



PATIENT EXIT STRATEGY

What is legal, compliant, safe and courteous?

Patient Exit Strategies

Patient exit strategies refer to the ways in which a practice hands over the care of a patient to another practice.

There are a number of reasons of why you may want to implement good quality systems.

- 1) **Legal requirements**
- 2) **Compliance requirements**
- 3) **Risk Reduction- avoid litigation**
- 4) **Courtesy to fellow practices**
- 5) **To set a standard that will spread to other practices and eventually become 'the norm'**

What is Legal?

- **Guidelines on Privacy in the Private Health Sector 2001 (developed from legislation Privacy Act 1998) states:**

Transferring records to another health service provider on request:

If an individual wants to transfer their care to another health service provider, they can authorise the disclosure of health information from the original provider to the new provider.

A copy of this information could be transferred in this way.

However, if the original provider declines to transfer the information, then under NPP 6 the individual may request access to the health information and seek a copy.

Unless an exception under NPP6 applies, the provider is obliged to give a copy of the record to the individual, who can then take it to the new health service provider.

Please note in QLD the Right to Information Act 2009 has been released, the information has not yet been presented to the health sector well, we are yet to see practical resources advice delivered to General Practice

What is Compliant? (RACGP standards)

- ✓ Our GP(s) and staff can describe the procedures for transferring patient health information to another service provider or health service (interview).
- ✓ We record the request by the patient to transfer patient health information on the file. This note includes details of where the information was sent and who authorised the transfer (health records review).
- ✓ When we collect identified patient health information for QA & CPD activities, we only transfer it to a third party if the patient provides their consent (document review).
- ✓ When we collect de-identified patient health information for QA & CPD activities, we only transfer it to a third party if we have approval to do so from a recognised medical college's QA & CPD process (document review).
- ✓ our electronic data transmission of patient health information over a public network is encrypted (document review).

What is safe? (Minimise your risk)

- ❑ When posting use registered mail and request a signature from the practice receiving the record.
- ❑ Ensure significant results are included in the record, not just recent results.
- ❑ Read the patient file thoroughly, exclude anything that may upset the patient that is not clinically significant. The new practice may share your notes with the patient without editing.
- ❑
- ❑ Medical Objects offers a software solution at a small fee that will allow for sending the patient file as an attachment or as a PDF document. This is a far safer option than faxing or posting and it bypasses the reception desk.

What is courteous?

- ❑ Offer to send the patient's file electronically
(if they provide a CD and reply paid CD mailer)
- ❑ Record any reminder dates on the health summary
- ❑ Record the last date of billings for:
 - Annual Cycle of Care
 - GPMP
 - TCA
 - Reviews
 - Item 713 (at risk Diabetes)
 - Item 717 (45-49 Health Check)

Do unto others...

- When your practice uses good quality exit strategies; the good ideas will spread from practice to practice, it won't be long until you see them again
 - Ensure that your systems provide the same outcomes that you would like to receive