

Have You Written the Discharge Summary?

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INTRODUCTION

- Discharge summaries (DCS) are essential communication tools within the MDT responsible for holistic care of children: GP, social services, CAMHS and tertiary teams
- As per the NHS Standard Contract, DCS are to be issued to patient's GP within 24 hours of discharge following in-patient, A&E attendance or daycase care.
- In 2019, a CQC inspection showed **over 300 paediatric DCS had not been completed**
- This was a CQC "must do" for the trust

Why did this happen?

Lack of oversight on DCS completion

Lack of access to the appropriate IT system

High turnover of patients in PAU

lengthy DCS for short-stay children

- Objective of this QIP was to **complete DCS within 24 hours of discharge from hospital and clear the backlog of pending DCS**

RESULTS

- Most significant change to the DCS backlog was using **locum FY1s**, but this was **not cost-effective**
- **A proactive ward clerk** who encouraged doctors to complete DCS at the time of discharge (often for children with <24h stays), and giving them outstanding DCS to complete was the **most economical**
- Low paediatric patient flow during COVID-19 pandemic helped clear the backlog as well
- The current DCS count remains below 20 for general paediatrics

METHODS

- Various solutions were used to tackle the backlog

Induction for doctors included practicalities and importance of writing a DCS

Use of a ward clerk who checks outstanding DCS and informs senior leadership via daily spreadsheet

Locum shifts to FY1s to complete DCS

Completing DCS on same electronic system as the one they were admitted on

Physically handing over outstanding DCS for the day to clinical teams

Involving other specialties to complete their DCS

Discussing pending DCS count in handover and assigning a team member to finish them

Encouraging teams to complete DCS during quiet clinical periods

CONCLUSION

- Discharge summaries are essential for all children seen in hospital
- Occasionally forgotten about due to clinical pressures but it needs to be a priority for all doctors
- Having both operational and clinical oversight of outstanding DCS, through the use of a ward clerk and daily spreadsheets to clinical leads, service managers and senior nursing staff, led to the biggest change and improvement.