QI Project: Discharge Summaries to Primary Care

Summary

When patients are discharged from hospital and a timely discharge summary is not sent to the primary care provider, it creates a gap in continuity of care. This can create duplication of tests and investigations, medications errors and increase the risk of 7-day and 30-day readmissions, all of which increase the cost to our health care system and affect the patient experience.

Approach

Aim

By July 1, 2015 the percentage of electronic discharge summaries available to primary care providers within 48 hours of patient discharge from the Internal Medicine Service at London Health Sciences Centre will increase by 50% from 30% to 45%.

Change Ideas

1. Approval of the Clinical Documentation Completion Policy by MAC; this included mandating electronic discharge summaries which is essential in order to provide to primary care providers within 48 hours. 2. Piloting of Auto-authentication; this allows immediate distribution of the discharge summaries at the time of transcription. 3. Engagement of key physician stakeholders (Chiefs, division heads). 4. Education & communication about the Dictation Guideline mobile APP; the app prompts dictators to include diagnosis specificity in their dictation. 5. Considering automatic "cc" of primary care provider on all discharge summary dictations.

Measures

<table>
<thead>
<tr>
<th>Type</th>
<th>What Measure</th>
<th>How are you measuring?</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>% of electronic discharge summaries available to primary care providers within 48 hours of discharge.</td>
<td>Number of discharge summaries distributed within 48 hours / number of discharges</td>
<td>↑ 45%</td>
</tr>
<tr>
<td>Process</td>
<td>Delay in dictation</td>
<td>Time from patient discharge to dictation completion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time in transcription</td>
<td>Time from dictation completion to transcription</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time to autoauthentication</td>
<td>Time for transcription to authentication should be reduced to 0 with auto authentication</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>Errors in transcription when records are automatically sent.</td>
<td>Percent of amended discharge summaries</td>
<td>↓</td>
</tr>
<tr>
<td></td>
<td>Transcription Costs</td>
<td>Health records time spent on transcription.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time from transcription to authentication of amended discharge summaries</td>
<td></td>
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</tbody>
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*IDEAS (Improving & Driving Excellence Across Sectors), is a province-wide learning initiative to advance Ontario’s health system priorities by building capacity in quality improvement, leadership and change management across all health care sectors. Participants apply IDEAS quality improvement program learnings to applied projects from their own organization or local health systems over the course of the five-month Advanced Learning Program.*
Results and Learnings

Documented results of the implementation of a QI project’s change ideas that include key learnings, experience and insights. These contribute valuable information to others and contribute to overall QI knowledge to support sustainability and spread.

Data Highlights

The key process and outcome results of the project

All of the work and change IDEAS were implemented at LHSC - VH site. Our baseline percent of of electronic discharge summaries available to primary care providers within 48 hours of discharge was 29%. At the conclusion of the project this had risen to 37% at LHSC - VH (~27.5% increase).

Sustainability

What has been done to sustain improvements since the initial QI project end cycle, or why and how the initial project plan has evolved over time

As of July 29, 2015 (1 month after the formal project end), no additional work has occured with this project. Upcoming initiatives to bring more physicians on to auto-authentication and propose mandatory auto-authentication for the Department of Medicine are pending. Due to circumstances beyond our control, additional data as evidence of sustaining gains is not currently available.

Spread

The degree to which the project improvements and learnings have been adopted and adapted by others within the same setting and/or by other settings, or to identify the main target audience for potential spread

We did engage a team from the previous IDEAS cohort as their project was very similar to ours and their organization is in the same LHIN. We met on 2 different occasions and discussed lessons learned, shared the knowledge we each had gained from our respective projects. Plan is to spread once the internal medicine team is solid with respect to discharge summaries is to spread to other services at LHSC. The South West LHIN is also planning on sharing these initiatives regionally to hopefully spread to other organizations in their region.

Setting

The most valuable setting-specific learnings, insights, experiences from the project that will be relevant to the spread to other settings

- **Resources**
  - Transcription support staff and ITS; testing of auto-authentication Engagement of Primary care Physicians and consultants is key in spreading this change.
  
- **People**
  - Physician participation and support of auto-authentication were key success factors for the project. Involving physicians who are using and support the technology will be key to spread with work through the Department of Medicine and to other clinical departments within LHSC.
  
- **Organizational Enablers**
  - Required physicians to accept dictation being distributed prior to their review Primary care providers and their contact information has to be accurately identified Transcription turnaround times had to be timely Engagement of Patient registration to verify Primary Care Provider and contact information is a key success factor
  
- **System Factors**
  - At LHSC it was crucial to the success of this project to have the Clinical Documentation Completion Policy approved and endorsed by the MAC. Given the short duration of this project getting to the appropriate audiences to seek approval and endorsement in this period was challenging. Having said this getting buy in from the internal medicine group was key and helping this group to understand the value of this work and how this had a positive effect on patient care.
Lessons Learned

Influencing tools/strategies were useful for engagement; very effective with our physician group

Impact on human resources; Initially very challenging to the transcription support staff

Acceptance of the concept - providing continuity of care; bringing it back to the patient

Engaging more frontline hospital staff including more front line physicians in the implementation would have been an asset. Previously project was implemented with a top down strategy and it stalled out early on. Our approach of engagement with those closest to the change (Internists) and sharing the ‘why’ of the project proved essential.

Could have scoped project even smaller; i.e. LHSC Victoria Hospital Internal Medicine Service

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