# The reality of electronic discharge summaries

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# NACS implementation

- Notification And Clinical Summary (NACS) is the discharge summary developed by WA health

- NACS feeds into the patients eHealth record.

- It was originally rolled out at RPH and FSH.

- WACHS Great Southern was the first regional area to roll out the use of NACS (Jan/Feb 2016)

    - Albany doctors were reluctant to roll this out due to concerns about time to complete summaries.

# Prior to NACS

## *What did we use?*

- Paper based summaries were in wide use

- Some teams used MMEx – non integrated system primarily developed as a secure communication system.

- Neither MMEx or paper summaries prompted for medication information.

- MMEx summaries used free text due to major problems with the medication module of the summary

# Pre-roll out data

### *What was our baseline?*

- 44 discharges during a single week in December (more than 24 hour admission) were selected

- 10 surgical admissions, 5 psychiatry admissions and the remaining 29 were general medical including physicians and visiting GPs.

- 50% of the summaries were completed by the intern, 30% by residents and registrars and 20% by consultants

# Pre-roll out data

### *What was our baseline?*

- Median length of stay was 3 days (average 5.2)

- There was a delay in the days to complete the discharge summary  - Median 2.5 days (average 9.8)

- 50% of patients had NKA, and 18% had their allergy listed, 11% were recorded with no reaction type listed.

- 45% had a best possible medication list recorded (BPML*).

*defined as an unambiguous list of medications on discharge

*Working together for a healthier* **country WA**

# Prescriber Feedback

- During the roll out and post roll out

- **Takes too long**

- **Considered a significant disruption to workflow**

The loudest voices were the clinicians who had not completed a summary in NACS?

# Post Roll out audits

- Audit conducted "during the roll out" immediately after Albany Hospital was fully live.

  - Audit of 42 discharges

- Follow up audit conducted 1 month later after roll out completed

  - Audit of 51 discharges

# Post Roll out audits

| | December Audit | February Audit | March Audit |
|---|---|---|---|
| Median length of stay (Average) days | 3 (5.2) | 3.5 (6.5) | 4 (6.5) |
| Median days to summary (Average) days | 2.5 (9.8) | 0 (4.1) | 0 (2.8) |
| Allergies recorded | 68%* | 76% | 62% |
| Best Possible Medication List | 45% | 60% | 57% |
| NACS summaries | 0% | 81% | 68% |
| No summary at time of audit | | 1% (29 days) | 8% (35 days) |

# Ongoing audits and sustainability

- Audit completed in April (29 summaries)

  - Median days to summary 1 day (3 summaries not done)

  - 82% had completed allergy information, 40% had BPML, 61% NACS summaries

  - Most common reason for no BPML – incomplete missing new or old medications

Variability in part due to changes in junior doctors.

Doctors discovered summary can be completed without including medications.

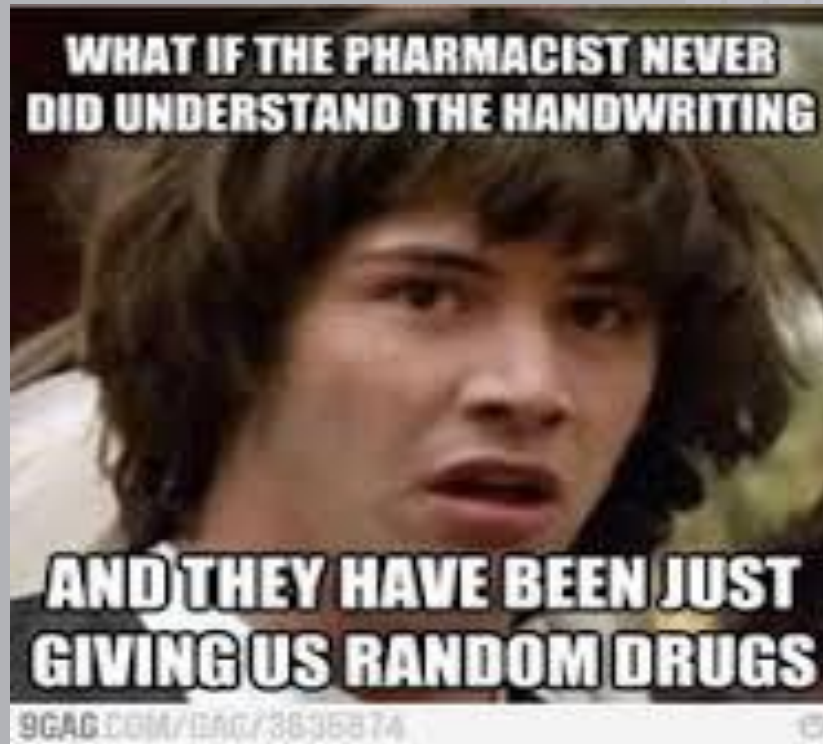Albany doctors do not have to use NACS to generate prescriptions

# Where to next?

- Continued audit to review quality of information.

- Project position in Great Southern to improve the uptake of electronic medication systems including NACS

  - How will electronic prescribing work if no-one is willing to put this information into a discharge summary?

# Questions