Abstract

The Institute for Health Care Improvement Open School Discharge Process Improvement Project is an ongoing initiative at Georgetown University Hospital (GUH). We conducted a survey of primary care physicians (PCPs), which revealed significant dissatisfaction with the timeliness of hospitalist communication at discharge. We then piloted a financial incentive for rapid discharge summary completion, which significantly reduced the time from hospital discharge to discharge summary dictation. We are working on an intervention to improve our rate of primary care physician information capture, with the intent of improving communication between hospital based teams and PCPs. A significant amount of the group’s effort has been devoted to developing proposed changes for future implementation. Our recommendations are supported by an extensive review of literature addressing common discharge issues related to hospitalist medicine.

Introduction

Hospitalist medicine is the fastest growing specialty in the medical field. Hospitalists care for patients while they are in the hospital and then transfer care back to PCPs upon discharge. Consequently, the increasingly common disconnect between providers of inpatient and outpatient care emphasizes the importance of the discharge process. Delayed, inaccurate, or incomplete information transfer has the potential to adversely affect patient safety, patient and clinician satisfaction, resource use, and possibly short-term readmission rates.

The discharge summary is the most common means for communication between hospitalists and PCPs. The Joint Commission mandates that discharge summaries be completed within 30 days of discharge. The traditional 30 day window, however, may no longer be sufficient because patients’ cases are becoming more complex. Furthermore, a reduction in the average length of hospitalization has led to the need for more timely follow-up post discharge. In one study, PCPs had not received the discharge summary at the time of follow-up in 75% of cases. This issue is concerning because it may result in the delay of studies, re-referral to specialists, and unnecessary visits to the emergency department and hospital readmissions.

Methods for Improvement

Setting

The study is taking place in conjunction with the Georgetown University Hospitalist Medicine Service. GUH employs nine medicine hospitalists, who cover both teaching and non-teaching teams. The group discharges approximately 100 patients each month.

Primary Care Physician (PCP) Survey

A written survey was sent to Georgetown Internal Medicine outpatient clinicians, internists who are members of the Georgetown Physicians Group, all GUH credentialed internists, and PCPs who have referred patients to the Hospitalist Medicine Service within the last six months. The survey was designed to evaluate clinician satisfaction with various aspects of the discharge process.

Discharge to Dictation Time

An auto-populating Electronic Medical Record (EMR) based discharge database was created. The time from discharge to dictation of discharge summaries was continually monitored for all teaching service hospitalist discharges from November, 2010 through June, 2011. In January, 2011 an incentive program was implemented to improve the timeliness of discharge summary dictations. The resident who had the lowest average discharge to dictation time at the end of each month was rewarded with a $50 gift card. The importance of timely dictations was also emphasized in a newly instituted discharge process orientation. Teaching attendings were encouraged to complete summaries when needed, and efforts were made to ensure access to medical records post discharge. The time to dictation was tracked for two months before and after implementation to determine the program’s effectiveness.

PCP Information Collection

Three times a week, group members are rounding on medical wards to speak with patients being seen by GUH hospitalists and asking for their primary care physician information. This information is then given to administrators who enter it into the hospital electronic medical record.

Results

PCP Survey

The PCP survey indicated that PCPs are not satisfied with some components of the current discharge process. The graph below illustrates their satisfaction levels regarding the timeliness, content, and method of delivery of discharge summaries and shows that timeliness is their most significant concern.

Discharge to Dictation Time

The average time from discharge to discharge summary dictation was reduced from 5.99 days in November 2010 (pre-intervention) to 2.84 days in February 2011 (post-intervention). The median time from discharge to dictation remained unchanged both pre and post intervention at a constant rate of zero days.

PCP Information Collection

We have been piloting this for four weeks, and have found that many patient PCPs are not captured by registration. We have also noted inaccuracies in PCP information, which our program has helped correct.

Lessons Learned

Reduce Time Limit for Dictations

Following implementation of our discharge summary incentive program, most dictations were completed on the day of discharge. There were several dictations done at or near the 30 day deadline. This suggests that an incentive program may not be enough to achieve 100% compliance with timely discharge summary dictation. We suggest reducing the time allowed from discharge to dictation to as little as 48 hours. Any change would involve working closely with the Department of Medical Records to improve access to medical charts post-discharge.

Implement Discharge Checklist

Two discharge checklists were developed to improve the discharge process by ensuring that crucial steps are not missed during the patient’s discharge from the hospital. The two separate checklists, one for clinicians and administrators and one for patients, create a “double check” feature. The two checklists will hopefully be piloted on GUH Hospitalist Medicine unit.

Follow Up PCP Survey

In the future, a follow up survey to the initial PCP group will measure discharge process improvement progress.

PCP Information Collection

While still in a premature phase, our results suggest that a concentrated effort to ensure that patients are asked for their PCP information before discharge could greatly improve communication with PCPs.

References

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