

Improved Discharge Summaries for Older Patients: A Step Toward Better Continuity of Care with Comprehensive Geriatric Assessment

S Aye; M Lim; A Aliyath; A Gandhi; K Bhargava; G Mourshed; S Ghosh; E Stevenson

Department of Medicine for Elderly Care; Broomfield Hospital

INTRODUCTION

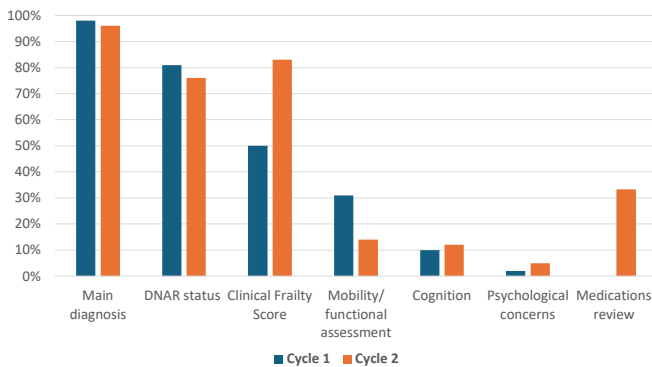
- Effective communication between primary and secondary care teams is essential for providing continuity of care in the community for older people with frailty.
- Discharge summaries often lack information captured in a comprehensive geriatric assessment (CGA).
- Junior members of the team, tasked with writing discharge letters, have not been formally taught in this area.
- This project aimed to incorporate key CGA domains into discharge summaries.

METHODS

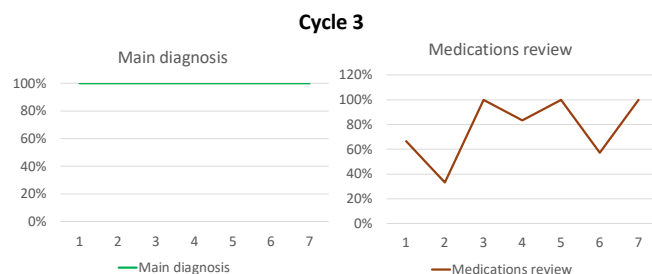
- The geriatric medicine department at Broomfield Hospital and community mid virtual frailty team identified 7 core CGA domains for discharge summaries: main diagnosis, DNAR (Do Not Attempt Resuscitation) status, clinical frailty score (CFS), mobility/functional assessment, cognition, psychological concerns, and medications review.
- piloted on a 26-bed ward, with data collected from patients over 65 years discharged.
- 3 cycles between October 2023 and November 2024.
- A total of 42 patients in cycle 1 and 2, and 50 patients in cycle 3 were included, excluding deaths.
- Initial interventions involved delivering an educational session and placing a poster.
- For the 3rd cycle, additional measures were introduced:
 - ✓ appointing two resident doctors as project champions and
 - ✓ displaying an example discharge summary template.
 - ✓ Weekly review of discharge summaries for 7 weeks, with weekly feedback was also implemented.

RESULTS

- Baseline audit showed low compliance with CGA in discharge summaries.



- By cycle 3, significant improvements were observed: main diagnosis and medications review were fully documented (100%), CFS documentation increased to 75%, and mobility/functional assessment (37%), cognition (38%), and psychological concerns (38%) showed notable progress.
- DNAR status documentation decreased from 81% to 75%.



Feedback from doctors was positive, with the new template considered straightforward.

Cycle 3



CONCLUSION

The project successfully improved CGA documentation in discharge summaries.

Future proposals include expanding the initiative to other wards and integrating a modified template into the electronic discharge system for easier access.