Improving documentation regarding ceilings of care upon intensive care unit discharge: a quality improvement project

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Introduction
The discharge of a patient from the intensive care unit (ICU) to the ward requires clear communication in order to maintain patient safety and ensure continuity of care. The discharge summary is an essential piece of documentation that summarises the patient’s journey through the ICU. It contains information regarding the patient’s treatment and ongoing care needs, as well as information on the patient’s resuscitation status and ceilings of care. This information can also be relayed through a verbal handover. Together, they ensure patient safety is maintained. We aimed to assess and improve the quality of ICU discharge documentation at a district general hospital.

Materials and methods
A quality improvement project (QIP) was designed using a plan, do, study, act (PDSA) cycle technique. The ICU discharge summaries produced over a 2-month period were retrospectively analysed. Data was collected on the patient age, gender, and evidence of documentation of resuscitation status and ICU readmission status. The results were analysed and presented to the ICU team through an educational session on the importance of documentation (first intervention). The cycle was then repeated and discharge summaries were analysed again after a 2-month period post-intervention.

Results and discussion
In the first PDSA cycle, 53 patients were included (mean age 63, 55% male). In total, 47 of these patients were discharged to hospital wards, two were discharged home and four patients sadly passed away. Of the patients alive at discharge, only 67% of them had ICU readmission status documented, while only 55% of discharge summaries contained documentation of resuscitation status. The second PDSA cycle included 30 patients (mean age 53, 64% male), 28 of whom were discharged to the wards. Following our intervention, there was a vast improvement in documentation of resuscitation status to 80% and readmission status to 73%.

Conclusion
Documentation of a patient’s resuscitation status and ICU readmission status is important when discharging a patient from the ICU as discussions regarding these ceilings of care often occur during an ICU admission. We performed a QIP that resulted in a positive change in the documentation of these decisions when patients are discharged from ICU.

References