Is the Discharge Information Received by PCP from Hospitals Adequate to Ensure the Continuity of Patients’ Care?

Research Project

By
Suzette Bartosh, Deepa Khadka, Uchechi Okani, Abena Sarhene and Sukhraj Sohal

Date: 07/27/2011
Agenda
Adverse affects of inadequate discharge information

Introduction:

1. Transition Period
2. Complexity of assessing the hospitalization information
3. Communication between the hospital and PCP
4. Effectiveness
5. Adequacy of information
6. Accuracy of information
7. The timeliness
The hypothesis:
Patients’ hospital discharge information received by primary care providers is inadequate to ensure continuity of patient care.
The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards for discharge summary:

Six important components:

1. Reason for hospitalization
2. Significant findings
3. Procedures and treatments provided
4. Patient’s discharge condition
5. Patient and family instructions (as appropriate)
6. Attending physician’s signature (Kind & Smith, n.d.)
Study to determine the quality of information contained in the discharge summaries from a regional hospital to local primary care providers shows:

- Lack of information on patients’ adverse drug reactions.
- Low level of PCP satisfaction except for those with electronic medical records (EMR) access to hospital records.
- Many practices do not have EMR access.
Study to characterize the prevalence of deficits in communication and information transfer at hospital discharge and to identify interventions to improve this process.

Result:
- Infrequent direct communication between primary care physicians and the hospital-based physicians.
- Majority of discharge information were electronically transferred.
- Yet summaries lacked many important information: e.g.
- Counseling provided for patients and family
- Pending lab tests at time of discharge.

Systematic literature review (Kripalani et al., 2007).
• Purpose:
  To determine the accuracy of the information contained in patients’ hospital discharge summaries.
• Method:
  Medications listed in patients’ charts on admission were compared to the medication lists contained in their discharge summaries.
• Result:
  Many minor errors.
  Fewer major errors with the potential to cause hospital readmission.
• Recommendations:
  Summaries should clearly identify:
  • Current medications
  • Discontinued medications while in hospital
  • Reasons for discontinuation of medication.
Purpose:
To investigate the effects of discharge planning on patients’ quality of life and satisfaction of outpatient primary providers.

Method:
Patients from 2 hospitals were randomly assigned to two groups.
Intervention group: Discharge planning per chosen intervention guideline with early communication of plan with primary care providers.
Control group: Discharge according to existing protocol.

Result:
Improved satisfaction and quality of life for patients in the intervention group.
No difference in length of hospital stay
Primary care providers for patients in the intervention group showed higher level of satisfaction.

Literature Review contd.
A randomized controlled trial (Preen et al., 2005).
Methodology

- To ensure the adequate continuity of care of Patients
- Focus on discharge summary reports on DFW outpatients' PCP
- Measurement based on patient care continuity, capacity, availability and ability of communication between the Hospital and PCP.
Survey Results – Content

How Often the following information is recorded on discharge summary records?

- Admission Reason
- Present Illness
- Physical Examination
- Medical History
- Hospital Course
Survey Results – Content Cont…

How often the following information is recorded on discharge summary report?

- Discharge Diagnosis
- Discharge Condition
- Major procedures performed
- Physician Contact Info
- Meds (pre and discharge)

Chart showing the frequency of recording for each category:
- Never
- Rarely
- Sometimes
- Usually
- Always
Survey Results – Content Cont…

How often the following information is recorded on discharge summary report?

- Allergies/Drug Reaction
- Follow-up plans
- Significant Test results
- Pending Test Results
- Issues require close monitoring

- Never
- Rarely
- Sometimes
- Usually
- Always
Survey Results – Timeliness

How often do you receive the discharge information from the hospital?

100% would like a discharge summary after their pts release from the hospital!
Survey Results – Dependent

How Dependent are you…?

- Not Dependent
- Little Dependent
- Never Dependent
- Fairly Dependent
- Always Dependent
Survey Results – Satisfaction

How Satisfied are you…?

- Satisfied with Discharge summary report
- Not Satisfied
- Little Satisfied
- Never Satisfied
- Fairly Satisfied
- Always Satisfied

Satisfied with Discharge summary report
Conclusion

- Majority of PCPs are fairly satisfied with the timeliness and content of the discharge information.
- However, the study showed deficiencies in medical history, pending test results, and issues requiring close monitoring.
- The least reported information on the discharge summary was patient’s pending test results.
- Majority of PCP are dependent on the hospital discharge summaries from to provide continuity of patient care.
Limitations

• Small number of participants.

• No consideration for the size of the clinics (staff & patient population)

• No survey of the degree of technological advancement for each facility.

• No consideration to the location, whether urban or suburban.
References


