

IMPROVING QUALITY OF GERIATRIC DISCHARGE SUMMARIES: A QIP

Anisha Roy, Win Win Kyi, HDNM Samaranayake, Kanwal Chand, Abdelmoniem Elmustafa, Thayapary Sivagnanam, Shaha Pennadam Sheriff ; Care of the Elderly Department, Royal Gwent Hospital



BACKGROUND:

- Effective discharge communications between secondary care and primary care play a pivotal role in geriatric patient care.
- Absence of social, mental, and physical information in discharge summaries prevents continuity of care.
- Lack of documentation of care needs, mobility status, and social conditions were noted in geriatric discharge summaries.

AIM:

To improve the quality of geriatric discharge summaries.

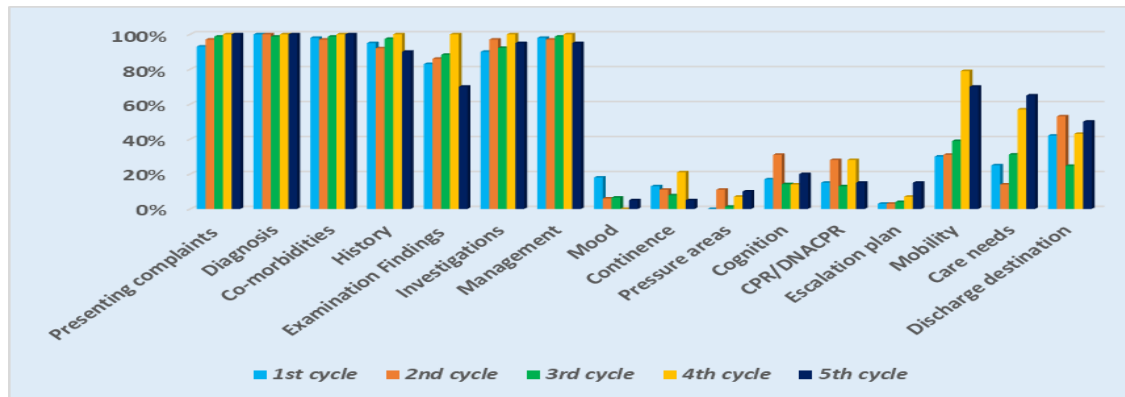
OBJECTIVES:

- Emphasise the difference between geriatric discharge summaries and others.
- Employ practical improvement strategies.
- Aim to retain progress through education and induction.

PROGRESSION THROUGH 5 CYCLES

INTERVENTION: 5 PDSA cycles were run and a local poster presentation, electronic MDT, teaching sessions and discharge summary checklist were added as the chosen forms of intervention respectively.

OUTCOME:



DISCUSSION:

1. Overall good documentation was noted in the general medicine domains (95-100%).
2. Remarkable rise in documentation in care needs (65%), mobility (80%), and discharge destination (50%) amongst other parameters.
3. Sub-optimal documentation and minimal improvement noted in cognition, resuscitation, and escalation plan observed (as not applicable on some patients).

SELF-ASSESSMENT CHECKLIST

SECTION	KEY POINTS	CHECKLIST
Reason for admission		
Diagnosis		
Comorbidities		
History	Clinical details Baseline mobility Baseline care needs Premorbid CFS	
Examination	General/Systemic Mental capacity (if applicable) Pre-admission pressure areas/continence status Mood	
Investigations		
Investigations/Procedures awaited		
Management	Clinical management PT opinion/Mobility on discharge Escalation plan Discharge destination Nursing care (pressure area/continence) DNACPR discussion Change in care needs	
Post-discharge information	CRT referral (if applicable) DN referral (if applicable) Secondary care follow-up (if applicable)	

CONCLUSION

- Improvement was noted in some geriatric domains of discharge summaries.
- Practical difficulties in accommodating all domains were noticed amongst junior doctors.
- Hence, using the checklist as a to-do list or a point of reference in medical notes was effective. It was included in the induction handbooks in the August changeover.
- Checklist has been added to the Trust intranet after that and it is awaiting to be accommodated in electronic discharge summary structure.