

Best Practices in Communication After Hospital Discharge



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Overview

- Vulnerable period post-discharge
- Focus on:
 - Discharge summaries
 - Contacting patients after discharge
- Prescription for improved communication



Vulnerable Period Post-Discharge

- Voltage drop: inpatient outpatient
- Medication changes
- Increased self-care requirements
- Follow-up pending test results
- May need additional testing
- Physician discontinuity



Forster et al.

Adverse Events after Discharge

- Telephone interviews with 400 patients
- 76 (19%) had adverse events
 - 23 of these judged preventable
 - 24 judged ameliorable
- “The most common deficit in the provision of discharge care was **poor communication** between the hospital caregivers and either the patient or the primary care physician.”



Forster et al:

Systems Needing Improvement

- 1) Assessment/communication of unresolved problems at discharge
- 2) Patient education about meds
- 3) Monitoring of drug therapy after discharge
- 4) Monitoring of overall condition after discharge



SHM-SGIM

Continuity of Care Task Force

Tasks:

- 1) Systematically review the literature to summarize reported problems in information transfer from inpatient to outpatient physician at hospital discharge
- 2) Identify interventions to ameliorate those problems

SHM-SGIM

Continuity of Care Task Force

- Chairs:

- David Baker, MD, MPH
- Sanjay Saint, MD, MPH

- Members:

- Sunil Kripalani, MD, MSc
- Chris Phillips, MD
- Preetha Basaviah, MD
- Mark Williams, MD



Finding the Evidence

- Searched:
 - Medline (1966-April 2003)
 - Cochrane Database of Systematic Reviews
 - SGIM and SHM abstracts (2001-2003)
 - References of relevant articles
- Selected articles pertaining to adult primary care and hospital medicine
 - 35 detailing information transfer problems
 - 18 controlled studies of interventions



Methods of Communicating Discharge Information

- Discharge summary (most common)
- Informal discharge letter
- Telephone
- Facsimile
- Electronic mail



Problems in Information Transfer at Hospital Discharge

- 1) *Availability*
- 2) Timeliness
- 3) Content
- 4) Format
- 5) Recipient satisfaction



Availability

- Primary care physician (PCP) received discharge summary 75-99% of the time
- More likely if meds changed
- No relationship with patient comorbidity, hospital complications, procedures



Availability: Recommendations

- 1) Confirm name, address, phone number, fax number, email of PCP upon admission
- 2) Ensure preparation and delivery of patient information upon discharge
 - Consider automatic, computer-generated summaries
 - Consider billing-based or other reminders



Problems in Information Transfer at Hospital Discharge

- 1) Availability
- 2) Timeliness**
- 3) Content
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Timeliness:

PCP Notification of Discharge

- 17% reported always being notified before DC
- 3-10% involved in discussion of DC
- 72% found out within 5 days of hospitalization
 - But 1/3 via patient or family



Timeliness: Discharge Letters

- Median time to prepare: 1 day
- Median time to receipt: 1.8 days
 - 66% arrived within 3 days
 - 90% arrived within 7 days
- Delivered by:
 - Mail
 - Patient or family (faster)
 - Fax (fastest)



Timeliness: Discharge Summaries

- Time to prepare: Few days-weeks
- Time to receipt: 17-25 days
- Quicker in other studies:
 - 77-86% within 2 weeks
 - 95% within 3 weeks
- Computer-generated summaries faster than dictated-transcribed:
 - 86% within 48 hours

Timeliness:

What's the Problem?

- Median time to PCP follow-up = 6 days
- 16-53% of patients contacted PCP before receipt of any discharge information (letter, phone call)
- 66-92% of patients contacted PCP before discharge summary arrived
- Information delay considered to affect outpatient management in 10%



Timeliness: Recommendations

- 1) Deliver brief summary/letter by fax, telephone, or email on day of discharge
 - Consider patient or family delivery
- 2) Deliver detailed summary within 7 days
 - Consider computer-generated



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Content:

Missing Administrative Info

- Patient's full name (1-11%)
- Age (3-33%)
- Dates of admission/discharge (20-42%)
- Responsible hospital MD (16-27%)
- MD preparing summary (7-30%)
- Outpatient MD (16-27%)
- Outpatient MD's phone number (60%)



Content:

Missing Medical Info

- Main diagnosis (2-13%), other Dx (7-87%)
- Presenting symptoms (21-28%)
- Exam findings (20%)
- Abnormal test results (20-75%)
- Hospital course (28-55%)
- Discharge medications (2-41%)
- Follow-up plans (10-92%)
- Pending tests (12%)
- Patient or family counseling (90-97%)



Content:

Are Summaries Good Enough?

- 77% of PCPs thought DC summaries were adequate
- Lack of info affected management in 14% of cases
- Structured summaries considered more complete

Content:

What PCPs Want

- Discharge medications, reasons for changes
- Discharge diagnoses
- Results of procedures and abnormal labs
- Appointments scheduled/needed
- Follow-up needs and pending tests
- Also:
 - Hospital MD, dates, treatment, course
 - Specialist consults and conclusions
 - Functional status at discharge, instructions



Content: Recommendations

1) Focus on:

- Discharge medications, reasons for changes
- Discharge diagnoses
- Results of procedures and abnormal labs
- Appointments scheduled/needed
- Follow-up needs and pending tests
- Hospital MD, dates, treatment, course
- Specialist consults and conclusions
- Functional status at discharge, instructions

2) Use structured letters/summaries



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Format of Discharge Info

- Summaries (63%)
 - Structured summaries preferred
 - Computer-generated for common issues
- Telephone (31%)
- Fax (12%)
- Email (4%)



Format: Recommendations

- 1) Use structured letters/summaries
- 2) Consider computer-generated template for common diagnoses



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Satisfaction with Information Transfer

- 56% of PCPs “very or somewhat satisfied” with communication with hospitalists
- PCPs more satisfied when:
 - Summaries arrive within 1 week



Satisfaction: Recommendations

- 1) Discuss communication preferences with regular referring MDs
- 2) Keep PCPs in the loop
 - Consider calling PCP at discharge