

MIND THE GAP

Improving discharge communication between secondary and primary care

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BACKGROUND:

Junior doctors (JDs) write the majority of hospital discharge communication, although they have minimal formal training in this skill. Poor quality discharge summaries increase the risk of adverse events and rehospitalisation. In response to this problem, three JDs in the Oxford University Hospitals (OUH) NHS Trust generated a one-year project proposal in August 2013.

ENGAGING STAFF:

We engaged the key parties of the Oxford Deanery, Oxfordshire Local Medical Committee and the OUH NHS trust. These stakeholders received the project proposal, were briefed on their expected role and asked for feedback. We arranged a multidisciplinary team meeting to present our results, promote participants' networking and to plan implementation steps. Using our initial survey of GPs we developed a list of 'Golden Rules' for good discharge communication (see below). We also suggested changes to the format of the current eIDD to guide JDs on requesting follow-up.

INITIAL DATA COLLECTION:

With the help of foundation trainees, we analysed 332 electronic discharge summaries (eIDD) sent from OUH to six practices in a two month period (April-May 2013). We documented the grade of eIDD author, the frequency of missing information and whether requested follow-up actions were completed in primary care. The grey data points in the figures show the summary values for pre-intervention discharge summaries. One third of eIDDs were missing the grade or contact details of the discharging doctor. In 50%, changes to the patient's medications were not clearly documented and in 40%, requested follow up actions were not completed.

INTERVENTION:

a) Using a WHARF proforma for clinical teaching development, we proposed interactive teaching sessions for JDs on different trust levels. These were taught by experienced GPs in April 2014 and a shorter lecture session was implemented into the Trust Induction programme. We also plan to develop an e-learning module and have been offered e-learning development resources to do so.
 b) eIDD proforma change: As the OUH Trust is currently implementing a new electronic patient record, we notified technical support about our project. We suggested a drop-down menu of follow-up actions guiding on their realistic timing and correct use. If the suggested timescale for GP action is within 72hours, a warning should come up to contact the GP via the phone to ensure that the information is received in time.

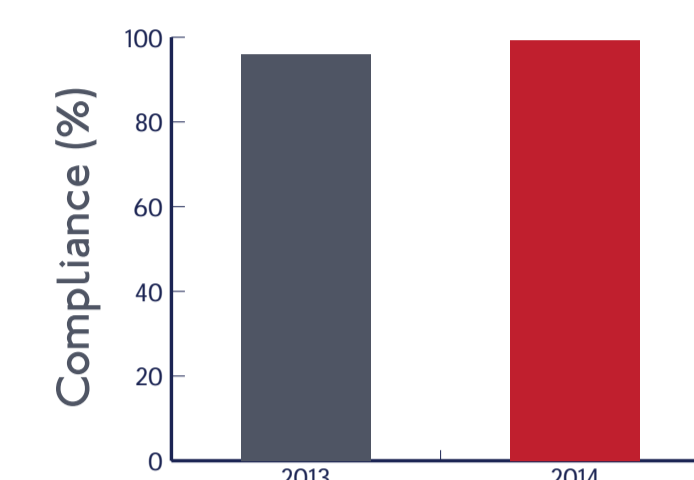
POST INTERVENTION DATA:

The only implemented intervention to date is the teaching and so the full effects of our planned changes have not been demonstrated. Re-audit of 142 eIDDs sent to four practices one month after teaching (April-May 2014) showed no significant change in any of our audit standards (see the red data points in the figures). We will re-audit again once the other interventions are established.

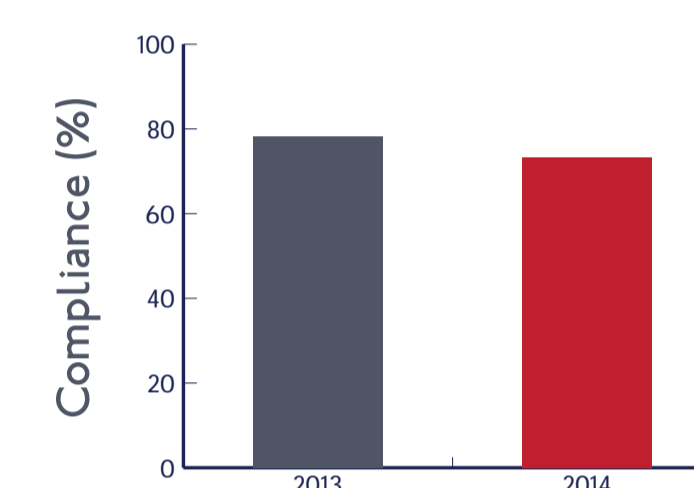
DISCUSSION:

Many GPs initially felt threatened by this initiative, thinking it could lead to easier requests for 'unfair' follow-up. By seeking to understand the challenges of both primary and secondary care stakeholders, we achieved engagement by key parties. Through this and our data collection, we have identified and established standards on discharge communication at OUH. If our interventions help the trust achieve these standards, we will enhance patient safety in the peri-discharge period.

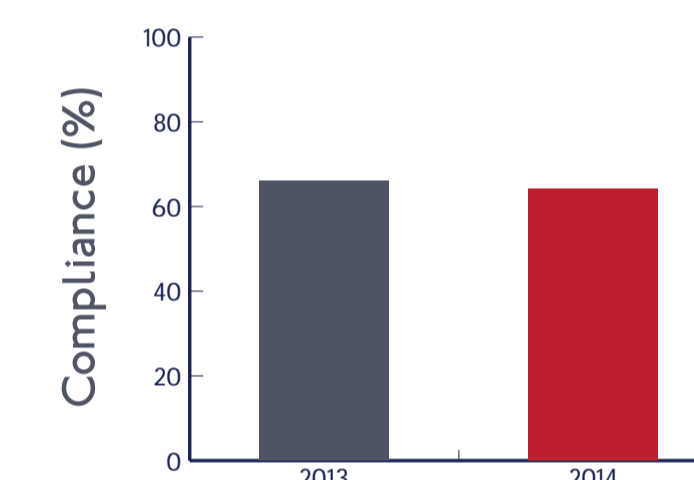
Discharge summaries completed within 24 hours of patient discharge



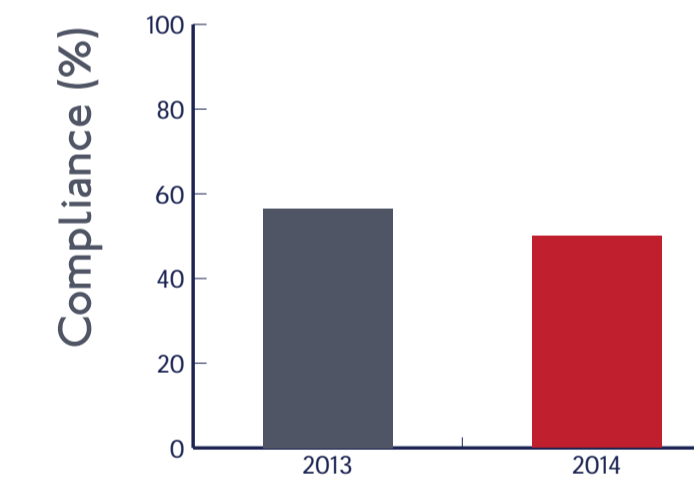
Tasks requested on discharge summary completed in primary care



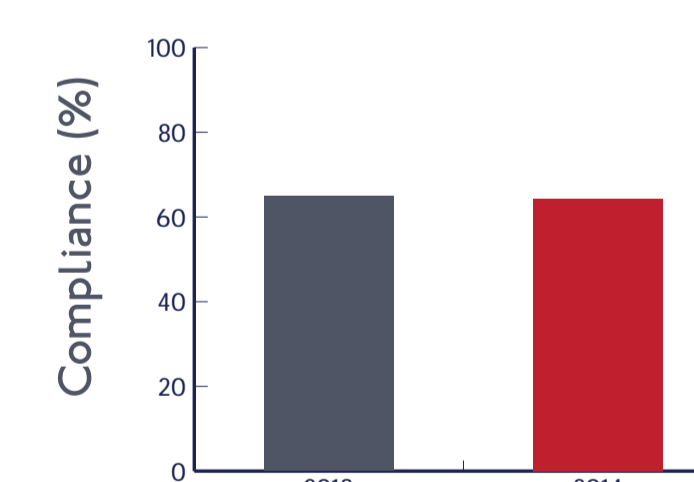
Discharge summaries with grade of completing clinician recorded



Discharge summaries with a clear deadline for tasks requested in primary care



Discharge summaries with indication of follow-up timeframe



THE GOLDEN RULES OF GOOD DISCHARGE

Ensure the basics are covered: Timely, state diagnosis and team, give a copy to the patient.

Avoid asking "GP please chase...": requesting physician should follow up

Make clear which drugs have been stopped, started or changed

Share responsibility for follow up with the patient

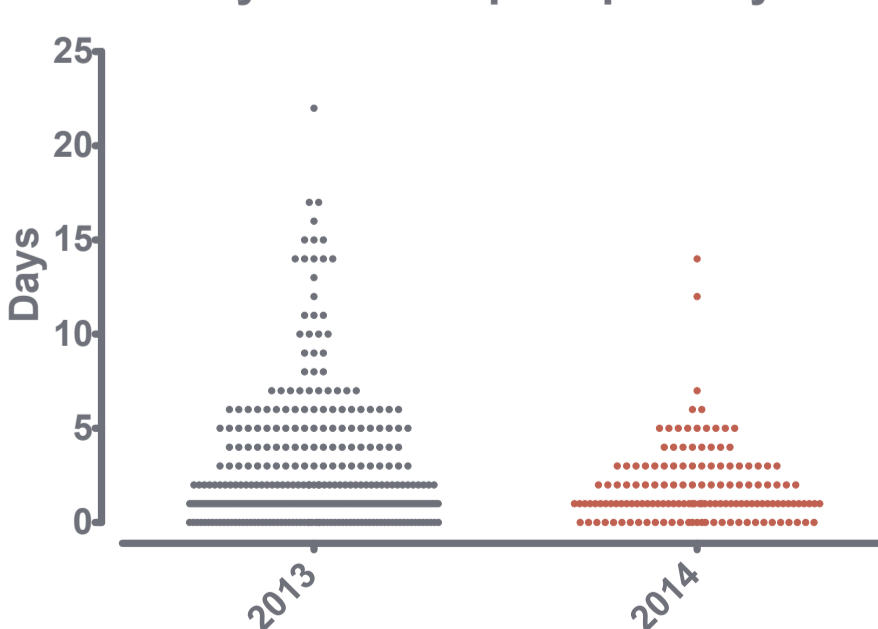
Consider phoning the GP directly

Clarify any hospital follow-up arranged: What, when, with whom?

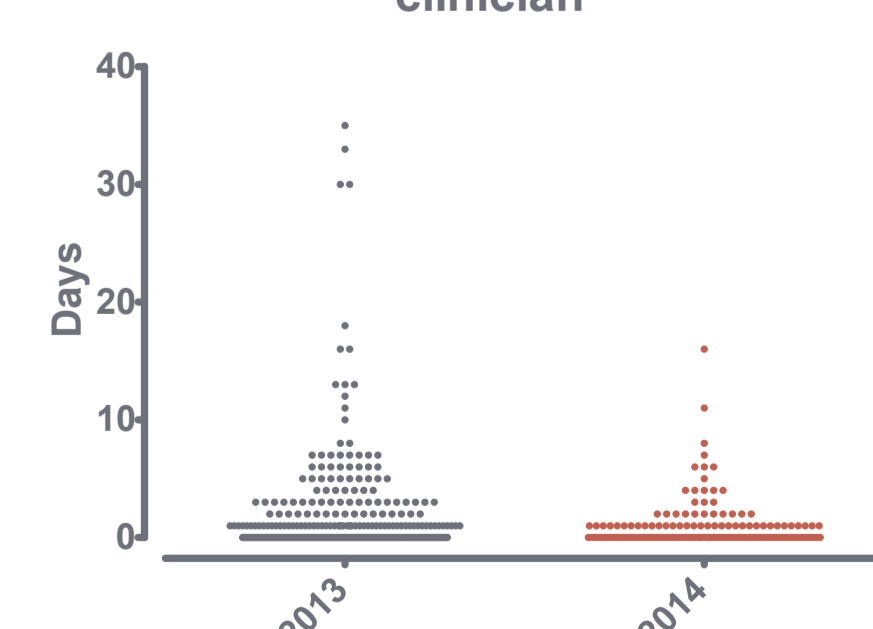
Include significant investigations and results e.g. MMSE, blood tests, scans.

Issue 'Fit Notes' from hospital and record this on the discharge summary

Time between completion of discharge summary and receipt in primary care



Time between receipt of discharge summary in primary care and review by clinician



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Poster Design: Lara Hibbs