Examining Discharge Summaries from Multiple Perspectives

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Objectives

Consider discharge summary content and delivery from multiple perspectives

Learn about one hospital’s experiences with improving provider communication through discharge summaries

Learn what others have done about standardization and the what benefits may gained from full electronic medical records in the hospital
Who is in the audience?

Does your facility more often send or receive discharge summaries?

Currently, what are your greatest challenges related to discharge summaries?
Introduction

David Isenhower, MD
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Provider Survey Results

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Study Motivation

Better understand communication process between “discharging” and “receiving” providers

Lack of standardization about what types of information should be included in discharge summaries

To our knowledge, there are no papers that compare the preferences of the discharging and receiving providers

Survey was designed to compare the opinions and preferences of discharging providers and receiving providers related to content and delivery
Review of the Literature

Most common recommendations from 7 academic papers\textsuperscript{1-7} and 5 medical organizations\textsuperscript{8-12}:

- discharge medications (11)
- procedures & treatments provided (9)
- follow-up appointment (8)
- pending labs or tests (6)
- labs or test results (6)
- primary diagnosis (5)
- secondary diagnosis (5)
- patient & family instructions (5)
- reason for hospitalization (5)
- admission date (4)
- allergies (4)
- discharge date (4)
- physical exam (4)
- significant findings (4)
- patient’s discharge condition (4)
Literature Review Continued

Only 12-34% of discharge summaries available at or before a patient’s first visit with their primary care physician after hospitalization\textsuperscript{13}

Only 51-77% were available after 4 weeks\textsuperscript{13}

Department of Medicine found that only 19% of primary care physicians were satisfied with discharge summary timeliness\textsuperscript{3}

“41% [of physicians] believed that at one of their patients hospitalized in the previous six months had experienced a preventable adverse event related to poor transfer of information at discharge.” \textsuperscript{14}
Duke Survey\textsuperscript{15}

Comparison of preferences based on network affiliation status

In-network providers preferred electronic-based summaries while out-of-network providers preferred fax-based communication

Out-of-network providers less satisfied with timeliness

Difference in preferences for pending lab results between PCP and hospitalists
Methods

Two surveys – one for discharging providers and one for receiving providers through the Self Regional Healthcare medical staff listserv

Questions related to

Whether specific components should be included,

Timing for creating and sending summaries,

Delivery processes, and

Affect on quality of care and recovery

Study approved by the IRBs at Self Regional and Clemson University
Responses

Responses from 32 discharging providers and 28 receiving providers collected over 2 weeks
Content Related Questions

Discharging providers: “I typically include” and “I believe all providers should include”

Receiving providers: “I typically receive” and “All providers should include”

Items categorized by

- Physician/staff information
- Patient information
- Hospital course
- Procedures, treatments, labs, and tests
- Current plan of care
- Discharge information
- Medications
Data Definitions

Current state: “I typically include or receive on discharge summaries”

Ideal state: “I believe all providers should include on discharge summaries”

- Current state for discharging providers
- Current state for receiving providers
- Ideal state for discharging providers
- Ideal state for receiving providers
Patient Information

Discharge Summary Elements

- Name of PT
- Address of PT
- Date of birth
- Medical record #
- Allergies
- PT's functional status at admission
- PT's cognitive status at admission
- PT's medical status at admission
- Family history
- Medical history
- Surgical history
- Social history
- History of present illness
- Advanced directives
- Code status
- Medical power of attorney
- Medical power of attorney's phone #
- Other (please specify)

Percentage of Providers

- Current state - Discharging
- Ideal state - Receiving
Receiving Providers Largest Differences (>= 35%)

- Recommendation of consultants
- PT’s cognitive status at discharge
- PT’s functional status at discharge
- Discharge medications - duration
- Pathology reports
- Echocardiogram reports
- Radiology reports
- Reason for medication
- Discharge medications - dosage
- PT’s health status at discharge
- Stress test reports
- Follow-up issues
- Pain management
- Medications at admission
- Anticipated problems and suggested interventions
- Pending labs or tests

Percentage of Providers

Discharge Summary Elements

Current state - Receiving
Ideal state = Receiving
Discharging Providers – Largest Difference

A similar comparison of the current and ideal state for discharging providers is not included because the largest gap was 17% (name of physician receiving summary).
Current State of Discharging and Ideal State of Receiving

Percentage of Providers

Discharge Summary Element

- Cognitive status at discharge
- Medications at admission
- Diagnostic assessment
- Functional status at admission
- Cognitive status at admission
- Code status
- Reason for medication
- Functional status at discharge
- Discharge medications - dosing
- Medical status at discharge
- Consultations
- Advanced directives

- Current state - Discharging
- Ideal state - Receiving
Most selected (all providers should include...)

Greater than 75% of both discharging and receiving providers indicated all providers should include:

- Follow-up recommendations
- Admission date
- Discharge date
- Recapitulation of hospitalization
- Patient’s discharge condition
- Secondary diagnosis
- Primary diagnosis
- Name of attending
- Name of physician dictating
- Complications
- Name of patient
- Follow-up appointments
- History of present illness
- Discharge destination
- Procedures, treatments provided
Most selected items (continued)

Greater than 75% of discharging providers also indicated that all providers should include

Medical record number
Most selected items (continued)

Greater than 75% of receiving physicians indicated that all providers should include

- Discharge medications
- Hospital name
- Discharge medications dosage
- Date of birth
- Significant findings
- Recs of consultants
- Medical status at discharge
- Medications at admission
- Primary care provider’s name
- Medical status at admission
- Abnormal labs/tests
- Suggested mgmt. plan
- Medical history
- Diagnostic assessment
- Consultations
- Progress
- Radiology reports
- Pending labs or tests
- Follow-up issues
- Functional status at discharge
- Cognitive status at discharge
- Names of consulting attendings
- Admission diagnosis
- Symptoms
- Investigations
- Pathology reports
- Echocardiogram reports
- Recs of sub-specialty consultants
- Discharge medications - duration
Least selected: “All providers should include”

Less than 25% of **discharging providers** selected:

- Other test results from entire visit
- *Medical power of attorney’s phone #*
- Lab results from entire visit
- Address of patient
- *Clinical pharmacist involvement*
- Medical power of attorney
- Advanced directives
- *Documentation of patient education*
- Caution for medication
- Medications that were unsuccessful
- Names of residents/fellows
- Social history
- Code status

Less than 25% of **receiving providers** selected:

- *Medical power of attorney’s phone #*
- Nursing and health care providers’ notes
- *Clinical pharmacist involvement*
- Documentation of patient understanding
- *Documentation of patient education*
Other findings

Providers did not know/agree upon the hospital policy for when discharge summaries should be delivered

~40% of discharging providers said discharge instructions are completed and sent to receiving providers within 24-hours of discharge

Less than 15% of receiving providers said they typically arrive within 24 hours

~55% said they receive within a week of discharge

~30% of both provider types prefer sending/receiving discharge summaries via fax
Receiving: How often do you have difficulty understanding?
Who is your target audience? Check all that apply.
Lessons Learned and Next Steps

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Discussion
References


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