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'DISCHARGE LETTER QUALITY; HOW TO HELP BOTH JUNIOR DOCTORS AND GPs?'

Editor,

Discharge letters are an important communication enabling the safe transfer of a patient from secondary to primary care. Research has shown that many junior doctors feel inadequately trained in the process of writing discharge letters¹. The authors of this work noted a wide variation in how long it took junior doctors to complete letters. A survey of UK GPs noted that they too are unhappy with the standard of letters they receive. They highlight accuracy, clarity and timeliness of receiving letters as causes for concern². This team has completed a quality improvement project aiming to reduce time spent writing discharge letters and improve their clarity.

METHODS

Baseline data was collected on how long it took 4 junior doctors to complete 1 weeks-worth of discharge letters working across 4 medical wards of the Ulster Hospital, Northern Ireland in January 2017. Two complete Deming 'plan-do-study-act' (PDSA) cycles were then performed. In cycle 1 (March 2017) an educational intervention was introduced to the 4 junior doctors. This consisted of a 1-hour teaching session by medical consultants, with GP input on how to write an efficient and effective discharge letter. In cycle 2 (August-October 2017), an educational intervention was delivered by one of the original junior doctors to all incoming junior doctors to Northern Ireland at their regional induction day.

RESULTS

Baseline data showed that the mean time taken to complete 31 discharge letters was 25.9 minutes, with a range of 58 minutes (*Table 1*). After cycle 1, mean time spent completing 43 discharge letters fell by 43.2% ($p < 0.001$) to 14.7 minutes, with a range of 25 minutes. GP and consultant feedback indicated that letters written after education had increased clarity. After cycle 2, mean time completing 34 letters was 21

minutes, with a range of 31 minutes. This is a 19% reduction relative to baseline ($p < 0.05$).

TABLE 1.

Time taken to complete discharge letters over a one-week period by four junior doctors at baseline and after PDSA cycle one and two educational interventions.

	Baseline Data	PDSA 1	PDSA 2
Mean Time (min)	25.9	14.7	21
Median Time (min)	24	15	21
Range (min)	58	25	31

DISCUSSION

Over the course of a typical week, the change brought about through PDSA cycle 1 could save a junior doctor 2 hours and 45 minutes. This could free doctors to increase exposure to other facets of healthcare provision and training opportunities. Despite our findings and evidence showing that small group based teaching sessions provided to junior doctors can improve the speed of completion and quality of discharge letters, many medical schools do not incorporate extensive teaching³. Cycle 2, which increases the scale and sustainability of our project reduced time spent completing discharge letters, but was not as effective as cycle 1.

Discussion with local GPs revealed that they receive large volumes of letters and examination results from secondary and tertiary care centres each day. This team proposes the introduction of educational sessions to junior doctors focussing on how to complete efficient and effective discharge letters to improve clarity of communication and decrease time spent on letter composition.

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POINT OF DECISION PROMPTS AND SIGNPOSTING FOOTPRINTS IMPROVE STAIR USE IN A UK CITY CENTRE OFFICE

Editor,

Physical inactivity is a public health priority, with sedentary behaviour and lack of physical movement major contributory factors to serious illness, including coronary heart disease (CHD), stroke, Type 2 diabetes and breast and bowel cancer



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