

Secure communication between Waikato DHB and GPs – GP view

A message from Mark Taylor, GP liaison, integrated care, Waikato DHB

In order to try and remove the necessity to use a fax machine for Waikato Hospital anaesthetists to communicate with GPs we have created a new messaging system to allow anaesthetists and GP's to communicate electronically. This secure system writes into Clinical Work Station (CWS). It also allows two-way communications, much like an email, so that conversation can be had if necessary.

There are currently two different documents that can be transferred from Waikato DHB's CWS)into the GP practice management system:

1. anaesthetic assessment clinic to GP liaison letter
2. patient blood management for iron infusions.

This example anaesthetic assessment clinic to GP liaison letter illustrates what will turn up in the inbox of the individual GP in the practice management system. It is effectively the same as what anaesthetists currently send by fax but delivered in an electronic format.

This system is not intended to create extra work for the GP, rather it aims to make communication easier, reliable and more secure.

As always, I am happy to receive feedback to enable us to improve this system further and iron out the wrinkles: mark.taylor@waikatodhb.health.nz or 027 29 11 847.



Santa, Jingle-Bell
 M. 50y, 23-Mar-1970, PHE,
 25 Sunshine Avenue, Te Rapa, Hamilton 3200,
 GP: ()

ZDJ9894

Anaesthetic Assessment Clinic to GP liaison Letter

This form is for structured communication with the GP and capturing the communication as part of the patient record. The patient has recently been assessed at the Anaesthetic Assessment Clinic at Waikato Hospital.

GP Details

GP Name: Dr Les Ferguson
 GP Phone: 021 345678 GP electronic address: h17h17b

Assessment

Intended procedure: field: Intended procedure
 Issue identified: field: Issue identified
 Actions taken by us: field: action taken by us
 Actions requested of you: field: actions requested of you

Next step

We are waiting to hear from you: **Yes** (Yes: Please notify us when the issue/action identified above has been addressed/resolved or why it can't be.)
 (No: This letter is for your information only.)

GP Communication Instructions

- For a GP with access to CWS: Open the patient in the Practice Management System (PMS) and invoke Waikato CWS. (If the secure invocation from the PMS is not available, log onto Waikato CWS and search for the patient.) Click on the External Comms node in the tree. It is most likely that a draft form is available. Open it and fill out the first row in the Messages section at the bottom of the form. If the row is used by the consultant, click on the New button in the section and fill out the message box. Then click on the Send to Consultant button.

Messages

Message	From	Sent
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The “NEXT STEP” section is important. It may advise that the anaesthetists do not need a reply from the GP. In these cases, they are simply identifying an issue that they have found and are alerting the GP about it because they have concerns. An example of this might be a very high BP. It is the GP’s decision of how to deal with the concern. Often, the GP will already be well aware of the high BP and the message can be ignored. But sometimes, the concern may need following up by the GP in the normal manner of safe practice.

However, if the message in “NEXT STEP” asks for a reply, then it is likely that the patient’s surgery will be held-up until the issue is resolved in some way. This cannot be resolved until a reply from the GP is received.

The first point of contact from a GP point of view will be a message in your inbox telling you that you have a message awaiting you in CWS.

Method

- Go to CWS through the GP PMS system
- If not already on that patient, search for them using NHI
- Click on the node: GP / External Comms:

The screenshot displays the CWS interface for a patient named ZDJ9894 SANTA, Jingle-Bell (Mr). The patient's details include a birth date of 23-Mar-1970 (50y) and gender Male. The 'External Comms' section is active, showing a table of communications. The table has columns for Creation Date, Created By, Status, Referral Form, Accepted By, Last Update Date, and Last Updated By. One active communication is listed: '16 Jun 2020 17:16' created by 'Dr OBen Len'ing', with status 'Sent to GP' and referral form 'Anaesthetic Assessment Clinic to GP liaison letter'. The 'Completed' section is currently empty.

This is the page that will appear

It has active communications, but you can also bring up old completed communication if you need to review them.

- Click on the active communication from Anaesthetic Assessment Clinic

The following page will appear.

- The yellow area contains the information that is relevant to the GP
- Again, the Next Step will guide you as to whether you need to reply (you can reply if you want, even if it is not requested)

The screenshot displays a web application interface for patient communication. The page title is "ZDJ9894 SANTA, Jingle-Bell (Mr)". The patient's details include "Born 23-Mar-1970 (50y)", "Gender Male", and "Address 25 Sunshine Avenue...". The "GP / External Comms" section is highlighted, showing a "Next step" section with a "We are waiting to hear from you:" dropdown set to "Yes". Below this is the "GP Communication Instructions" section, which provides guidance on how to use the system. The "Audit" table shows a list of actions performed, including "Print" and "Send to GP".

Date	Action	Action By	Memos Sent To
16 Jun 2020 17:16	Print	Dr OBen Len'ting	
16 Jun 2020 17:16	Send to GP	Dr OBen Len'ting	

- To reply, click on the “New” button in the Messages section at the bottom of the form and fill out the Message box
- Then click “Send to consultant.” Your message has been sent.

The screenshot displays the CWS (Test) web application interface. The browser address bar shows the URL: <http://wai-cwa-t-011/ClinicalIntranet/Default.aspx?init=10>. The page title is "ZDJ9894 SANTA, Jingle-Bell (Mr)".

Header Information:
 Born: 23-Mar-1970 (50y) | Gender: Male
 Address: 25 Sunshine Avenue... | Phone: | Inpatient: WKICU | Known allergies: [dropdown]

External Comms:
 Anaesthetic Assessment Clinic to GP liaison letter | Sent to GP [button]

Current Patient Details:
 Patient: Santa, Jingle-Bell (ZDJ9894, M, 23-Mar-1970 - 50y)
 Clinician: Mr Richard Willoughby | Ward: bIntensive Care Unit/ /HOT2-WKICU

GP Details:
 GP Name: Dr Les Ferguson
 GP Phone: 021 345678 | GP electronic address: hl7hl7b

Assessment:
 Intended procedure: field: Intended procedure
 Issue identified: field: Issue identified
 Actions taken by us: field: action taken by us
 Actions requested of you: field: actions requested of you

Next step:
 We are waiting to hear from you: Yes [dropdown]
 Please notify us when the issue/action identified above has been addressed/resolved or why it can't be.

GP Communication Instructions:
 • For a GP with access to CWS: Open the patient in the Practice Management System (PMS) and invoke Waikato CW: (If the secure invocation from the PMS is not available, log onto Waikato CWS and search for the patient.) Click on the External Comms node in the tree. It is most likely that a draft form is available. Open it and fill out the first row in the Messages section at the bottom of the form. If the row is used by the consultant click on the New button in the section and fill out the message box. Then click on the Send to Consultant button.

Messages:
 Message: This is my GP message | From: Mr Read-only GP

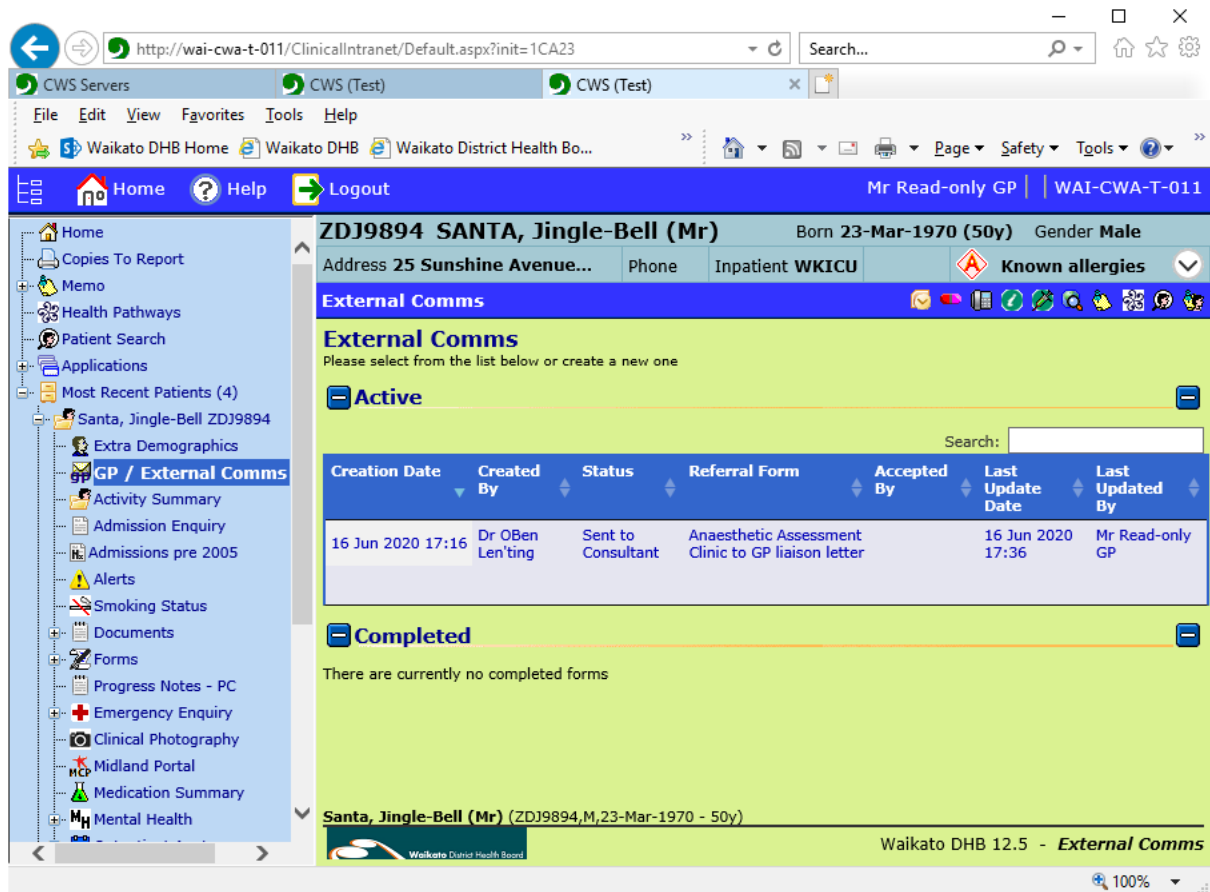
Audit:

Date	Action	Action By	Memos Sent To
16 Jun 2020 17:16	Print	Dr OBen Len'ing	
16 Jun 2020 17:16	Send to GP	Dr OBen Len'ing	

Buttons: Save Draft, Print, Send to Consultant, Quit

For every round of communication, please create a new message by clicking on the New button. The last action is always to click on the Send to Consultant button at the bottom of the screen.

Once sent, the following screen will appear.



The status has changed from "Sent to GP" to "Sent to Consultant".

The communication can take several rounds and every time a new message will / should be added in the Messages section by both the consultant and the GP. There is no limit to the number of rounds of communication.