Survey Results- Improving Communication between hospitals and General Practitioners

A survey was distributed across 197 general practitioners (GPs) across the Mid North Coast and Hasting Macleay region. 38% of GPs completed the survey and results has been compiled and provided below.

1. Do you receive admission, discharge notifications from other hospitals?

2. Do you want to receive electronic admission notifications when your patient has been admitted to hospital?

3. Do you want to receive an electronic notification of discharge as well as a discharge summary?

4. Hospitals identified that are currently providing notifications to GPs

Bellingen
Wauchope
Port Macquarie
Coffs Harbour
John Hunter
RPA
Nepean
Lismore
Gold coast
Baringa
South Sydney
POW
Kempsey
Taree

5. Comments as to why General Practitioners need admission/discharge notification

Analysis completed identified that the demand for notifications is to ensure continuity of care, the ability to proactively follow up on the patient, proactively check on discharge information, appropriate attention to patients and provide input immediately to hospital clinicians.

Q7: How will receiving admission and /or discharge notifications improve patient care?
Tracking of patient progress and planning follow up. Admitted patients may not be responding to calls for follow up and therefore cause breakdown in care.
Continuity of care, completing of care
Knowing if and when pts are hospitalised helps to ensure fu appts are made, appropriate attention is paid to secondary prevention of further presentations and admissions. Puts me on notice that when I next see the pt they will have recently been in hospital. I may wish / need to pass on some relevant clinical info to the hospital which would otherwise remain unknown or inaccessible to them. Despite the new-fangled-amazing MyHR...!?!
change of medications, monitoring, review results and allowing adequate time for appointments.
I will be aware that a patient is leaving the hospital and I can expect a discharge summary later that day. I can also notify my colleagues if I am away at the time.
It won't improve pt care.

Q7: How will receiving admission and /or discharge notifications improve patient care?
probably NOT
If it is timely will improve continuity and limit need to read it
For continuity of care and follow up, esp important from an Aboriginal health perspective
Just one page (as indicated above) will give me enough information to manage the post admission care
Improve follow up and allow interventions suggested by the hospital team to be implemented
Will give Drs a better understanding of acute issue and enable better recall and follow up
Timely communication. Impacts other family members cared for
I don't think it will as long as there is a discharge letter the day the patient leaves hospital
Will know when patient has an unplanned admission and hence do not have to search for patient who fails to attend appointment due to fact in hospital and no one has notified clinic.
Enable better patient knowledge and therefore care.
Will improve patient care by establishing early contact and safe planning after discharge back to primary care
Discharge summaries sometimes come through much later with discharge notifications for some patients you will know exactly when to start follow up
Patients are best care for if the GP who regularly sees them can be involved in their care. It also allows GP to give valuable info to hospital.

Q7: How will receiving admission and /or discharge notifications improve patient care?
Awareness of admission can talk with clinical staff if we have important information that they need for care of the patient. Can also contact family and arrange supports etc and be aware that patient may need to us after discharge and arrange early DC review especially if DC summary is not timely eg orthopaedic admissions.
Good clinical hand over allow safe transfer of care and ensures best management of new and continuing conditions
If patients have been unwell it is important to know from when they are back home.
Follow up, medication compliance
Can pass on relevant information to treating team if necessary, help to account for patients we may have had difficulty chasing up/ contacting regarding abnormal results
PROMPT PLANNED FOLLOW UP
Able to have continuity of patient care
plan f/u
I could send important information in if I was not aware the patient was going to be admitted or speak to the relevant consultants to improve the outcomes for the patient/reduce duplication of testing, possibly shortening hospital stays. If I know they are being discharged I can alert reception staff to make sure they are given an appropriately early appointment with me, rather than seeing another doctor, 'just for the scripts' but losing an valuable opportunity to update their record, know what happened, reflect on my management etc.I
Keeps me aware
UP TO DATE information on admissions, illness, treatment and/or recovery. Important in pharmaceutical notifications too
It raises my awareness of an unexpected issue with a patient, which I can follow up. Also if I happen to see a spouse, I am already aware of the admission.
Knowing when our patients need following up after discharge.
I'll know what's happening to my patient and be able to follow up
Important to know that my patient has been in hospital for any reason, and what was done, diagnosis reached etc

Q7: How will receiving admission and /or discharge notifications improve patient care?
Discharge summary is often delayed; notification allows opportunity to proactively contact patient. An admission notification with the admission diagnosis is critical.
Why do you need to ask such an obvious question? How could it not improve patient care?
This will allow continuity of care. If I am aware that my patient has been admitted to hospital, there may be valuable clinical information that I can provide to the hospital team to avoid duplication. Again, on discharge, if I receive a notification of discharge I can ask my reception staff to phone and organise an appointment for follow up. Currently, GPs don't know when their patients are admitted to hospital (although patients assume that they do) and this can lead to a breakdown in the relationship between patient and doctor (as GPs are perceived to not be proactively looking after their patients)
We will be kept updated about any events our patients might have, changes in their management / treatment and it will also promote continuity of their care. Knowing the patient has been admitted to a hospital will prevent unnecessary and inconvenient recalls.
When the patient presents with or without a green card following hospital discharge, the doctors can at least know what has been going on whilst they were in hospital, changes to meds and any new diagnoses. We currently call for these discharges prior to seeing the patient if we haven't already received one.
If we are aware of an admission we can contact the team to provide input on care as well as help to facilitate safe discharge.
It is much more helpful and practically for me to receive them electronically rather than faxed.
should discharge summary be late or extended family issues be present have time to react and prepare should the need arise
Medication changes are important. On admission if I see a mistake or have extra information I can contact the team caring for the patient . . After discharge I can take over care knowing what happened in hospital. Hopefully understand why particular medication changes were made.
Keep everybody up to date

Q7: How will receiving admission and /or discharge notifications improve patient care?
Significant diagnoses, investigations and treatment communicated so follow up is appropriate.
I don't think it would, as above.
I can tack their health, no where they are if they have missed a recall or appointment. It may also be that I have seen them prior to their admission and missed a diagnosis, such things assist us in defining deficit in knowledge and further ongoing educational needs. Consider it a form Quality assurance / constructive criticism.
Ideally, in combination with a discharge summary, but even if that is delayed, I will know that the patient has been in hospital. Also, knowing that if I have sent a patient to emergency, I will know whether they have been admitted.
Admission notifications will help with patient continuing of care. Often we refer people to ED for assessment and don't know if they are admitted.
It will allow me to update the treating team if I am aware of a complex patient being admitted.
It allows for patients to be given priority in their appointments if there has been a discharge notification as the summary may not have come through immediately. Overall, it aids a smoother transition from acute care in the hospital to sub-acute care in the community.
You down where they are. Helpful for planning & maximising patient care
Allow for better understanding of patients clinical needs when in the community
It will assist with keeping on top of the patients current condition and assist with appointment scheduling.

Q7: How will receiving admission and /or discharge notifications improve patient care?
knowing that patient has presented to ED allows me to identify access issues within my practice. Also allows me to keep track of patients with cognitive impairment or who may neglect to mention an ED attendance. Patients who frequently present to ED clearly need greater input from their GP and this allows me to do that to minimise frustration for the patient, ED and cost to the health system. Furthermore if there is a pattern of my patients presenting to ED with particular conditions, it allows me to identify possible weaknesses in my skills and the quality of care I am providing and address them accordingly.
Better communication across hospital to general practitioners ensure continuity of care for patients
It's quite self-evident, and there are lots of potential examples to illustrate. More broadly though - Because the doctor primarily responsible for the care of the patient in the community will know when they are leaving that community for hospital care, and when they are returning to it.
Prompts follow up. Many patients do not attend suggested follow up. Also, allows for intelligent conversation when they do present as planned or for follow on medication
Can schedule follow up accordingly, although a discharge summary would be more helpful for this, it does not always happen.
I can contribute useful information in a timely manner, I can follow up the patient in a timely manner
Will improve continuity of care
For follow up
Need to be advised of relevant findings and changes in treatment, always useful befor3 seeing the patient
Enable home visits/follow up to be planned more easily
It will not for me
kept in loop, especially when talking to relatives

Q7: How will receiving admission and /or discharge notifications improve patient care?
it's tremendously important for patient care to have an ongoing communication with the hospital
I would like a simple electronic note of admission, and I would like a detailed discharge summary. all electronic
Often I am unaware if my patients are in hospital. Sometimes there can be very important aspects of the history that needs to be passed on to the inpatient team. Timely discharge notifications will ensure timely and appropriate follow-up.

6. Other comments

Q8: Please share any other comments you have below.
Great survey, Isabel. I would make the hospital field a multiple select field so that you get consistency across the answers.
It would be excellent if tests (pathology and radiology) are ordered for results to be CC'd to the GP. The concept of 'GP to chase' results has many legal and time ramifications which needs to be addressed (especially critical results from ED which may change management)
If a pt is required to see their GP post discharge, ward clerk please make the appt before the pt is discharged. Too many pt's are told they need to see their GP within 2-3 days of discharge (some would argue that if a pt cannot go more than 2-3 days without seeing a Dr that they shouldn't be discharged at all) and expect to be "fitted in"on the day they ring. These pt's are often complex and require a proper/longer appt. This creates chaos in terms of other pt bookings and running to time.
Would also be very good to receive notification when our patients ARE ADMITTED so that we can liaiae with hospital and specialists and visit as appropriate etc
All the pathology results do not change the management . Some specialists repeat the tests frequently and on average I get about 60 faxes a day. Quite a few faxes are patients who have not seen me for 10 years or more , or belong to other practices !!
Would also like to receive notification of presentations to ed
Thanks to our great NSH Health time working behind the scenes to ensure patient care is never compromised

Q8: Please share any other comments you have below.
Important safety check to ensure that patients get the care that they need
All results of hospital investigation should be forwarded to GP when available if after discharge. It is not easy for us to be expected to chase results and also unsafe to assume that has happened
The current discharge summary platform in Cerner contains too much useless information
1. Discharge summary needs to be addressed to correct GP, NOT to any Dr from same medical centre. 2. Inappropriate to expect GP to chase outstanding results. Whoever ordered investigation needs to follow up results and Jn Drs need to be educated that it is there responsibility.
Please ensure the patients GP is correct prior to discharge or at least the correct practice. Patients report they told the hospital their GP had changed but it wasnâ€™t changed on the system
Whilst it is great receiving any form of discharge summary we sometimes now have the problem of too many! Duplicates, or draft versions, sometimes up to 4 or 5 for one patient. This clogs up our notes and you have to read pretty carefully before you can confidently delete copies, taking too much time. I do love the ability to copy and paste from the electronic summaries into the patient notes. :) :)
Why is the question of ADMISSION AND DISCHARGE addressed Actually, I think the patients should get a hard copy of discharge and the doctors get JUST an electronic report. Admission is not as relevant or important as discharge. I wonder why that question was not posed in number 5 above. Ideally, the information would be best on the new personal health record but not everyone agrees to do that. The other issue not really clarified here is; do we want admission AND discharge or just discharge. I think this survey is flawed in its wording

Q8: Please share any other comments you have below.
I work as a fracture Liaison Coordinator. As part of that role I send a letter to GPs notifying them that their patient has presented with a suspected minimal trauma fracture. Feedback from the GPs has been that I am often the first person from the hospital to notify the GP that their patent has had a fracture. This is because of the lack of discharge summary for many patients. I now check whether a discharge summary has been written in the electronic medical record, and if not, I send a more detailed letter to the GP, which adds more time to my work.
It is very difficult to hear about the death of a patient in hospital from the family, and not from the hospital beforehand. Also receiving draft discharge summaries before discharge, when things can change dramatically before actual discharge, so the initial information is misleading .
D/C summaries are too long generally secondary to reams of autotext. Minimising this as able would be helpful, differentiating between critical points and automated waffle is actually quite challenging in a time poor environment. Thanks.
IT issues such as connectivity need to be overcome so that the process works ALL the time, rather than intermittently
Admission and discharge notifications have been utilized at Tertiary hospitals for years - I continue to be disappointed that, despite committees and meetings, this LHD continues to provide all the reasons why it can't occur - rather than looking at how it can.
Discharge summaries are vital to our patient care - the GP's have to work 'blind' without this information as many of our elderly patients have no idea about their stay in hospital and what has been done for them. We only receive these sporadically from Port Base Hospital.
Please send me electronic notification of discharge rather than faxed.
Discharge summery from the hospitals especially Kempsey have been really slow ,sometimes more than two weeks. Last week I received a discharge summary for a patient passed away over 3 weeks ago.Its really inappropriate .

Q8: Please share any other comments you have below.
We know if a patient has been recently discharged due to the "Green Card" appointment. What is VERY helpful is a prompt discharge summary. These have improved a lot in recent years, especially when medication changes and a summary of management is included. There is still the occasional waffle diagnosis.
I would appreciate consistency and content in the d/c summary. I have previously received completely empty d/c summary's which are not helpful for anyone.
Until the issue of receipt of multiple discharge summaries for the same patient for the same day is resolved, we do not want any more paperwork sent through.
There needs to be a way for all investigations performed by the hospital to be sent electronically to the GP or a link in the discharge summary to allow for quick access. Many times investigations are mentioned in the summary but not included and it is not feasible to expect the patient or the GP to be continuously calling or requesting release of this information. If MyHealth Records is going to be used for this purpose then it should be mentioned in the discharge summary.
well-constructed discharge summaries are vital; preferably not multiple copies.
Registrars should be completing the discharge summary as they are most familiar with the patient and the issues managed whilst an inpatient. Additionally the consultant can add to the discharge plan specifics (perhaps even review, just as they would following a private consult dictated letter).
A notification system when a patient passes away whilst in the hospital would be mostly appreciated, we have only very rarely received discharge summaries when a patient passes. Unsure of why this isn't normal protocol. Notification when a patient is transferred to another hospital would also benefit.
I always try to ring accident and emergency to inform them of a patient I am sending up. The telephone line is invariably not answered or goes to a message saying ring back later. This is very poor I feel- there needs to a dedicated line for GPs trying liaise with A&E

Q8: Please share any other comments you have below.
It has been very difficult to get appropriate information from the medical records department when the discharge summary is not sent. While I understand the need to protect patient privacy, there should perhaps be a way for doctors to identify themselves to the medical records dept on the phone when information is needed more urgently. Also the medical records sent are often lacking in detail - eg only blood tests and no hospital doctors' notes or imaging reports, which does not give sufficient context for the presentation.
At present I do not get discharge summary on patients I refer to ED for urgent review but get summaries on patients I have treated in the past
To much duplication already. A detailed discharge summary is more than enough.
more communication the better
I would also like to receive all blood work-up and imagistic results performed during hospitalizations for all my patients
Deceased notifications are also very important. Recently one of my palliative patients died in CHHC and I didn't receive a phone call or discharge summary (and still haven't!). I only found out after phoning a family member to ask how they were going