

TRANSFER OF CARE – PROJECT 9

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FRNZCGP

Transfer of Care and Test Results Responsibility

About this item

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Principle 1

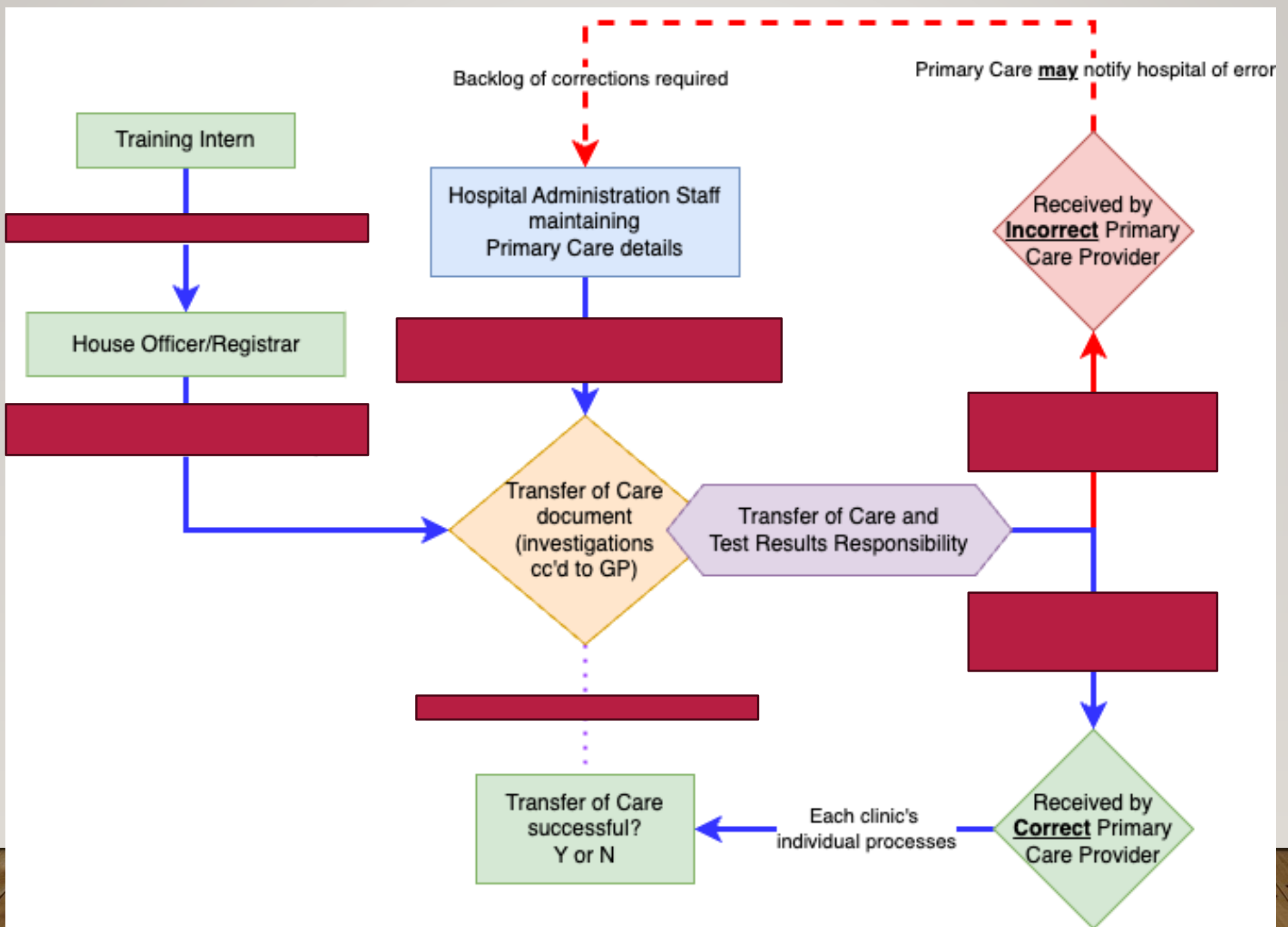
The clinician who orders an investigation (the requestor) is responsible, either personally or delegated through defined team processes¹, for review and actioning of the results regardless of subsequent transfer of care, unless explicitly agreed to and documented, otherwise.

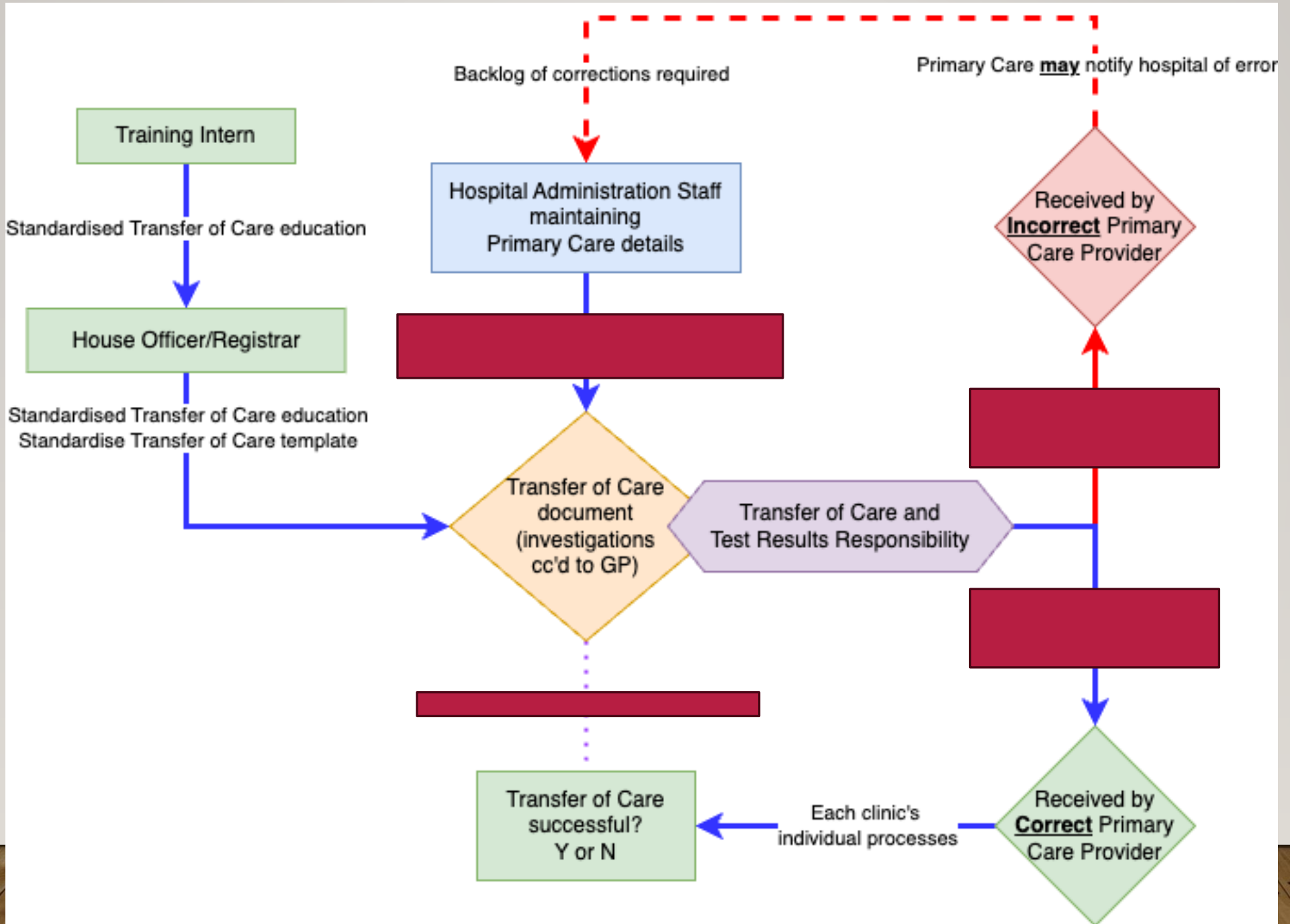
Principle 2

Where information is shared to add value to care and continuity, copying of results to other clinicians or service providers is appropriate but clear separate communication is required if the recipient is expected to act on the result.

Principle 3

Any clinician copied into result which is significantly abnormal needs to ensure appropriate action has been taken.





[-] **Advice To GP ***

- [-] Consider "Transfer of Care and Results Responsibility" principles when completing this section. If unsure how to apply, please discuss with your Registrar/Consultant.

If this Transfer of Care document is addressed to "Dr. None" (top right of document), this means this patient does NOT have an enrolled Primary Care provider.

[-] **Amendment Reason ***

Be clear as to what you have amended and do not bypass this field. This will be regularly audited for quality and clinical safety purposes.

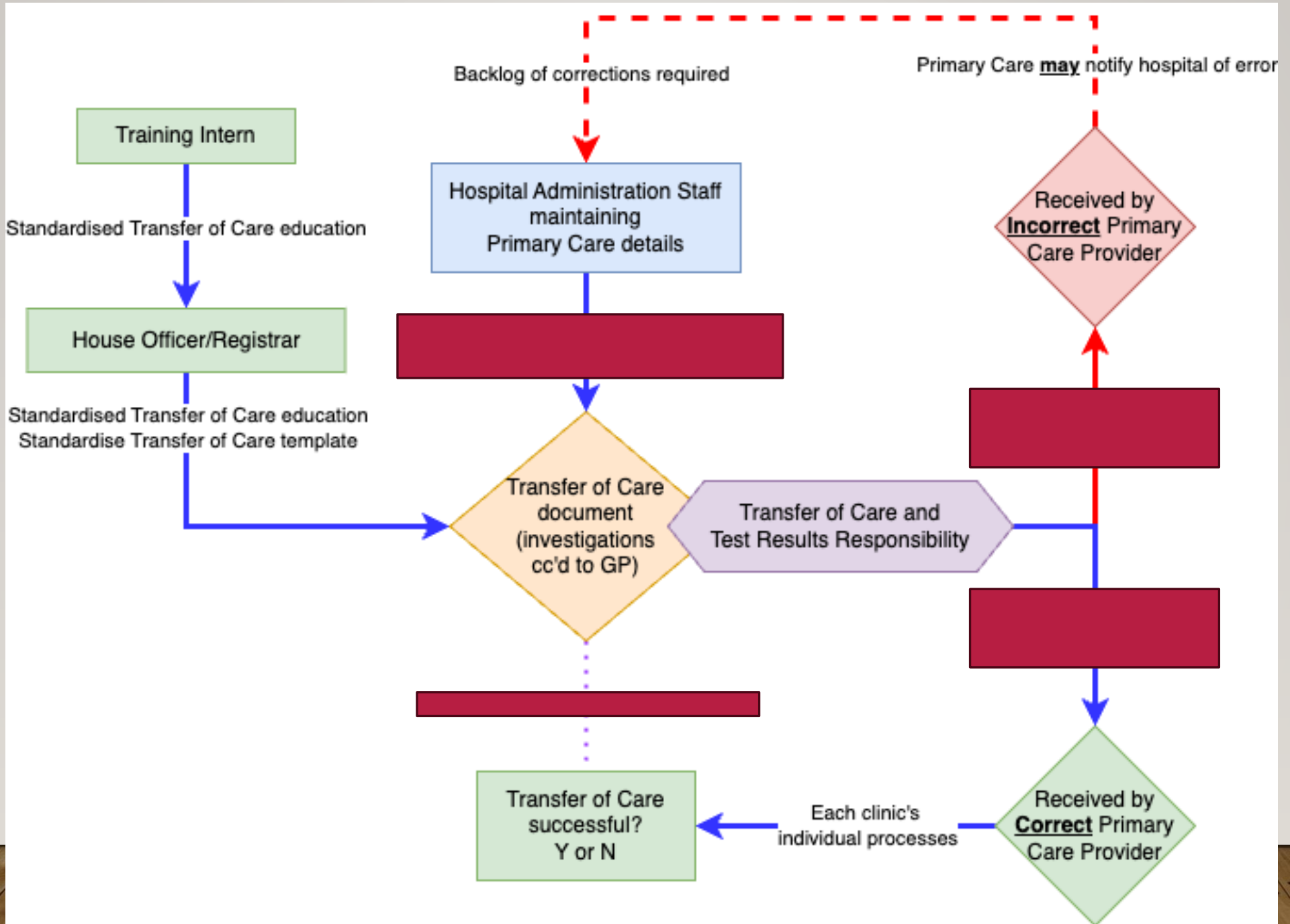
You may also use this section to update Primary Care any change in patient management e.g. change in medication prescription post-discharge due to newly noted antibiotics resistance.

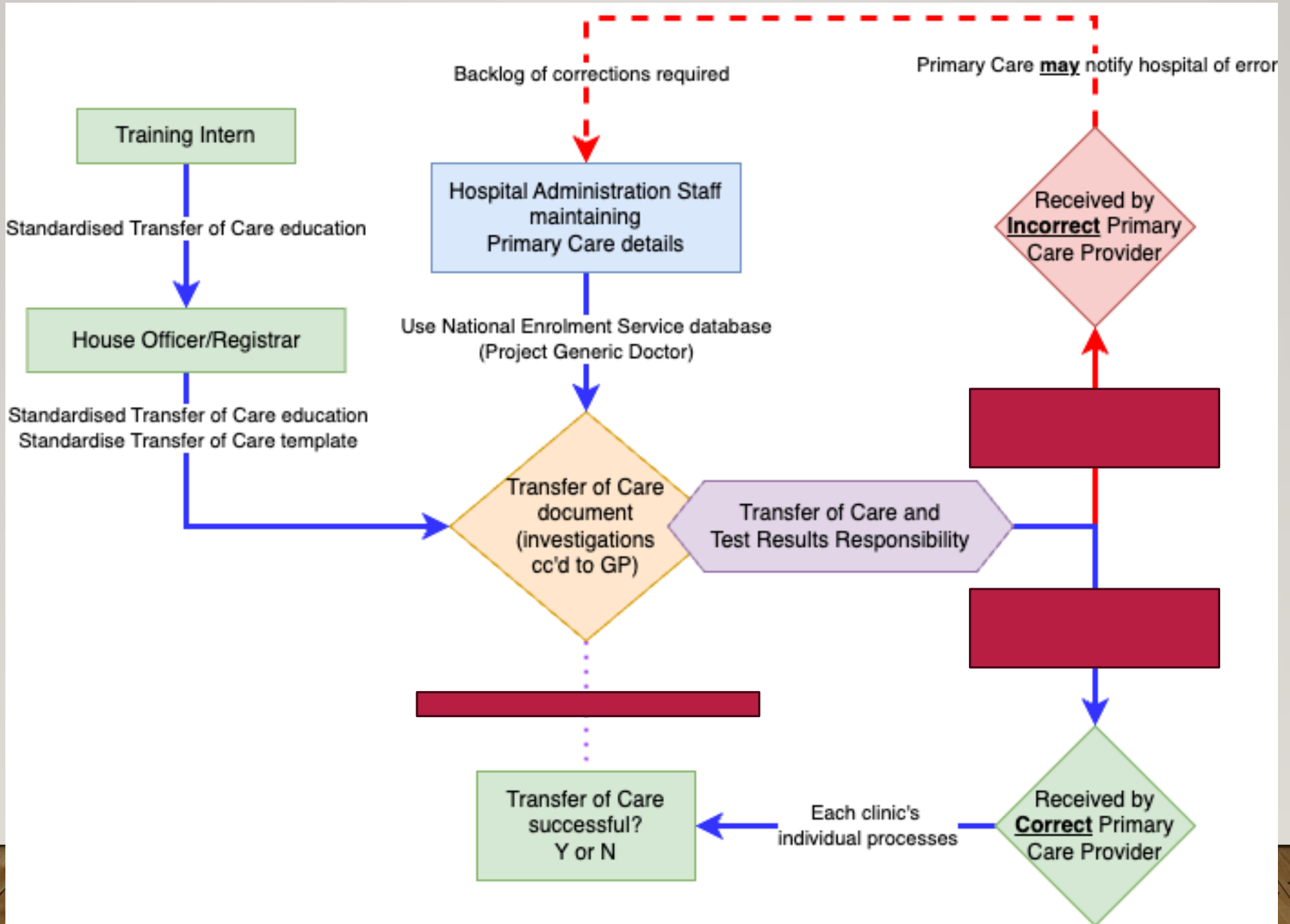
[-] **Clinical Management Summary ***

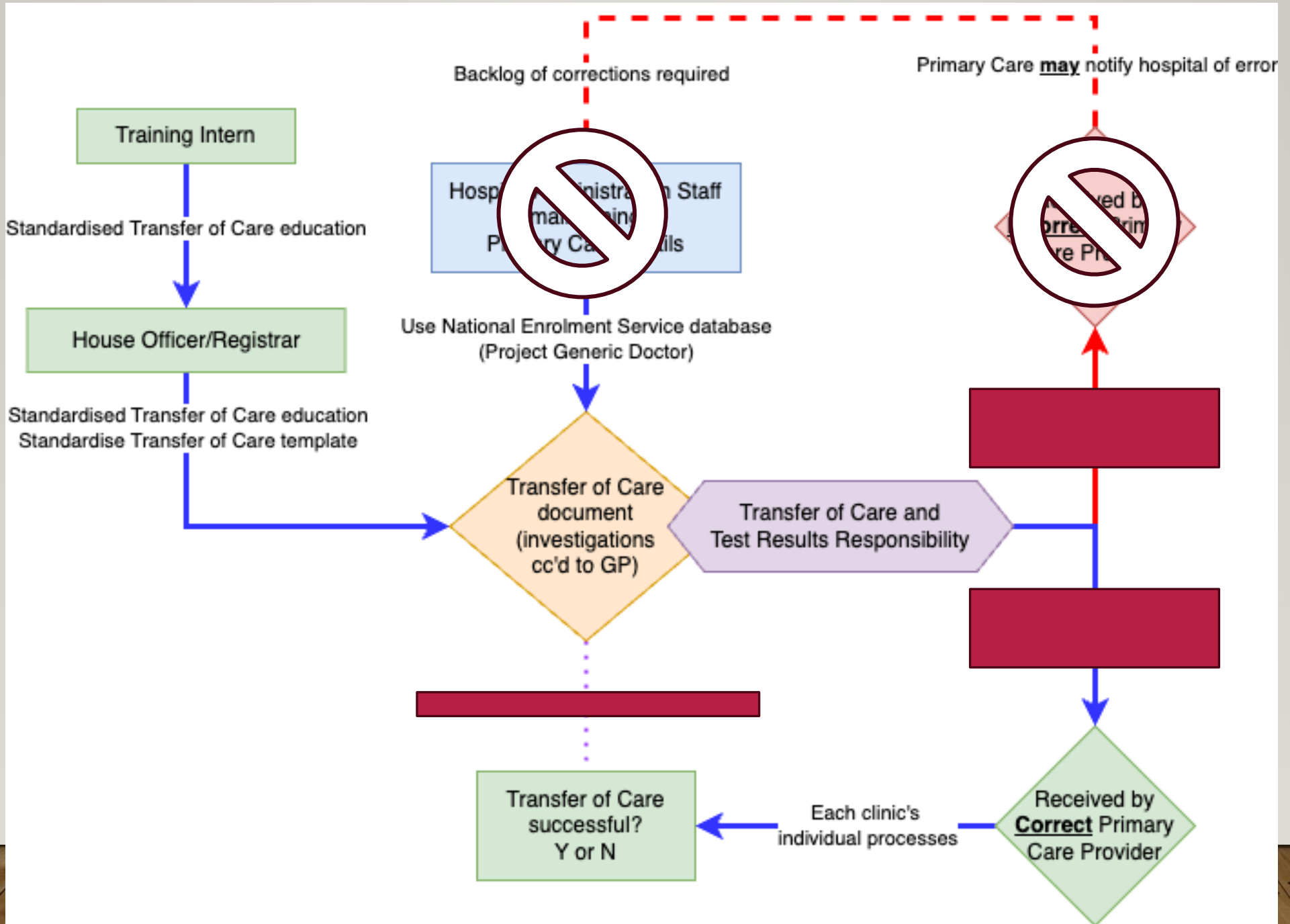
- [-] Please complete with the following sections:

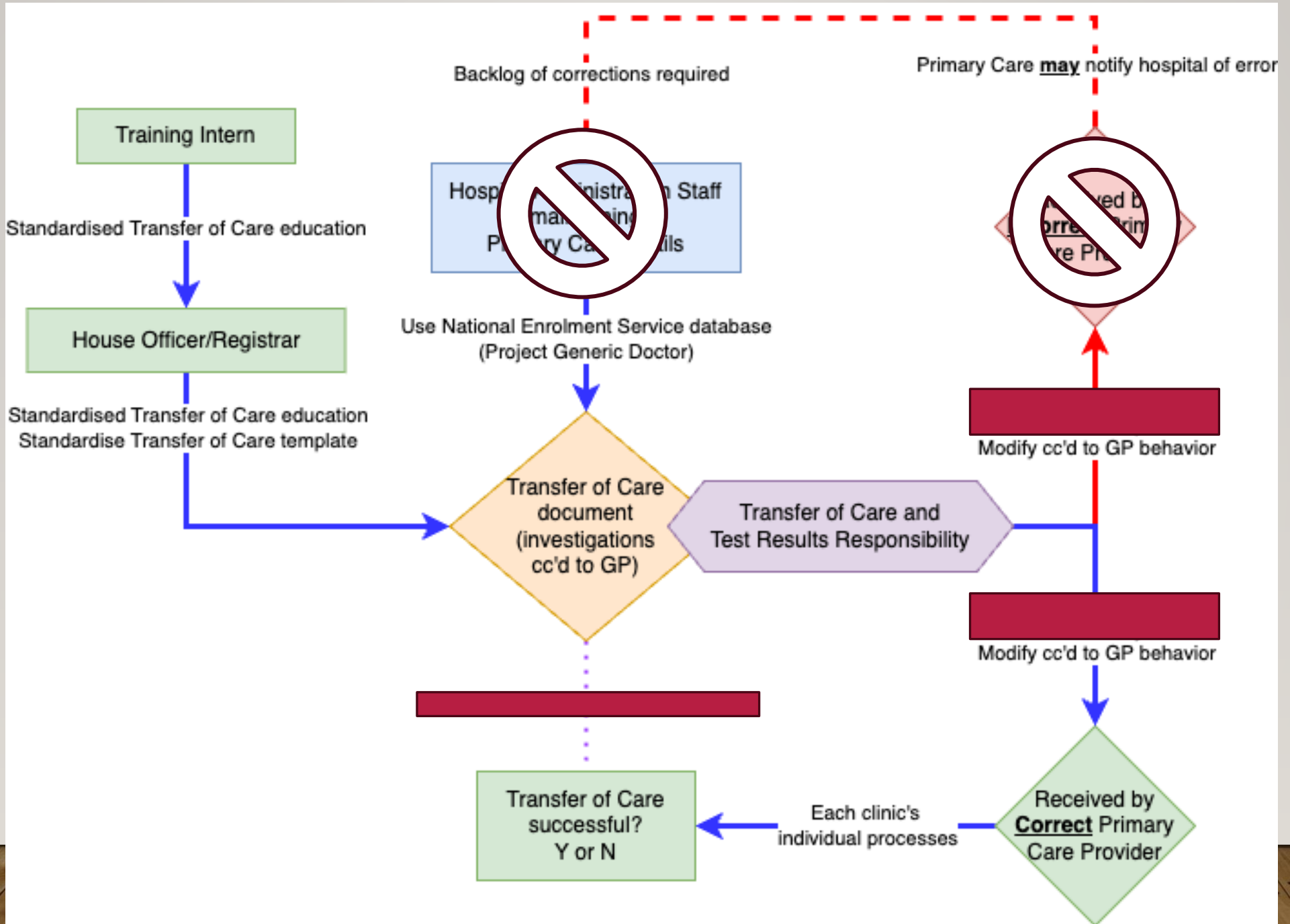
1. Admission Summary (keep short, summarise in 2-3 sentences)
2. Investigations (accept all results on Eclair, escalate histology and results you are unsure of to Registrar/SMO)
3. Primary/Secondary issues (this will be related to diagnoses section above)
4. Discharge plan (be clear about who will follow-up any outstanding/future investigations and use outpatient fields below to denote whether outpatient follow-ups AND/OR e-referrals have been completed)

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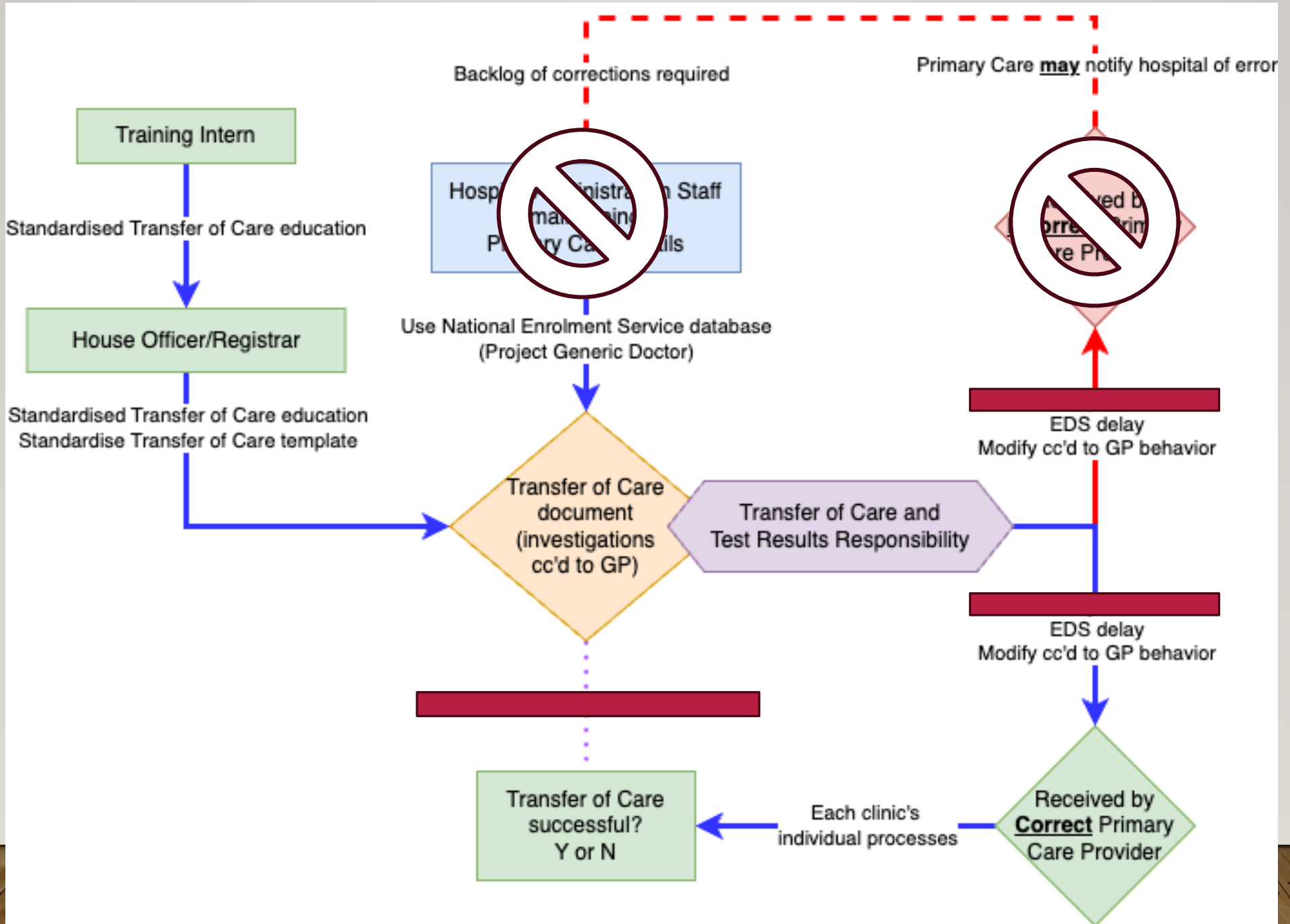


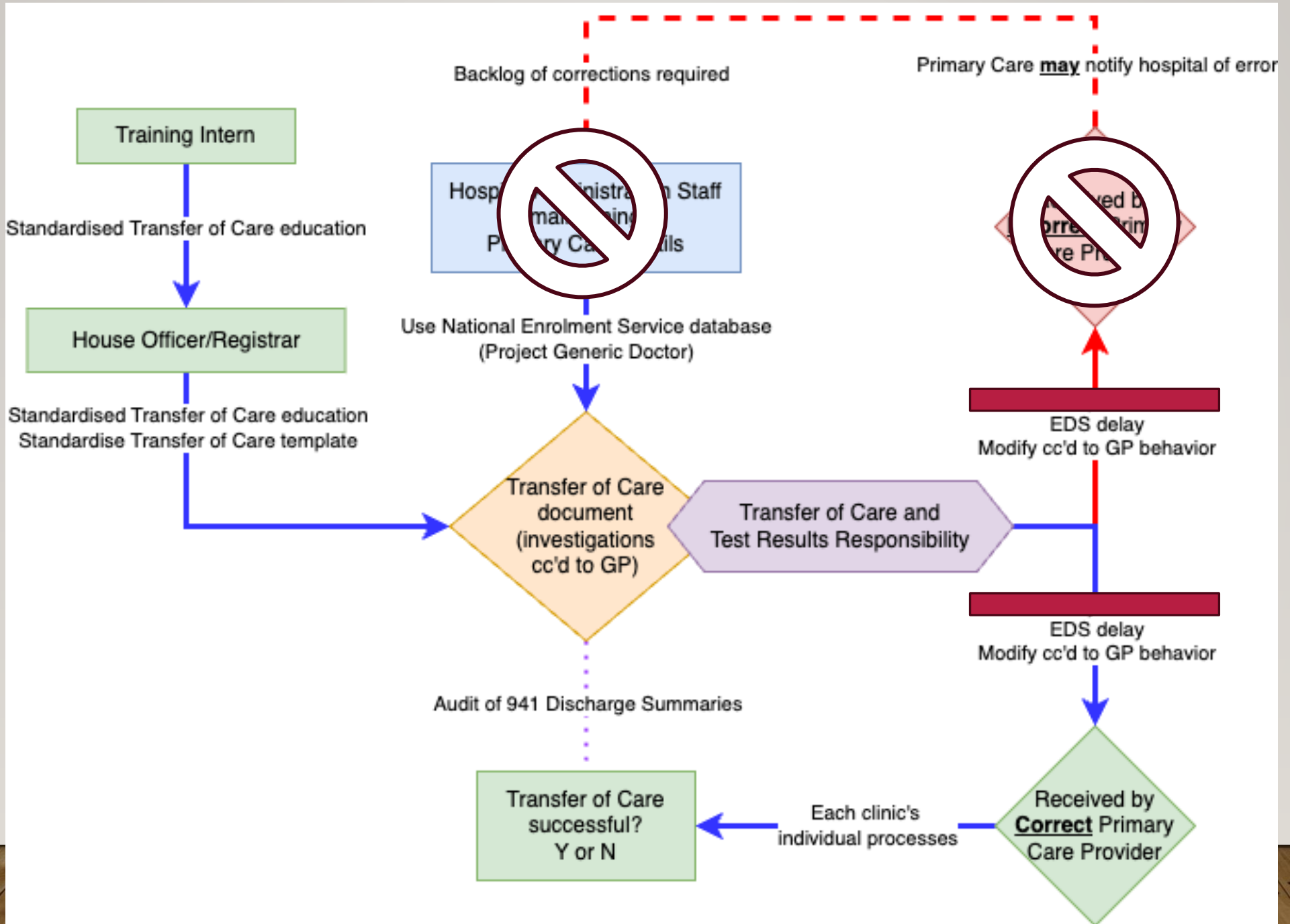




TALLY OF AUTOMATIC CC'D TO GP

	Inpatient laboratory	Outpatient laboratory	Inpatient radiology	Outpatient radiology
Te Tai Tokerau (all paper except outpatient radiology)	-	-	-	-
Waitemata (all e-Order)	-	-	-	Y
Auckland (e-Order except inpatient laboratory)	-	Y	Y	Y
Counties Manukau (all e-Orders)	-	-	-	-





AUDIT OF 941 DISCHARGE SUMMARIES

❖ 1 day in November 2023

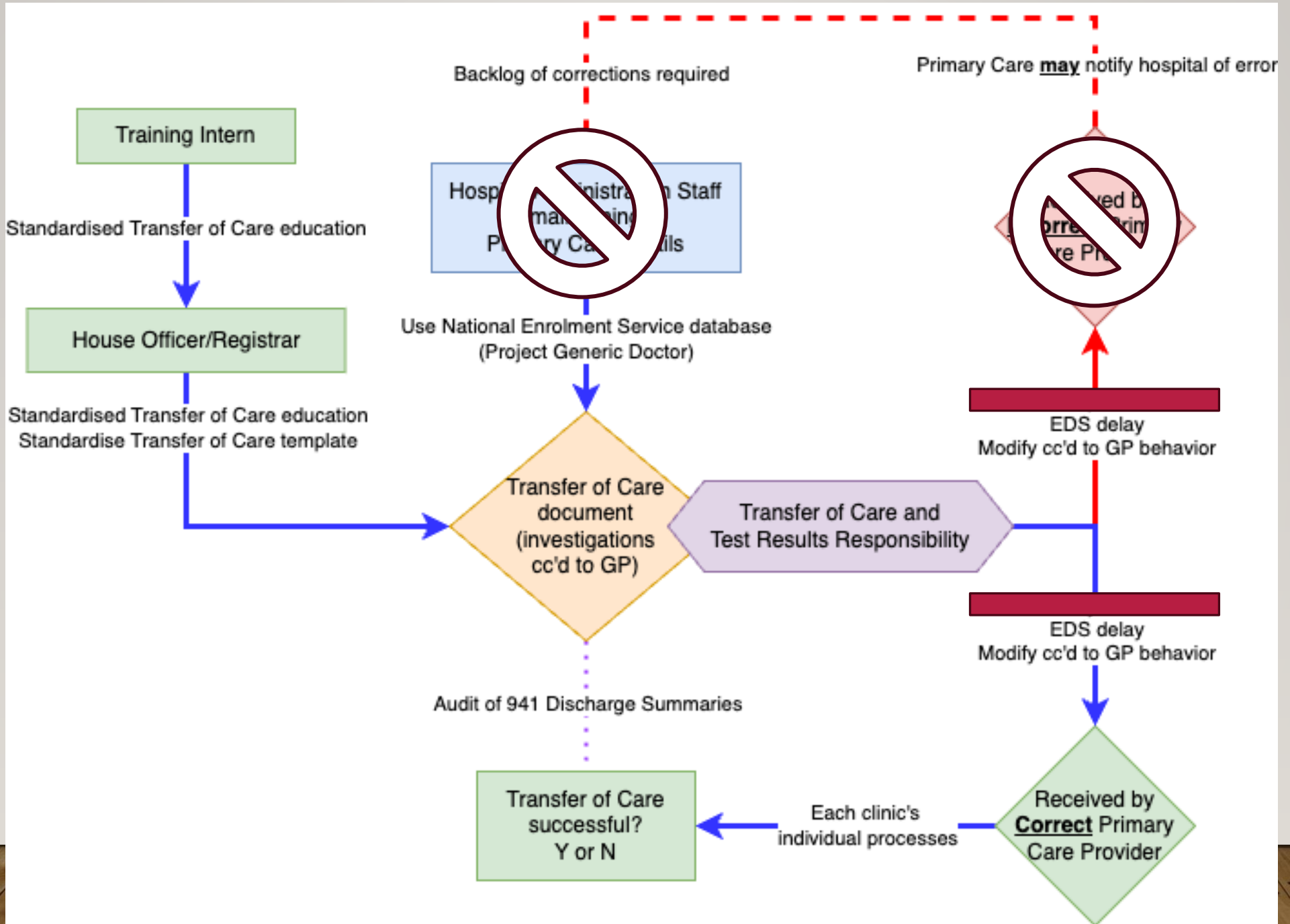
- 441 inpatient discharges (longer than 3 hours)
 - ✓ Less than 1 in 4 have something to handover to Primary Care (23.26%)
 - ✓ 84 transfer of care can be audited at 6-8 weeks
 - ✓ 32 transfer of care was successful (i.e. **38.1%**) note: attempting to contact patients were counted as successful
- 142 ED discharges (under 3 hours)
 - ✓ Less than 1 in 4 have something to handover to Primary Care (23.35%)

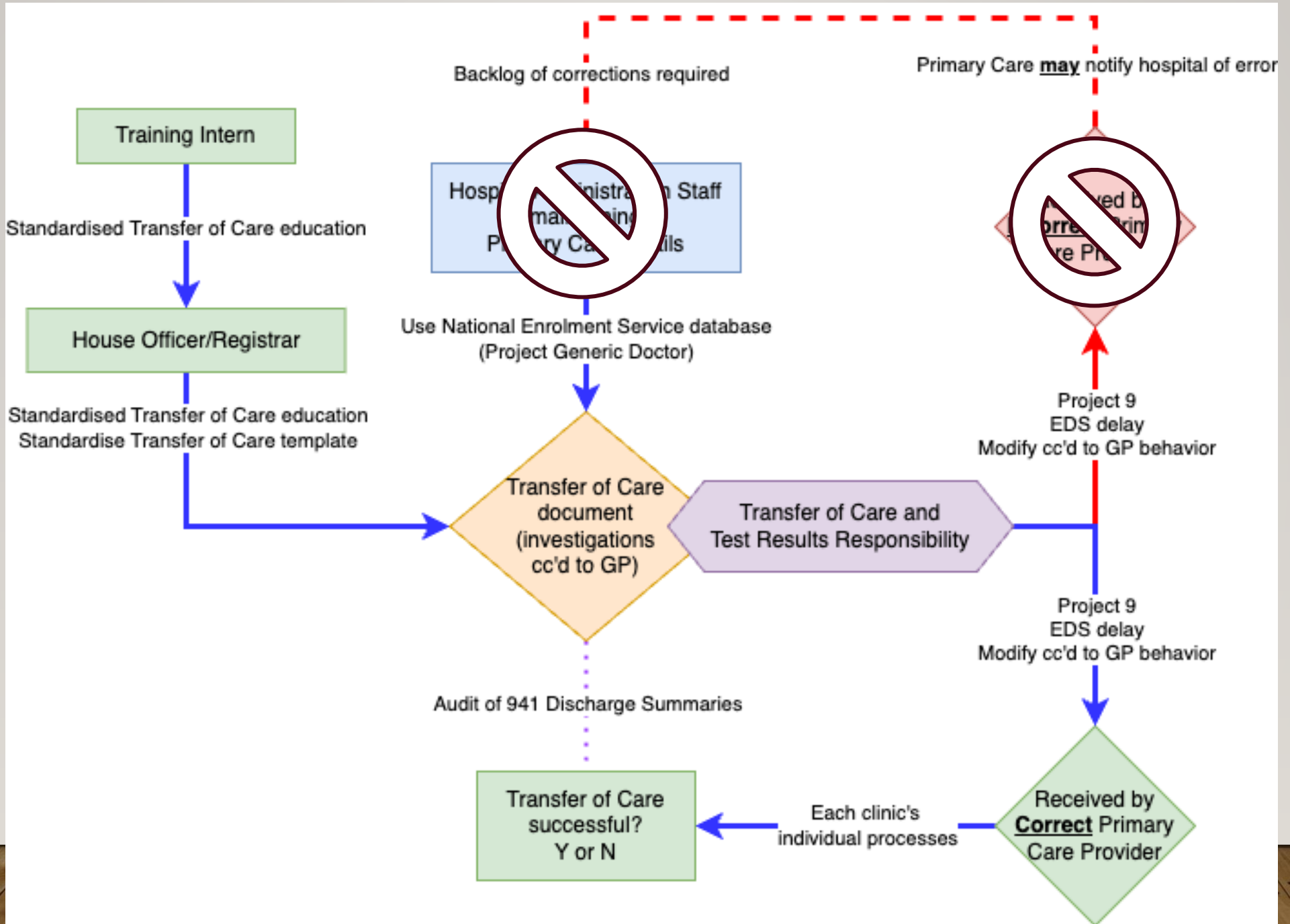
▪ 1 day in February 2024

- 359 inpatient discharges
 - Less than 1 in 5 have something to handover to Primary Care (18.44%)
 - ✓ 65 transfer of care can be audited at 6-8 weeks
 - 64 verbal handover to Practice Nurse/Receptionist within 1 week of patient discharge
 - Average phone call length for handover <2 minutes
 - ✓ 60 transfer of care was successful (i.e. **93.75%**)

AUDIT OF 941 DISCHARGE SUMMARIES

- Handover task suitability
 - 0% was sufficiently urgent or complex that required handover to a General Practitioner
 - 100% acceptable for a Practice Nurse
 - 68.8% acceptable for a receptionist (e.g. removal of sutures, wound reviews, follow-up post inpatient discharges +/- routine investigations)



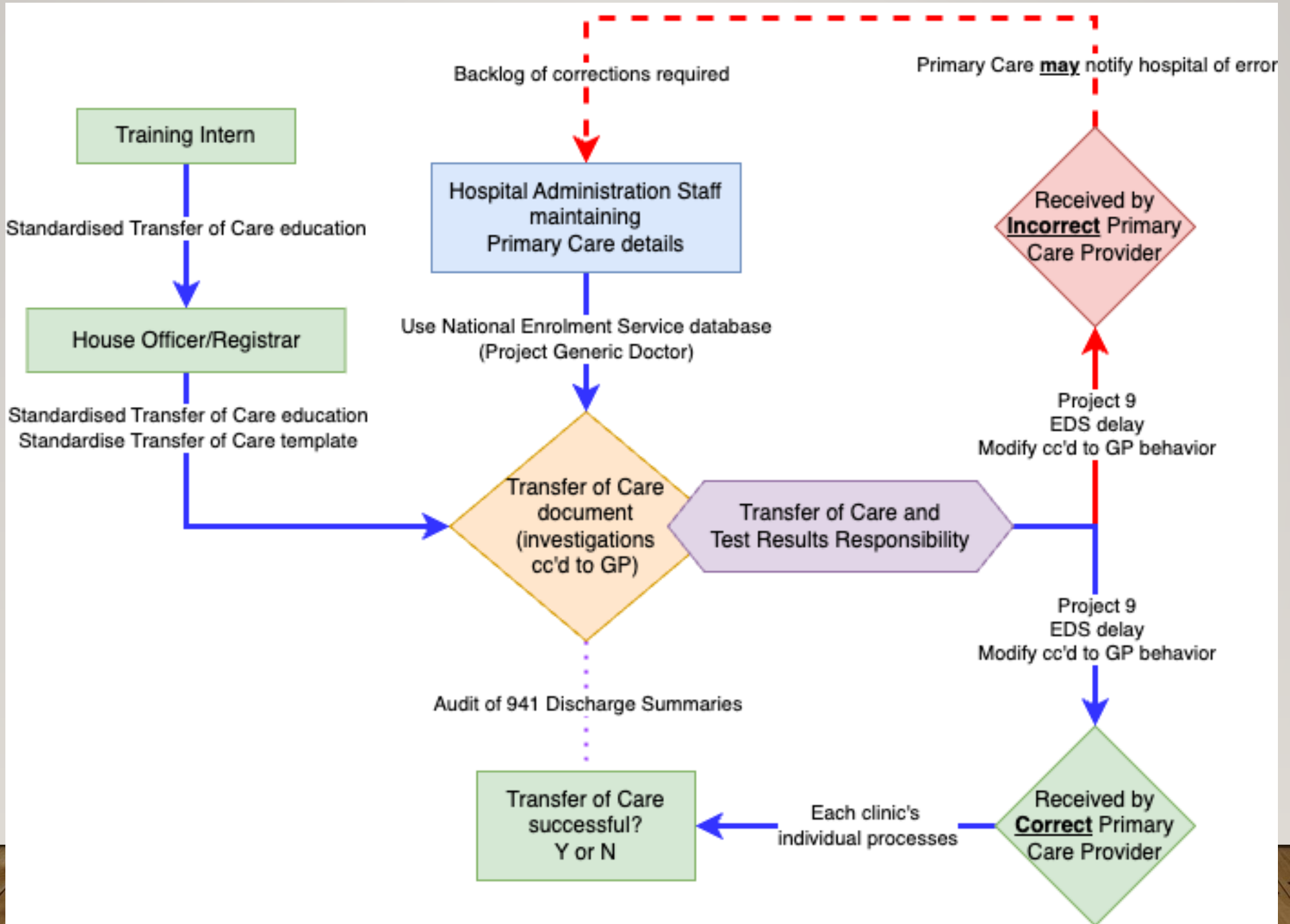


PROJECT 9 - SUMMARY

- Create an extension on your phone system
 - ✓ Not advertised to the general public
 - ✓ This is NOT bypassing the queue
 - ✓ Used exclusively by hospital clinicians for handovers during practice operating hours
 - ✓ One off cost to set up estimate \$0-100
- Expected workload
 - ✓ 2-3 phone calls per 10,000 enrolled patients per day
 - ✓ It is up to each practice to decide how they wish to receive and manage these calls
 - E.g. who does the extension go to first, who is to take the handovers
- Go live date?
 - ✓ When we hit a critical mass of practices and patients

PROJECT 9 - FAQs

- How does Hospital and Specialist Services view the Transfer of Care and Test Results Responsibility principles?
 - 81.3% agree that... (out of 428 GPs)
- What do Northern Region GPs say about cc'd to GP?
 - 89.6% in Northland (out of 48 respondents)
 - 80.3% in Waitemata (out of 147 respondents)
 - 81.1% in Auckland (out of 132 respondents)
 - 79.2% in Counties (out of 101 respondents)
- How does Primary Care benefit?
- Will Primary Care be paid for this additional work?
 - ✓ 2-3 phone calls per 10,000 enrolled pts per day, each phone call <2 minutes
- Why can't hospitals just put a flag on discharge summaries that have critical things to handover?
- How can we ensure Project 9 is only used for its intended purposes?
- Can we opt out of Project 9?



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	Inpatient laboratory	Outpatient laboratory	Inpatient radiology	Outpatient radiology
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Waitemata	E-order	E-order	E-order	Yes
Auckland	Likely No	Yes	Yes	Yes
Counties Manukau	E-order	E-order	E-order	E-order

AUDIT OF 941 DISCHARGE SUMMARIES

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THANK YOU
FOR YOUR CONTINUED WORK
AS PILLARS OF THE PUBLIC HEALTH SYSTEM