

Issue note: Information sent from hospitals via HRM

Issue

Health Report Manager (HRM) is the provincial standard for automatic forwarding of hospitalization information to primary care providers. Most hospitals are now sending information via HRM. Many providers are also now set up to receive the information. Nonetheless, the information is not as useful as hoped. This issue note outlines the nature of information sent and possible strategies for improving its value.

Background

The nature of information sent by each hospital via HRM is publicly available on the [HRM website](#) maintained by OntarioMD. This information was sorted with the help of members and partners of AFHTO's EMR data management sub-committee. Figure 1 shows how many hospitals are sending each of several reports that were considered by the committee to be higher priority. Figure 2 shows the same information at the individual hospital-level so teams can find out what their own hospital is sending.

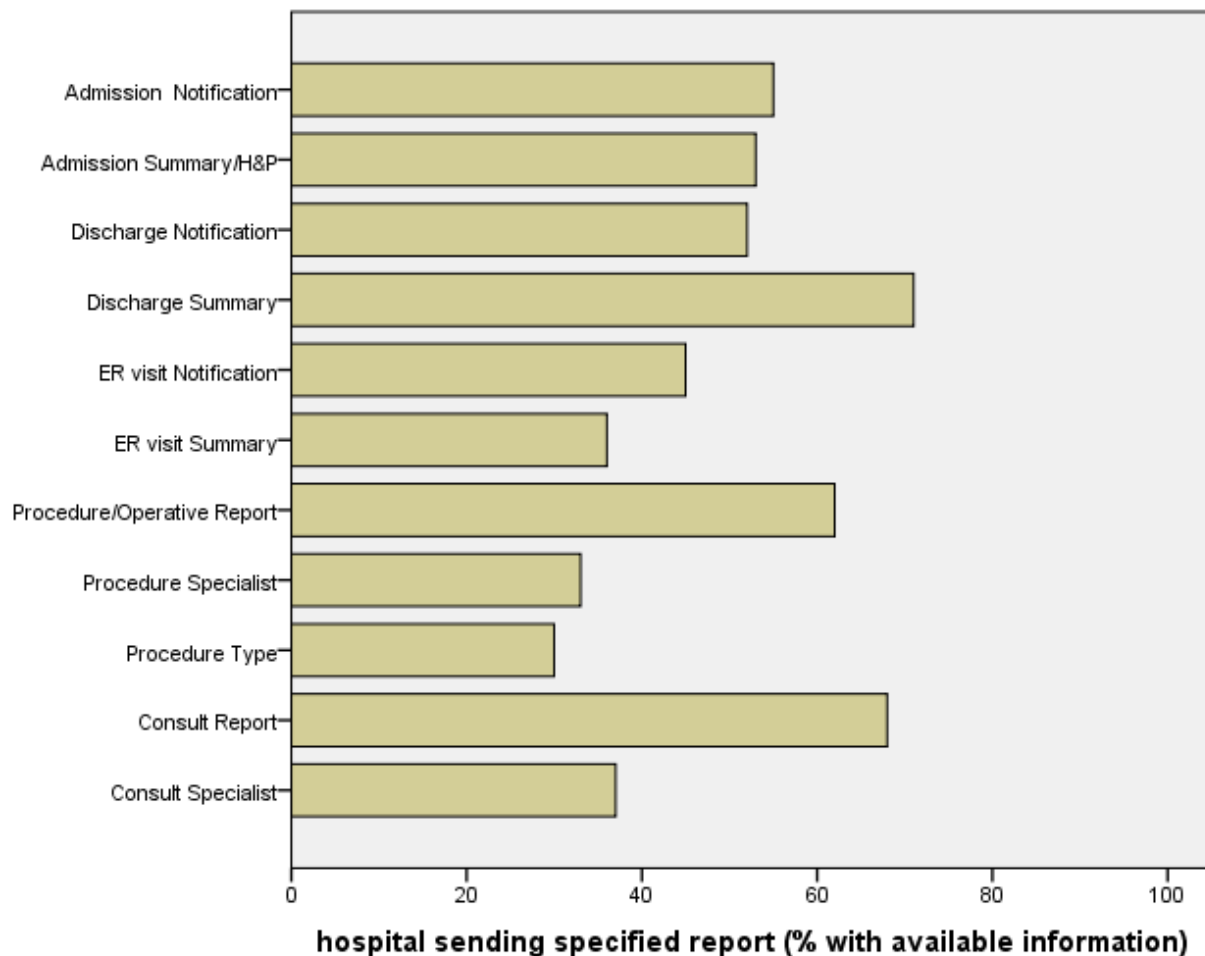


Figure 1: Hospitals sending specific reports via HRM

Sending Facility	Admission Notification	Admission Summary/H&P	Discharge Notification	Discharge Summary	ER visit Notification	ER visit Summary	Procedure/Operative Report	Procedure Specialist	Procedure Type	Consult Report	Consult Specialist
Alexandra Hospital	no	yes	no	yes	no	yes	yes	yes	yes	yes	yes
Alexandra Marine and General Hospital	yes		no	yes	no	yes	yes	no	no	yes	yes

Figure 2: Hospital-level data about content of HRM information (example hospitals only)

Highlights

- 1) Data is not available for all hospitals. This is because not all hospitals are active in HRM and also because the report describing the information they were sending was not published on the web site.
- 2) There is no single report among those prioritized by the committee that is being sent by all hospitals. The reports that are most commonly sent are discharge summaries (71%), consult notes and operative reports, sent by 71, 68 and 52% of hospitals, respectively. All of these reports contain physician documentation and therefore timeliness depends on how quickly that documentation happens.
- 3) Notifications of ER visit, admission and discharge are sent by about half of the hospitals. It is important to note that these notifications do NOT depend on physician documentation as they are automatically extracted from computerized patient registration systems in place at virtually all Ontario hospitals.
- 4) Details regarding the specialist and/or type of consult or procedure are available from 40% or less of hospitals. This information is NOT dependent on physician documentation as the specialty of physicians working in the hospital and at least the general category of the procedures (eg imaging, thoracic surgery etc) are tracked in administrative systems.

Next steps

- 1) Finalize scripts to help hospitals have effective conversations with relevant groups to improve the value they are getting from HRM information.
- 2) Share scripts and hospital-level information with AFHTO members for use in conversations with OntarioMD practice specialists, local hospitals and/or EMR vendors.
- 3) Share summary of the information and nature of scripts with OntarioMD practice specialists, local hospitals and EMR vendors (possibly via EMR CoPs) to prepare them for these conversations.
- 4) Share summary with OntarioMD HRM working group members to inform and focus their work to improve the value of HRM information.
- 5) Reach out to hospitals sending more complete HRM information to learn tips and tricks that could be shared to increase value of HRM information across all hospitals.

Conversations for action on HRM: tips and suggestions

General

- Relationships: Start or continue building relationships with the leads for health records, IT and patient registration at your local hospitals. These people are crucial to increasing the value of information sharing between primary care and hospitals
- OntarioMD practice advisor: Connect with them to build relationships and also learn more about how they can help you.
- EMR CoP: Connect someone on your team with the community of practice for your EMR so you can share your challenges and learn from others who might have gone before you in this work.
- Privacy: Educate your team about the extent (and limits) of barriers to information flow due to privacy. In particular, prepare to address privacy concerns of hospitals that are often (and erroneously) cited as barriers to sharing hospitalization data with primary care teams.
- Get better data now: Consider taking stop-gap actions to get more information more quickly from hospitals while you continue to work on more automated solutions via HRM. See handouts from Focus on Follow-up session in Sudbury, Nov 27, 2018 – forthcoming.
- Track timeliness of notification of hospitalization: Independent of what you do to improve the value of information received from hospitals, you can start tracking the timeliness of discharge notification as a way to increase the strength of your advocacy as well as track your progress with efforts to improve.



hrm hospital level
content 1.xlsx

If your hospital is NOT on the list:

- Contact your OntarioMD practice advisor to find out if your hospital is enrolled in HRM or not.
- If not, ask for your practice advisor's help to encourage your local hospital to enrol in HRM.
- In the meantime, consider working on more local solutions to access hospitalization data that are not dependent on HRM (see handouts from Focus on Follow-up session in Sudbury, Nov 27, 2018 – forthcoming).
- If your hospital is enrolled in HRM, ask for your practice advisor's help to find out what information they are sending via HRM. Based on this information, proceed to one of the other scripts below.

If your hospital IS on the list:

- Check to see if the information you want appears to be included in the information being sent by your hospital (eg discharge notifications).
- Confirm the status of this with your local hospital (ie things may have changed since this summary was created). Probably the most knowledgeable person about this at your hospital will be the head of the health records, IT and/or patient registration departments.
- Proceed to one of the other scripts below, based on what you find regarding status.

If the information is NOT being sent from your hospital:

- Contact your OntarioMD practice advisor for their help in encouraging the hospital to send it.
- Consider sharing the summary data showing that many hospitals are in fact able to send the information you need.
- Consider sharing the hospital-level information to help your hospital find peers they can connect with to learn what is possible.
- Consider asking the hospital for concrete estimates of cost (in terms of time or money) to add to the information being shared via HRM. Recall that there is considerable information automatically available from hospital administrative systems (such as patient registration) that does NOT require manual intervention to add to HRM feeds.
- Consider negotiating with your hospital to start with the smallest, least expensive/laborious changes to improve the value of the information being sent via HRM.
- Consider contacting other hospitals who are able to send the information to help your local hospital find ways to overcome the cost barrier.

If the information truly IS being sent and you are not able to easily find it in your EMR:

- Contact your OntarioMD practice advisor for their help in understanding what is possible in your EMR
- Consider connecting with the CoP for your EMR to learn from others using the same EMR to access HRM information, possibly with more success
- Consider sharing the hospital-level information with your EMR vendor to identify hospitals they might be working with in other areas with more success.

If the information you are getting from your hospital does not match what is on the list:

- Go back to the web site and check exactly what is in the HRM feed. This list is a “point in time” compilation intended to start conversations with hospitals and involves sorting report types into categories. Something might have gotten lost in translation. The source data on the web site is the “gold standard”
- Contact your OntarioMD practice advisor to discuss the differences between your experience and what the web site indicates is coming from your hospital. Your practice advisor will work with others at OntarioMD and the hospital to ensure the most up to date information is provided on the website
- In the meantime, proceed to the appropriate script based on what actually is coming from your hospital, even if the information on this list needs to be revised. Recall that the goal of this exercise is to help your team get more access to hospitalization data, not create a perfect summary of information about HRM contents.