Immediate Discharge Summary in Cardiothoracics: Improving Communication with Primary Care patients discharged on warfarin or following valve replacement.

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Methodology: Quality Improvement Project with retrospective and prospective data collection and analysis regarding Valve Replacement Details (Brand, Type, Size) and warfarin prescription (correctly noted, INR range, duration) in Immediate Discharge Summaries (IDS) produced at a busy tertiary centre Cardiothoracic Unit. Initial audit demonstrated errors in IDS. Immediate Discharge Summary design cycle analysed. Lack of education regarding necessary details highlighted. Team identified potential changes, which were introduced in a step-wise fashion with process measures noted following change implementation. Changes included: informal discussion with colleagues and dissemination of results; re-designing of introduction booklet and special session arranged during induction to cover omissions identified; departmental poster design and display.

Results: Twenty-two patients were identified at the beginning of the study period (August 2016). Review of IDS indicated that only 40.9% (9) and 27.3% (6) IDS included details regarding the brand and size of valve the patient received. Seventy-seven per cent of the IDS correctly noted the type of valve implanted (biological/mechanical). Following interventions data was reviewed and results compared with $\chi^2$ test ($p=0.05$) review of data (including patients operated in February and March 2017), 95.5% of IDS correctly noted the type of valve (absolute increase: 18.3%, $p=0.078$), with 72.2% correctly identifying brand and size (absolute increase: 31.3% ($p=0.033$) and 44.9% respectively ($p=0.026$)). With regards to warfarin prescription initially prescription and INR range was correctly displayed in 54.5% of IDS, and duration was noted in 45.5%; interventions were successful in accomplishing 100% compliance ($p=0.011$ and $p=0.004$) with local standards in all three categories regarding warfarin.

Discussion: Quality of discharge letters is fundamental in establishing good continuity of care both in primary and secondary settings. Standards are important in ensuring quality is unaffected. It was noted, through discussion with senior colleagues that problems have arisen due to poor quality in Immediate Discharge Summaries in patients receiving valve replacement or are discharged on warfarin (phone enquires by General Practitioners). This created further pressure in the already stretched time-schedule of consultant and registrar cardiothoracic surgeons, and the primary care practitioners. The team managed to address the issue via Quality Improvement Methodology, improved the quality of IDS, established a good audit trail, and aided in minimising disruptions between primary and secondary care. Focusing on education of incoming staff to departments can reduce mistakes and omissions in discharge summaries as displayed above. It also increases the efficiency and safety of care by providing all the required information to primary care practitioners. Such interventions are practical, easily applicable and of low cost. Consideration should be applied in whether systemic interventions throughout Trust could fulfil similar results.

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References:


