Audit process for PCCC

- Audit should take place in the location that manages the discharges for that LHO.
- This may be an administrative area or the Liaison PHN office
- Examine the process for receiving referrals
- Are referrals received daily, if not daily how often
- Are referrals sent electronically or manually to this location/who sends them
- Or are referrals collected on the hospital wards in person by liaison nurse./how frequently does liaison nurse collect discharges?
- Pay particular attention to discharges on a Friday, if a week end visit is required how is it sent to area PHN
- Examine process for logging referrals received into LHO area
- Examine process for forwarding referrals to area PHNs/electronic/manual/fax
- Is there a system in place to ensure that referral is received by the area PHN
- Is there a written standard locally for home visits by area PHN for recently discharged patients
- Is the acute hospital aware of this standard

Complex Cases
- If there is a complex discharge requiring case management before discharge how and where is this information recorded?
- Is there a tracking form for complex patients to record actions by PCCC before discharge eg family conference, completion of subvention form, ordering of equipment etc
- How is this information relayed back to the ward

Documentation
Examine a sample of the discharge referral form that the PHN is sent. Are all sections completed? Is it legible/does it comply with national documentation.

Feedback from Area PHNs
Randomly select 3-4 area PHNs and contact them by phone for feedback on the discharge process.

Suggested questions
1. Are you satisfied with the current process for receiving referrals?
2. Any suggestions for improvements
3. In the absence of a local written standard for home visits what criteria does the area PHN apply to determine time frame for a home visit/contact?
4. Any other comments for the audit team

Draft questions to discharged patients
(select patients in consultation with the area PHN)
you may need a phone introduction by the area PHN in advance.

1. What hospital where you discharged from?
2. What ward were you discharged from?
3. Was your discharge plan discussed with you prior to discharge?
4. Who discussed the plan with you?
5. Did you receive information on community services before your discharge?
6. Do you know who your local PHN is?/do you have contact details?
7. Were you contacted by your local PHN on discharge?
8. Were you visited at home by the local PHN: within 48 hours of discharge: within seven days of discharge: within 28 days of discharge
9. What other community services did you receive?
10. Are you currently awaiting delivery or commencement of planned community services e.g. meals on wheels, packages of care, home help?
11. Have you any comments to make about your discharge home: Prompt: transport: prescription: equipment: OPD appointments:

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