Improving the standard of discharge summaries using a quality improvement approach

Authors: Thomas Shepherd, ^A Caitriona Stapleton, ^A Sara Khalid, ^A Bryony Dayment, ^A Alex Moate, ^A Ellen Benn, ^A Catrin Jones-Evans, ^B Charu Kayan, ^B Kirsten Fernandes, ^A Sandra Mohamed, ^A Phoebe Scarfield ^A and Jasmine Lee ^A

Introduction

Discharge summaries are an important handover tool used to ensure effective communication of clinical information between secondary and primary care. Poor discharge summary completion can have a negative impact on the safe transfer of care, quality of clinical care, and patient safety. GP quality alerts, patient safety incidents and patient advice and liaison services (PALS) complaints within the trust had highlighted concerns regarding discharge summaries. Our aim was to improve the standard of discharge summaries on the acute medical unit (AMU) using a quality improvement (QI) approach.

Materials and methods

Our multidisciplinary team (MDT) included two medical students, a physician associate, four junior doctors, a consultant physician, a GP, a pharmacist, a quality improvement adviser, and a patient representative.

Using guidance from the Professional Records Standard Body (PRSB) and the Royal College of Physicians (RCP), 10 core components of a discharge summary were identified (Box 1).^{1,2} Process mapping, feedback questionnaires and driver diagrams were used to visualise the discharge process, identify areas of concern and develop ideas for change.

Using an MS Excel spreadsheet, the total average compliance of 10 randomly selected discharge summaries was calculated weekly, as well as the average compliance for each of the 10 core components. Data was uploaded to LifeQI software to track in real time and visualise data shifts.

We completed four plan, do, study, act (PDSA) intervention cycles during the project: the introduction of a discharge summary template, sharing patient feedback, sharing pharmacist feedback, and sharing combined patient and GP feedback. Formal feedback surveys were performed to monitor discharge summary satisfaction from GPs, district nurses and patients. Our patient representative took an active role to ensure a patient focus by designing the patient feedback questionnaire.

Authors: ^ALewisham and Greenwich NHS Trust, London, UK; ^BGKT School of Medical Education. London. UK

Box 1. The 10 core components of discharge summaries

Core components of discharge summaries

Reason for admission

Relevant past medical history/past surgical history

Social context

Key investigations and results

Procedures

Primary and secondary diagnoses

Medication changes

Medications to be reviewed by the GP

GP actions following discharge

Plan for follow up

Results and discussion

The baseline compliance of discharge summaries was 61% measured in April 2021; this improved to an average compliance of 92% following our first PDSA intervention in June 2021. We subsequently achieved a compliance of 91% following both our second and third PDSA cycles. Our fourth cycle achieved a compliance of 93%. We have achieved sustained improvement from a baseline mean compliance of 70% to a mean of 85% (Fig 1).

Patient feedback has been positive, with 93% (n=15) reporting that discharge summaries were easy to understand. There have been no further GP quality alerts or patient safety incidents relating to discharge summaries on the ward, and a 70% reduction within the wider hospital.

Conclusion

This project has shown significant improvement in discharge summary quality as measured by our 10 core components. We anticipate that sustaining improvements will be a challenge requiring significant behavioural change. The project is now being expanded into the Paediatrics Department and Community Response Teams within the trust. Our next goal is to expand this project further throughout multiple trusts. Widespread adoption of such changes will improve patient safety and satisfaction.

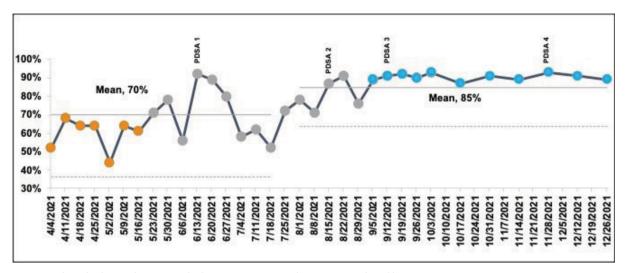


Fig 1. Run chart displaying the average discharge summary compliance measured weekly.

References

- 1 Professional Record Standards Body. *Implementation guidance* report eDischarge standard. V2.1. PRSB, January 2019: p14.
- 2 Royal College of Physicians Health Informatics Unit. Improving discharge summaries learning resource: guidance for trainees. London: RCP, 2019. www.rcplondon.ac.uk/guidelines-policy/improving-discharge-summaries-learning-resource-materials [Accessed 8 February 2022].