Standardising Patient Discharge Summary Information: a Draft National Data Set for consultation

Consultation Feedback Form

November 2012

Your views are very important to us. We would like to hear what you think about the draft guidelines.

Your comments will be considered and will inform the development of the national data set for clinical discharge summaries. When commenting on a specific aspect of the draft dataset, it would help us if you tell us which element you are commenting on or the table number that you are commenting on.

The closing date for consultation is 5pm on Friday 11 January 2013

You can email or post a completed form to us. You can also complete and submit your feedback online on www.hiqa.ie.

About you

Name	Róisín Cunniffe
Address	The Pharmaceutical Society of Ireland PSI House Fenian St Dublin 2
Contact details	01 2184000 Roisin.Cunniffe@thepsi.ie
Organisation* ***Please indicate if you are making your submission in a personal capacity only or on behalf of your organisation**	Pharmaceutical Society of Ireland
Date	11/01/2013

General feedback questions

You may provide us with feedback on the specific questions asked within the consultation document and repeated here (see questions that follow), or alternatively you can provide us with general comments.

Consultation Question 1

Question 1: Are there benefits in having a standardised data set for clinical discharge summaries, and, if so, what are the main benefits?

Please comment

The Pharmaceutical Society of Ireland (PSI), as the statutory regulator of pharmacy in Ireland, aims to regulate the profession in the public interest to protect public health and safety. The quality of care that patients receive at care boundaries has been identified as an issue internationally; therefore any initiative which seeks to address elements of this potentially error prone process, is strongly welcomed by the PSI.

As patient transfer at care interfaces, including discharge, is associated with increased risk it is essential to optimize care at these key points to ensure consistency of care and reduce errors by improving communication between healthcare professionals.

A standardised data set for clinical discharge summaries is essential in order to optimize the care the patient receives, particularly at discharge.
A standardised data set will allow for a timely discharge from secondary or tertiary care.
It will also allow this discharge process to be managed in a seamless manner, facilitating the fluid transition of the patient from secondary/tertiary to primary care.
The efficient transfer of accurate, complete and relevant information from one care setting to another allows the patient to receive consistent care across boundaries of care.

Consultation Question 2

Question 2: Have the appropriate groupings of data items been included in the data set?

Please comment

The data groupings as detailed in the data set are fit for purpose.

Consultation Question 3

Question 3: Have all of the appropriate data items have been included in the data set? Would you leave out any of the data items listed? Would you suggest additional data items?

Please comment

In general the data items suggested are appropriately grouped and reasonably complete.

The following data items are suggested for inclusion in the data set:

The patient's Pharmacist/Pharmacy details should be included in 6.2 in the Primary care Healthcare professional details, to allow the discharge summary to be delivered to the community pharmacy as an integral part of the primary health care team. This is in line with the National Quality Standards for Residential Care Settings for Older People in Ireland (*'In the event of the resident being treated as an inpatient in an acute general hospital, any change to his/her medication must be directly communicated, both verbally and evidenced in writing to the pharmacist, the general practitioner and the residential care setting within six hours of discharge.'*)

Additional fields may be needed to give clarity to admission medicines, discharge medicines and changes to patients' medication. A more detailed structure may provide greater clarity for discharging doctor and the primary care pharmacist and reduce incidences of medication errors at transition between care settings. Possible use of a tabulated form of information providing detail on Admission Medicines, Medicines changed or ceased(reasons), new medicines commenced during stay, and a complete discharge medicines list (including indications, dose, strength, form and duration of treatment for each medicine listed etc.)

The data item for pharmacy details is listed with an optionality of 'optional' but is listed in Figure 5 as a required field. The PSI would support the pharmacy details being a required field whether located in their original position or in 6.2 as suggested above.

Consultation Question 4

Question 4: Do the definitions provided in Tables 1 – 7 of the consultation document adequately explain each of the data items? If not, please suggest improvements?

Please comment

Yes, in general the definitions are useful and understandable. As previously detailed division of the fields 'Medication on discharge' and 'Medication changes' may be useful in order to clarify the information to be contained in each data set and to more easily define the set.

Consultation Question 5

Question 5: Does the usage information provided in Tables 1 - 7 of the consultation document clearly explain the proposed use of each of the data items? If not, please suggest improvements.

Please comment

Yes, the usage information is useful in explaining the proposed purpose of the data, division of the identified data sets as detailed previously may allow more individualised usage information to be applied.

General Comments

Please provide any general feedback you wish to give below.

Please comment

There is a substantial body of evidence that shows when patients move between care providers the risk of miscommunication and unintended changes to medicines remain a significant problem. Medication errors can significantly contribute to the risk of re-hospitalization, problems with medication are a main cause or contributory factor to one in four non-elective medical admissions. Increased involvement of pharmacists, at a hospital and community level, and greater interaction across the care interface at key points in the discharge/transfer planning process could reduce these risks and associated morbidity.

Providing complete discharge information regarding patient's inpatient stay to the primary care practitioner and to the community pharmacist is essential in improving patient care at and following discharge.

A complete discharge summary delivered in a timely manner (in line with *HIQA National Quality Standards for Residential Care Settings for Older People in Ireland)* and in a standardized form will facilitate optimizing the quality and safety of care that patients receive at care boundaries. Including the community pharmacist in this discharge summary will allow the community pharmacist to close the loop in the discharge planning process by ensuring the consistency and availability of all the patient's medications on discharge is ensured and also allowing a comprehensive medication review to be completed by the community pharmacist on discharge.

The utilisation of the hospital pharmacist in the course of discharge planning, medication reconciliation and medication review at discharge, and the inclusion of the community pharmacist in the distribution of the discharge summary will enable a timely safe and effective patient-centred discharge process to occur. The PSI supports the use of an electronically generated discharge summary; this form is preferable in the interest of facilitating the timely transfer of accurate and complete patient information.

Standardizing patient discharge information will allow an accurate and complete clinical data set to be transferred efficiently and in a timely manner from secondary/tertiary care to the primary care setting, providing a significant improvement in the quality and safety of care that the patient receives at this critical step in the care pathway. This initiative provides a significant opportunity to improve patient safety in the discharge/transfer of care process.

The inclusion of the Community pharmacist in the distribution of information on patient discharge will optimize patient care in a collaborative primary care environment. This dissemination of information relating to the patient's care plan as well as information on the patient's medication history will enable the community Pharmacist to utilise their position as part of an integrated primary care team to ensure the patient's treatment plan is followed appropriately.

Thank you for taking the time to give us your views.

Please return your form to us either by email or post:

ehealth@hiqa.ie

Health Information and Quality Authority
Patient Clinical Discharge Summary Information,
George's Court
George's Lane
Smithfield, Dublin 7

If you have any questions on the draft data set, you can contact the consultation team by calling (01) 8147685.

Please return your form to us either by email or post before 5pm on Friday 11 January 2013

Please note that the Authority is subject to the Freedom of Information Acts and the statutory Code of Practice regarding FOI.

For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.