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Transfer of Care Document.
Response from the College of Nurses, Aotearoa.
16 April 2010.

Dear Debbie,
Thank you for the opportunity to comment on the draft standards of transfer of care from secondary to primary care services.

The College of Nurses, Aotearoa, is very supportive of the framework and is encouraged by the commitment to communication strategies which will ultimately contribute to best possible quality of care for patients and their family/whanau. The College is particularly supportive of a document that recognizes the increasing complexity of care being delivered within the primary care setting. The College also commends the Clinical Leadership Group (CLG) in its recognition of the growing diversity of the developing Primary Health Care Team not only within General Practice but also within the NGO and the Aged /Residential Sector.

The College would like to make the following detailed comments with regard to specific questions posed as part of the feedback process.

How this national standard can improve

a) the quality of information

Quality of information is more often than not determined by “the human factor” and guided or informed by the “status quo” – by this we mean that existing systems and processes tend to uphold and sustain the way things have always been done. The College acknowledges the value of existing systems but suggests that health care delivery has for some time been presented with challenges that require a “rethinking” of the locus of care. Twenty or so years ago, care provided to patients and their family/whanau was mostly delivered within a hospital setting with long convalescent periods being a feature of the acute/hospital stay. These days, average lengths of hospital stay for most presentations have been reduced by 50% and more. This means that the responsibility and accountability for care now lies with a range of other providers external to the hospital – most frequently with the primary/NGO and aged and residential care – with the GP and the primary health care team taking an increasing responsibility. Because this care is being delivered within a *different* environment - with *different* IT systems, *different* care arrangements and a less aggregated care network – there is a greater need for a timely and detailed summary of activity to ensure that the best possible quality of care can be delivered.

b) the clinical process

The College applauds the CLG in its recognition of the activities/input of a wider primary health care team in the longer term management of patients and the need for a standardized approach to the actual transfer of care.

c) communication and planning

As above

1. Whether the requirements could apply for any Health Practitioner transferring care.

The College supports the proposed requirements. The roles of all health care practitioners appear to be acknowledged. Our members have highlighted some concern with regard to transfer of care from and between the secondary/specialist services and the Aged and Residential Care (ARC) sector. Some existing developments of some "electronic discharge summaries" within some DHBs have ignored the existence of this increasingly important sector. ARC sector stakeholders are currently working in partnership with their GP partners but are concerned that their needs (in terms of requiring detailed discharge information) with regard to residents/patients are not considered paramount.

Some ARC facilities are delivering care at least equivalent to that which was delivered within an acute/hospital environment some years ago. When a resident requires an acute hospital admission for several days and then discharged back into that same facility there is an expectation that the facility is seen to be the primary point of discharge. There are currently too many anecdotal examples where an ARC facility is not seen to be the primary point of communication with regard to detailed discharge information. The College strongly supports the need for ARC facilities to be considered as primary stakeholders with regard to transfer of care.

2. What the challenges will be in seeking national adoption and how they might be overcome.

Particular challenges will most likely arise from a belief that transfer of care occurs within a very narrow spectrum. The College is supportive of a likely scenario where a diverse group of primary health care practitioners within the primary health care setting will be responsible and accountable for transfer of care. The College is keen to support the development of systems and processes that support the broadest possible diversity for the future particularly with regard to IT systems and their interoperability.

Kind regards

Vicky Noble
College of Nurses (Aotearoa) Representative
16 April, 2010.