

Clear communication



A new email system at the Rotunda offers a safe, streamlined service for mothers on transfer from acute to community services

THE success of the care of mothers and babies following birth is based on the working relationship and systems between acute and community services. Most recently, this has been seen in the provision of an effective reduced-risk communication system between the Rotunda and the Dublin North East (DNE) region of the HSE and, subsequently, in community care areas nationally.

The Rotunda Hospital has an average birth rate of just under 9,000 births per annum. This equates to approximately 24 births a day with an average discharge rate of 30 a day.

Background

On discharge, midwives populate a two-page discharge summary sheet, which provides a concise obstetric history of birth and subsequent care in hospital. Until now, these sheets were either collected from the wards by the public health liaison nurse and faxed to a community local health office (LHO) area, or faxed directly to the relevant PHN area by the midwife on the ward.

The discharge summaries were then faxed from the Dublin LHO area to other counties and community care areas. This, in turn, relied on the manual operation by a member of community staff and required a receipt process. The process was time consuming for midwives and PHNs. It was also potentially open to error

as many of the faxes were difficult to read and there was a possibility of delays in notifications reaching their intended designation. The process resulted in very frequent communication between the community services and the Rotunda to confirm data relating to the mother and child on the faxed discharge sheets. This was challenging for all concerned.

The situation was further exacerbated in December 2012 with the sudden departure of the community liaison nurse, who was responsible for the dissemination of the information from the Rotunda to the community areas.

In January 2013, the director of midwifery and the director of public health nursing, in the receiving LHO, agreed that the temporary solution placed from December was not sustainable, as the potential for an adverse incident occurring had increased. A number of meetings occurred throughout January to find a solution to the problem, which was exacerbated by the fact that neither the hospital nor the community services had any spare capacity or resource to fill the gap that existed.

The quality of care delivered and the risks to mothers and babies required that both parties take immediate action. The Rotunda Hospital suggested introducing an encrypted emailing system as a way of solving the communication difficulty and

a collaborative relationship was established to progress this initiative.

Work on the project stalled for a variety of reasons; however, the intervention of Susan Kent in February changed the course of the project and cemented the collaboration between all parties involved. A working group representative of midwifery, ICT, data protection and community services was established. This group identified the constraining issues and worked with huge enthusiasm to solve them, resulting in a finished product that meets the needs of the women and babies who are at the centre of care.

Procedure for change

The establishment of an encrypted emailing system between the Rotunda Hospital and the HSE LHOs was a work in progress for many months as it was a completely new and unique venture between services. Governance for the proposed service was supported by the system of WinZip, operated by HSE staff and compatible with Rotunda systems.

The Rotunda purchased the scanning system required to set up the encryption process in the hospital. The safety of the information being transmitted, and the success of implementing this system between the HSE and a voluntary hospital, was an ongoing concern. The process was supported throughout

by both parties and was operated in line with the HSE electronic communications policy.

The recipient LHOs remained informed of progress and were asked to identify email addresses in their areas that were compatible to receive the discharge summaries in an encrypted format. This was achieved with community ICT assistance within a two-month period. During the process, the origins of setting up child health offices and generic email addresses began as per the HSE National Service Plan, 2013.

This afforded a LEAN process to the practice and local governance was encouraged around the new processes in the community.

The current process involves Rotunda midwifery staff compiling the discharge summaries as before. These are sent on a daily basis (Monday to Friday) to a central area for scanning and encryption. The encrypted email is then distributed to the designated LHOs for further distribution as required.

The system facilitates a record of all

emails and information sent and triggers a receipt to the sender when opened by the intended recipient.

In September, the new system became operational and began with an initial duplication of emailing and faxing to ensure compliance with the process and safety of delivery of the discharge information. Within four weeks of 'going live' the community clerical staff were requesting that the faxed system cease as the new email system was working efficiently. The duplication of work continued, however, until the staff in the neonatal intensive care unit (NICU) in the Rotunda were satisfied with the use and safety of the system.

All routine Monday to Friday faxing ceased in February 2014. Faxing continues from the Saturday and Sunday discharges, as the service in the community runs over five days. The new system has guaranteed a safe, efficient, confidential, streamlined service for mothers and babies on transfer from acute to community services.

What next?

The system was demonstrating itself to be so effective before December 2013

that we were asked to look to replicate the system in all other LHO areas outside of DNE which was completed. The Rotunda has led the way in delivering the service nationally. As a flow effect from this email system, LHO areas on receipt of the emails are now forwarding the emails to PHNs throughout the health centres.

Although some areas receive poor coverage and have poor ICT infrastructure, most areas are streamlining the service. Of additional benefit is the reduction of several recipients in each LHO to one or two email recipients. This again adds to the efficient safe service.

As a testament to the success of this service for mothers and babies, we have been asked to support other maternity hospitals to implement a similar service. This will occur with the support of the maternity hospitals sharing their practices with the gold standard benefit to our mothers and babies.

Susan Kent is HSE regional specialist for child health and immunisation; Margaret Philbin is the director of midwifery at the Rotunda Hospital; and Catriona Cannon is a CMM3 at the Rotunda Hospital

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