An improved 'interim discharge letter' a successful outcome from audit

ABSTRACT—General practitioners were dissatisfied with this hospital's interim discharge letters. These were unstructured letters written by house officers shortly after the patient's discharge. A copy of the list of drugs prescribed on discharge was sent separately. After discussing the various needs with general practitioners a new form of discharge letter has been successfully introduced. The layout has been further modified in the light of feedback, and details of the new letter are presented. The new form has been well received by hospital staff and general practitioners. The paperwork for junior doctors has been reduced by the inclusion of the prescription in the discharge letter.

General practitioners complained that the interim discharge letters sent from Llandough Hospital were often late and unhelpful. To improve the discharge letter the problems with the system were reviewed, and a new form produced in the light of GPs' requirements.

The difficulties with the old system of discharge note were as follows.

1. It was unstructured, consisting of a letter which was handwritten by junior staff, who gave it low priority over their other duties. On some wards, notes accumulated whilst 'waiting for the houseman to complete the letter', causing delays not only in sending the letter to the patient's GP but also for the medical records department. Much of the basic information needed by GPs was not included.
2. General practitioners also received a separate copy of the prescriptions on discharge; they found these difficult to file with the relevant episode in hospital.

General practitioners wanted the following details about an admission as soon as possible after discharge:

1. The patient: name, address, date of birth, and hospital number.
2. The admission: the hospital, date admitted, date discharged, the ward, and the name of the consultant.
3. What happened to the patient: the diagnoses, procedures and operations carried out, and treatment recommended on discharge.
4. What the patient had been told.
5. What the follow-up plans were.
6. Who wrote the letter in case problems arose.

After discussions with ward staff, pharmacists, medical records, administration, and colleagues a new form was introduced (Fig. 1). The new form's structure includes the information requested by GPs, and combines the prescription with the discharge letter. It is printed on carbonless copy paper, is prepunched for easy filing, and there are four identical forms in different colours—the top copy for pharmacy, one for the GP, one for the patient's case notes, and one for the consultant's secretary. Any appointments are made before discharge and their details included in the letter. To help the ward clerks, the GP's name and address were positioned so that 'window envelopes' could be used. By ticking one of the two boxes the doctor specifies whether the letter is to be handed unsealed to the patient to pass to the GP, or is to be sent by post; this has proved a useful check when discharge letters have not been received by GPs. The majority of discharge letters are handed to patients or their relatives, and very few problems have so far arisen [1,2].

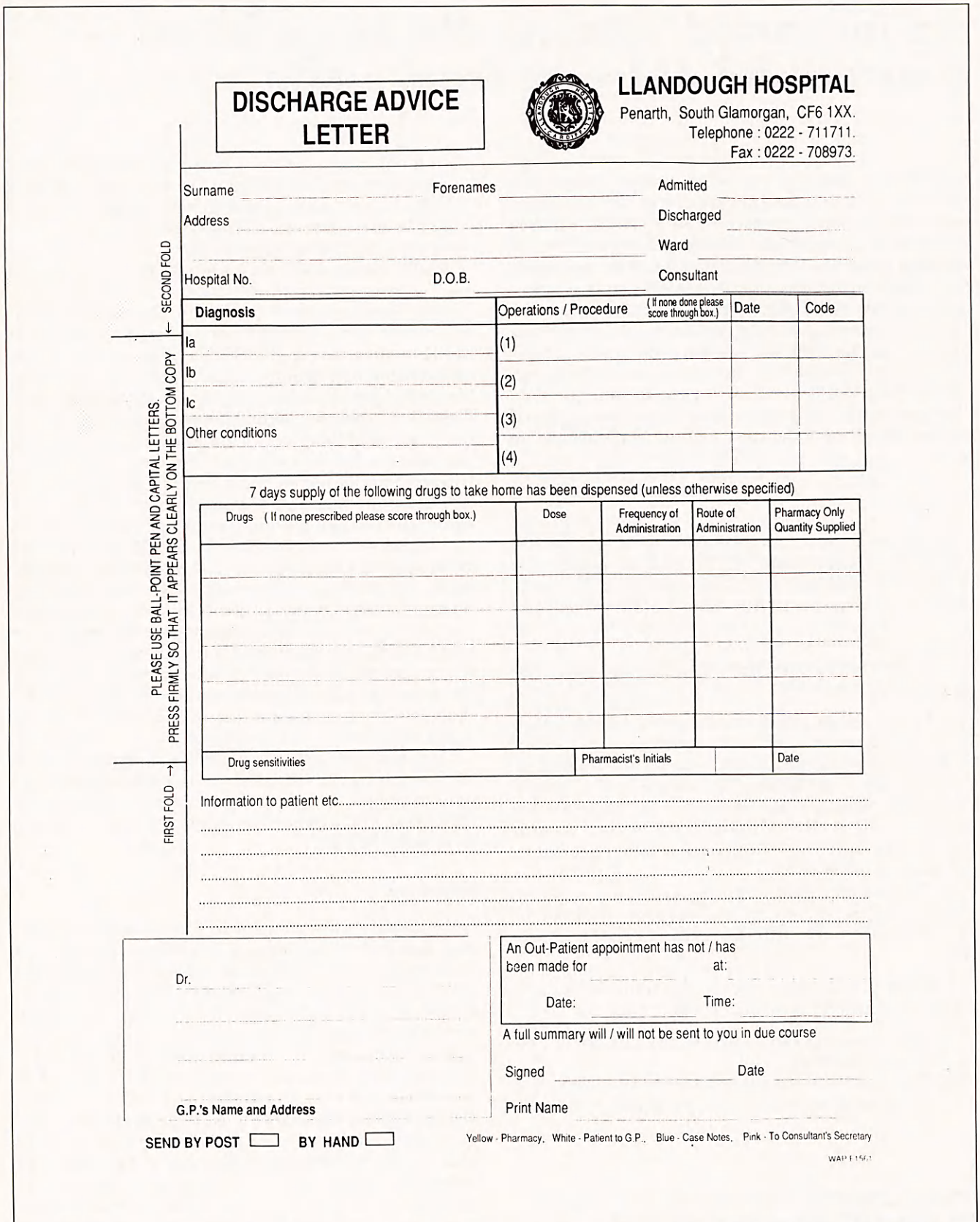
Sixty-five per cent of the 235 GPs in the district replied to a questionnaire about the new form and all felt that it was an improvement. Minor adjustments were made in the light of experience and of comments from staff and GPs.

Discussion

Over 15,000 of the new forms have now been used, and their format has been universally welcomed. The form underwent development within the department of medicine at Llandough Hospital but is now used by almost all units in the hospital; other units within the district and region are now adopting a similar format.

Almost all staff have benefited from the change. The houseman has to fill in only one form instead of two. When it is completed, the ward staff can quickly identify appointments that need to be made and when prescriptions have to be collected. As the letter includes the prescription it now has to be completed before the patient can be discharged, so the delay in sending out letters has been reduced. Postal delays have been circumvented because most patients are handed copies of the letter to give directly to their GP.

DAVID CLEMENTS, MRCP, *Senior Medical Registrar, Department of Medicine, Llandough Hospital, Penarth, South Glamorgan*



DISCHARGE ADVICE LETTER

LLANDOUGH HOSPITAL
Penarth, South Glamorgan, CF6 1XX.
Telephone : 0222 - 711711.
Fax : 0222 - 708973.

Surname ..... Forenames ..... Admitted .....
Address ..... Discharged .....
..... Ward .....
Hospital No. ..... D.O.B. ..... Consultant .....

← SECOND FOLD

PLEASE USE BALL-POINT PEN AND CAPITAL LETTERS.
PRESS FIRMLY SO THAT IT APPEARS CLEARLY ON THE BOTTOM COPY

Diagnosis	Operations / Procedure (If none done please score through box.)	Date	Code
Ia	(1)		
Ib	(2)		
Ic	(3)		
Other conditions	(4)		

7 days supply of the following drugs to take home has been dispensed (unless otherwise specified)

Drugs (If none prescribed please score through box.)	Dose	Frequency of Administration	Route of Administration	Pharmacy Only Quantity Supplied

Drug sensitivities	Pharmacist's Initials		Date

→ FIRST FOLD

Information to patient etc.....
.....
.....
.....
.....
.....

Dr. .....
.....
.....
.....
G.P.'s Name and Address

An Out-Patient appointment has not / has been made for ..... at:
Date: ..... Time: .....

A full summary will / will not be sent to you in due course

Signed ..... Date .....

Print Name .....

SEND BY POST ☐ BY HAND ☐

Yellow - Pharmacy, White - Patient to G.P., Blue - Case Notes, Pink - To Consultant's Secretary

Fig. 1. *Revised format of interim discharge letter*

The pharmacists have had more clinical information against which to check the drugs. Junior doctors and medical secretaries have found the new discharge letter helpful when dictating and typing the formal discharge summaries.

General practitioners have welcomed the change, particularly the prompt information they now receive giving clear details of drugs and follow-up plans.

The new form has also had a significant impact on medical audit. Consultants can monitor discharges from their own wards, and departmental audits have been successfully performed using the data on the forms. In addition, audit of drugs on discharge has been enhanced. The main challenge now is to ensure that the forms are accurately and legibly completed.

The problems identified in the original audit and review are not new, nor is this the first attempt to improve communication between hospitals and general practitioners [1–6]. However, I hope that our efforts and solution may be of assistance to others interested in addressing these difficulties. If colleagues have any suggestions for improvements or discharge letters they have developed I would be pleased to hear from them.

References

1 Sandler DA, Mitchell JRA. Interim discharge summaries: how are they best delivered to general practitioners. *Br Med J* 1987;**295**:1523–5.

2 Dover SB, Low-Beer TS. The initial hospital discharge note: send out with the patient or post? *Health Trends* 1984;**16**:48.

3 Fraser RC, Patterson HR, Peacock E. Referrals to hospitals in an East Midlands city—a medical audit. *J R Coll Gen Prac* 1974;**24**:304–19.

4 Harding J. Study of discharge communications from doctors to an inner London general practice. *J R Coll Gen Prac* 1987;**37**:494–5.

5 Mageean RJ. Study of 'discharge communications' from hospital. *Br Med J* 1986;**293**:1283–4.

6 Long A, Atkins JB. Communications between general practitioners and consultants. *Br Med J* 1974;**4**:456–9.

Address for correspondence: Dr D. Clements, Llandough Hospital, Penarth, South Glamorgan CF6 1XX.