Wimsett, J., Harper, A., & Jones, P. (2014). Components of a good quality discharge summary: a systematic review. Emergency Medicine Australasia, 26(5), 430–436. https://doi.org/10.1111/1742-6723.12281

Department of Addictions and Psychiatry

Improving the Quality of Discharge Summaries at a Detox Facility

Dr. Aditya Chhabra[1], Sally Ou[2], Jonathan Chan[2], Dr. Lingsa Jia[1,2], Dr. David Deng[1,2] (1 University of British Columbia, 2 Fraser Health Authority)

Background

- Discharge summaries are documents that serve as both a permanent record of a patients visit to a facility as well as a means of communication with an outpatient provider[1]
- Important for maintaining patient safety[2] and ensuring optimal continuity of care[3,4]
- Quality discharge summary can help reduce or prevent things such as adverse effects to medications, errors in medication continuity, diagnostic work up, or test follow up[5]
- Studies show that there are items common to all quality discharge summaries [1], including amongst others:
  - Discharge medications
  - Discharge diagnosis
  - Test results
  - Follow up plans
- Implementation of an Electronic Health Record (EHR) format can also pre-populate a lot of information, to increase the quality and timeliness[6]

Current Issues

- Paper based system
- Lack of clarity around course at the facility, including medications trialed and adverse outcomes
- Lack of identification of main community providers at intake
- Lack of clarity around investigations completed and their results

Project Aim

To increase the quality of discharge summaries being completed at Creekside Withdrawal Management Center by 50% by June 2025

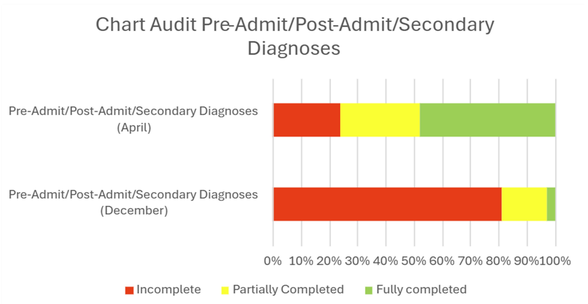
Methods

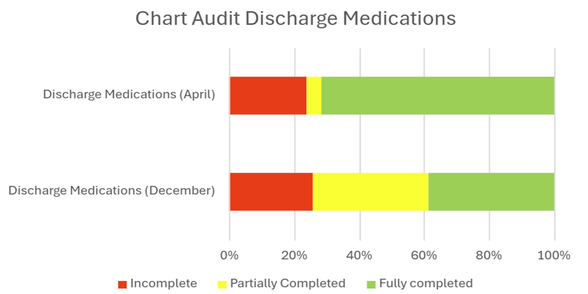
- We used a 'Model of Improvement' initiative
- Feedback solicited from a multidisciplinary team including: 1) facility physicians, 2) facility nursing staff, and 3) outpatient physicians regarding satisfaction with the quality of discharge summaries being completed
- Through feedback and reviewing standardized templates created by the health authority, a standardized template was created as part of the first PDSA cycle's change idea

Measures

- Outcome Measure:
  1) Quality of discharge summaries completed based on standardized criteria
- Process Measure(s):
  1) Mode of discharge summary completed
  2) Percentages of discharges using our prepopulated discharge summary template
- Balance Measure(s):
  1) Physician satisfaction
  2) Time spent completing discharge summaries

Results





Sections of the Chart Audit	December Chart Audits	April Chart Audits
Most Responsible Diagnosis	81%	78%
Pre-Admit/Post-Admit/Secondary Diagnoses	6%	48%
Discharge Medications	39%	74%
Investigations	52%	65%
Discharge Disposition	87%	78%
Post Discharge Follow Up	74%	61%
Allergies	0%	78%
Pharmacy Information	94%	98%
Treatment Course/Complications at CWMC	42%	52%

Highlights

- Out of the 9 categories, 6 showed an improvement
- Total charts audited were 77: 27/31 (87%) completion pre-implementation and 39/46 (85%) completion post-implementation
- Out of the 39 completed post, 36 (92%) used the standardized template
- Transition from paper to EHR allows for province wide access to treatment course, diagnoses, medications, and much more important information to help transition to community

Next Steps

- Continue to collect feedback and optimize the standardized template through ongoing PDSA cycles
- Continue to survey physician to review satisfaction surveys as well as data around time completing discharge summaries to review our balance measures
- Formulate a patient survey to see if patients see an improvement in clinical-patient communication
- To explore if there are any statistical differences in readmission rates

References

1. Wimsett, J., Harper, A., & Jones, P. (2014). Components of a good quality discharge summary: a systematic review
2. Roy, C. L., Poon, E. G., Karson, A. S., Ladak-Merchant, Z., Johnson, R. E., Maviglia, S. M., & Gandhi, T. K. (2005). Patient Safety Concerns Arising from Test Results That Return after Hospital Discharge.
3. Lane, N., & Bragg, M. J. (2007). From emergency department to general practitioner: Evaluating emergency department communication and service to general practitioners.
4. Wass, A. R., & Illingworth, R. N. (1996). What information do general practitioners want about accident and emergency patients?
5. Abrashkin, K. A., Cho, H. J., Torgalkar, S., & Markoff, B. (2012). Improving transitions of care from hospital to home: What works?
6. Glover, L., Wright, G., Brackley, S., Edwards, M., & Eddy, L. (2022). Improving the timeliness of discharge Summary Communication: a quality improvement project.

THE UNIVERSITY OF BRITISH COLUMBIA

Partners
fraserhealth