

Electronic discharge summaries (eDS) – the how and the why? Secure Messaging Webinar Series Part 1

7th March 2024



Acknowledgement of Country

I would like to acknowledge the traditional owners of the land on which we all meet today and to pay my respects to Aboriginal elders past, present and emerging.

I would also like to extend my respect to all Aboriginal people present today.







Housekeeping

- Attendees muted for duration of webinar
- 1 hour duration
- CPD RACGP Approved Activity (1 hour Educational Activity)
- Webinar being recorded and will be available on our website
- Q & A





Today's Speakers

Bejoy Cherian

Integration Architect at Western Sydney LHD



Dara Nou

Account Manager at Healthlink







Agenda

- Benefits of secure messaging and how it improves the way you communicate with other healthcare providers
- What factors are involved in successful receipt of your patients' electronic discharge summaries (eDS) from hospitals
- How to update your secure messaging vendor, HealthLink, of changes to your practice and providers
- Q&A





What is Secure Messaging and how does it work?

 Secure messaging is a real-time point to point secure transfer of information between health professionals, including general practitioners, specialists, hospitals, and allied health professionals.



Image taken from ADHA's Secure Messaging Factsheet, 2021





What are the benefits of using secure messaging?

DOMESTIC FAMILY AND SEXUAL VIOLENCE (DFSV) ACTION PLAN





The DFSV Action Plan is used when there has been an indication of DFSV occurring towards the patient to enhance safety and identify risk.

The Action Plan doubles as the referral to your Domestic Family Violence Linker and where safety is not acute, can be completed over several appointments with partially completed being acceptable to send when referring to link for support early. Please consider sending page 1 at minimum.

Send via fax, Medical Objects or Health Link. Please check HealthPathways for relevant contact details for your regions DFV Linker.

Please refer to the DFSV Primary Care Action Plan Guide for more information

Patient Details		DO NOT PROVIDE PATIENT WITH A COPY OF ANY PART OF THE ACTION PLAN. IT MAY NOT BE SAFE FOR THEM TO TAKE HOME. It is recommended that clinicians using this Action Plan seek DFSV training. Please contact your PHN for free training.									
Full Name		Date of Birth	Gender/Pronouns		Patient Contact Details						
					Patient Address				Safe to receiv	e letters?	□Yes □No
What culture/s does the patient identify with: ie. Aboriginal, Torres Strait Islander, LGBTQIA+ & Other Nationalities				Preferred contact number		Safe time/day to call		Safe to leave	a message?	□Yes □No	
					Alternate contact number		Safe time/day to call		Safe to leave	a message?	□Yes □No
Does the patient need an interpreter to communicate?				Preferred email				Safe to receiv	e email?	□Yes □No	
If yes, specify language/s				Alternate email				Safe to receiv	e email?	□Yes □No	
Children & Pregnancy			I		Person/s Using DFSV						
Is the Patient Pregnant and/or have baby under 1 year old? Yes No				Name of Person/s Using DFSV Relations		hip to Patient					
Children's Name/s and Age/s				Living in same household as patient?							
					Practitioner Name / Practice						

Privacy and security

The use of post, fax and email to share patient and clinical information puts it at risk.

Pictured: NBMPHN's DFSV Referral Form sent to Relationships Australia via secure messaging

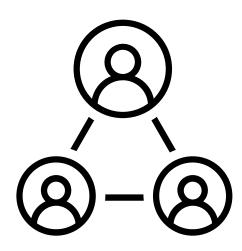




Additional benefits of using secure messaging...

 Improved timeliness for the sending and receipt of referrals and clinical information, such as receiving electronic discharge summaries (eDS) from hospitals

 Improved communication between healthcare providers and therefore, improved coordination of care

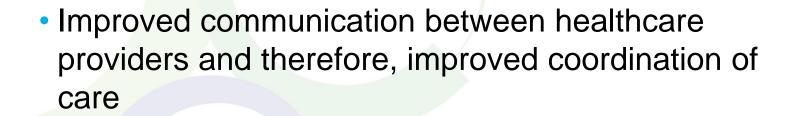


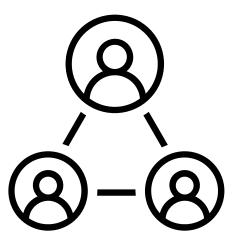




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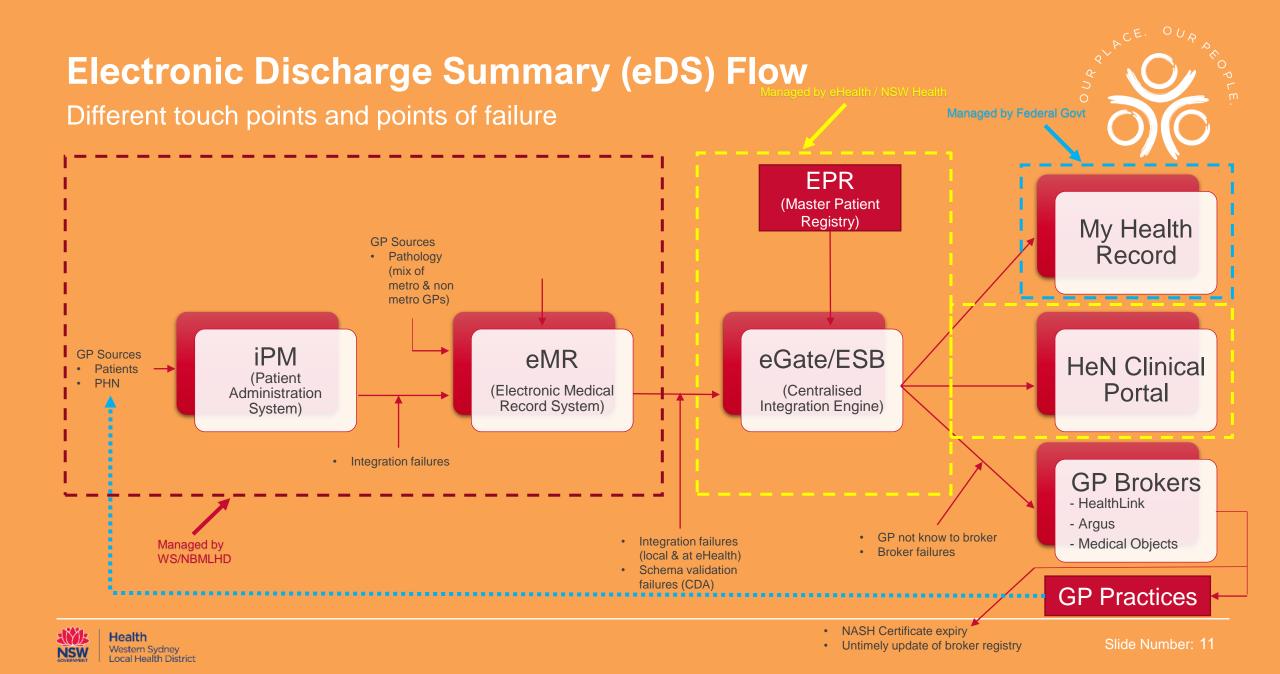


WS/NBM LHD eDS Journey

Bejoy Cherian – Integration Architect Digital Health Solutions - WSLHD







General Practitioner – Identifiers Used

Multiple Identifiers used in the district – No single source of truth



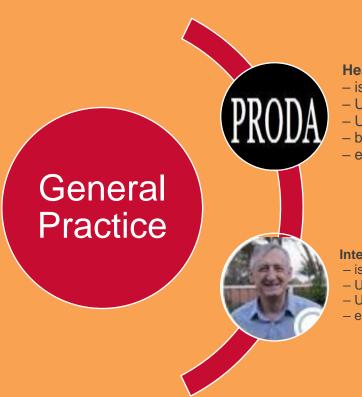




General Practice – Identifiers Used

Multiple Identifiers used in the district





Healthcare Provider Identifier-Organisation (HPI-O)

- issued by Services Australia (using PRODA)
- Unique for a Practice
- Used as unique identifier for a practice in i.PM if known
- begins with 800362 and is 16 digits long
- e.g. 8003624166699592

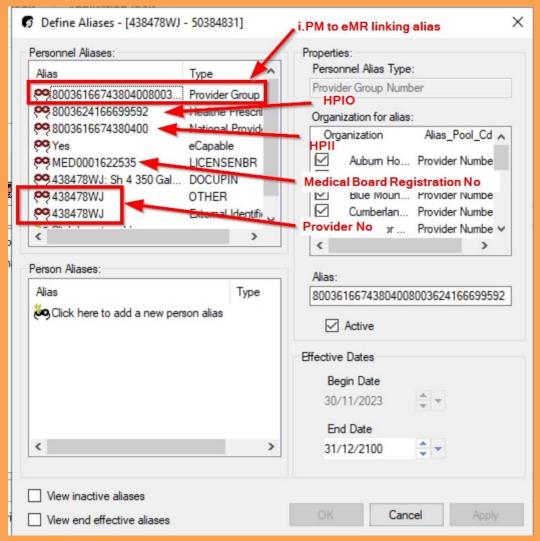
Internal Practice No

- issued by LHD iPM Team resource
- Used when unable to get HPI-O or same HPI-O used at multiple locations
- Used as unique identifier for a practice in i.PM if HPI-O not known
- e.g. GP1783

eMR GP Setup

Different aliases

Properly setup GP in eMR





GP Data Source - PHNs









GP Data Source - PHNs

Recommendations for GPs/GP Practices

- Engage with your PHN
 - They can act as a liaison between the practice and the LHD
 - o Provide changed/updated information to the LHD about GP/Practice changes
 - Help with troubleshooting failed deliveries
- Contact/Update PHNs regularly when
 - Changes to GPs in the practice
 - New GP starts at the practice (New Provider No added and linked to practice in the LHD systems)
 - Moves to another practice (Existing Provider No will need to be end dated in the LHD systems)
 - Stops practicing just at that practice (Existing Provider No will need to be end dated in the LHD systems)
 - Stops practicing Retires/Other reasons (All Provider Nos associated with this GP will need to be end dated in the LHD systems)
 - Change/Move of Practice locations impact on identifiers such as Provider Nos & HPIO (Practice details to be updated in the LHD systems)
 - Practice moves to another location (Change in HPIO and all Provider Nos associated to the location)
 - Practice Closes/shuts down (All Provider Nos associated with this location and Practice details will need to be end dated in the LHD systems)



GP Data Source - PHNs

Recommendations for GPs/GP Practices

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- Contact/Update PHNs regularly when
 - Practice is capable of receiving documents electronically (Set "eCapable = Yes" at practice level, in LHD systems) and which broker (HealthLink/Argus/Medical Objects) is being used for electronic communication.
 - Changes to existing arrangement with GP Broker
 - Having issues with receiving electronic documentation for one/all GPs (Investigate Broker & LHD systems as to cause of failure)



GP Data Source - PHNs

Recommendations for PHNs



- o PHNs to provide quarterly updates on GP movements using agreed Template (Update LHD systems as per updates).
- o Initiate/Enhance communications to GP practices on troubleshooting delivery failures (LHD/eHealth can provide failure reports)

GP Data Source - Patients



GP Data Source - Patients

Recommendations for GPs/GP Practices



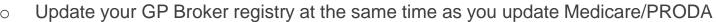
- Provide patients with documentation/communication clearly showing the GP details/Practice details
 - Their particular GP details including Provider No. (Makes it easy to identify/add GP details in the LHD systems)
 - Practice details
 - Address (Practice address will be added/updated in the LHD systems)
 - Phone Nos (Phone Nos will be added/updated in the LHD systems)
 - Capable of receiving documentation electronically (Set "eCapable = Yes" at practice level, in LHD systems)
 - Which GP Broker is used (Assists with troubleshooting failed deliveries)
 - List of other GPs working at the same Practice including Provider Nos, if possible if the patient does not have a fixed GP but sees any available GP (Other GPs can be added in the LHD systems)

GP/GP Practice - Tips



GP/GP Practice - Tips

Recommendations for GPs/GP Practices



- Update the broker registry in a timely manner on new/changed GP movements.
- Update the broker registry with specific details such as Provider No, HPII of the GP and HPIO of the practice.
- E. G. <u>HealthLink Directory</u>
- Ensure your GP Broker security (NASH) certificate is renewed in a timely manner.
 - This is for encrypted and secure electronic communication
 - If expired/invalid, all communication from the broker to the practice will fail.
- Sign up to Provider Connect Australia
 - New government (ADHA) initiative for provider registry
 - Will become source of truth for provider information at the LHD, in the future
 - Additional information can be found here https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/provider-connect-australia
- Check the "My Health Record" portal for missing eDS
 - All eDS are sent to My Health Record if patient has consented.
 - Can be accessed through common practice software
 - Additional information can be found here https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/my-health-record



Known Issues

Some of the issues we are aware of

- O GPs receiving multiple copies/versions of the discharge summary
 - o Cause is due to the author signing and submitting the eDS before it is fully completed/updated.
 - Working on a solution to address this but limited due to restrictions on changing a state-wide built and used component.
 - Should be fixed in the very near future.
- Patients with no known GP
 - If patient cannot provide details for a valid GP at the time of presentation, eDS will not be sent to any broker.
 - Patient is associated to a generic GP (Dr Nil, Dr Unknown, Dr NotFound) in the LHD systems







Presented by Dara Nou – Account Manager

What is AUPD and why is it important

AUPD is HealthLink's Australian Provider Directory

Enables other HealthLink users to find your EDI (electronic data interchange)

Upon successful registration, you will be given login details to access AUPD in a separate email.

Not only does AUPD lists your practice's EDI, it lists the Provider Numbers of the GPs working there

In NSW, it is important to list the Provider Number against the EDI to ensure the Provider can receive an electronic Discharge Summary for a patient. Discharge Summaries are first routed via NSW Health's eHealth system then to HealthLink before it reaches a practice

We strongly encourage either you or your Practice Manager to update our AUPD with Provider Numbers so that the delivery process is hassle-free. This is also necessary for any staff changes at the practice.

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What to do if there are staff changes to your practice

Update your AUPD record

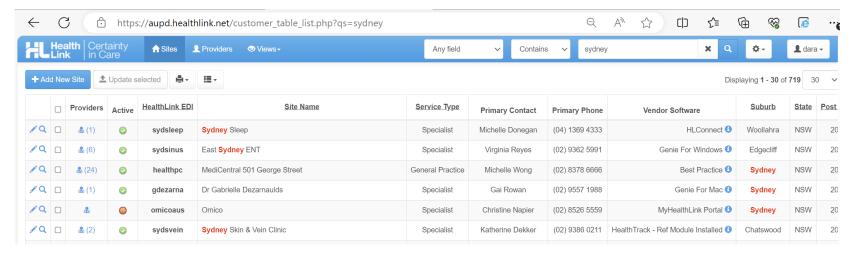
- 1. Log into AUPD
- 2. Search your EDI or find your practice by Site Name

Providers

3. Click on the doctor symbol in the Provider Column



- 5. For deletion of providers, please contact the Request team



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Quick Reference Information table

Our Home page	https://www.healthlink.com.au/
Registration page	https://www.healthlink.com.au/healthlink-application/
HelpDesk contact details	1800 125 036 (option 1)
	helpdeskhl@healthlink.net
AUPD guide	https://www.healthlink.com.au/user-guide/healthlink-online-
	provider-directory/
HMS guide & documentation	https://www.healthlink.com.au/user-guide/healthlink- messaging-client-documentation/
Download Software	https://www.healthlink.com.au/help-and-support/software-downloads/
AUPD	https://aupd.healthlink.net/
Register Team support	1800 125 036 (option 2)
	register@healthlink.net

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Clinical Software Resources

Setting up new providers correctly in your clinical software is also an important step in ensuring timely receipt of eDS.

Best Practice					
Setting up a provider in Best Practice	https://kb.bpsoftware.net/bppremier/saffron/GettingStarted/SetupProviders.htm?step=1				
Medical Director					
Setting up a provider in Medical Director	https://www.medicaldirector.com/help/#t=topics- clinical%2FAdding_Practitioners_Nurse_Practitioners.h tm				

Please reach out to your Primary Care Engagement Officer if you require assistance.





Thank you

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