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| CDIS Discharge summary process  |
| Victorian Maternal and Child Health (MCH) Child Development Information System (CDIS)November 2022 |
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# Scope

Discharge summaries are a valued communication tool that assist the Maternal and Child Health (MCH) service in arranging and prioritising allocation of the initial home visit and preparing the MCH nurse in familiarising themselves with the client situation so that they can offer a personalised and informed service.

# Purpose

This practice note has been developed to clarify the role and responsibilities of the MCH team following receipt of discharge summaries.

Best practise is for the MCH nurse to read the discharge summary (if available) prior to Home Visit.

# Background

The midwifery Birth Outcomes System (BOS) can generate discharge summaries. These are provided by most Victorian public hospitals and some private hospitals as a discharge communication tool. These can be received via email, fax or in person via the client. Discharge summaries from general/paediatric hospitals, Early Parenting Centres, Parent and Baby Units or referral agencies may also be received.

Services will adopt specific processes for receipt of information relevant to the size of their team and birth notification numbers. This may incorporate the use of a dedicated contact person or inbox that is exclusive to the birth notification and discharge summary communication processes.

# Process

It is considered appropriate that administration staff employed by the MCH service can process the saving of BOS discharge summaries to CDIS records as they abide by the same legislative confidentiality requirements of the *Health Records and Information Privacy Act 2002* andcouncil privacy expectations.

1. BOS discharge summaries are uploaded as an attachment by administration or MCH nursing staff.
	1. MCH nurses are responsible for transcribing the content of the BOS discharge summary into the CDIS record as this safeguard’s clinical responsibility, confidentiality of information and familiarity with the client’s personal details.
2. Discharge notes received via email can have the information:
	1. Copied into a ‘*client not present’* entry by the MCH nurse/team leader, citing the contact details and name of the agency providing the information, and/or
	2. Saved and attached to the CDIS file as an .msg format.
3. Other discharge summaries received from a general hospital admission, Early Parenting Centre, Mother Baby Unit and/or referral agencies should be attached to the client CDIS history by the MCH nurse or administration staff.
	1. The MCH nurse/centre allocated to the client should be alerted to the presence of a new discharge attachment on the client file.
	2. Best practise would be to add a summarised entry in the ‘*client not present’* field to highlight the attachment during note review.
4. Verbal discharge summaries delivered over the phone should be received by an MCH nurse or team leader/coordinator and entered as a ‘*client not present’* entry.
	1. MCH nurse/team leader/coordinator should communicate any alerts or concerns with relevant MCH staff and add relevant flags and/or edit note to the client summary page.

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