoses
Pertinent Medical History and Physical findings
Hospitalization Dates, Rx, brief Hospital course
Results -procedures / labs
Recommendations of subspecialty consultants
Information given to the patient and family
Patient's functional status at discharge
Reconciled medication regimen
Details of FU arrangements / needs
Contact information of responsible hospital physician.

Discharge summaries :FORMATS

Structured - subheadings
Highlight pertinent information for FU care
Ensure that all essential topics are addressed
Use IT where possible
Extract information (Summarisation)
eg, medication names and doses
Facilitate rapid completion of summaries
Patients should be given a copy

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Surname:		Given Name:		DOB:		URN:	
Address:				Phone:			

THIS COPY REPLACES ALL PREVIOUS VERSIONS OF THIS RECORD

Hyperlinks to record subsections: FOLLOWUP DIAGNOSIS TREATMENT HISTORY SYSTEMSREVIEW EXAMINATION REFERRING

HYPERLINKS to databases: Go To Labs: RADIOLOGY: \Quality Report.mdb \GenCG.mdb

Patient's Email:

ALLERGIES:

MEDICATION	DOSE	ADMIN TIMES	0600	0800	1200	1400	1800	2000	2200	COMMENTS

PATIENT REFERRED	Provider No. 026946B	TO:		DATE:	

Print: Patient:	YES	NO	Print Doctor(s):	YES	NO	Email: Patient:	YES	NO	Email Doctor(s):	YES	NO

ADMISSION DATE:		DISCHARGE DATE:		IN HOSP VISITS	

FOLLOW UP:

	Purpose of Review:
	Assessment:
	Investigations:
	Management:
	Review:

DIAGNOSIS LIST

Principal Diagnosis (FOR LATEST ADMISSION)	DATE(IF KNOWN)	ACTIVE Y/N

Co-morbid Diagnoses	DATE(IF KNOWN)	ACTIVE Y/N

Date	Procedures	Results if known

DATE [ ] (of initial history)

INITIAL HISTORY:

SYSTEM REVIEW:

Occupation
Smoking
Alcohol 5-10/10-20/20+
SOCIAL, MODERATE, HEAVY[Cans/d or 10 Serene/7 Teas/6 schooners]
Family F[ ] M[ ] SIBS [ ] CHILDREN [ ]

CARDIAC	RESP	GIT	RENAL	ENDO	NEURAL	HEMAT	RHEUM	DERMAT
ANGINA	ASTHMA	GERD	CRF	DIABETES	CVA/TIA	WARFARIN	OA	PSORIASIS
ARRHYTHMIA	COPD	BARRETT'S	ARF	THYROID	DEMENTIA	BLEEDING	RA	MALIG'CY
HT	DIFF	PUD	CALCULI	STEROIDS	EPILEPSY	VTE	GOUT	

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Surname:		Given Name:		DOB:		URN:	
Address:				Phone:			

THIS COPY REPLACES ALL PREVIOUS VERSIONS OF THIS RECORD

CABG	GSA	NSAID/COX GASTRITIS	PROSTATISM	OSTOROSIS	NEUROP'THY	LYMPHOMA	PSORIASIS	
STENT	STEROID RX	BD	INCONTIN'CE	OBESITY	MYOPATHY	MPD	ANK SPOND	
VALVE	MALIGNANCY	BS	HEMATURIA	PCOS	PARKINSONS	LEUKEMIA	SLE	
C'MYOPATHY	ASBESTOSIS	CIRRHOSIS	NEPHRITIS		MALIGN'NCY		SCLERODERMA	
PVD	EXPOSURES	MALIGNANCY	MALIGNANCY					
CVD	TRANSPLANT							
CONGENITAL	CYSTIC FIBROSIS							
OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER
MEDICATION COMPLIANCE								

INITIAL EXAMINATION DATE:

GENERAL APPEARANCE:	HEIGHT[CM]	WEIGHT[KG]
CARDIAC		
ECG		
RESPIRATORY		
CAROTIDS		
ABDOMEN		
RENAL		
ENDOCRINE		
RHEUMATOLOGY		
HEMATOLOGY		
DERMATOLOGY		
LEGS		
NEUROLOGICAL		

REFERRING PRACTIONERS: SPECIFIED TEMPLATES\GPADD.xls

NAME	ADDRESS	PHONE	FAX

DR TERRY J. HANNAN MBBS FRACP FACHI FACMI terry.hannan@dhhs.tas.gov.au

PRIVATE & CONFIDENTIAL PLEASE DELETE AND INFORM SENDER IF YOU HAVE RECEIVED THIS IN ERROR

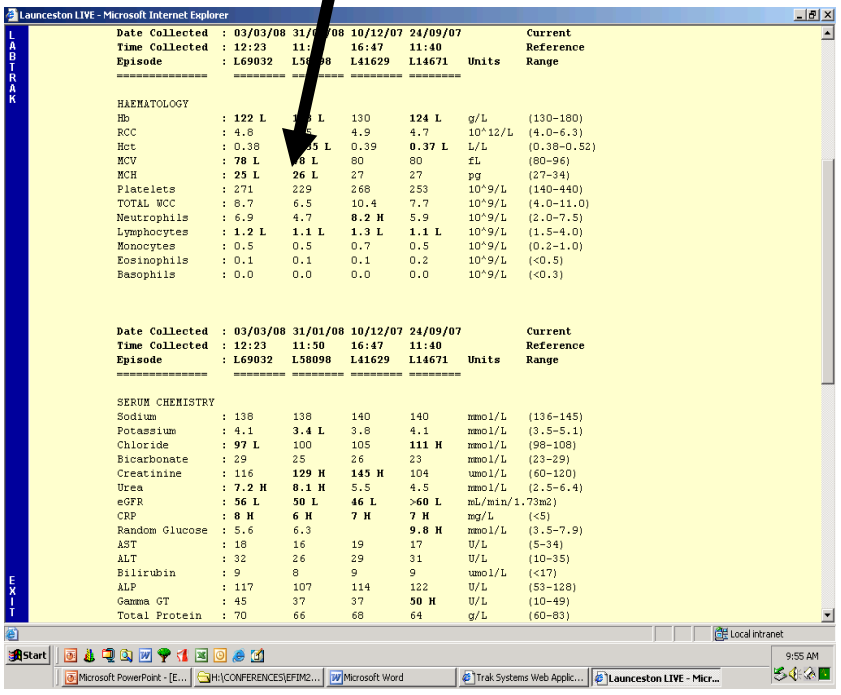
Hyperlinks to record subsections: FOLLOWUP; DIAGNOSIS; TREATMENT; HISTORY; SYSTEMREVIEW; EXAMINATION; REFERRING

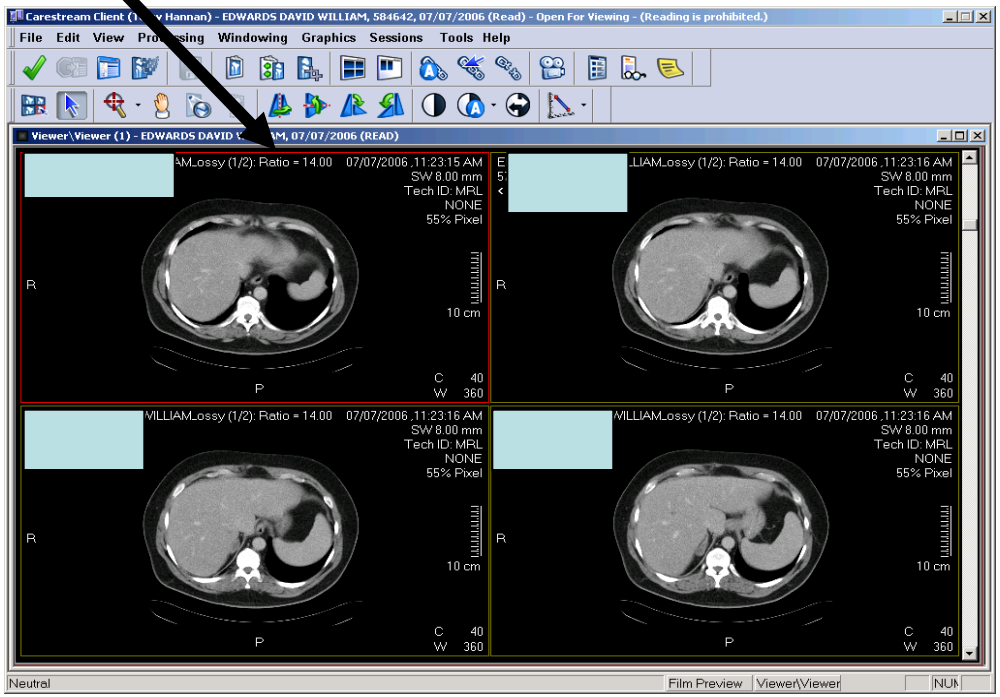
HYPERLINKS to databases: Go To Labs; RADIOLOGY; ..\Quality Report.mdb; ..\GasO2.mdb

Patient's Email:

ALLERGIES:

MEDICATION	DOSE	ADMIN TIMES	0600	0800	1200	1400	1800	2000	2200	COMMENTS





Examples of *Hyperlink* functionalities.

SURNAME:	COOEE	GIVEN NAMES:	BRYAN	DOB:	08/01/1946	URN:	111111
ADDRESS: 121 COOEE ROAD RIVERSIDE 7250							

PRIVATE AND CONFIDENTIAL-TO BE READ BY ATTENDING MEDICAL OFFICER(S) ONLY.

Hyperlinks to record subsections: FOLLOWUP; DIAGNOSIS; TREATMENT; HISTORY; SYSTEMREVIEW; EXAMINATION; REFERRING

HYPERLINKS to databases: Go To Labs; RADIOLOGY; SHARP TRIAL; TREAT TRIAL; GFR DOSE CALCULATOR

Patient's Email: bcooee@bigpond.com.au

ALLERGIES:ACEI-COUGH;STATINS-MYOPATHY;

MEDICATION	DOSE	0600	0800	1200	1400	1800	2000	2200	COMMENTS
Atacand 16mg	16mg		16mg						
Cartia 100mg	100mg		100mg						
Lantus	As directed		As directed						
Nexium 40mg	40mg							40mg	
Neurontin 600mg	600mg		600mg			600mg		600mg	
Vitorin									Cease 14/09/2006
Oxycodone									Ceased
Alodorm 5mg	1.25 mg							1.25mg	Ceased
Humalog	As directed		As directed			As directed			Ceased
Protaphane	As directed		As directed			As directed			Ceased

http://ghr.nlm.nih.gov/condition=familialadenomatouspolyposis

PATIENT REFERRED BY AND DATE OF REFERRAL: (OROP)	Dr Someone 14/09/2006

PATIENT REFERRED	Provider No. 026545B	TO:		DATE:	

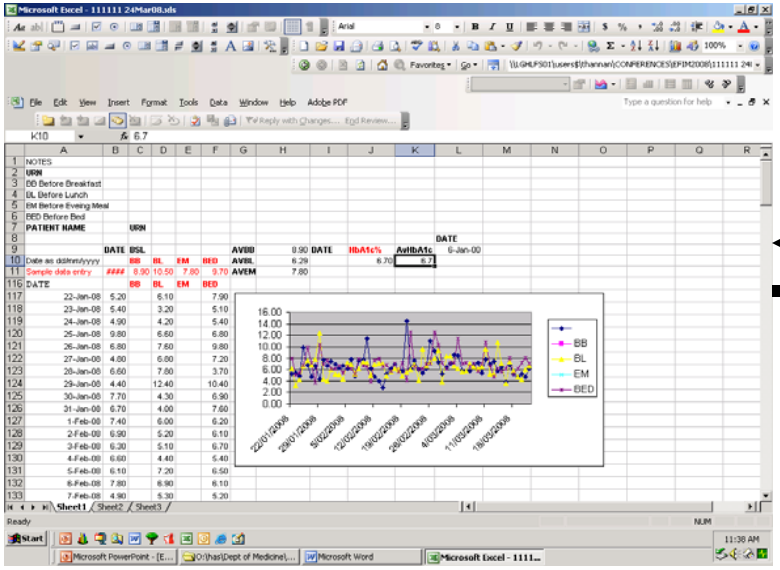
ADMISSION DATE:		DISCHARGE DATE:		IN HOSP VISITS	

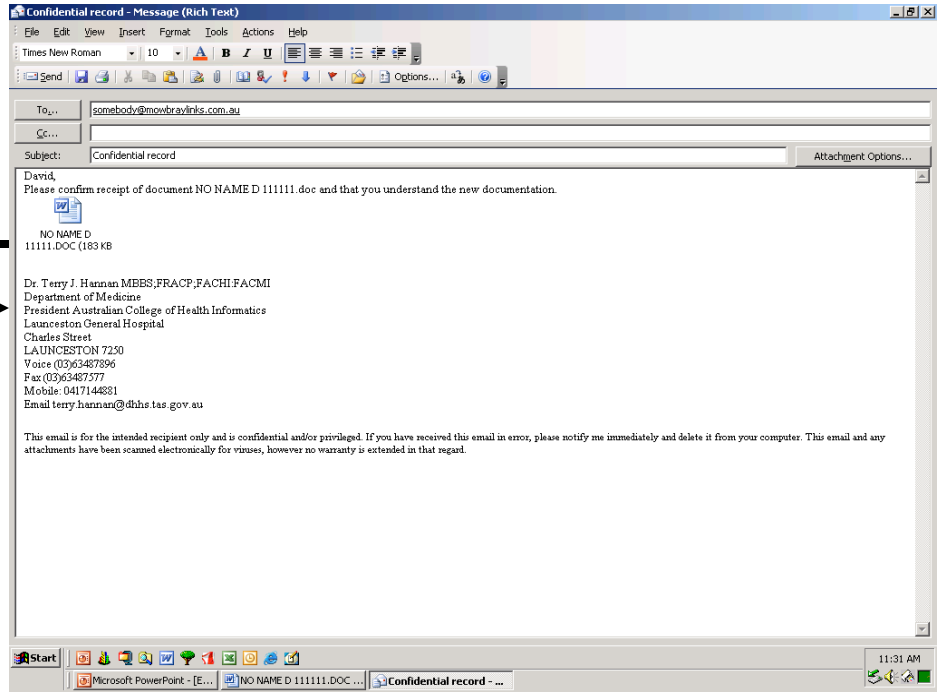
GUIDELINES FOR INSULIN ADJUSTMENT:

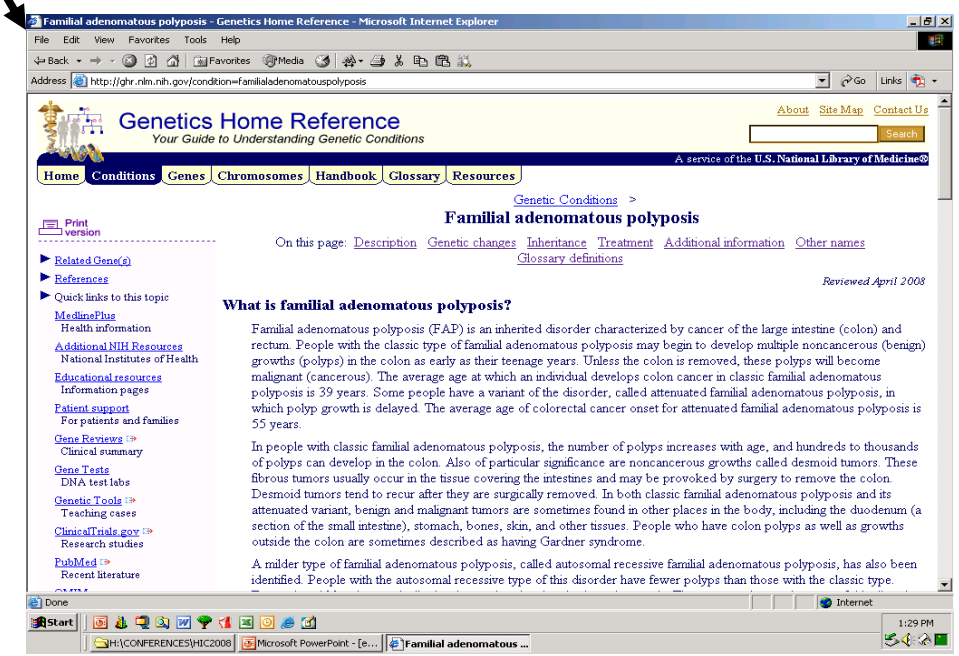
BSL: 10-15 mmol/l. Add 2 Units of insulin every 2nd day till BSL < 10 mmol/l
BSL: 15-20 mmol/l. Add 4 Units of insulin every 2nd day till BSL < 10 mmol/l
BSL: >20 mmol/l. Check you are not unwell. E.g. Urinary infection, temperature, dietary breakout etc. CALL the clinic or local doctor.
IF in isolated situation and re-testing confirms BSL >20 mmol/l give 10 Units of Novorapid Intramuscularly and repeat BSL every hour for 4 hours.
BSL <3.5 AND awake take Glucose (sugar) drink or sweets. Repeat BSL in 1 hour.
BSL <3.5 AND altered mental state or unconscious give IMI Glucagon 1mg immediately. If no response call ambulance.

GUIDELINES FOR INSULIN THERAPY FOR INTERNATIONAL TRAVEL:

1. **Obtain a letter of documentation stating you are an insulin dependent diabetic and MUST carry needles and syringes.**
2. **Take insulin and other diabetic therapy as per normal on day of departure.**
3. **Arrange airlines to provide your meal "ON AUSTRALIAN TIME" for the duration of your travel e.g. to Europe/USA.**
4. **On Arrival try and set your insulin schedule to the day-time schedule of your ARRIVAL country. There will be some discrepancy in the hours but**







EVALUATION

Measured:

35% patients use email . 17% > 65 years of age.

Other:

Clinic record preparation 1-2 hrs saved

Original SPR compilation- 5-7 minutes

Preparation of SPR at FU 1-2 mins

No dictation

Patient takes record with them or emailed

Clinic-PCP communication & acknowledgement- 1min

Email/printed web resources for patient education

Reduced number of visits to Clinics

- **Less travel**
- **Real time communication- e.g. BSL**

No "excess email communications"

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