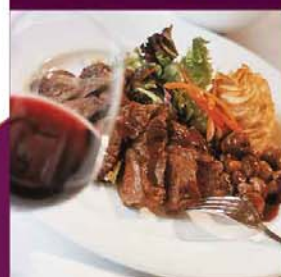




BRIGHT*water*



The case of the missing health history

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The usual suspects are the discontinuities...



- ✓ State Vs Federal allocation of powers & funding
- ✓ Public Vs private hospitals
- ✓ Acute Vs community health care providers
- ✓ Paper Vs electronic records

And then a few other factors...

- Increased health care needs of older people.
- Trends in relocation towards retirement.
- Early discharge programs.
- Often unrealistic expectation of primary carer/family carer.
- GP practices also under pressure.



Key issue (and opportunity) is health information ownership...

- Health records currently “owned” by service provider (hospital, clinic, RACF, medical practice).
- Records ownership imposes obligations of privacy and confidentiality.
- Health service providers vary in extent of their transition to electronic records.
- There are compatibility problems with e-record software.

And the consequences are...

- Missing or incomplete health histories.
- Risks for compromised care.
- Greater potential for complaints from dissatisfied resident/families.
- Staff time wasted searching for residents' past health history.
- Lost opportunities for improvement.

NHHRC Interim Report Dec 2008:

“We are of the view there is an urgent need to develop a personal health record to support better care delivery for people, especially for those with chronic and complex care needs. Despite the fact that a large number of general practitioners have become proficient in the use of electronic medical records, we have little connectivity across primary health care, hospitals and the patients. We commissioned a report on e health which observed that:

The patient journey in the current system functions with disjointed communications and poor/inaccessible information causing duplication of services, a significant number of adverse events, and frustration for patients and their providers.”

(National Health and Hospitals Reform Commission, 2008, p. 99)

Case #1: Multiple moves

- 76 yo man who usually accessed GP care for antihypertensive medication (northern suburbs).
 - Had ND CVA, admitted to acute care in the city, then t/f to restorative care at a suburban hospital (eastern suburbs).
 - Went to live with daughter (so a new GP), but not successful.
 - Readmitted to acute care through city ED, ACAT review and to Transition Care with concurrent low care approval.
 - Went to Transition Care (northern suburbs again, different GP).
 - Admitted to residential care in old neighborhood (another GP).
- = 7 medical teams in 10 months and lost information during 3 moves (especially rationale for added medications).

Case #2: Missing information

- 86 yr lady with T2D, and on long term Warfarin.
- Admitted to acute care with #NOF, had DNS, developed MRSA wound infection - Rx long term Flucloxacillin.
- T/f to rehab facility (another hospital).
- Transferred to TCP with discharge summary from rehab facility. Fluctuating INR levels noted.
- Diagnoses included “AF” but she denied that hx.
- Ambulating, wound healed, MRSA -ve, Flucloxacillin ceased.
- Investigation = Pulmonary Embolism in late 2007 - admitted to private hospital, client recalled “chest problem”.

= Decision to cease Warfarin, but search involved 4+hours.

COMPREHENSIVE HEALTH HISTORY BOOKLET

- Project supported by Brightwater Don Hutchinson Scholarship 2008
- Paper-based, completed by hand, A5.
- Trialled with friends and colleagues & amended.
- Offered to four residents/representatives so far.
- Very positive reception.
- Evaluation plan.
- Project Report due October 2009.

Comprehensive Health History - front

MY HEALTH HISTORY

Full name: _____

Date of birth: _____

Allergies: _____

Medicines _____


Food _____

Other _____

Privacy and information sharing:
The information contained in this booklet is regarded as highly confidential and will only be shared with other health care providers with my permission or the permission of my representative. The information may be transferred to case notes or medical records to enable effective health care and treatment. Information in this booklet will be safeguarded and stored according to Brightwater's Policy on the Security of Health Records. This policy is available upon request.

06/03/2009

Decision-making and family health profile



IF I AM UNABLE TO MAKE HEALTH CARE DECISIONS, PLEASE CONTACT:

Usual next-of-kin/proxy decision-maker:

Enduring Power of Attorney Yes No

Name _____

Trustee/Guardian Yes No

Name _____

FAMILY HEALTH PROFILE

My family health history (e.g. illnesses and cause of death if known*)

| | |
|-------------|-------------|
| GRANDFATHER | GRANDFATHER |
| _____ | _____ |
| _____ | _____ |
| GRANDMOTHER | GRANDMOTHER |
| _____ | _____ |
| _____ | _____ |
| FATHER | MOTHER |
| _____ | _____ |
| _____ | _____ |

Brothers/sisters

*For information about obtaining Death certificates to the following website:
<http://www.justice.wa.gov.au/C/certifiedcopiesandextracts.aspx>

06/03/2009


Health history - childhood & middle adult years

HEALTH HISTORY PART 1

Childhood illnesses (e.g. whooping cough, chicken pox, rheumatic fever, poliomyelitis):

Childhood operations or injuries (e.g. appendicectomy, bone fractures):

HEALTH HISTORY PART 2



Illnesses during middle adulthood (i.e. before age 60) (e.g. high blood pressure, reflux, depression):

Operations or injuries during adulthood (e.g. gall bladder surgery, motor vehicle accident, etc.):

06/03/2009

Health history - older adult & current

HEALTH HISTORY PART 3

Older adult health problems/illnesses (e.g. heart disease, bronchitis, diabetes) AND year first diagnosed:

| Diagnosis | Year |
|-----------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Older adult operations or injuries (e.g. hip/knee replacement, falls leading to fractures)

| Diagnosis | Year |
|-----------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HEALTH HISTORY PART 4

Current health problems and disabilities (e.g. heart disease, lung disease, osteoarthritis, stroke effects).
(These are listed in order of significance or severity for me)

Memory (e.g. MMSE score) _____

Vision (e.g. spectacles?) _____

Hearing (e.g. hearing aid(s)) _____

Oral/dental health (e.g. implants, bridges, dentures)

Usual vaccinations and most recent date

06/03/2009

Current medications & test results

HEALTH HISTORY PART 5



| CURRENT MEDICATIONS | REASON ORDERED |
|---------------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(or see attached list from pharmacy)

HEALTH HISTORY PART 6



Recent tests or usual findings ("OK" if normal range):


| | |
|----------------------------------|-------|
| Blood pressure | _____ |
| Pulse | _____ |
| Renal function (Urea/creatinine) | _____ |
| Sodium/potassium | _____ |
| Calcium | _____ |
| Blood sugar level | _____ |
| Haemoglobin/Iron | _____ |
| Vitamin B12 | _____ |
| Thyroid function | _____ |
| XRays | _____ |
| Other (Describe) | _____ |

(or see attached results from GP)

06/03/2009

Health management and usual health service providers

HEALTH HISTORY PART 7



How I manage my own health (e.g. diet, meditation, natural/complementary therapies)

Over-the-counter medicines or supplements I use:

| Name | Reason used |
|-------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Regular exercise or physical activity (e.g. walking, Tai Chi)

HEALTH SERVICE PROVIDERS

General practitioners and/or medical specialists seen in past two years (name and medical group)

Pharmacy (holder of Safety Net information)

Community care package service provider (HACC/CACP)

Podiatrist

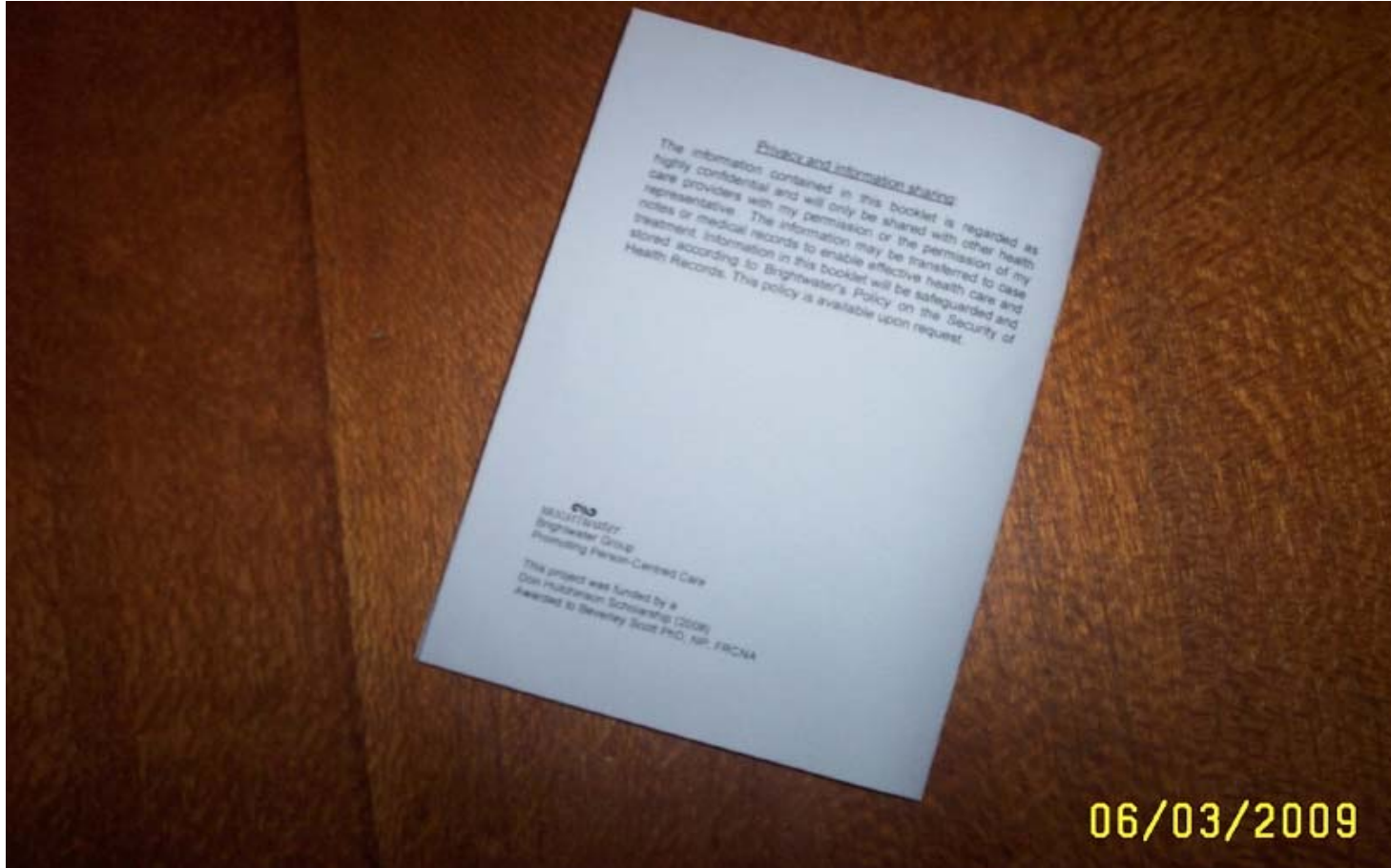
Other

06/03/2009

Health management strategies (e.g.)



Comprehensive Health History - back page



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