Improving information sharing on discharge from a specialist palliative care unit

Author: Elizabeth Farrer

Aims

The primary aim was for 100% of patient discharge summaries to be sent electronically to primary care and the integrated specialist palliative care team within 24 hours of discharge from our specialist palliative care unit.

Methods

During cycle one this data was collected from April, May and June 2017. Doctors were asked to dictate letters before discharge and information was included in the doctor induction pack. In cycle two a specific doctor was assigned to complete discharge summaries in the weekly inpatient multidisciplinary team meeting. In cycle three an electronic discharge summary template was implemented that could be completed and altered before discharge. This was followed by a further period of data collection.

Results

In cycles one and two, 0% of discharge summaries met the aim of being sent electronically to primary care within 24 hours. In cycle three this increased to 9%. Following the implementation of the electronic template in cycle four, this increased to 54% and the mean number of days between patient discharge and discharge summary being finalised reduced to six (from 10 in cycle one). In cycle one a request for information from primary care was received in 26% of patients prior to the summary being sent. In cycle four there were no requests.

Conclusion

This project has made improvements in timely sending of discharge summaries but has not yet achieved the primary aim. The use of an electronic template has made the biggest impact as it can be started during admission. The next stage is to implement a more systematic method of ensuring they are sent on day of discharge. ■

Conflict of interest statement

I have no conflicting interests to declare.

Author: Wirral Hospice St John's, UK