

Abstract

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*Title of Dissertation: **Development of a minimum data set for postnatal discharge summary***

Discharge summaries are one of the major modes of communication between secondary/tertiary care and primary care. The “*National Standard for Patient Discharge Summary Information*” developed by HIQA is specific to general discharge summaries. This addresses the quality of contents in a general discharge summary; however, a gap in the standard requirement for discharge summaries for specialties like maternity care is evident.

This research developed a “minimum data set” for postnatal discharge summaries with a view to improve their quality content. A lack of previous studies on the content of maternity discharge summaries and the information requirements of the major stakeholders of maternity care prompted this study to explore the information requirements of Public Health Nurses, General Practitioners, Consultant Obstetricians and Midwives.

A mixed methodology with sequential explanatory design is used for the purpose of this study. A minimum data set development process is used to harmonise the data sets in the newly developed discharge summary. An analysis of the discharge summaries collected from 15 maternity hospitals in Ireland and a review of the literature identified the required data sets for the draft discharge summary. The submissions received from public health nurses, general practitioners, consultant obstetricians, and midwives (total=50) on the draft discharge summary and from the questionnaire led to the development of a minimum data set for postnatal discharge summaries. The data set definitions were identified using national and international data dictionaries. SNOMED-CT is used to achieve a terminology standard.

The analysis of postnatal discharge summaries from different maternity hospitals and its findings identified significant gaps in communicating valuable information

using maternity specific data sets. It was recognised that the present maternity specific data sets are inadequate to deliver quality information to the primary care team in the community to offer continuity of care. The information requirement assessment of the stakeholders in maternity care revealed that a wide variation in information requirement exists among the stakeholders and the role and accountability of the health care professional is directly proportional to the information requirement of that professional. It is also identified that the current *“National Perinatal Reporting System Data Dictionary”* is insufficient in defining the maternity data sets currently in use in Ireland. HIQA (2014) recommended the deployment of SNOMED-CT as a terminology standard in Ireland and therefore each data set in the newly developed postnatal discharge summary is paired with SNOMED-CT in order to identify that this shadows international terminology standards ensuring interoperability.

This study provides a positive contribution towards the development of postnatal discharge summaries in the upcoming Maternity and Neonatal Clinical Management system (MN-CMS) in Ireland and has the potential to be included in the MN-CMS project. The sub-data sets used under “antenatal, delivery, and postnatal clinical information” headings are similar to most of the National Perinatal Mortality and Morbidity Data sets. Once accepted by the MN-CMS, this newly developed discharge summary has the potential to support strategic planning by providing information on maternity health indicators, maternity care outcome measures, national and perinatal mortality and morbidity statistics and national and international data comparisons. As this is the first study of its kind in maternity care, the prospective benefits of this study will be diverse.