AMA Victoria's 10 Minimum Standards for Communication between Health Services and General Practitioners and other Treating Doctors

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Introduction

This Standards document has been informed by the AMA Position paper General practice/hospitals transfer of care arrangements – 2013[1]. It has been developed by AMA Victoria's Section of General Practice and the AMA Victoria Policy Unit.

Purpose

AMA Victoria Section of General Practice has developed this **"10 Minimum Standards"** document to facilitate discussion with the Department of Health and Human Services Victoria, public and private hospitals, General Practitioners (GPs) and other treating doctors in order to drive key processes to enhance clinical safety, improve health outcomes, reduce avoidable hospital presentations, reduce risk, improve patient experience and improve resource efficiencies across our Victorian health system.

Context

For most patients who receive an episode of care from a health service, the episode comprises one part of their treatment, management, care or recovery journey. This is particularly the situation for people whose conditions are episodic, ongoing or 'chronic'.

For most patients in Australia, their General Practitioner is the main provider of ongoing health care. A person's General Practitioner plays a critical role in co-ordinating responses to their patient's health care needs, including making relevant referrals to specialist non-admitted care, admitted care, allied health care services and social support. They also continue the patient's health care after any medical event or change that has resulted in a care episode in hospital. General Practitioners also work in tandem with medical specialists who medically manage and treat the patient in non-admitted care settings, such as health service specialist outpatient clinics and other health practitioners that work in outpatient health care services. This role of the patient's general practice to function as a health care home is important at many levels, well evidenced to improve health outcomes and supported by the Australian Medical Association.

In order that a patient's care is safe, effective and efficient, adequate and timely communication of information between all medical and health professionals, who provide care to the patient, is required. This needs to occur between all treating health practitioners at all stages of the patient journey; starting from the community setting, through to acute or sub-acute care, and on subsequent 'return' to the community and clinical handover back to a person's General Practitioner.

When appropriate and effective transfer of care practices between General Practitioners other treating doctors and health services and are undertaken, re-admissions are reduced and adverse events minimised. There is also an improvement in satisfaction and experience for patients, carers, families, doctors and other health practitioners.

Stakeholders

The most important stakeholder are patients, their carers and families as improved communication leads to better health outcomes and improved patient experience.

Practical examples include reducing the frequent need for patients to repeat fundamental information or undergo repeat investigations and preventing medicine mismanagement due to poor communication between providers.

The other major stakeholders of these requirements include General Practitioners/ other treating doctors, health services and health professionals.

For both health services, and General Practitioners, adherence to these Standards will help achieve and demonstrate performance against their respective Quality Standards by demonstrating the policies and systems required for good communication.

Government is also an important stakeholder as the outcomes of improved communication between General Practice and Health Services will improve efficiency and sustainability, increase patient and carer satisfaction and strengthen service performance.

Who do these Standards apply to?

These standards are principally concerned with health services, General Practitioner and other medical professionals. Health Services may be public or private. These Standards scope emergency care, admitted care and non-admitted care episodes[1]

[1] See Glossary at end of this document.

THE 10 STANDARDS IN SUMMARY

Standard 1: Referral information from a practitioner to a health service

A referral to a health service from a General Practitioner includes information for an assessment of the need for care in their setting, triage, and the requirements for the patient's access to the health service.

Standard 2: General Practitioner Details

The name and contact details of a patient's General Practitioner and/or practice is verified and updated on the patient record at each episode of care by the health service.

Standard 3: Supported Access to a General Practitioner

When patients do not have a regular General Practitioner, the health service has a process to support patients to locate a General Practitioner and/or practice and to attend for follow-up care.

Standard 4: Timely Communication

The health service has a system for timely communication directly to a patient's General Practitioner and other treating doctor(s) on the conclusion of every episode of care, after sentinel events and periodically during ongoing care.

Standard 5: Handover back to a General Practitioner

The health service provides General Practitioners with clear and appropriate information to support safe and meaningful clinical handover of patient care.

Standard 6: Information Transmission

The health service has secure and reliable electronic systems to send and receive information to and from the Health Service and General Practitioners and other treating doctor(s).

Standard 7: Outpatient services intake and appointment systems

Specialist Outpatient Services have transparent intake and appointment systems that provide appropriate information and notifications to patients, General Practitioners and other treating doctor(s).

Standard 8: Outpatient Services Communication

There is a system for ongoing and timely clinical communication about patient care between a health care service's Specialist Outpatient Services, other ambulatory and day services and the patient's General Practitioners and other treating doctor(s).

Standard 9: Discharge Planning Processes

The health service has discharge care planning processes for patients with complex needs that involves their General Practitioner and other treating doctor(s).

Standard 10: Managing Quality

These standards are incorporated into the Policies and Quality Systems of General Practices and Health Services.

THE 10 STANDARDS IN DETAIL

Standard 1: Referral information from a practitioner to a health service

A referral to a health service includes information for an assessment of the need for care in their setting, triage, and the requirements for the patient's access to the health service.

Elements of this information include, where appropriate to the needs and circumstance of the patient:

- demographic and contact information.
- reason for referral to the health service.
- findings, investigations; medical summary, medicines and allergies.
- an Advance Health Care Plan (when appropriate).
- the person's need for interpreter and cultural support.
- any disability support needs, including advocates and/or alternative decision makers.

Supporting standards and corroborating guidelines for this Standard are:

- The RACGP Standards for general practices (4th edition) Criterion 1.5.2 Clinical handover[2].
- The RACGP Standards for general practices (4th edition) Criterion 1.6.2 Referral documents[2].

Standard 2: General Practitioner Details

The name and contact details of a patient's General Practitioner and/or practice is verified and updated on the patient record at each episode of care by the health service.

The preferred criteria is the name of the General Practitioner, while the minimum criteria is the name of the practice.

Standard 3: Supported Access to a General Practitioner

When patients do not have a regular General Practitioner, the health service has a process to support patients to locate a General Practitioner and/or practice and to attend for follow-up care.

Minimum criteria for the process includes:

- Relevant staff have access to up to date contact details for General Practitioners for their catchment area.
- Assistance is available for the patient to choose a General Practice and to make a follow up appointment.

Standard 4: Timely Communication

The health service has a system for timely communication directly to a patient's General Practitioner and other treating doctor(s) on the conclusion of every episode of care, after sentinel events and periodically during ongoing care.

Criteria for timely formal communication:

Circumstances	Timing
• Unplanned inpatient admission • Discharge from an inpatient admission • After attendance at an emergency department or short-stay setting • On patient death or other sentinel events	Within 24 hours
• Initial Specialist outpatient consultation • Changes in health status or medication at a specialist outpatient service • Discharge from Specialist outpatient clinic	Within 7 days

Standard 5: Handover back to a General Practitioner

The health service provides General Practitioners with clear and appropriate information to support safe and meaningful clinical handover of patient care.

Supporting standards and corroborating guidelines for this Standard are:

- National Safety and Quality Health Service Standards Standard 6 – Clinical[3].
- AMA Position Statement - General Practice/Hospitals Transfer of Care Arrangements – 2013[1].

Standard 6: Information Transmission

The health service has secure and reliable electronic systems to send and receive information to and from the health service and General Practitioners and other treating doctor(s).

These should interface with patient information management systems commonly used by General Practitioners and other treating doctors in private or community clinic settings.

Standard 7: Outpatient services intake and appointment systems

Specialist Outpatient Services have transparent intake and appointment systems that provide appropriate information and notifications to patients, General Practitioners and other treating doctor(s).

Minimum criteria include:

- a single point for referral to all specialist outpatient services.
- a publically available system that informs patients and referring doctors of the expected wait for various outpatient specialist services.
- a tracking system to enable patients and referring doctors to determine the prioritisation and status of a given specialist outpatient referral.
- clear, timely and responsive administrative and clinical processes, triggered by notification from a General Practitioner/referring doctor to review the scheduling of a patient's appointment according to clinical circumstances.
- referral from doctor acknowledged within 3 working days of being received.
- a patient's non-attendance of an appointment is notified to referring doctor within 3 working days.
- re-scheduling or cancellation of an appointment initiated by the patient or the health service is notified to a referring doctor within 7 working days.

Standard 8: Outpatient Services Communication

There is a system for ongoing and timely clinical communication about patient care between a health care service's Specialist Outpatient Services, other ambulatory and day services and the patient's General Practitioners and other treating doctor(s).

Minimum criteria include systems:

- for the receipt of updating advice from the General Practitioner or referring doctor about the patient's progress, changes in management, clinical condition or care requirements.
- to enable scheduled secondary consultation with or without the patient directly present at the health care service or general practice.
- to enable telehealth outpatient consultations from the General Practitioner's Clinic when the patient resides in a rural or aged care residential setting.

Standard 9: Discharge Planning Processes

The health service has discharge care planning processes for patients with complex needs that involves their General Practitioner and other treating doctor(s).

Minimum systems for discharge planning processes for patients with complex needs include:

- the ability to undertake telephone, video conference or face-to-face case conferencing prior to discharge that includes the General Practitioner and/or referring doctor.
- outpatients appointment date (if required) scheduled prior to discharge.
- the ability for expedited re-assessment in the Emergency Department if the patient's medical condition deteriorates and warrants the patient's re-presentation within 72 hours following inpatient discharge.
- a documented plan of care and support to be provided to the General Practitioner in addition to discharge summary if Post-Acute Care services are put in place.

Standard 10: Managing Quality

These standards are incorporated into the Policies and Quality Systems of General Practices and Health Services.

Minimum requirements include incorporation of requirements for:

- documentation of policies, procedures, systems and processes that support the attainment of these Standards.
- appropriate Quality Indicators for these requirements are developed, which enable performance monitoring and the measurement of performance improvement initiatives.

Glossary

Emergency Care:

Care provided in an emergency department or emergency treatment/care area

Admitted Care:

This includes hospital wards, hospital in the home, acute psychiatry, short stay units, day procedure units, day oncology, bed-based rehabilitation, bed-based Transition Care and other subacute care such as Geriatric Evaluation and Management and bed-based palliative care.

Non-admitted Care:

This includes Specialist Outpatient Services, rehabilitation services, community-based Transition Care Packages, community based Specialist Palliative Care and other recovery programs such as cardiac rehabilitation and respiratory rehabilitation programs.

References

[1] Australian Medical Association. 2013. AMA Position Statement. General Practice/Hospitals Transfer of Care Arrangements – 2013

[2] Royal Australian College of General Practitioners. 2010. Standards for general practices. 4th edition. Published October 2010 Updated May 2013, updated March 2015, updated July 2015

[3] Australian Commission on Safety and Quality in Health Care. 2012 National Safety and Quality Health Service Standards Standard 6 – Clinical Handover Safety and Quality Improvement Guide. https://safetyandquality.gov.au/wp-content/uploads/2012/10/Standard6_Oct_2012_WEB.pdf

[4] Specialist clinics in Victorian public hospitals: Access policy. August 2013 https://www2.health.vic.gov.au/getfile//?sc_itemid=%7BE6447CD4-2AD8-48B3-8760-08A028FC788E%7D

[5] Victorian public hospital specialist clinics. Discharge Guidelines. August 2010 https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Discharge%20guidelines

[6] Victorian Auditor – General's Report. Managing Acute Patient Flows. December 2008 http://www.audit.vic.gov.au/publications/2008-09/20081112-Managing-Acute-Patient-Flows.pdf

[7] Victorian Auditor – General's Report. Clinical ICT Systems in the Victorian Public Health Sector. October 2013 http://www.parliament.vic.gov.au/file_uploads/20131030-Clinical-ICT-Systems_ftGBLy2B.pdf