

# Improving Timeliness and Quality of Discharge Summaries in a Family

## Medicine Residency

Peter Sugarbaker, DO, Stephanie Matza, DO, Eugene Decker, DO



St. Luke's University Health Network Phillipsburg, NJ

### Background

The discharge summary reviews the patient's hospital course, current health status and follow up plan. This task is the responsibility of our inpatient team, made up of 2 residents. Patients are scheduled for transition of care appointments within 1-2 weeks, at which time the clinic resident assesses the patient's hospital stay by viewing the discharge summary and follows up necessary tasks.

Multiple obstacles interfere with the timeliness and quality of discharge summaries at our program. These include their time-consuming nature, low priority for completion, cumbersome method for incorporating the discharge med rec into note template and lack of a standardized approach to writing the hospital course, the most important and onerous section. Poor quality, incompleteness and delay in completion can cause a backflow of work for both the inpatient team and clinic resident as well as contribute to poor patient care.

### Aim Statement

The purpose of this project was to improve the timeliness and quality of discharge summaries, thereby improving workflow and continuity of care.

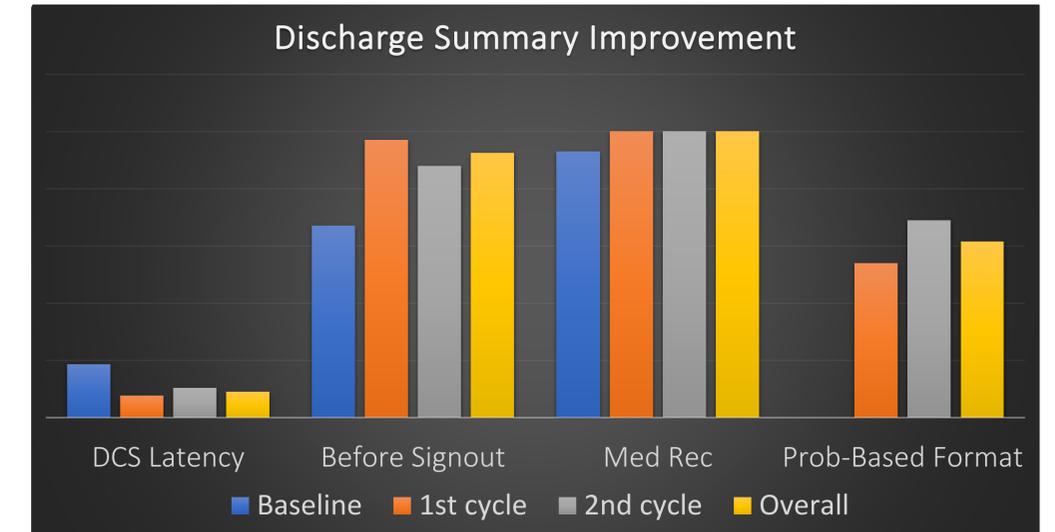
### Methods

Using a PDSA methodology, a team of 2 residents identified methods to measure both the timeliness and quality of discharge summaries. Timeliness was measured by discharge summary latency, defined as the time between the DC order being signed and the DC summary being signed, and the number of DC summaries signed before sign out. Quality was measured by analyzing the number of DC summaries using a problem-based, paragraph format for the hospital course in addition to the number of DC summaries that had a complete discharge med rec. 112 DC summaries were analyzed and baseline data was collected. 2 PDSA cycles were then undertaken as outlined below.

PDSA 1: A PowerPoint presentation was given to the residents outlining the new discharge summary workflow (DC summary worked on by multiple residents throughout hospital stay, rather than written on day of discharge), format (problem-based, paragraph form) and incorporation of a new EMR quick phrase for rapid medication reconciliation. 92 discharge summaries were then analyzed over 2 months.

PDSA 2: A second lecture was at 2 months, with review of FAQ's regarding the new discharge process/documentation and feedback on a sample of discharge summaries written since the initial presentation. A discharge summary tip sheet was also placed on the wall in the physician lounge at this time. 98 discharge summaries were then analyzed over a 2 month period.

### Results



Data was collected from 92 DC summaries from the 1<sup>st</sup> PDSA cycle and 98 DC summaries from the 2<sup>nd</sup> PDSA cycle. DC summary latency was reduced by 52% overall (4:27 > 2:09). DC summaries signed before sign out increased by 26% overall (67% > 93%). The amount of DC summaries written in a problem-based, paragraph format increased by 64% overall (0% > 64%). The amount of DC summaries with completed medication reconciliation increased by 7% overall (93% > 100%)

### Outcome and Discussion

Timely and effective DC summaries are vital to ensure effective transition of care for patients once they leave hospital as well as efficient workflow for residents. Our QI project demonstrates the utility of PDSA methodology in improving quality and timeliness of DC summaries through resident education/feedback and improvement in workflow efficiency.