

FACT SHEET: Admission and Discharge Notification Service

The LHD has built an Admission and Discharge Notification (ADN) service. This automated service will alert GPs when patients have unexpected admissions to LHD facilities. It also alerts you as soon as the patient is discharged, and informs you of a patient's death.

This service was initially provided as trial to GPs participating in the 2016 Integrated Care Collaborative. The ADNs were viewed as such a success that their use is now being expanded.

ADNs will now be available to GPs managing patients participating in the Winter Strategy.

Why would I want this?

When a patient is admitted to hospital under certain circumstances, the ADN service will notify you of the admission (usually within 20 minutes). By knowing that your patient is in hospital you will be able to "reach in" to the hospital and discuss your patient's care and any relevant history with the attending physician. You may also take other actions, such as call the patient's family, fax in recent history to the hospital or other actions.

Similarly, on discharge, you will receive a notification (including for deceased discharges). This notification will provide a prompt to liaise with the patient to ensure appropriate primary care follow up and to request a discharge summary should it have not yet have been completed, so that you have the DS before any follow up patient appointment.

The aim of ADNs is to improve patient care and experience by improving care in the hospital and improving the transfer of care from acute to primary settings.

How do I sign up for this?

All patients enrolled in the Winter Strategy are automatically enrolled for this service.

When do I start receiving these?

The service is scheduled for commencement on July 1 2017. If there is any change to this date we will advise you. GPs currently receiving ADNs will continue to do so, even for new patients.

What are my obligations?

There are no obligations on GPs in terms of transfer of care. This service is provided to facilitate communication between primary and acute care for the purposes of timely patient care and planning safe transfer back to primary care.

You will be asked to provide feedback on the value and effectiveness of the system at some time in the future.

What is the cost?

There is no cost to receive these as the messaging costs are born by the LHD.

When you will be notified:

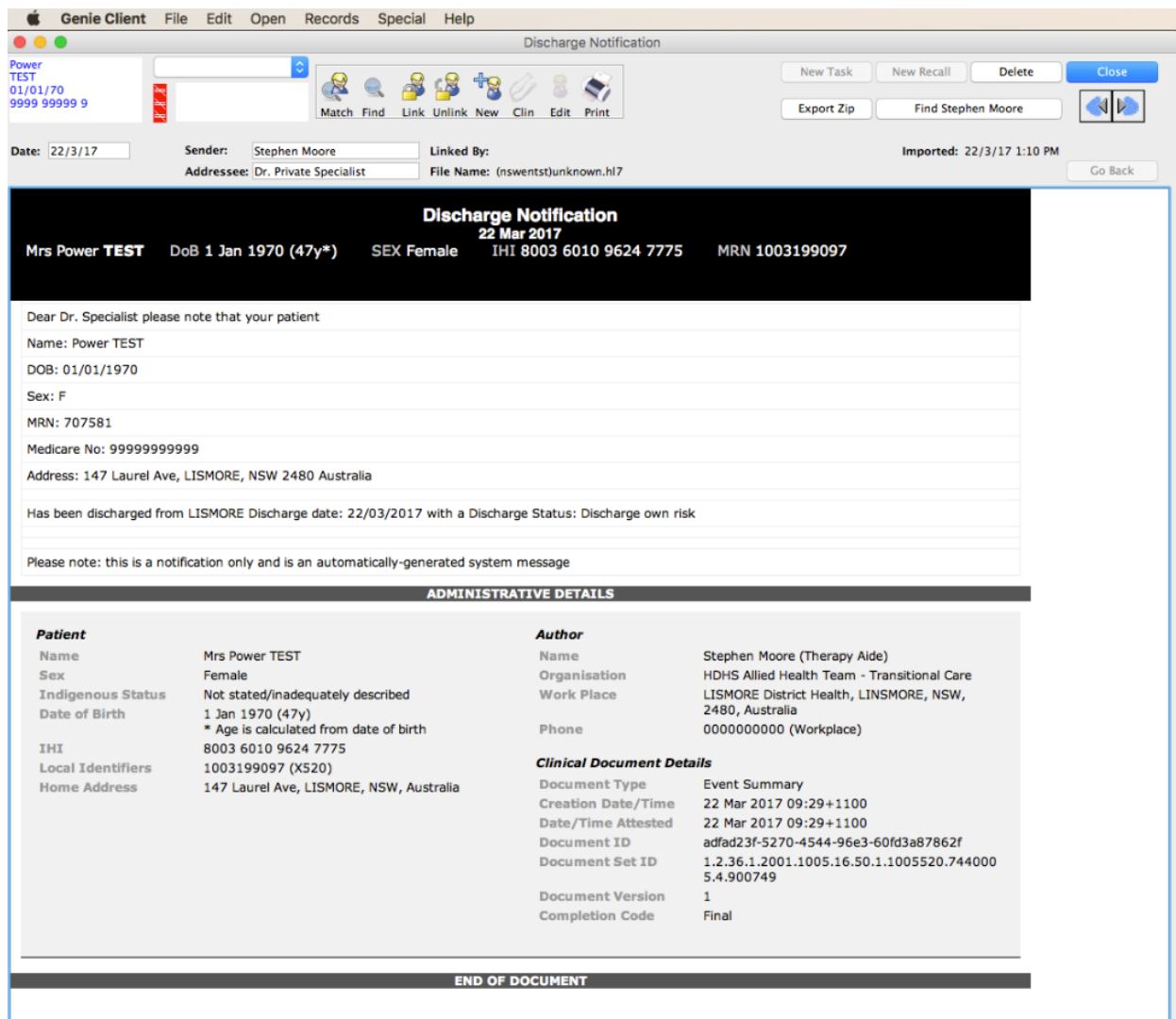
You will be notified when a patient is admitted under the following circumstances:

- Patient presents to ED and is admitted to a ward or the EMU;
- Outpatient visit becomes a ward admission;
- Direct admission (e.g. mental health); and
- Surgical admissions.

Recurring admissions (e.g. renal and oncology) and ED presentations (where the patient presents to ED and is discharged from ED without a ward visit) are not included in the service.

How will these look?

These messages will appear in your holding file and will include the information as shown below. Presentation will vary from Best Practice to MD to Genie etc. An example Discharge Notification from Genie is shown below.



Genie Client File Edit Open Records Special Help

Power TEST
01/01/70
9999 99999 9

Date: 22/3/17 Sender: Stephen Moore Linked By: Addresssee: Dr. Private Specialist File Name: (nswentst)unknown.hl7 Imported: 22/3/17 1:10 PM

Discharge Notification
22 Mar 2017

Mrs Power **TEST** DoB 1 Jan 1970 (47y*) SEX Female IHI 8003 6010 9624 7775 MRN 1003199097

Dear Dr. Specialist please note that your patient

Name: Power TEST
DOB: 01/01/1970
Sex: F
MRN: 707581
Medicare No: 99999999999
Address: 147 Laurel Ave, LISMORE, NSW 2480 Australia

Has been discharged from LISMORE Discharge date: 22/03/2017 with a Discharge Status: Discharge own risk

Please note: this is a notification only and is an automatically-generated system message

ADMINISTRATIVE DETAILS

Patient		Author	
Name	Mrs Power TEST	Name	Stephen Moore (Therapy Aide)
Sex	Female	Organisation	HDHS Allied Health Team - Transitional Care
Indigenous Status	Not stated/inadequately described	Work Place	LISMORE District Health, LISMORE, NSW, 2480, Australia
Date of Birth	1 Jan 1970 (47y) * Age is calculated from date of birth	Phone	0000000000 (Workplace)
IHI	8003 6010 9624 7775	Clinical Document Details	
Local Identifiers	1003199097 (X520)	Document Type	Event Summary
Home Address	147 Laurel Ave, LISMORE, NSW, Australia	Creation Date/Time	22 Mar 2017 09:29+1100
		Date/Time Attested	22 Mar 2017 09:29+1100
		Document ID	adfad23f-5270-4544-96e3-60fd3a87862f
		Document Set ID	1.2.36.1.2001.1005.16.50.1.1005520.744000
		Document Version	5.4.900749
		Completion Code	1
			Final

END OF DOCUMENT

Who will get these?

You will receive these if:

- Your patient is enrolled in the Integrated Care Program (all Winter patients are).
- You are e-capable and registered with NSW Health's HealtheNet (most NNSW practices are).

- You have an HPIO and PRN.
- You have up to date NASH/PKI/etc certificates.
- You have a current subscription with one of Argus, Medical Objects and/or HealthLink.
- You have your NASH etc certificates uploaded to Argus, MO and/or HL servers.
- Be in the LHDs Cerner address book, with
 - PRN
 - HPIO
 - Flagged as ECAPABLE

If you have any doubts about this, please liaise with your PHN QiSO who can check this with the LHD.

What should I do if my patient is admitted and I don't get one?

The LHD has some reporting that will capture instances where a message is not successfully transmitted.

However, if you know your ICP patient has had an admission type per the list above but you do not receive a notification, then you should notify: NCA-CIS-GPUUpdates@ncahs.health.nsw.gov.au or integratedcare@ncahs.health.nsw.gov.au.

What about any other problems?

To make it easier to let us know about any problems you may be experiencing with the notifications, you can simply email the LHDs Clinical Information Systems team on NCA-CIS-GPUUpdates@ncahs.health.nsw.gov.au. Alternatively, you can simply email integratedcare@ncahs.health.nsw.gov.au.

We will need the patient name, address, DOB and sex in order to identify them explicitly and uniquely.

How will we measure the efficacy of these?

We will be seeking qualitative feedback on this service from you in the future, via a short survey. Your valuable feedback will help us improve and optimise this service to help enable better patient care.

What if I have a suggestion for an improvement?

We want to hear your ideas for how we can improve this service. If you have an idea, we want to hear it. Just email: integratedcare@ncahs.health.nsw.gov.au.