

Key Recommendations to date Integrated Care Wave LW3

Anthony Elliott- Director of Rural Services

Recommendation 1

Any care redesign program should include the patient, at the table, to ensure that providers and organisations maintain a patient centred approach to improving care.

Recommendation 2

It is essential that the Townsville Hospital (and Q health State) Integrated Electronic Medical Record (iEMR), and other patient record systems have a mandatory General Practitioner field, this is critical to enabling communication between the hospital and general practice

- This must be validated at each patient presentation to ensure currency and accuracy.
- This should be a drop down select field (not a free text field) that is fed from a current list of General Practitioners updated by TTH quarterly (or more frequently) from list provided by the National Health Services Directory.
- There should be a primary and secondary GP field- many patients have more than one GP

Recommendation 3

GP's should receive notification of patient presentation to ED or admission to hospital. Purpose of notification is to improve the patient journey through proactive input into care and early discharge planning, involving General Practice.

- Notification should consist of patient identity, where they are presenting/being admitted and contact details for the ward and managing physician
- Qld ambulance should notify the GP of any care they provide to a patient, whether or not this incident results in presentation to ED. Incident summaries should include details of the presenting symptoms and any treatment provided/outcomes.

Recommendation 4

The Personally Controlled Electronic Health Record (PCEHR) is the best currently available tool to support communication to hospital *from* General Practice/Primary Health care.

- General Practice should seek to enrol every patient with a chronic condition to PCEHR. Enrolment to PCEHR should be a standard processes as part of a GP creating a GP management plan. General Practice must upload and maintain a current, concise, accurate Shared Health Summary to PCEHR.
- The Townsville Hospital should have a mandatory and simple process in place to ensure they refer to the PCEHR for clients with complex care needs to help inform care (meaningful use).
- All Patient Advance Care Directives (initiated in Hospital or in General Practice) should be uploaded to the PCEHR

Recommendation 5

Patients must be better equipped with resources and information that support them to be champions of their own health care, and successful” self managers”

- All patients should “carry” a copy of all relevant health information from primary health care, general practice and hospital presentation and admissions.
 - NEHTA should develop an app to support patients to carry and update their PCEHR. (NEHTA contacted regarding possibility of a PCEHR app being developed for patients but this is not in scope of NEHTA work at present)
- Patients should receive comprehensive training in being their own care coordinator and additional resources to support them to record care at a whole of system level
- Patients should receive training in patient advocates to enable to demand the health system improve to meet their needs

Thank you...

Discussion

Acknowledgements



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