

Rural Palliative Care Resource Kit



Case Study

Utilising the GoldHealth Network for the purpose of electronic communication for the EGMDGP's Rural Palliative Care Program

April 2007

Contents

Aim	3
Introduction	3
The local Palliative Care Program	3
Objectives	4
Processes	5
Participants	5
Tools and resources	5
The Model/Solution	5
Implementation	6
Feedback from participants	8
Achievements	8
Challenges/Gaps	9
Recommendations	9
Lessons learnt	9

Acknowledgements:

The funding support from the Australian Government Department of Health and Ageing for this program is gratefully acknowledged.

Aim

To utilise the Eastern Goldfields Medical Division of General Practice's (EGMDGP) GoldHealth Network for the purpose of communicating electronically regarding patient care for the purpose of the EGMDGP's Rural Palliative Care Program.

Introduction

As part of the \$60 million Access to Broadband Technology initiative, the EGMDGP was chosen in 2003-2004 to be Australia's only 'Reference Site' to test, measure and demonstrate the benefits to health care providers of having high-speed, continuous, higher quality broadband through which they may effectively and securely access a range of relevant information and communication applications.

This Project, funded by the Australian Government Department of Health and Ageing until the 30 June 2006, was called the Eastern Goldfields Regional Reference Site (EGRRS) and involved the telecommunications provider IP Systems developing a high-speed Virtual Private Network (VPN) across the region that provides secure and managed connectivity with a guaranteed Quality of Service (QoS) for phone, data, and video applications.

EGRRS is a now sustainable project called the GoldHealth Network that is 'owned by the region', funded by the participants and supported by the EGMDGP.

The GoldHealth Network currently connects 19 GP practices including some GP homes, 2 medical specialists, the Goldfields Specialist Rooms, 2 Aboriginal Community Controlled Health Services (ACCHS), the EGMDGP in Kalgoorlie and Esperance, a major regional hospital, a district hospital, the Rural Clinical School, 2 local Pharmacies and 1 Aged Care Facility.

The current project gives the EGMDGP the opportunity to further utilise the infrastructure developed through the EGRRS Project for the purpose of Rural Palliative Care and to investigate the potential benefits of electronic communications for this area including the use of electronic referrals and discharge summaries.

The local Palliative Care Program

The EGMDGP Rural and Remote GP Palliative Care Program aimed to improve the quality of palliative care provided to our communities by assisting with the development of a co-ordinated, integrated and co-operative palliative care service in the Kalgoorlie-Boulder area. The Division has built up a strong and supportive relationship with the Kalgoorlie Regional Hospital Palliative Care Coordinator with whom EGMDGP works closely and cohesively.

This service focuses on the provision of quality palliative care in the community. The Division's project ensures GPs are included in care management teams and have access to the education and resources necessary to deliver palliative care to a level that satisfies national standards.

This project aimed to strengthen partnerships between service providers, whilst providing necessary resources aimed at improving outcomes for patients and their families who require palliative care services.

In the Eastern Goldfields there is exists Palliative Care Coordinator who is based in the Kalgoorlie Regional Hospital. GPs across the region refer palliative patients to the Palliative Care Coordinator via a locally developed referral form. Prior to this Project this form was generally faxed or dropped off the Palliative Care Coordinator

The purpose of developing an electronic system for palliative care is to protect patient confidentiality as well as improve the efficiency of the current processes. It is anticipated that an electronic system will result in a more efficient and effective system for the referral of palliative patients and recording discharge information.

It is recognised by the EGMDGP that any electronic system implemented for Palliative Care must replicate the current work flow and processes whilst protecting patient confidentiality to ensure that transition to the new system is seamless and works well for all parties involved.

Objectives

The key objectives of the Project were to:

- replicate the current 'work-flows' between the referring GP and the local Palliative Care Coordinator utilising electronic communication
- develop a referral form for Palliative Care that can be used for electronic referrals between GPs and the Palliative Care Coordinator at the Kalgoorlie Regional Hospital
- develop utilise the current electronic discharge system at the Kalgoorlie Regional Hospital for the purpose of electronic discharges to the referring GP for palliative care patients
- identify gaps and challenges in the implemented solution for the purpose of process improvement.

Processes

The EGMDGP ascertained that in order to meet the requirements of the Project the following processes needed to be developed:

- A mechanisms for a GP to securely refer to the Palliative Care Coordinator at the Kalgoorlie Regional Hospital
- Development and implementation of a generic referral form that sits 'within' the GPs Practice Management Software for the purpose of referring to the Palliative Care Coordinator
- A mechanism for GPs to create and send Discharge Summaries for the relevant Hospital ward in a secure fashion so that they go directly into the GPs Practice Management Software.

Participants

The participants in the Project included:

- Eastern Goldfields Medical Division of General Practice (EGMDGP)
- Restorative Care Unit at the Kalgoorlie Regional Hospital
- Referring General Practitioners

Tools and resources

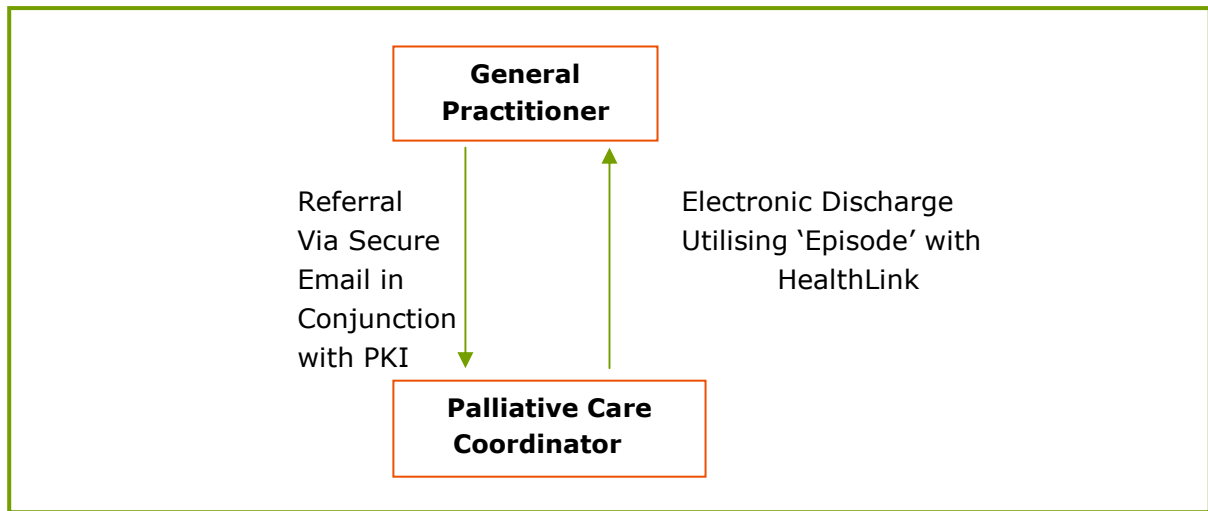
The following tools and resources were available to meet project requirements:

- The EGMDGP's GoldHealth Network, a Virtual Private Network (VPN) that can be used for secure electronic communications
- GoldHealth email, a secure encrypted email service
- An application called Episode which enables GPs to send an electronic discharge summary from the Kalgoorlie Regional Hospital directly into their Practice Management software which uses an secure messaging application called HealthLink for the encryption and delivery of the message.

The Model/Solution

The solution was developed to fulfil the requirements of the Rural Palliative Care Program. This solution utilises the resources available on the GoldHealth Network and replicates the normal work flow that exists between the referring GP and Palliative Care Coordinator.

A schematic diagram of the solution implemented is outlined below:



- Electronic Referrals were sent to the Rural Palliative Care Specialist at the Kalgoorlie Regional Hospital utilising a generic template that was imported into the GPs Practice Management Software (PractiX or Medical Director)
- The GP sends the referrals to the Palliative Care Coordinator utilising the GoldHealth secure encrypted email service in conjunction with Public Key Infrastructure (PKI). PKI is utilised so that the referral form is digitally 'signed'
- An electronic discharge summary is sent to the referring GP utilising an application called Episode which generates the discharge summary. This is sent to the referring GP utilising HealthLink which is a secure messaging application and enables the information to be imported directly into the GPs' Practice Management Software (ie Medical Director or PractiX).

Implementation

The implementation of the Project involved two key components:

1. Development of the generic referral form for the participating GPs' Practice Management Software including education of the GP in how to utilise the template and
2. Education of the Rural Palliative Care Coordinator with respect to receiving the referral forms and sending the electronic discharge summaries utilising the Episode application in conjunction with HealthLink.

A key advantage of the Project is that the infrastructure and applications utilised in the current Project were already in place although they had not been used previously for the purpose of Palliative Care.

The Project was implemented over the course of 8 weeks during the months of February/March 2007 as per the following timeframe:

Activity	Responsibility	Timeframe
Development of Generic Referral Form	EGMDGP	February 2007 - 2 weeks
Ensure the referral form meets the requirements of the Palliative Care Coordinator	Palliative Care Coordinator and the Hospital	February – 1 week
Set up the Rural Palliative Care Coordinator with GoldHealth secure email	EGMDGP	February 2007 – 2 days
Training of Rural Palliative Care Coordinator in utilising secure email and electronic discharge application	EGMDGP (to conduct training) Palliative Care Coordinator (to participate in training)	February 2007 – 1 days
Importing referral template into GPs Practice Management Software	EGMDGP	End of February 2007 - 1 week (for all Practices in Kalgoorlie-Boulder)
Train GPs in utilising electronic referral form (ie sending via secure email to relevant parties)	EGMDGP (to conduct training) GPs (to participate in training)	February/March - 2 weeks (initially) and then ongoing (as required)
Trial of referral and e-Discharge system	GPs/Rural Palliative Care Co-ordinator	Commence March 2007 – Ongoing

Feedback from participants

Most parties participating in the project were positive about the new electronic processes for referring to the Palliative Care Coordinator and providing discharge information back to the referring GP.

The Rural Palliative Care Coordinator at the Hospital was particularly pleased with the implementation of the new system for electronic referrals as it ensured there is a clear process in place for referrals and she was not receiving referrals via multiple methods. She does however recognise that it may take some time for the system to be completely integrated into the processes of the local Practices.

The responses from the GPs with respect to the electronic referral process to the Palliative Care Coordinator were mixed. Those GPs that were particularly interested computers were open to learning the new referral process, whereas those GPs that lack experience and confidence with computers were not as interested and persisted with utilising alternative methods (fax and mail).

The feedback from all local Practices was positive with respect to receiving discharge information from the Hospital electronically as they already receive radiology and pathology results in this fashion and recognise that it saves the Practices time scanning documents into their electronic records. The GPs also found that they receive results and information quicker when they receive it electronically into their Practice Management Software.

At the time of the writing this Case Study no formal evaluation or feedback has been conducted with the participants due to the limited timeframe that the system had been operational.

In general it is recognised by the EGMDGP that the 'change management' involved with implementing the new processes outlined in this Project may not be as considerable as it might be in other Divisions due to the EGRRS Project that had already taken place in the region.

Achievements

The project successfully achieved the following:

- The implementation of system for all General Practices in Kalgoorlie-Boulder to refer to the Palliative Care Coordinator at the Kalgoorlie Regional Hospital utilising an secure electronic process eliminating the needs for GPs to fax and send referral forms
- The implementation of a system enabling the Rural Palliative Care Co-ordinator to send electronic discharge information to the referring GP so that it is imported directly into the Practice Management Software.

Challenges / Gaps

Some of the challenges and gaps encountered during the implementation of the Project included the following:

- Ensuring that the GPs are proficient in utilising templates within their Practice Management Software (GPs had varying degrees of experience with respect to this)
- Encouraging GPs to change from the traditional methods of fax and mail to secure email for the purpose of referring to the Palliative Care Coordinator at the local Hospital
- Obtaining time with the local GPs to train them to use the new electronic system for referring to the Palliative Care Coordinator
- Whilst the system worked well for communication between the referring GP and Palliative Care Co-ordinator at the Hospital it is recognised that there are a number of other parties involved in the Care Team of the palliative patient (for example Allied Health and Aged Care) and these parties are not included in the current electronic processes
- Due to the time restraints of the current Project based on the requirement to submit the current Case Study for the Rural Palliative Care Resource Kit, the system had not been used for very long at the time of finalising the current document and no formal evaluation or feedback has been conducted as yet.

Recommendations

Based on the findings of the current Project the following recommendations with respect to further developing the Project can be made:

1. The EGMDGP should investigate opportunities to extend the electronic communication processes implemented to Allied Health Professionals and Aged Care Facilities that participate in the Care Team of the palliative care patient
2. The EGMDGP should conduct an evaluation of the electronic processes implemented for the purpose of Rural Palliative Care once the system has been in place for some time to gauge the overall effectiveness of the processes that have been implemented.

Lessons learnt

Through the implementation of the current Project the following lessons have been learnt regarding the implementation of electronic systems and processes for the purpose of Palliative Care:

- Current work-flows and processes should be replicated wherever possible
- It is important to build upon and utilise available infrastructure and applications
- It is necessary to invest in education training and support of all parties involved to ensure uptake of the new processes
- 'Change management' takes time and ongoing training needs to be provided
- It is important to focus on the people involved in the Project not just technology.

(Note: For further information with respect to developing electronic communication methods for the purpose of Rural Palliative Care please refer to another document contained within the Rural Palliative Care Resource Kit titled 'Utilising electronic records and electronic communication for the purpose of Rural Palliative Care'.)