Improving Discharge Summaries: Assessing the quality and timeliness of discharge summaries from acute medical wards

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**Introduction**

Evidence shows that good quality timely discharge letters ensure patient safety. They are a vital means of communication and continuity between primary and secondary care. Adverse events due to inaccurate discharge letters are common. Reduced workload and formal training on discharge summaries have been found to improve their quality and thus patient safety.

**The Problem At Our Hospital**

Acute clinical areas have a high number of discharged patients per day:
- Our hospital aims for discharge summaries to be produced within 24 hours of discharge.
- High workload has led to outstanding discharge summaries.

This has led to:
- Patient safety concerns
- Numerous GP complaints regarding the quality and timeliness of discharge summaries
- Reduced patient satisfaction
- Frustrated juniors
- Incorrect financial coding

**Aims**

1. To audit the quality and timeliness of discharge letters.
2. To develop recommendations to establish a sustainable system to consistently produce quality and timely discharge letters.

**Method I: Discharge Summary Quality**

Data Collection

2 Acute Medical wards

Discharged in Jan ’14 (n=41)

Medical notes were compared to the discharge summaries.

The discharge summaries were audited against adapted standards and criteria set by the Royal College of Physicians.

**Results I: Discharge Summary Quality**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the doctor look after the patient?</td>
<td>31</td>
</tr>
<tr>
<td>In-charge consultant correct?</td>
<td>41</td>
</tr>
<tr>
<td>Discharge destination correct?</td>
<td>97</td>
</tr>
<tr>
<td>Primary diagnosis correct?</td>
<td>90</td>
</tr>
<tr>
<td>Secondary diagnoses correct?</td>
<td>56</td>
</tr>
<tr>
<td>Management plan correct?</td>
<td>92</td>
</tr>
<tr>
<td>Relevant investigations correct?</td>
<td>73</td>
</tr>
<tr>
<td>Medication on discharge correct?</td>
<td>60</td>
</tr>
<tr>
<td>Follow up information correct?</td>
<td>87</td>
</tr>
<tr>
<td>Allergies correct?</td>
<td>82</td>
</tr>
<tr>
<td>VTE assessment completed?</td>
<td>92</td>
</tr>
<tr>
<td>Dementia screening completed?</td>
<td>88</td>
</tr>
</tbody>
</table>

**Method II: Discharge Summary Timeliness**

Data Collection

2 Acute Medical Wards

Discharged 8th May to 14th May ’14

Date and time on ward clerk book

Date of discharge summary

% completed < 24hrs?

How long if >24hrs?

**Results II: Discharge Summary Timeliness** (n=76)

<table>
<thead>
<tr>
<th>Percentage of discharges</th>
<th>&lt; 24 hours</th>
<th>&gt; 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Conclusion**

There is significant room for improvement in many areas.

Recommendations have been established. These include:
1. Formal training for new doctors
2. Protected discharge letter writing time
3. Regular consultant-led review of discharge letters.
A re-audit is currently in progress.

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3. Health Informatics Units, Clinical Standards Department, Royal College of Physicians; Hospital Discharge Audit Tool, May 2011.

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References

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