

## To improve safety of handover between primary and secondary care\* by April 2019

\*as defined by measures below

Primary Care

Secondary Care

Primary Care



Short term activity

1. Test and implement Advice and Guidance systems

2. Test use of live communications for ED admissions / direct entry into EPR for emergency admissions
3. Increase awareness of ICR

4. Co-ordinate existing D/C improvement activity (see measures below)
5. Influence changes to admission and ward round EPR documentation
6. Patient focus (innovation fund bid)

7. Amends to D/C summary output:
  - Add incomplete tests to D/C
  - Meds changes to be mandatory
  - Add DNAR status
8. Share and embed protocol for F/U tests

9. Understand variation in use of task management systems
10. Develop and embed best practice protocol for task management

Long term activity / goal

GM-wide focus on actions  
IT functionality to share systems / interaction between settings – SIRS2, results acknowledgement, cancellation of tests, SnowMed codes review, update of clinic letter process

Measures

- Decrease number of outpatient appointments
- Increased clinician satisfaction / relations between settings

- Quality of information in discharge summary:
- Summary / diagnosis
  - Actions for GP
  - Medicines changes
  - Change in / expected functional baseline of patient

- Increased efficiency (reduction in time, waste and duplication)
- Decreased incomplete F/U actions within timeframe

Leadership support

Engagement and communications, e.g. Clinical Standards Board  
Review use of incentives (Safer Handover of Care Group)  
Learning / sharing events to bring together clinicians