Redefining The Discharge Summary

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Background

- Discharge summaries (DS) are vital for safe handover between primary and secondary care

- DS can educate and empower patients, putting them at the centre of care

- This closed loop audit aimed to assess and improve the quality of DS on a joint care of geriatric medicine/stroke ward at West Middlesex University Hospital (WMUH)

Methods

- Ten medical and ten stroke DS from August 2022 were randomly selected

- Cycle 1: All DSs were screened against Royal College of Physicians audit Tool[1] (RCPT). Stroke DS were also screened against the stroke tool developed locally for this project (Figure 1)

- DS proformas were designed and implemented following departmental teaching in December 2022. See Figure 1

- Cycle 2: Further 20 DS (10 medical, 10 stroke) were re-audited against the same tools in March 2023
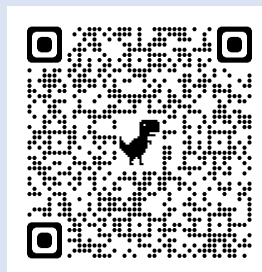
Results

Figure 1 – QR code.
Scan to see the medical and stroke
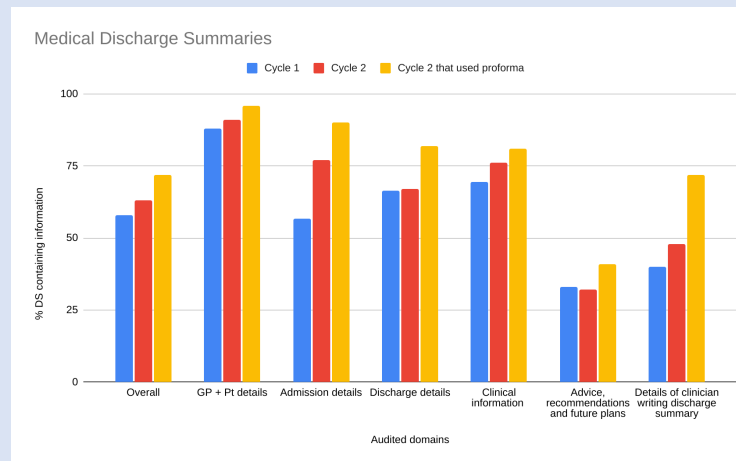DS proformas created.

Figure 2 – Bar chart representing the percentage of audited DS containing information recommended by RCP. Blue and red bars represent medical DS audited in cycles 1 (N=20) and 2 (N=20), respectively. Yellow bar represents medical DS audited in cycle 2 that used the DS proforma (N=7).
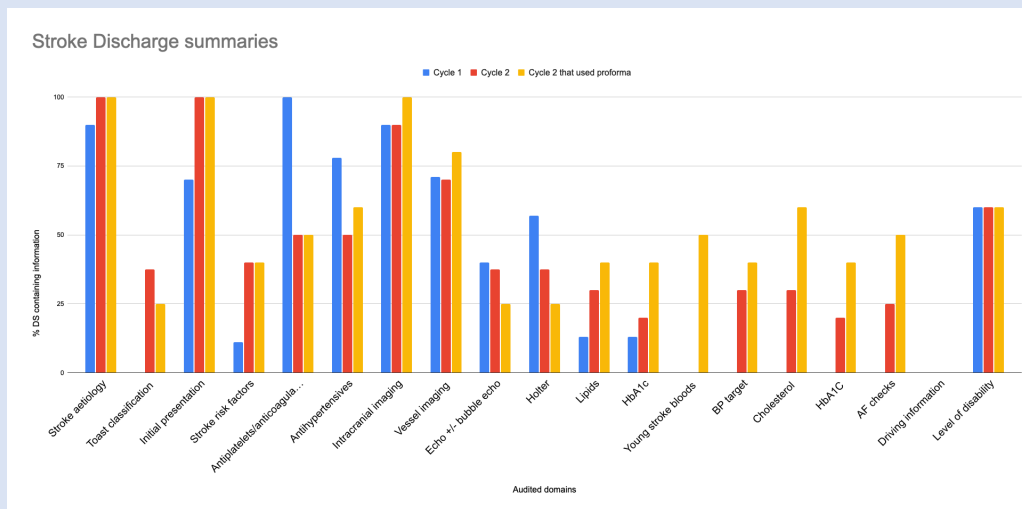

Figure 3 – Bar chart representing the percentage of audited DS containing information outlined in locally created audit tool specific to stroke patients. Blue and red bars represent stroke DS audited in cycles 1 (N=10) and 2 (N=10), respectively. Yellow bar represents stroke DS audited in cycle 2 that used the stroke DS proforma (N=5).

Discussion

- 35% of DS used the proforma and 72% had RCPT concordance

- The use of stroke discharge proforma lead to 50% improvement in 13/19 domains assessed; most notable improvement was seen in inclusion of TOAST stroke aetiology and stroke risk factor modification

- Change of clinic staff during audit period was most likely responsible for underutilisation of the proforma and resulting suboptimal improvement in DS quality

Conclusion

- Proformas improved DS quality; however, their uptake was suboptimal

- Future steps include exploring factors driving proforma underutilisation, addressing them, and re-auditing

References

1) Royal College of Physicians. (2015). *Record keeping audit toolkits*. [Online]. rcplondon. Available at: https://www.rcplondon.ac.uk/projects/outputs/record-keeping-audit-tools [Accessed 27 April 2023]