

# Communication of discharge information for elderly patients in hospital

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Accepted 20 January 1992.

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## SUMMARY

*The delivery of the discharge note to the general practitioners following discharge of elderly patients from a geriatric medical unit was studied over a two-month period. Handwritten discharge notes were received by the general practitioners in 75% of cases, and the delay was reduced to a median of two days by the use of a pre-printed envelope. Postal communications were also received by 89% of general practitioners after a median delay of two days. A dual system of hand-delivery and postal delivery would ensure faster and more complete receipt of information.*

## INTRODUCTION

Accurate communication of information from hospital is important, particularly for the elderly who may require considerable support from medical and other professional services following discharge. We have audited our own established patterns of communication of this discharge information before attempting improvements. The present discharge note is handwritten by the house physician and is intended to be delivered by hand by the patient or a relative to the general practitioner. The note includes details of medical treatment received, and lists discharge medication. Its early receipt by the general practitioner is particularly important if a prescription is to be issued to follow the three-day supply prescribed on discharge by the hospital. This survey investigated the current system of communication of information, the result of introducing envelopes with pre-printed advice regarding hand delivery and finally the value of postal communication.

## METHOD

In phase I we studied 78 consecutive patients discharged over a two-month period from the geriatric medical unit to homes in urban Belfast. Each subject at the time of discharge was provided with a discharge note in a plain envelope containing details of medical diagnosis and discharge drug information. The

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patient or carer was advised to deliver the letter to the general practitioner as soon as possible. The envelope also contained a letter to the general practitioner in which to record the date and time of receipt of the discharge note and a stamped addressed envelope for its return.

In phase II we studied 71 consecutive patients discharged over a further two-month period. The same procedure as in phase I was followed except that the discharge note envelope was pre-printed with the reminder in capitals: "BY HAND: DO NOT POST: Please have this envelope delivered to your Doctor's surgery as soon as possible. The contents include a clinical summary of your admission for your Doctor." The patients for whom returned communications from the general practitioners were not received were identified. A further identical discharge note was posted to the general practitioner who was invited to complete the time of receipt of this discharge communication and return the information in an enclosed stamped addressed envelope.

TABLE

*Delay, and failure of delivery of discharge information to general practitioners with comparison of plain envelope (phase I) and pre-printed envelope (phase II)*

<i>Results</i>	<i>Phase I — Plain envelope</i>	<i>Phase II — Pre-printed envelope</i>
Discharged patients	78	71
Mean age (years)	78.2	78.4
No returns of information	19 (24%)	18 (25%)
Information returned	59 (76%)	53 (75%)
Delivery to general practitioner		
same day	4 (7%)	9 (13%)
within 2 days	19 (24%)	30 (42%)
within 3 days	26 (33%)	36 (51%)
Mean delay (days)	4.90	2.96
Range (days)	1 – 23 (median 4)	1 – 10 (median 2)

## RESULTS

Details of the delay and failure rate of delivery of discharge information to general practitioners are shown in the Table. The results of the 78 patients in phase I (plain envelope) were compared with the 71 patients enrolled in phase II (pre-printed envelope). There was a similar failure rate of receipt of information by the general practitioner in phase I (24%) and phase II (25%). However, the mean delay of delivery of information is markedly different, 4.9 days in phase I and 2.9 days in phase II. The 18 patients in phase II for whom no initial communication was acknowledged from the general practitioners, but for whom a postal communication was separately sent, generated 16 returns (89%) with a mean delay of 2.1 days (range 1–14, median 2 days).

There was no apparent relationship between younger age of the patient and successful delivery of discharge note: the mean age of the 112 patients from whom the general practitioners received a handwritten communication was 80·6 years, in comparison to a mean age of 76·0 years for the 37 subjects from whom no communication was received. The mean mental score of those patients for whom the discharge note was successfully delivered was 7·3 in comparison to a mean score of 6·9 for those for whom no communication was received. Twelve (25%) of the 49 patients living alone failed to deliver the discharge note.

## DISCUSSION

Initial diagnostic and drug information should be conveyed promptly from the hospital to the general practitioner after discharge. This is particularly important with regard to the elderly in view of their high re-admission rates and the incidence of medication problems.<sup>1</sup> Studies of the method of delivery of the initial discharge information has previously revealed conflicting results. A survey of discharges from a medical ward reported that hand delivery was quicker (mean 2·0 days) than postal delivery (mean 4·5 days) and the information was received by 97% of the general practitioners.<sup>2</sup> However, a mean delay of 4·3 days for hand delivery, with failure to arrive at all in 17% of cases has also been reported,<sup>3</sup> and similar delays were found in other surveys of hand delivery, van delivery, or post.<sup>4, 5, 6</sup> Some of these differences may reflect the varying proportion of elderly subjects included in these studies. Our survey in a geriatric ward setting confirms the inadequacy of relying on a hand-delivered initial communication. Use of a printed instruction note on the discharge envelope improved the delivery to the general practitioner within three days from 33% to 51%, but 25% of communications were still apparently not received. In contrast 89% of the posted discharge notes were acknowledged by the general practitioners. Age of the patients, mental score and living alone did not influence the speed of delivery of the discharge note.

Present systems of delivery of the initial discharge communication for elderly patients often fail or are slow. A dual system using an initial discharge communication for hand delivery to the general practitioners in a pre-printed envelope, with a second copy being simultaneously dispatched by first class post from the hospital should achieve both faster and more complete delivery. Future developments including facsimile transfer of discharge notes merit further study.

We acknowledge the assistance of the nursing staff and general practitioners involved in the care of the elderly in this study.

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