

# HOSPITAL DISCHARGE FORM: STUDY OF ITS COMPLETENESS

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## CONTEXT

Parc de Salut MAR (PSMAR) offers integrated healthcare with a total of 900 beds to one of the four Integral Health Areas of the city of Barcelona (Catalonia, Spain) with a population of almost 300.000 inhabitants. In the context of different and complementary initiatives for quality improvement of medical records as an essential tool of communication, a study to identify completeness of discharge forms was done in July 2013.

## PROBLEM

The primary mode of communication between the hospital care team and aftercare providers is often the discharge form. Utilizing a template for discharge forms is helpful to ensure inclusion of relevant information. Results from an evaluation of the quality of hospital discharge forms in the emergency department pointed out that laboratory or other tests results were underreported. However, no information on the quality of discharge forms was available for hospitalization wards.

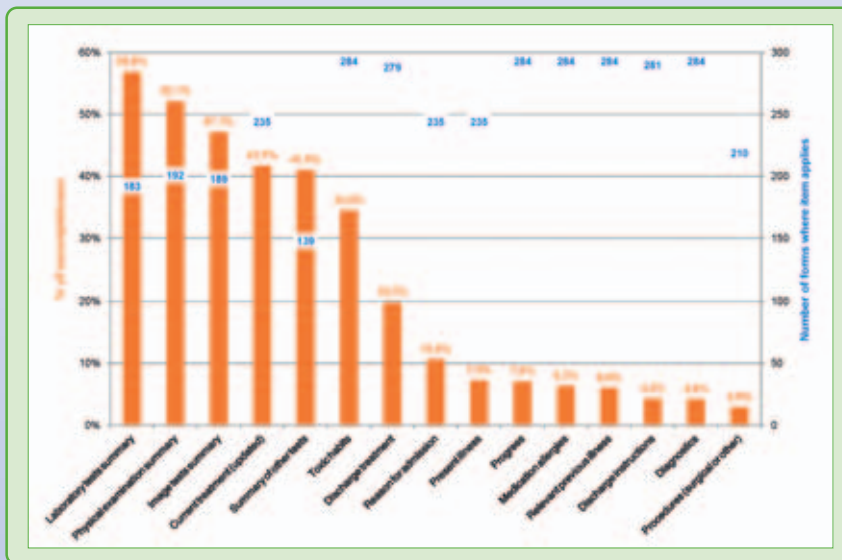
## ASSESSMENT OF PROBLEM AND ANALYSIS OF ITS CAUSES

A cross sectional study was performed. A total of 284 discharged reports randomly selected from 10.867 discharges occurred during 2012 in seven departments (cardiology, respiratory, general surgery, traumatology, gynaecology and obstetrics and digestology departments) were analyzed. Seventeen different items according to current legislation were assessed through 4 categories: 'Correctly registered', 'Uncorrectly registered', 'Not registered' or 'Not applicable'. For each discharge report, an index of the level of completeness was computed as percent of applicable items correctly registered.

## ENGAGING STAFF

The presence or absence of the information and its appropriateness was evaluated by a team of seven medical doctors from the different departments included in the study, previously trained, who also identified whether an item was applicable for a discharge report. The main results were presented in clinical sessions in each department to discuss them among all medical doctors. See the level of incompleteness by item in Figure 1.

Figure 1: Percentage of incompleteness and number of forms where the item applies, by item.



Taking into account all items, only a 24,6% of discharge forms were completely correctly fulfilled. Some differences were observed between departments, being the surgery departments (general surgery and traumatology) and cardiology the ones who presented the lowest rates of correctly fulfilled discharge forms.

## STRATEGY FOR CHANGE AND INTERVENTIONS

The results highlight aspects for improvement. Some of the interventions to achieve the desired level of quality were:

- To perform **feedback** of the results to make professionals aware of quality of discharge forms, especially in surgery departments: a number of clinical sessions presenting the main results were done. Some examples of poor completeness of discharge forms were shown and discussed. Currently, the team is creating a guide to help writing correct discharge forms.
- Involving professionals in **audits** and feedback of discharge summaries: self audits performed at each department at random were encouraged. Each time that an incomplete discharge form was found, the physician in charge of the patient was asked to correct it and the importance of quality of medical records as an essential tool of communication was reminded.

## LESSONS LEARNT AND MESSAGE FOR OTHERS

Discharging patients from the hospital is a complex process. The completeness and correctness of discharge forms is of high importance. The level of compliance of discharge forms needs to be improved, especially those items related to results of laboratory and image tests. After our study and interventions, physicians are more aware of the importance of good completeness of discharge forms. However, major improvements are necessary in surgery departments. It is necessary to highlight the importance of a correct discharge form as a tool of communication and as a legal document. The involvement of professionals in its evaluation is essential to achieve improvements.

No conflicts of interest are declared