

Care Transfer Video



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Discharge Summaries

Discharge:

- a. To relieve of a burden or of contents; unload.**
- b. To unload or empty (contents).**

Transfer of Care Responsibility

- Most junior medical staff member
- Least experienced part of the team
- Least in control of their own time

To

- Summarise untold hours of sophisticated interdisciplinary care provided at considerable cost to patient and hospital
- In a manner that gives the patient the highest likelihood of contributing to their own successful outcomes
- And make sure you get it done before discharge!!!!
- And we don't even read it before it goes, if it goes.

It is no longer tenable that a good practitioner can provide the best care other than as part of a team within a well organised health care delivery system.



GenMed Design Workshop

New model of care: 2/12/2013

GenMed Model of Care Principles

PRINCIPLE 1

Patients will be reviewed within 2 hours of being referred for admission

PRINCIPLE 2

Upfront senior decision making by an inter-disciplinary team

- via AAU 0700-1900 MON-FRI
- via wards all other times

PRINCIPLE 3

Inter-disciplinary rounds every patient, every day

- consultant/registrars led
- Structured Interdisciplinary Bedside Round (SIBR) at 11am
- Patient journey board communication huddle at 0830/1600

PRINCIPLE 4

Each team has a home

- Interdisciplinary teams rostered to geographical zones
- Patient allocation based on bed availability and equal distribution across teams

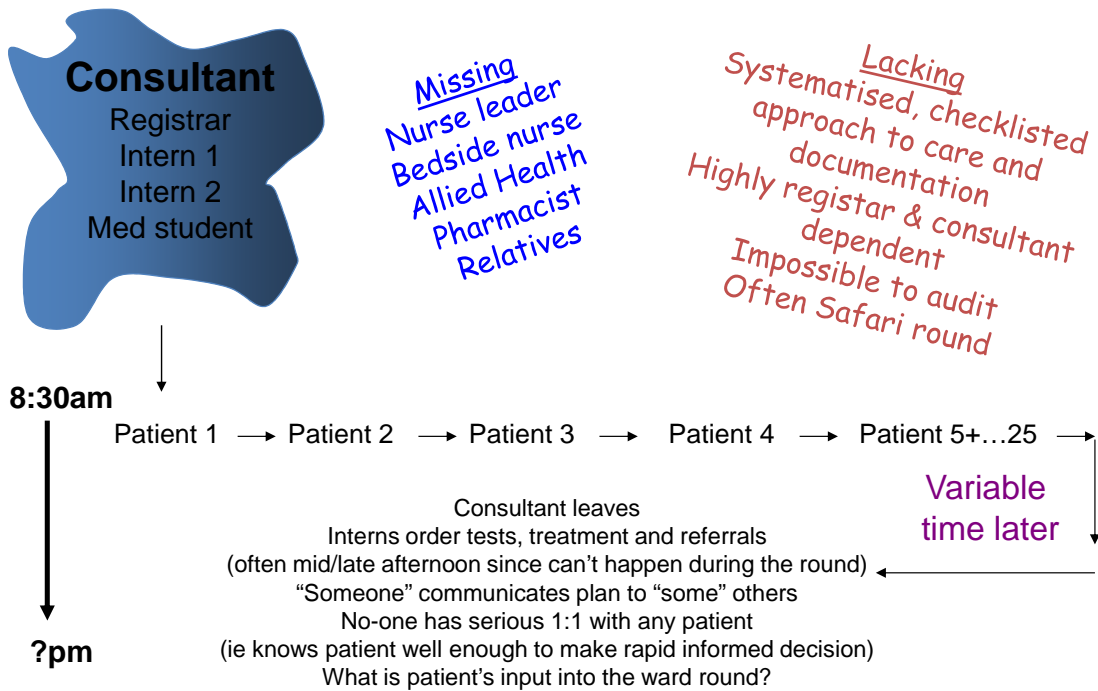
PRINCIPLE 5

Patients will be actively managed to ensure they are only in hospital for as long as is clinically necessary

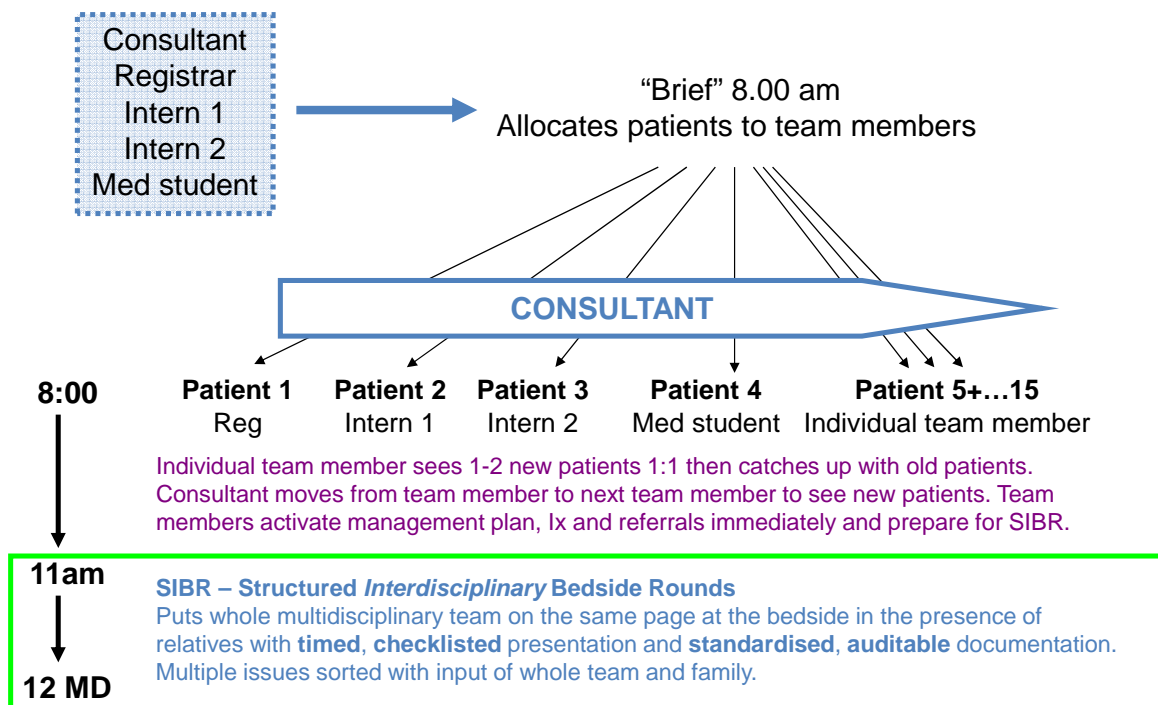
PRINCIPLE 6

Appropriate transfer of care at the time of patient discharge

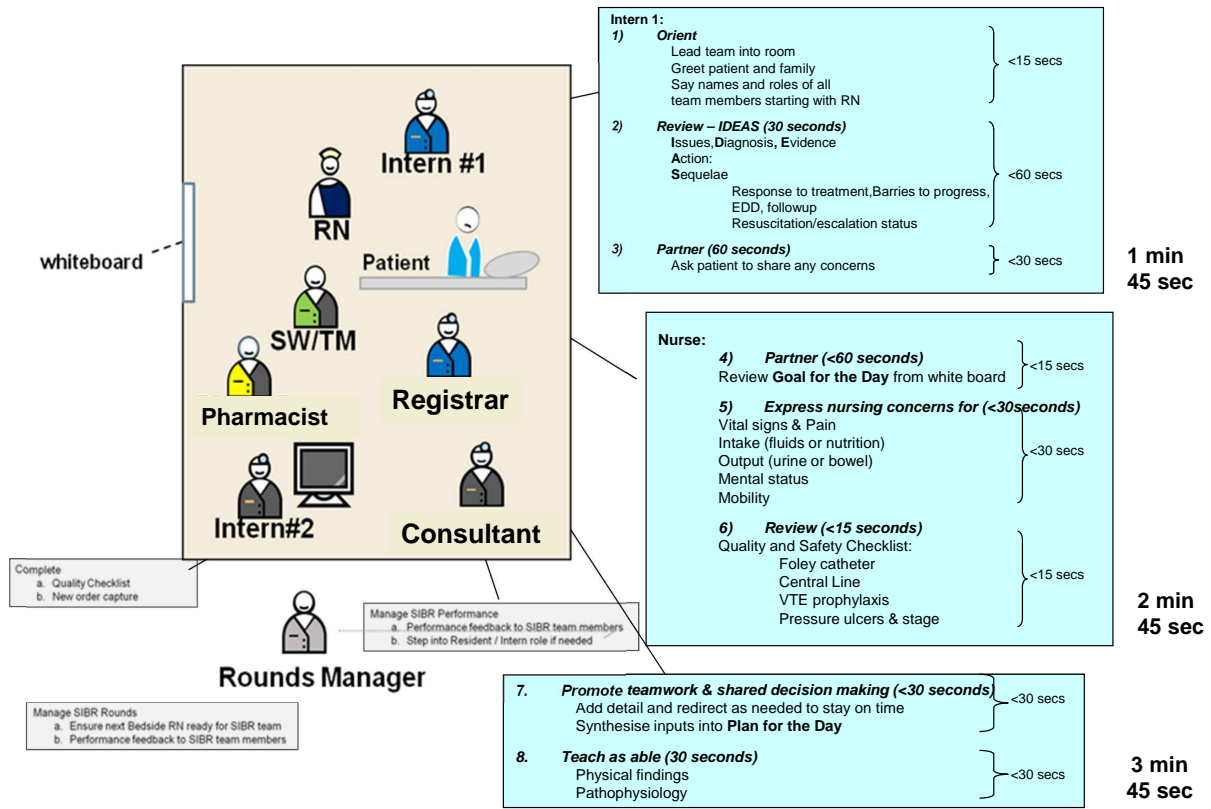
Processional Round (Grand Tour)



GenMed 'Responsibility' Rounding



Structured Interdisciplinary Bedside Rounds¹ (SIBR)





What is CareTV?

- Individualised 3-5min video and audio record of pre-discharge interdisciplinary beside ward round – either USB or DVD
- Given to the patient immediately prior to discharge
- Plays in any computer (MP4/mov files or DVD)
- Copy retained on the ward
- Summary of
 - Diagnosis, major investigations, treatment, response and plan following transfer of care
- Invites participation by patient/carer and family

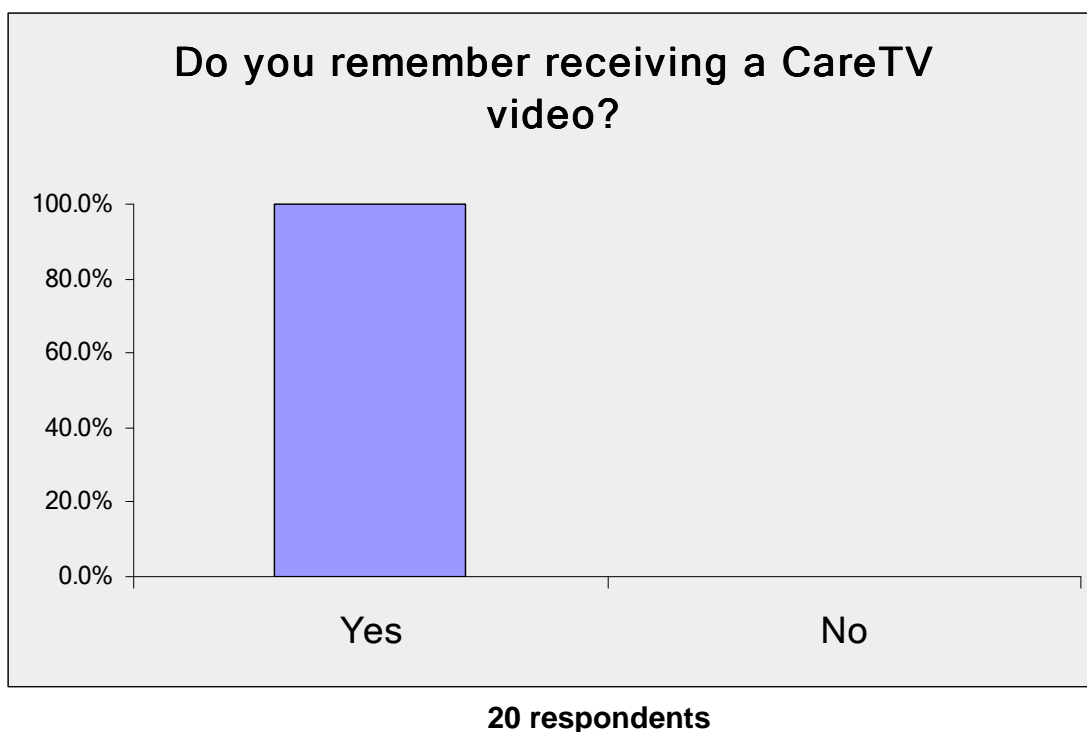




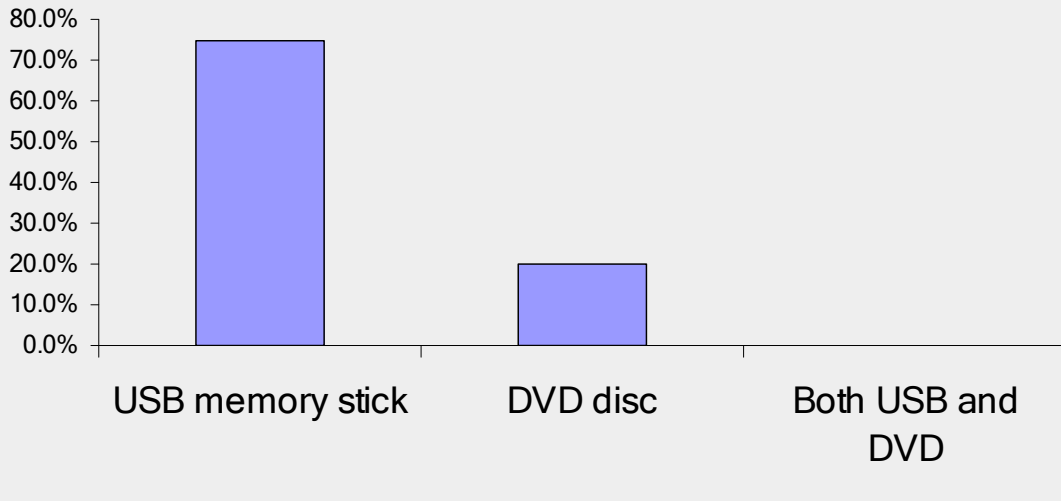
Expectations

- Watched by patient, family, carer, GP and other health care workers
- All involved can have clearer picture of progress, plans and priorities
- Serves as comprehensible reminder for all

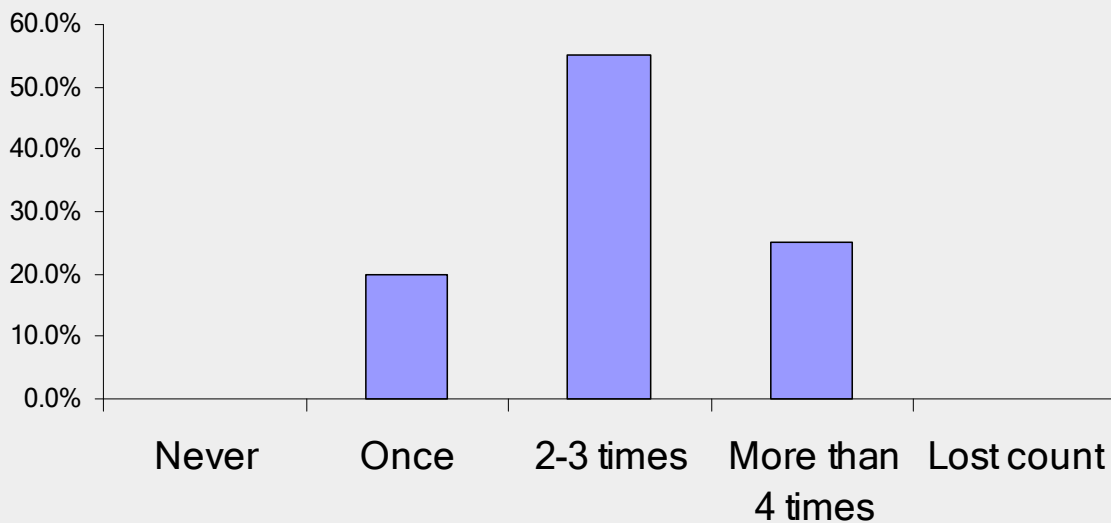
Results to date



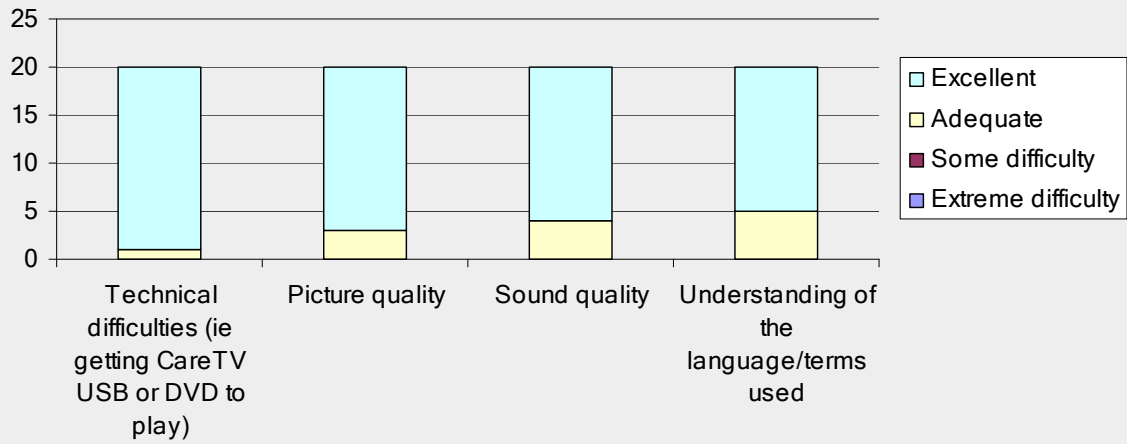
If yes did you receive CareTV on a USB memory stick or DVD disk?



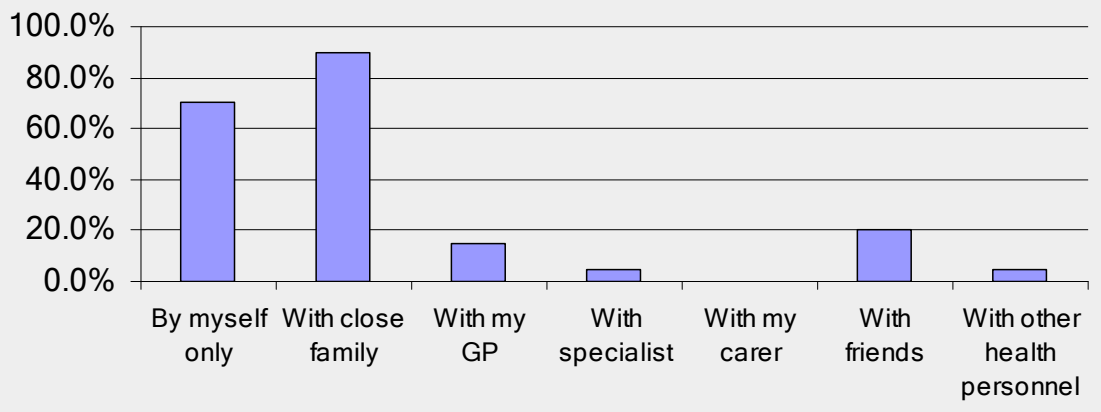
How many times have you watched your CareTV video?



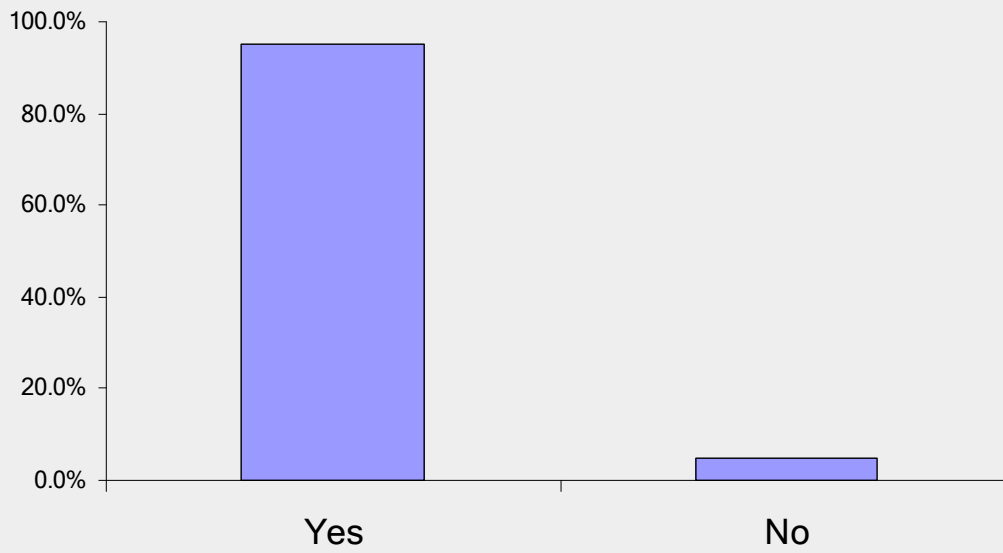
Please rate your experience of the CareTV video?



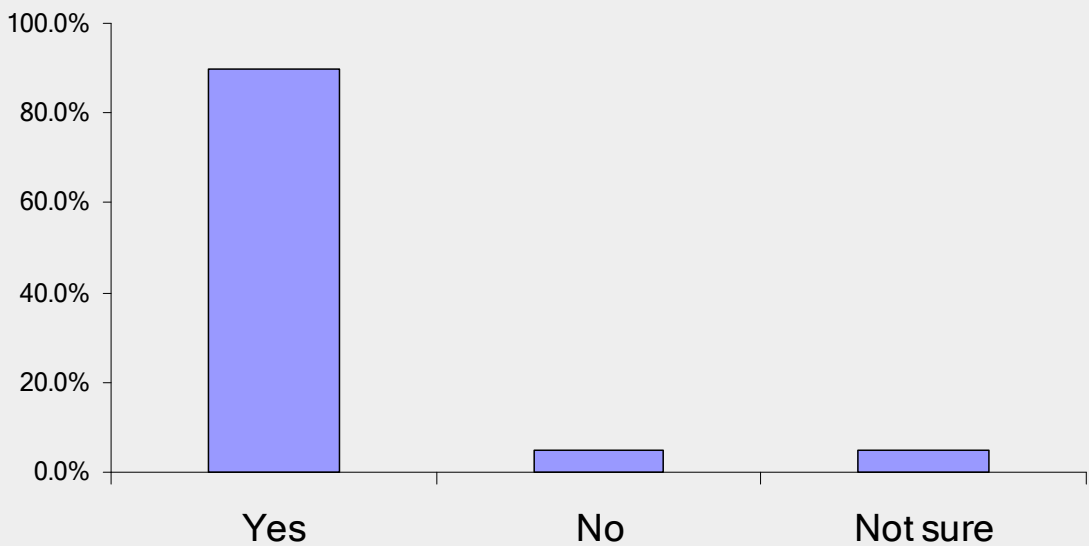
With whom have you watched your CareTV video? Choose one or more options.



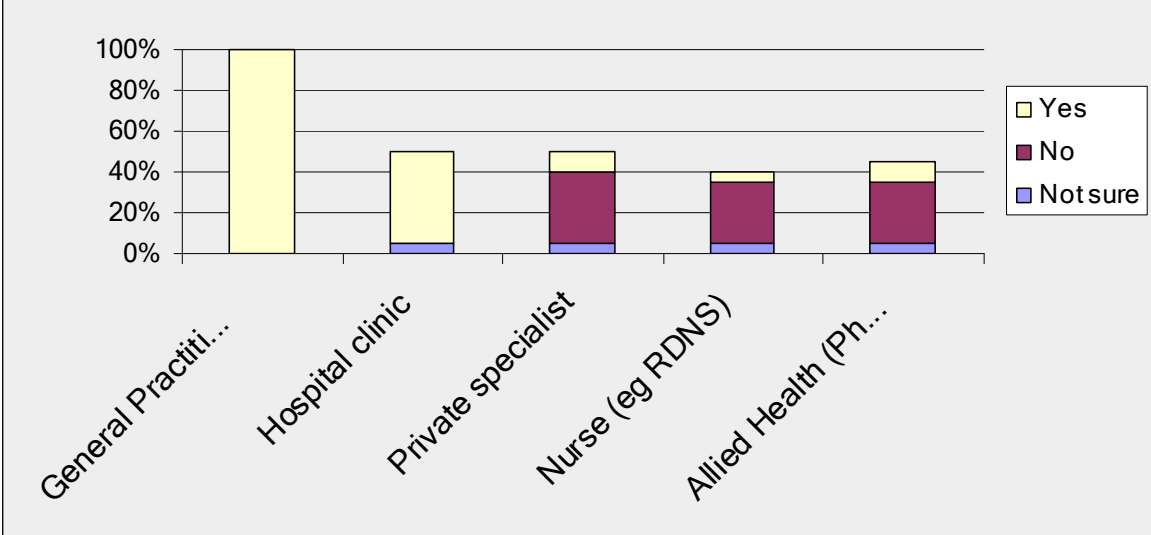
Can you remember the name of the medical condition that caused your illness (i.e. the diagnosis the doctor gave you)?



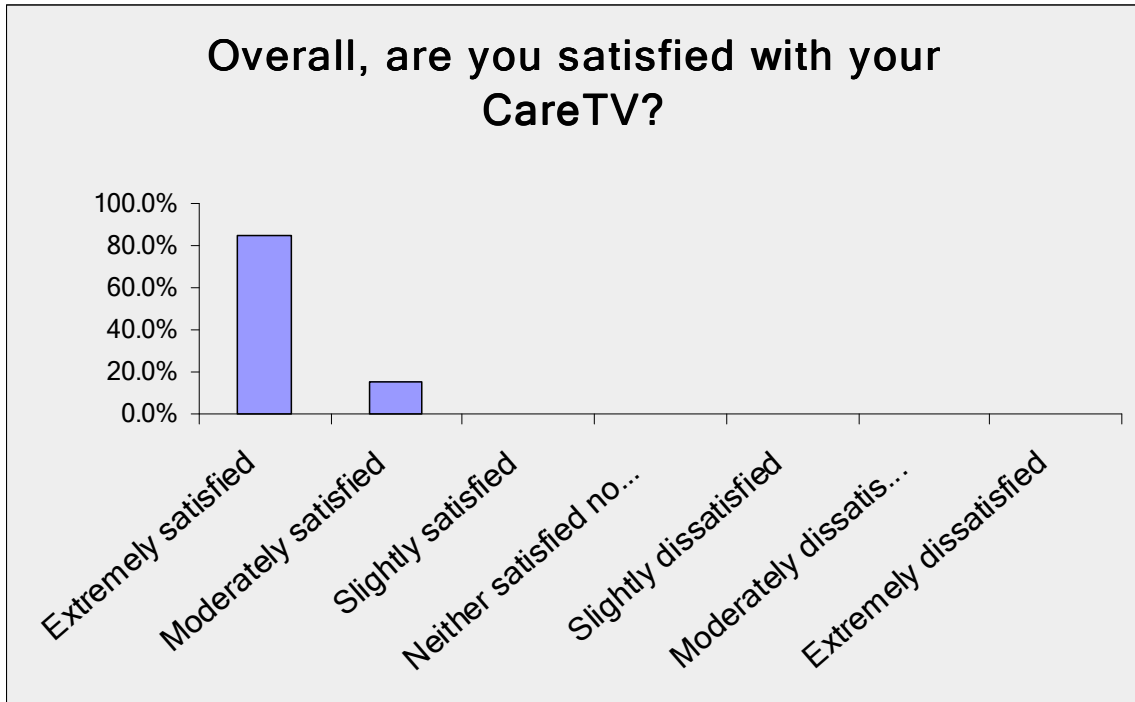
Were your medications changed whilst in hospital?



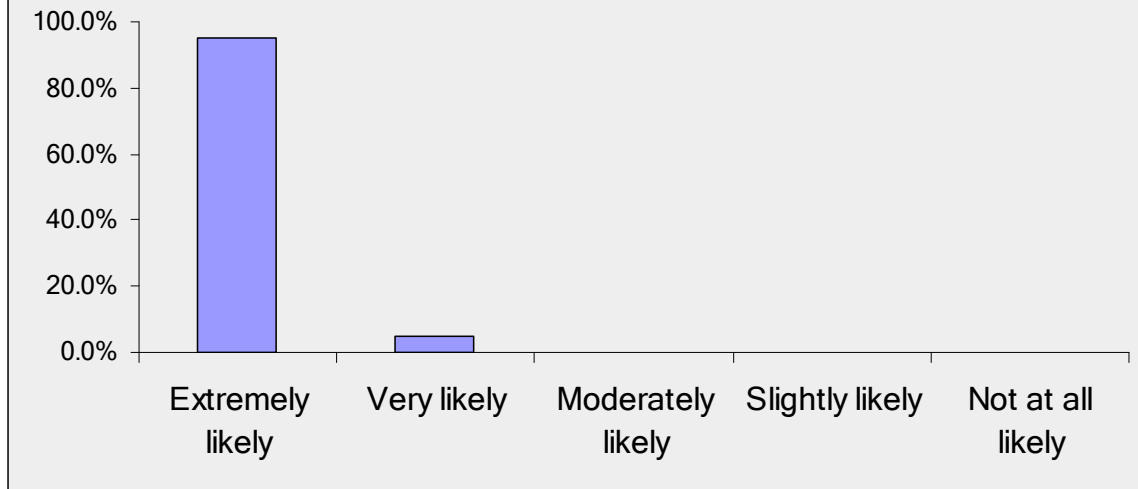
Did the hospital ask you to have any followup appointments with your GP or other clinics after discharge?



Overall, are you satisfied with your CareTV?



How likely are you to recommend CareTV video to other patients leaving hospital?



Some patient comments

- I view this CareTV program as an essential part of ensuring that the valuable work done by the medical team is accurately conveyed to family and friends (and GP) This is a very innovative idea which aids the understanding of medical conditions.
- Great idea! Too many time I forget what people say, this way I can refer as many times as needed.
- Very simple to operate.
- I was accompanied by my son who is computer literate and knew how to navigate his way around the technology. Otherwise this would have been daunting for me. But its a great idea. I am from a non-english speaking background and i rely heavily on my children to come with me to doctors appointments. . This is good in times where i have no one with me to interpret as I can then take this to my treating practitioner and ensure that they are fully briefed about my condition.
- A great memory jogger eg blood testing/xrays



Conclusions

Is:

- Inexpensive
- Technically feasible
- Viewed by patients and relatives/carers
- Associated with good patient recall of:
 - Diagnosis
 - Changes to medication
 - Follow-up arrangements
- Popular with the patients who receive it.
- Potential tool to improve communication skills of HMO staff.



Next steps

- Offer CareTV to all GenMed patients
- Evidence-based literature review of the use of audiovisual aids to patient discharge planning
- Intervention studies to assess
 - Impact on medication adherence and reconciliation
 - Patient adherence to follow-up arrangements
 - Readmission rates
 - Patient satisfaction
 - GP satisfaction
 - Impact on HMO communication skills
 - Staff approval



Acknowledgements

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