# Implementation of electronic discharge summaries: Issues & barriers faced by junior doctors

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## Background

The hospital discharge summary (DS) is a clinical and administrative document which serves, among other purposes, to communicate information regarding a patient’s admission to their community care provider. Most commonly, discharge summaries are authored by Junior Medical Officers (on behalf of an inpatient unit) and forwarded to a General Practitioner (GP). Increasingly, discharge summaries are being created and transmitted by electronic means.

The National e-Health Transition Authority (NeHTA) is the intergovernmental agency charged with the task of setting technical standards for electronic communication between health providers, including via discharge summaries. As part of its consultation strategy, NeHTA conducted a workshop with a group of Junior Medical Officers (JMOs) in March 2010 to explore practical issues in the implementation of electronic DS solutions. The group was selected after consultation with the JMO members of the NeHTA Clinical Lead Program and the Australian Medical Association’s Council of Doctors in Training (AMACDT).

The workshop identified barriers to the creation of high quality discharge summaries and developed a corresponding set of solutions; these are summarised in this poster. While some relate to information communication technology (ICT) processes, others pertain to workplace practices beyond the realm of e-health. While the latter are beyond the scope of NeHTA’s remit, the JMOs considered these elements to be interdependent and inextricably linked. They also felt that the implementation of integrated e-health solutions presented an opportunity to optimise the entire discharge summary process - in the interests of better continuity of care.

The workshop outcomes summarised in this poster will be of interest to prevocational medical educators, hospital administrators, clinical leaders and ICT managers. The issues and solutions presented here reflect the views of the participating JMOs, and not necessarily the sponsoring organisations.

## Issues & barriers

### ICT

- Suboptimal access to hardware, particularly in ward settings
- Paucity of office space
- Rigid software with sub-optimal utilisation of feeder & auto-population systems
- Limited capacity to vet data imported automatically
- Poor articulation between software components
- Slow and cumbersome operating platforms

### Workplace

- Excess workload & multiple competing interests for JMO attention
- Frequent interruptions
- Perceived difficulties in claiming overtime for DSs completed out of hours
- Overemphasis on the DS as a coding & administrative document
- Limited education & communication about GP expectations
- Perceived institutional and cultural devaluation of the DS

## Solutions

### Education

- Enhanced prevocational education, delivered in conjunction with GPs, focussing on content, length and accuracy
- Access to prevocational GP placements so JMOs might appreciate DS requirements from the receiver’s point of view

### ICT

- Implementation of intuitive and context-specific systems
- Greater utilisation of clinically appropriate auto-population and feeder systems for investigative and diagnostic information, with the capacity for data to be clinically-vetted
- Significantly more ward and office-based computers with responsive help-desk systems
- Enhanced collaboration with GPs about content, format & encryption of DSs

### Workplace

- Acknowledgement that DS creation is a clinical rather than an administrative process
- Appropriate rostering whereby rostered hours reflect actual job requirements

- Implementation of innovative scheduling arrangements to allow JMOs to complete DSs in a timely fashion
- Employment of a quantum of staff that is commensurate with the facility’s workload.
- Better communication and consultation with JMOs including involvement in decision-making processes

### Monitoring, review & audit

- Implementation of dynamic processes to track and monitor DS completion
- Greater use of audits and incentives to drive efficiency
- Better mechanisms to source & distribute feedback from community care providers

### Integration & incentivisation

- Implementation of national standards for DS content and transmission
- Agreement and reporting against minimal standards and key performance indicators for DS transmission
- Incentives for JMOs & hospitals to produce DSs in a timely fashion

## Summary

Implementation of these strategies will enhance the quality of electronic discharge summaries produced by JMOs. This will have flow-on benefits for hospital-community communication, and improve the continuity of care provided to patients.