How do GPs want to change the EHR to improve hospital discharges? A qualitative study

By Dr Tom Thwaites
MRCGP AMBCS

PHCSG Education day, November 2022

Overview

Background: what do we know now?

Methods: how the qualitative study was performed

Outcomes and interpretation of the data

Recommendations: where could/should we be?

Background

The complex dynamics of a discharge

Critical point in patient care (Weetman, 2020)

Fragmented EHRs without a universal dataset (Warren, 2019 and Goldacre review, 2022)

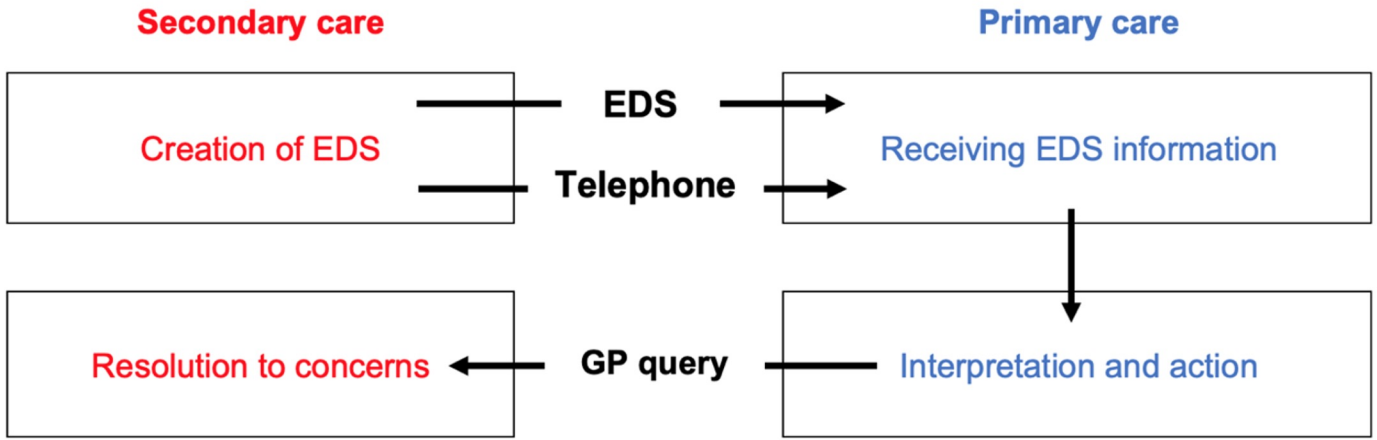
GP as care-coordinator

WHO ‘High 5s Project’, Academy of Royal Colleges, RCP

Improving the discharge process for GPs with the EHR

Background

Current system of communication between primary and secondary care (Boddy et al., 2021)



Improving the discharge process for GPs with the EHR

Methods

Greater London primary care clinicians

Surveys: 15 questions: single and multiple selection

Interviews: 8 questions: semi-structured, 30 minutes. Primary care clinicians

Observations: one-hour, during clinician administration

IoM quality of healthcare domains: *timeliness*, *efficiency*, and *safety*

Thematic analysis: reviewing transcripts into codes and themes

Example transcript

Thomas Thwaites 2:13
And how do you feel about the current process for discharging patients in your area at the moment?

GP3 2:27
I think there's often a delay, with documentation and that's even where I work. We have the London care record which is hooked up to so as soon as they upload a document we get it but even with that there's still a delay, which can be quite disappointing. I just had a patient on Friday that district nurses called me about because it was a failed discharge and they were very stressed and upset. And they wanted me to do something about it. And it was really difficult because nothing was on the system. So it's really hard to understand how they've been discharged. What had been put in place for this elderly patient who had refused the care package. So was going home like without a hoist and like how had happened? Nothing was documented, there was nothing and so and then you've got an angry district nurse calling you on a Friday when you're the only doctor in trying to get you to sort it out. And it's it's really hard to do when there was no communication. So in answer to your question, I don't think it's very good and it could be better. It's not I don't think there's very much structure in terms of the communication. It's very much kind of written within the discharge letter. If someone remembers to write it. There's never like a document specific to discharge care needs [or] social situation. It's all like you've got to search for it. Its usually a junior doctor writing it and it's usually some poor F1 [Foundation Year 1 doctor].

Before like when I worked in in Geris [Geriatrics], the physios would add to the TTA, as would the OTs, you know, everyone would write that bit which was quite useful. But then you also end up with an essay like a 13. Page TTA is but when I've got 50 documents in my inbox. I have a heart sync when I see a 13 page TTA I don't read all of it. I look for the

Results

Theme 1: unsuitable Electronic Discharge Summary

*"How discharge letter processing works is pretty **out of date**: sending a letter can take up to two weeks for someone to read it and scan it on [to the EHR]"*

Interview, GP trainee

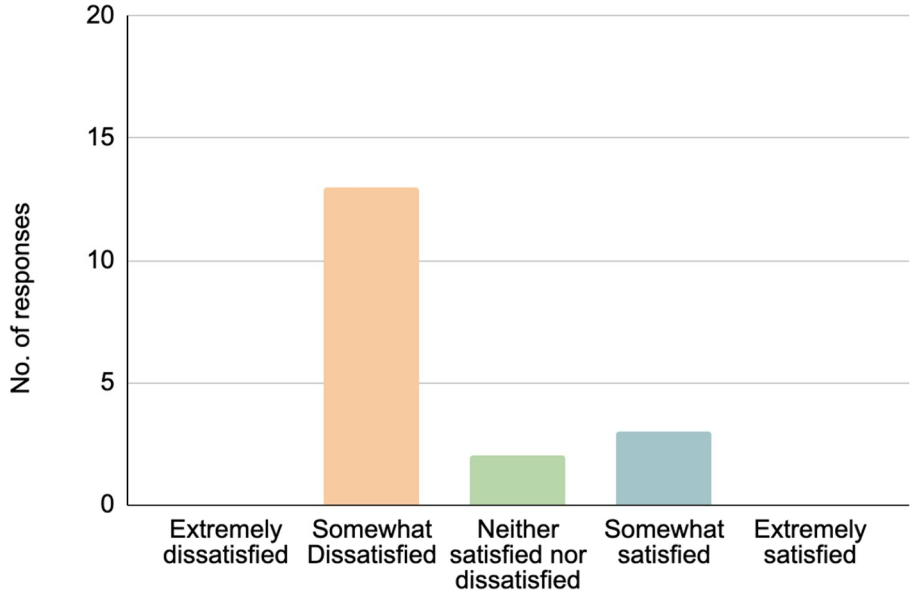
*"They are the **richest documents** we get, hands down, and they're not given the time that they deserve for the information they hold. They are precious documents"*

Interview, GP

Improving the discharge process for GPs with the EHR

Results

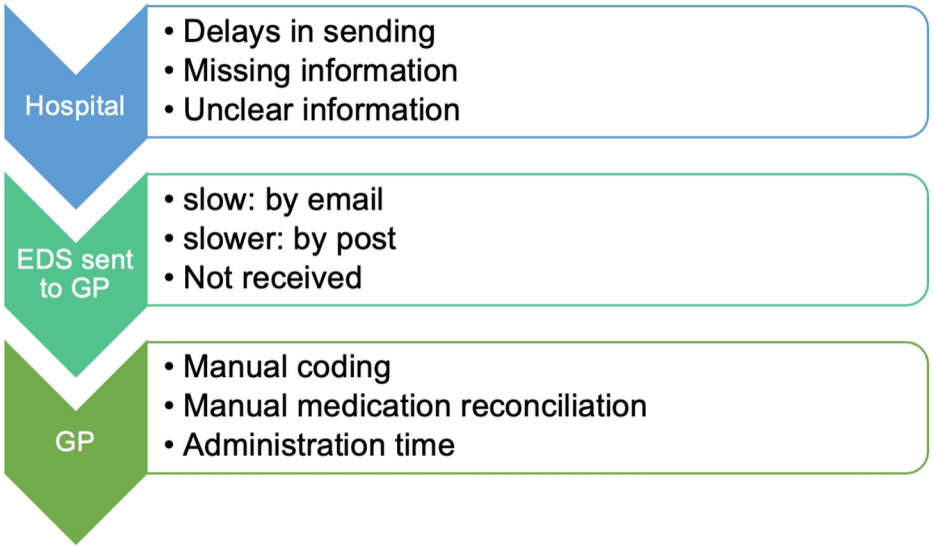
Clinicians were not satisfied with current discharge communication



Improving the discharge process for GPs with the EHR

Results

Where are the problems?



Results

Theme 2: inadequate access to hospital information

Minimum expected information for all patients

*“By accessing the hospital system, I have picked up a number of findings and recommendations from **scan reports that were not mentioned on discharge summaries**. Sometimes these are from amended reports that perhaps the inpatient team had not seen”*

Survey additional comment

Improving the discharge process for GPs with the EHR

Results

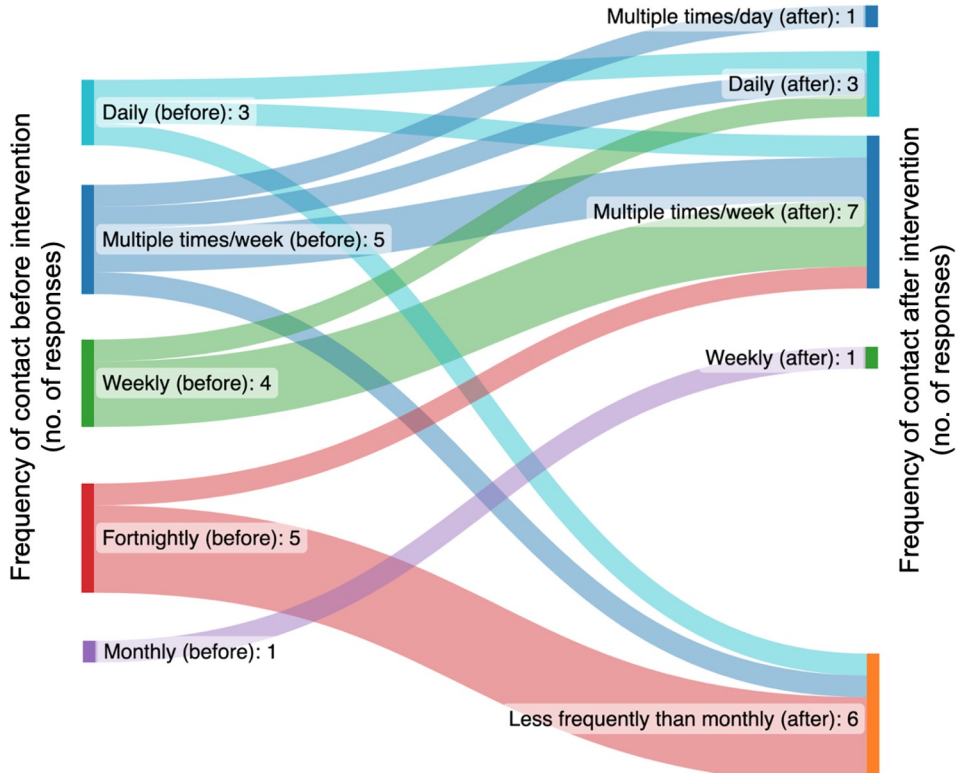
Would behaviour change with improved hospital EHR access?

More hospitals

More comprehensive and organised data points

Fewer conflicts to resolve

Ability to access in one go

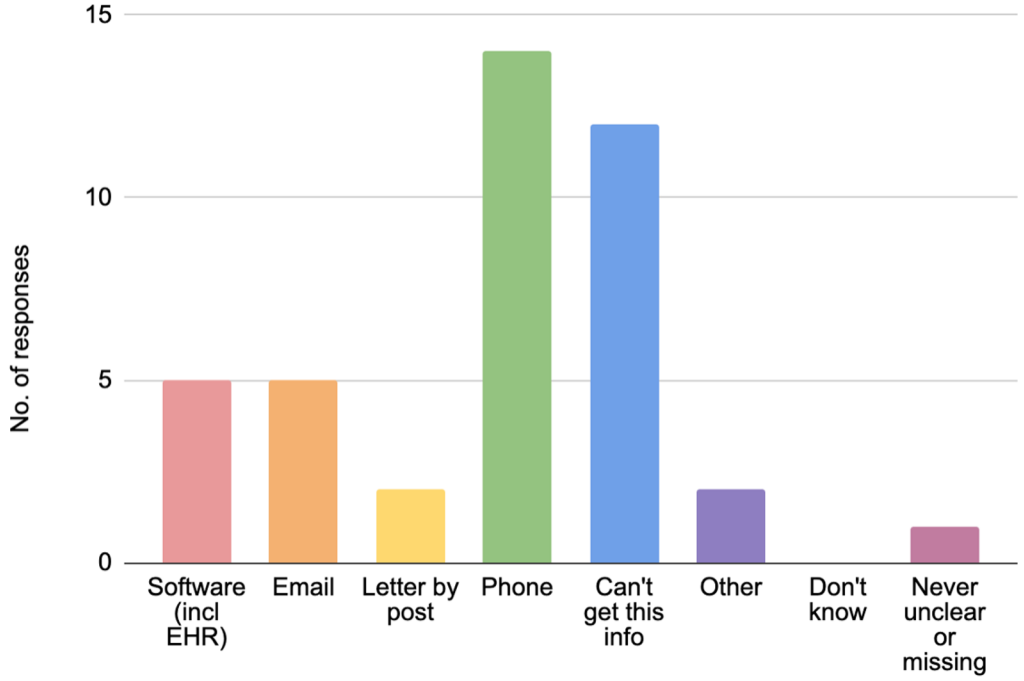


Improving the discharge process for GPs with the EHR

Results

Theme 3: outdated communication systems

How do GPs currently solve problems at discharge?



Improving the discharge process for GPs with the EHR

Results

*"We're dependent on the **emailing** over of information. Or the other thing is that we sometimes get paper copies"* Interview, advanced nurse practitioner

*"You're often ringing around on the **phone**… to clarify or even asking for the discharge letters to be sent through"*
Interview, GP

*"I'm hesitant to suggest a **two-way communication** method because if I can talk to them, then I can expect a response which then just increases my workload"*

Interview, GP

Improving the discharge process for GPs with the EHR

Results

Theme 4: interhospital variability

*"If they're admitted to [the local hospital trust], **we can see everything,** but of they've gone to another hospital… we cannot"*

Interview, GP

*"Psychiatry has their own system.. And **no one can access that other than psychiatry**. There are loads of people involved in psychiatric patients: GP, A&E, etc. It'd be really useful to have that sort of information"*

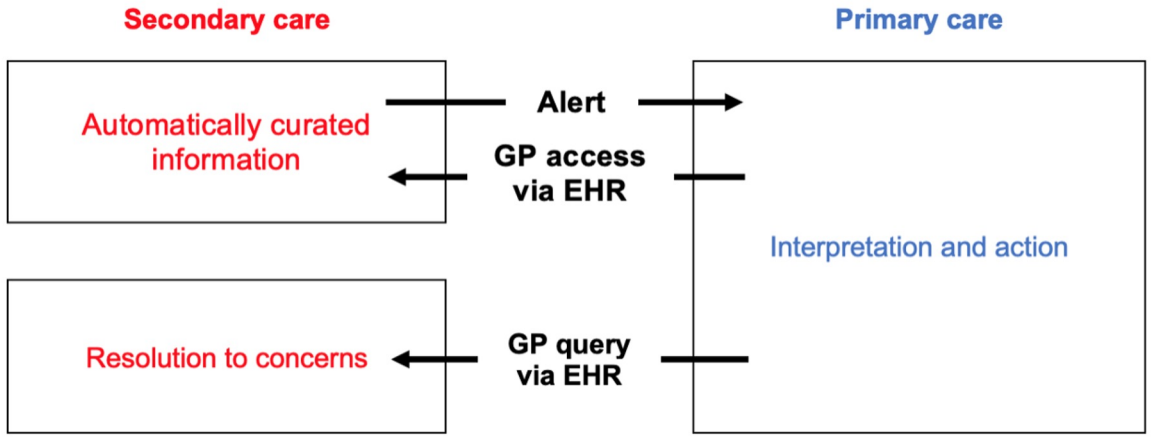
Interview, GP

*"One of the hospitals, just form a visual point of view, is easier to read. [Another hospital] has changed their format and it is **now a bit chaotic to look at"***

Interview, advanced nurse practitioner

Recommendation 1: increase standardised access to hospital EHRs. Is the EDS still necessary?

Adapted from Boddy et al., 2021



Recommendation 2: improve the user interfaces

Legibility

Navigability

Personalisation

Recommendation 3: modernise communication systems when resolving problems

Methods should provide an adequate response within an appropriate time period to make safe decisions

NHS England's 2019 Reducing Length of Stay (RLos) programme

Should telephone and letter go the way of fax machines?

Improving the discharge process for GPs with the EHR

Summary

Background: discharge is a critical point in patients' care with poor universal interoperability between primary and secondary care

Methods: qualitative study using surveys, interviews and observation

Outcomes: unsuitable EDS, inadequate EHR access, outdated communication resolution systems, too much hospital variability

Recommendations: improve EHR access, user interface, and communication resolution systems

Acknowledgments

Dr Ruth Black, Imperial College London

Dr Flo Kinnafick, Loughborough University

The participants

PHCSG

Image credits and references

Figure 1: GP consultation: https://cached.imagescaler.hbpl.co.uk/resize/scaleWidth/800/cached.offlinehbpl.hbpl.co.uk/news/PGH/GP_consultation_iStock-20181002105641548.jpg

Figure 2: GP on telephone https://practiceindex.co.uk/gp/blog/wp-content/uploads/2015/05/Dollarphotoclub_36491416-1024x682.jpg

Thank you

Any questions?

If you want to contact me directly:
thomas.thwaites@nhs.net