University of Alberta Faculty of Medicine & Dentistry, Department of Medicine | Alberta Health Services | Covenant Health

Strategic Clinical Improvement Committee
Partnerships in Action

Misericordia Community Hospital (MCH) - Improving Discharge Communication-Changing Our Approach to Discharge Summaries

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Define Opportunity

Background, Problem Statement and Goal Statement:

Discharge summaries are a standard communication tool delivering important clinical information from inpatient to ambulatory care providers. Poor quality discharge summaries lead to increased adverse events in patient care after discharge, the need for re-hospitalization, and breaks in continuity of care. A complete, accurate, and timely discharge summary can communicate important information to the family physician and prevent adverse events. Residents are highly involved in completing inpatient discharge documentation (Uncomplicated discharge form), yet they receive minimal training in how to do so. This can lead to ineffective, poor discharge communication which impacts continuity of care.

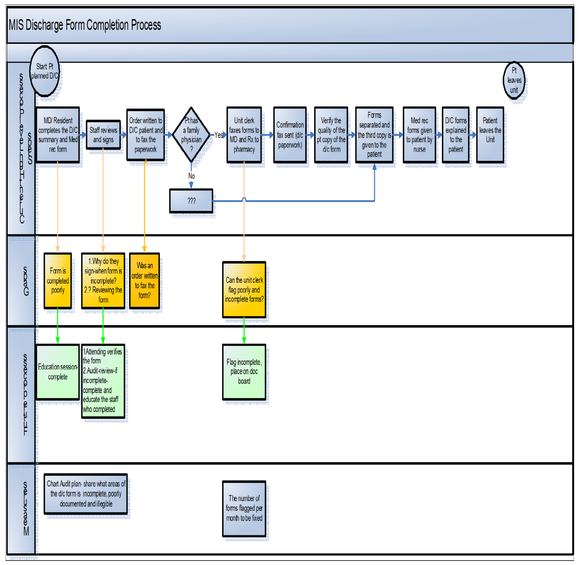
Problem Statement: April 2017, approximately 55% of the uncomplicated short stay discharge forms are acceptably filled out (complete and legible) on a CTU (Clinical Teaching Unit) at the Misericordia Hospital. This weakened communication decreases continuity of care and potentially impacts patient outcomes (acute discharge care plan suggestions/follow up not completed).

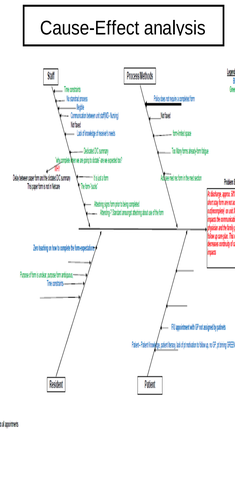
Aim Statements: July 31, 2017

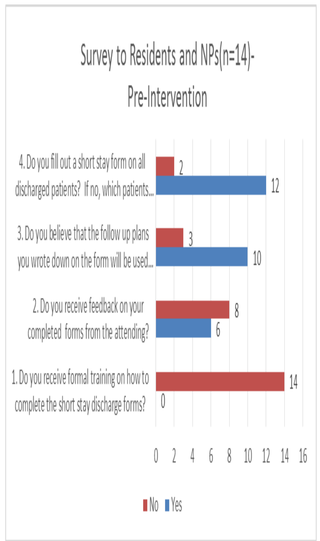
- Increase the legibility and completeness of the uncomplicated discharge summary form by 20%, where 75% of the forms are -legible and complete
- Audit the needs of family physicians regarding discharge communication needs, thus making recommendations for future form and process updates.

Build Understanding

Process Assessment: Project team developed a cross functional process map to determine process strengths and gaps. Along with a force field and anti-solution analysis. To determine root causes a cause and effect analysis was performed



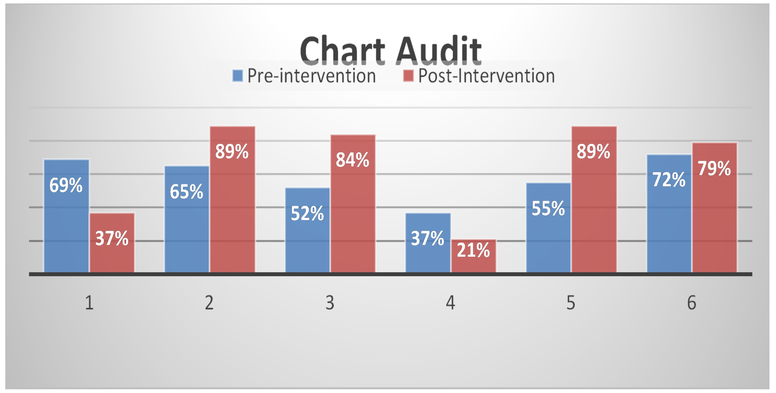




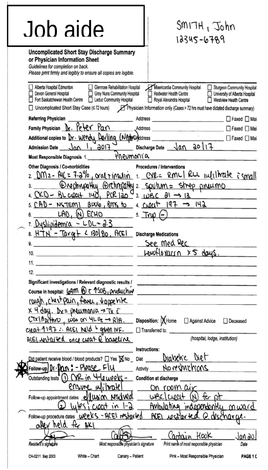
Act to Improve

***Improvement Selection* and Implementation Plan**-Time frame: May 15 to June 30, 2017

1. Physician provides an educational PowerPoint that includes a case study and an job aide illustrating how to complete the form prior to Resident rotation on the intervention unit
2. Attending Physician was asked to review the completed form
3. Forms are then audited for 6 characteristics



1. Is there any missing information? - Most responsible diagnosis, GPs/specialist name, follow up plan?
2. Is there a clear follow up plan listed?
3. Is it clear who is responsible for the follow up/if there needs to be any?
4. Number of forms with No GP listed
5. Number of forms that are acceptable
6.Number of forms with legibility score of 3



Legibility Score
1 = unacceptable, < 50% of the letters/words cannot be read easily or meaning understood
2 = borderline, > 50% of letters/words can be read but auditor had to re-read/spend extra time to understand text
3 = majority of document can be read easily without extra time being spent trying to

Sustain Results

Reinforce Ownership, Measurement, & Continuous Improvement:

1. Resident education, case study and job aide becomes part of the Resident orientation package going forward.
2. Quarterly random Chart Auditing and Reporting completed by Residents and reported to Project lead on-going.
3. Share and spread the Resident orientation educational component via Post Graduate Medical Education office ensuring all Residents get this training component
4. Explore form revision for all hospitals within the EZ, utilizing the Strategic Clinical Improvement Committee QI representative as the initial work group
5. Communicate project learning to inform the new EZ CIS(Clinical Information System) design

Manage Change

Collaboration & Communication Strategies: Salient stakeholders provided the process insight and local data. Project team included Residents, Unit clerk, Patient Care Manager, Nurse Practitioner, Physician in charge of Resident education

1. Developed an elevator speech as a fast standard approach to explaining the project:
   "Our aim is to optimize the communication between inpatient team, and the primary care physician in the community within the confines of the framework that already exists. A short stay discharge form is the initial piece of information the primary care physician receives about the patient's hospital stay. It is the bridge between the patient's discharge, and the dictated discharge summary (which can take 2-6 weeks to generate) reaching the outpatient team. It should clearly communicate the pertinent details of the patient's hospitalization, and what the primary care team needs to follow up on. We would like it to be the responsibility of the whole patient care team to ensure the form is adequately filled out."
2. Developed an educational PowerPoint that includes a case study and job aide for educating Residents prior to the start of a CTU rotational block. Resident completed forms were reviewed to determine community physician impact
3. Patient stories were shared to increase project urgency

Share Learning

Lessons Learned:

-Many commented that the form should be changed, but if our approach to how we fill out the form does not change, the result will be the same – the form would not be used effectively to communicate the pertinent details
-It may be difficult to change the "bad habits" of Attending Physicians, but incorporating this objective into medical education of Resident trainees is a great place to start impacting change.

Family Physician perspectives:

-Medications changed during the patient hospital stay and the rationale for the change is one of the most important factors Family physicians are looking for
-List the names of specialists involved so that there is a point of contact if issues arise
-There does not seem to be enough space for all the information – need a more open form
-List what needs to be followed up on and the rationale for why an appointment is requested in "1-2 weeks"

References
1. BMJ Quality Improvement Reports 2015; u207936.w3197 doi: 10.1136/bmjquality.u207936.w3197BMJ)