Assessing the Quality of Discharge Summary Content using the SAIL

- A pilot study

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Building a Healthy Community, in Partnership
Current evidence

Safety around discharge processes

Various studies\(^{(1)}\) suggest that optimal discharge summaries are

- short
- legible
- sent to the next health care provider in a timely fashion and
- contain all relevant information particularly about medications
- describe clear follow up plans
Background - Peninsula Health

- Metropolitan health service in south eastern Victoria, approximately one hour drive from Melbourne CBD

- Acute, Subacute, Aged Care, Mental and Community health services spread across four main sites.
Background - Peninsula Health

Discharge summaries have been a high organisational priority for a long time;

- 2002 - electronic discharge summaries were introduced (Concerto- in house program)

- 2011 - New Health Smart electronic system was rolled out across Peninsula Health in stages (Cerner millenium)

- 2012 - Emergency Department started using the e-discharge format for Short Stay Unit patients

- 2014 - Emergency Department began using the PAS (Firstnet)
Background at Peninsula Health

Monitoring

- Longstanding commitment to monitoring completion rates
- Initially manual process done by Health Information Services
- Now automatic reports generated

- Formal monthly reporting of KPI data began in 2012

- Yearly GPLU GP survey asking questions about timeliness and quality of discharge summaries
Current audit / KPI monthly reporting

- Number of discharge summaries sent within 48 hours of discharge
- Percentage completed per Unit (aim for >80%)

<table>
<thead>
<tr>
<th>UNIT</th>
<th>December - % completed within 48 hours</th>
<th>November - % completed within 48 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental/Facio Max</td>
<td>62%</td>
<td>71%</td>
</tr>
<tr>
<td>ENT</td>
<td>65%</td>
<td>64%</td>
</tr>
<tr>
<td>Gastro</td>
<td>72%</td>
<td>85%</td>
</tr>
<tr>
<td>Gen Med A</td>
<td>78%</td>
<td>84%</td>
</tr>
<tr>
<td>Gen Med C</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>73%</td>
<td>74%</td>
</tr>
<tr>
<td>HITH</td>
<td>74%</td>
<td>85%</td>
</tr>
<tr>
<td>Plastic Surg</td>
<td>74%</td>
<td>93%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>36%</td>
<td>44%</td>
</tr>
<tr>
<td>Rosebud</td>
<td>All comply</td>
<td></td>
</tr>
<tr>
<td>GLR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td>72%</td>
<td>85%</td>
</tr>
<tr>
<td>Mornington</td>
<td>All comply</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>All comply</td>
<td></td>
</tr>
<tr>
<td>All comply</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Something’s missing…

What about quality?
Quality

Sheffield Assessment Instrument for Letters - SAIL (2)

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### Discharge Summary Audit Tool (v2: May 2015)

<table>
<thead>
<tr>
<th>Patient UR #:</th>
<th>Unit:</th>
<th>Date of admission:</th>
<th>Date of audit:</th>
</tr>
</thead>
</table>

| Reviewer (please circle): Consultant/NUM/Registrar/Other (please specify): | |

<table>
<thead>
<tr>
<th>Audit Questions</th>
<th>Please circle</th>
<th>Comments</th>
</tr>
</thead>
</table>

**PROBLEM LIST:**

1. Is the final diagnosis correct? Yes | No
2. Are all obvious and significant problems/diagnoses included? Yes | No
3. Are any significant complications included? Yes | No | N/A
4. Does the problem list exclude irrelevant problems/diagnoses? Yes | No | N/A

**HISTORY AND EXAMINATION of the presenting illness:**

5. Documented history appropriate to the case? Yes | No
6. Documented examination appropriate to the case? (including relevant negative results) Yes | No

**INPATIENT MANAGEMENT:**

7. Are all important procedures documented? Yes | No | N/A
8. Are all important treatments documented? Yes | No | N/A
9. Are consultations with other specialties documented? Yes | No | N/A
10. Are any NPAR or advance directives documented? Yes | No |

**RESULTS:**

11. Documented pathology results appropriate to the case? Yes | No | N/A
12. Documented radiology results appropriate to the case? Yes | No |
13. Does the documented radiology/pathology exclude irrelevant results? Yes | No

**MEDICATION:**

14. Are all known and newly identified allergies listed? (Drug name and reaction) Yes | No | N/A
15. Are all current (at discharge) medications listed? (Name, dosage, frequency, route, duration) Yes | No |
16. Are all changes to medication listed (and the reason for the change)? Yes | No | N/A

**DISCHARGE PLAN:**

17. Is it clear where the patient is being discharged to (e.g. home, rehabilitation, other acute hospital, deceased etc.)? Yes | No
18. Are requested actions for GP follow up clear? (Patient review, test results etc) Yes | No | N/A
19. Is it clear whether or not hospital follow up is planned? (Outpatient appt., further admission/investigation etc) Yes | No |

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This letter clearly conveys the information I would like to have about the patient if I were the next doctor to see him/her?

NOT AT ALL 1 2 3 4 5 6 7 8 9 10 COMPLETELY

Quality- SAIL

- PROBLEM LIST
- HISTORY and EXAMINATION
- INPATIENT MANAGEMENT
- RESULTS
- MEDICATION
- DISCHARGE PLAN

This letter clearly conveys the information I would like to have about the patient if I were the next doctor to see him/her?

1 2 3 4 5 6 7 8 9 10
NOT AT ALL COMPLETELY
Aims

1. Complete a widespread baseline audit of the quality of discharge summary information using the SAIL and evaluate the results.

2. Assess the acceptability of the tool with clinicians across the organisation.

3. Identify possible avenues in which this auditing can be conducted on a regular basis and used to help improve the quality of discharge summaries in the future.
Modifications to SAIL

Addition of two questions

- Are any Not For Resuscitation (NFR) or Advance Care Directives (ACD) documented?
- Does the documented radiology/pathology exclude irrelevant results?

SAIL MD - another version to allow assessment of multidisciplinary summaries

- Nursing and Allied Health content evaluation
Participating Units

- Emergency departments
- O&G
- Mental Health
- Gen Med (2 out of 3 units)
- ID
- Gastroenterology
- Endocrinology
- Geriatrics
- Neurology
- Subacute- all units
- Paediatrics
- ENT
- Vascular
- Plastics*
- Orthopaedics
- Urology
- General Surgery 1 & 3
- HITH
Method

• Request for department heads to nominate a staff member to participate
• First two discharges March 2015 audited by each unit
• Nominated staff member sent the audit instruction sheet and given the patient UR numbers
• Completed audits sent back to GPLU for collating and analysis
• Auditor sent the link to the post audit survey
• All auditors were given a certificate of participation and a chocolate frog
Results

• Total of 66 discharge summary audits were completed across 21 units out of possible 28 (both acute and subacute)
• Auditors were a mix of Consultants, Registrars, HMO & Senior Nursing staff
• 19 auditors completed the post audit survey
• Each Head of Unit were given a summary of the unit’s results
SAIL AUDIT REPORT SHEET

<table>
<thead>
<tr>
<th>Unit</th>
<th>Unit no name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Audit</td>
<td>23/5/15</td>
</tr>
<tr>
<td>Staff involved</td>
<td>Dr No Name</td>
</tr>
<tr>
<td>Total number of histories</td>
<td>2</td>
</tr>
</tbody>
</table>

SAIL audit - Unit No Name 2015

Global Score

<table>
<thead>
<tr>
<th>Poor quality inadequate for clinical handover</th>
<th>Considered adequate for clinical handover</th>
<th>Good quality clinical handover</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3</td>
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<td>0</td>
<td>9</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Comments
- 1 instance of pertinent examination findings not documented
- 1 instance of incomplete discharge medications
- 1 instance of poor discharge plan with no information for GP around asthma action plan or ongoing follow-up

Key Issues for consideration
1. Clearer documentation of current and discharge medications
2. Clearer information for GP around ongoing care recommendations and follow-up

Actions
- Feed results back to Clinical Director and Clinical Handover Steering Committee
Results

GLOBAL SCORE
This letter clearly conveys the information I would like to have about the patient if I were the next doctor to see him/her

Not at all (1) - Completely (10)
Is the final diagnosis correct?

Are all obvious and significant problems/diagnoses included?

- Incomplete
- N/A
- No
- Yes

- N/A
- No
- Yes
Are Not For Resuscitation or Advance Care Directives documented?

<table>
<thead>
<tr>
<th>Department</th>
<th>N/A</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surg</td>
<td>12</td>
<td></td>
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</tr>
<tr>
<td>Mental health</td>
<td>3</td>
<td></td>
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<tr>
<td>CCC</td>
<td>12</td>
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<td>ED</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>Paeds</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O&amp;G</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HITH</td>
<td>4</td>
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</tbody>
</table>

Are any NFR or ACD documented?

- N/A: 61%
- No: 36%
- Yes: 3%
Documented pathology results appropriate to the case?

Documented radiology appropriate to the case?

- N/A
- No
- Yes
Does the documented radiology/pathology exclude irrelevant information?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Incomplete</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med</td>
<td>12</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Surg</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mental health</td>
<td>11</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CCC</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
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<tr>
<td>ED</td>
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<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>O&amp;G</td>
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<tr>
<td>NITH</td>
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</tr>
</tbody>
</table>

- Yes: 70%
- No: 20%
- Incomplete: 10%
- N/A: 10%

**Chart:**
- Yes: 70%
- No: 20%
- Incomplete: 10%
- N/A: 10%
Are all known and newly identified allergies listed?

Note- the BOS summary does not have a section for recording allergies.
Are all current (at discharge) medications listed?

Yes: 76%
No: 20%
N/A: 4%

- Med: 18
- Surg: 10
- Mental health: 3
- CCC: 12
- ED: 3
- Paeds: 1
- O&G: 4
- HITH: 3
Are the requested actions for GP follow up clear?

- **Med**: 4 N/A, 1 No, 2 Yes
- **Surg**: 7 N/A, 3 No, 2 Yes
- **Mental health**: 1 N/A, 1 No, 2 Yes
- **CCC**: 12 N/A, 1 No, 1 Yes
- **ED**: 2 N/A, 1 No, 2 Yes
- **Paeds**: 4 N/A, 1 No, 2 Yes
- **O&G**: 1 N/A, 1 Yes
- **HITH**: 2 N/A

- **N/A**: 26%
- **No**: 10%
- **Yes**: 64%
Q3 The SAIL tool was easy to understand and use.

Answered: 19   Skipped: 0
Q5 Being involved in this audit will positively impact on my clinical practice.

Answered: 19  Skipped: 0
Q6 Regular feedback to each unit on the quality of discharge summaries will be useful.

Answered: 19   Skipped: 0
Q10 On average, how long did it take you to complete each audit?

Answered: 19  Skipped: 0
Q12 Would you volunteer to be involved in auditing discharge summaries using the SAIL tool again?

Answered: 19  Skipped: 0

- Yes
- No
- Maybe
Discussion

- Clinical Handover Steering Committee
- Clinical Directors
- Executive Directors
Recommendations

1. The GPLU together with the Advance Care Planning service should clarify the question relating to documentation of NFR and ACD discussions.

2. Consideration should be given to auto-populating alerts for NFR and ACD directly from the clinical system into the discharge summary.

3. Allergies should auto-populate directly from the clinical system into the discharge summary.

4. Further discussion should occur to determine the circumstances in which it may be safe and appropriate NOT to complete a full list of current medications on discharge eg: ED
Recommendations

5. The GPLU together with the CLOVeR team should investigate possible options for better identification of outstanding results within the discharge summary.

6. SAIL audits should ideally be undertaken twice yearly, but as a minimum at least yearly (requiring each unit to complete approximately 20 audits).

7. Facilitated small scale SAIL audits should be used as a coaching tool for intern education.
Limitations

• Not all units participated
• Small numbers completed per unit
• Gen med summaries were not from the same time frame
  - randomly chosen by the Consultants
• Disconnect between question results and Global Score
What’s next?

• 2016 begin regular audit schedule

• Rotating roster General Medicine to start April 2016

• Ongoing support from GPLU

• Flexibility in terms of how and where the audits get done

• Further develop the role of the tool for coaching junior staff

• Ask GP to complete the Global Score question in real time?
Lessons from the pilot

- Be as flexible and helpful as possible
- Find your key players and use them to help get others interested
- Keep expectations realistic
- Celebrate the good results
- Keep the focus on improving systems
- Give recognition to everyone that helps along the way

- Make the results count and integrate them into current routine reporting channels
  
  eg Clinical Handover on Discharge Steering Committee
References


Very interesting final slide!

Thank you