

Standardising Patient Discharge Summary Information: a Draft National Data Set for consultation

Consultation Feedback Form

November 2012

Your views are very important to us. We would like to hear what you think about the draft guidelines.

Your comments will be considered and will inform the development of the national data set for clinical discharge summaries. When commenting on a specific aspect of the draft dataset, it would help us if you tell us which element you are commenting on or the table number that you are commenting on.

The closing date for consultation is 5pm on Friday 11 January 2013

You can email or post a completed form to us. You can also complete and submit your feedback online on www.higa.ie.

About you

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Organisation* <small>*Please indicate if you are making your submission in a personal capacity only or on behalf of your organisation</small>	This submission is being made on behalf of DeafHear.ie.
Date	10th January 2013

General feedback questions

You may provide us with feedback on the specific questions asked within the consultation document and repeated here (see questions that follow), or alternatively you can provide us with general comments.

Consultation Question 1

Question 1: Are there benefits in having a standardised data set for clinical discharge summaries, and, if so, what are the main benefits?

Please comment

Yes.

From the perspective of Deaf/Hard of Hearing people, a standardised data set for clinical discharge can help ensure that the care pathway is sensitive and responsive to the patient's hearing loss/deafness. However, realising such benefits is contingent on the data set providing sufficiently comprehensive information on all relevant aspects of a patient's health status, including where patient's have a hearing loss which may not be directly related to the reason for their admission in the first place.

Consultation Question 2

Question 2: Have the appropriate groupings of data items been included in the data set?

Please comment

Not entirely.

DeafHear (and the Irish Hard of Hearing Association) have advocated for many years for the inclusion of an indicator on patient forms to flag if a patient has a hearing loss or is deaf. This is based on years of service user experience where patients with hearing loss/deafness repeatedly miss out on information, sometimes vital information. This is primarily because the myriad of healthcare personnel who may be involved with them either are not aware the patient has a hearing loss or do not know how to respond appropriately. Research has shown that this can lead to a variety of undesirable outcomes for Deaf/Hard of Hearing patients such as a missed or delayed diagnosis, misdiagnosis and/or medication errors.

While the National Standard for Patient Referral Form includes a section on special needs, DeafHear believes that this is insufficient and/or inadequate in terms of ensuring the additional needs of patients with hearing loss are communicated to other healthcare professionals. DeafHear believes this is especially so for older people with acquired hearing loss, and we believe an audit of referral information would bear this out.* Furthermore, some patients may not have been referred by a GP using the National Standard for Patient Referral Form, and their hearing status may not be known to primary care health professionals. (50% of people aged over 65 have some level of hearing loss. Often this may not be readily apparent in a quiet GP surgery environment, but the patient may have great difficulty understanding and receiving information in a

busy hospital ward. As a further simple illustration of the inadequacy of the present arrangements, patient's with hearing loss who supply a mobile number to be contacted by text only, are regularly voice called by health personnel who are unaware of their hearing loss).

Given the high prevalence of hearing loss/deafness among the patient population, and the fact that a patient's hearing loss is often not immediately apparent, DeafHear believes that it would be mutually beneficial for both patients and the various personnel involved in the patient's care to have a distinct identifier on all patient forms to indicate if a patient has a hearing loss. DeafHear would therefore support the inclusion of a defined section to identify patients with hearing loss/deafness in the patient discharge information.

***Hearing loss at the 25dB level is often described as a 'mild' hearing loss, and such individuals tend to experience difficulty with conversation where there is background noise. Individuals with hearing loss greater than 45dB (a 'moderate' or more severe hearing loss), will have great difficulty conducting conversations without amplification/hearing aids. Many of those with hearing aids will still have some difficulty with receiving and understanding information through conversation. A UK study** of the prevalence of hearing loss found that at 50 years of age 19% of people had a mild hearing loss, while 5% had a moderate or greater hearing loss. The corresponding figures for 70 years of age are 60% have a mild hearing loss, and 21% have a moderate or greater hearing loss. It would be DeafHear's view that at the very least the hearing status of all patients with moderate or greater levels of hearing loss should be clearly indicated in referral and discharge information. Failure to do so is will increase the risk of compromising the quality of their healthcare.**

***Davis, A.C. The prevalence of Hearing Impairment and Reported Disability among Adults in Great Britain. International Journal of Epidemiology, Vol. 18, No. 4.*

Consultation Question 3

Question 3: Have all of the appropriate data items have been included in the data set? Would you leave out any of the data items listed? Would you suggest additional data items?

Please comment

DeafHear would suggest including a section to indicate if the patient has a hearing loss (as outlined in the response to Question 2).

Consultation Question 4

Question 4: Do the definitions provided in Tables 1 – 7 of the consultation document adequately explain each of the data items? If not, please suggest improvements?

Please comment

As outlined in the response to Question 2, DeafHear believes that the hearing loss status of many patients is not presently identified within the care pathway and in referral/discharge information. We believe that the present patient referral information format, where such information would be included under 'Additional Relevant information' is ineffective in flagging instances where patients have a hearing loss. We believe that this is at least in part due to a lack of awareness and prioritisation of patient's hearing loss/deafness and the impact of this on patient care. One way of improving this would be to have a clearer and more specific reference on referral and discharge forms to indicate if a patient has a hearing loss.

(An initiative between DeafHear and Limerick Regional Hospital resulted in a protocol where a sticker is applied at the top of hospital records/forms of patients with hearing loss. This scheme has proved very effective over a number of years).

Consultation Question 5

Question 5: Does the usage information provided in Tables 1 - 7 of the consultation document clearly explain the proposed use of each of the data items? If not, please suggest improvements.

Please comment

See above.

General Comments

Please provide any general feedback you wish to give below.

Please comment

Thank you for taking the time to give us your views.

Please return your form to us either by email or post:



ehhealth@higa.ie



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Patient Clinical Discharge Summary Information,
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If you have any questions on the draft data set, you can contact the consultation team by calling (01) 8147685.

**Please return your form to us either by email or post before
5pm on Friday 11 January 2013**

Please note that the Authority is subject to the Freedom of Information Acts and the statutory Code of Practice regarding FOI.

For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.