

FAMILY PHYSICIANS EVALUATION OF A REVISED GERIATRIC INTERIM DISCHARGE SUMMARY

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Informational Continuity

- An organized collection of medical and social information about each patient is readily available to any health care professional caring for the patient

» *Annals of Family Medicine* 1:134-143 (2003)

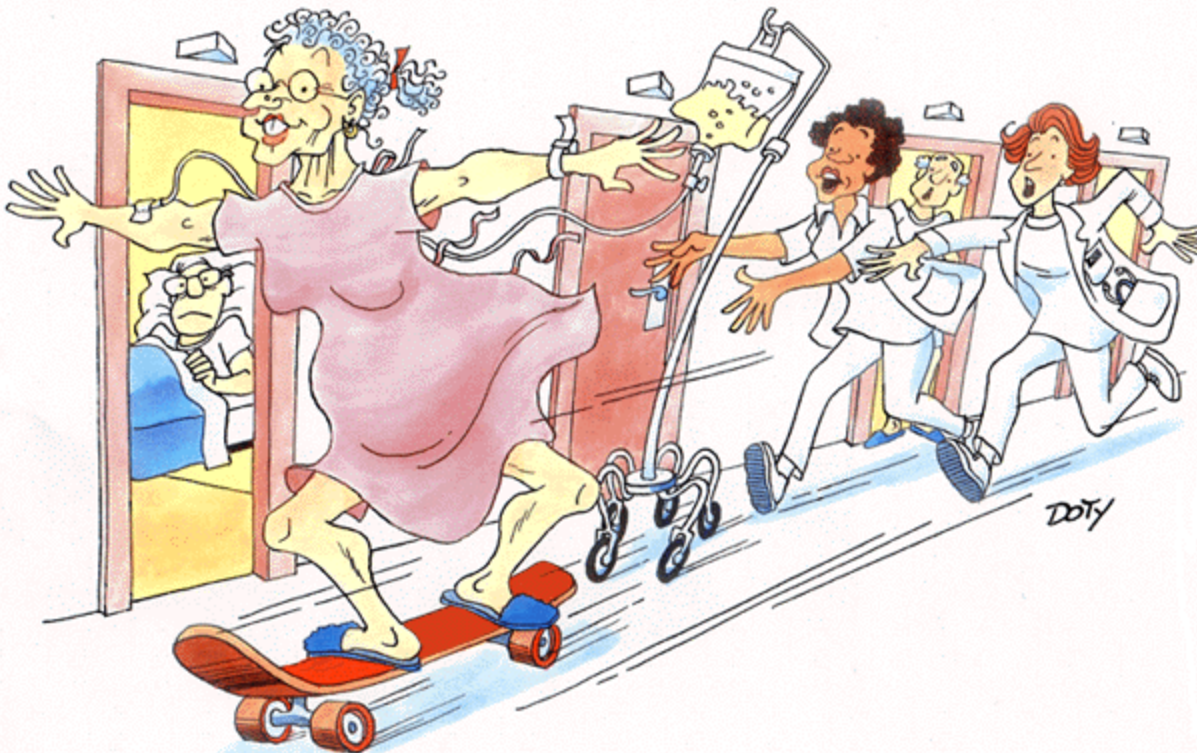
Background

- How do we currently provide continuity of care?
 - Letters, discharge notes, formal discharge summaries, reliance on the patient to know what happened in hospital, telephone calls

Problems with the Current System

- The standard of information provided may be variable
 - Information delayed in arriving at the GP practice
 - High volume of patients
 - Is the information sent the information that is needed
 - “most hospital doctors, having never worked in general practice, have little idea of the relevance and importance of the summaries they produce”¹
- Penney TM. Delayed communication between hospitals and general practitioners: where does the problem lie? *BMJ* 1988; 297:28-29

Problems with the current system Patient Factors...



Your geriatric patient is not the typical patient...

Background Discharge Summary

- Most common form of communication between hospital and community based physicians
- Have a low receipt rate by family physicians (12%)
- A low rate of receipt of summaries adversely affect the quality of care of 1/4 patients (who's summaries were not received) and contributed to physicians dissatisfaction
- Ineffective communication between physicians can lead to preventable and ameliorable adverse events

Background on IDS

- Unlike formal discharge summaries, the Interim Discharge Summary (IDS) is sent at the time of the patient's discharge, to follow up family physicians
- Summaries that are short, delivered quickly, and contain only pertinent information, are rated as high quality
- Walraven C, Rokosh E. What is necessary for high quality discharge summaries ? *Am J Med Qual.* 1999. 14: 160-169.
- Kripalani S, LeFevre F, Phillips C, Williams M, Basaviah P, Baker D. Deficits in Communication and Information Transfer Between Hospital – Based and Primary Care Physicians. *JAMA* 2007;297:831-841.

Purpose of the Study

- Improve the transition of care
- Develop a Standardized Interim Discharge Summary for complex geriatric patients discharged from the Geriatric Assessment Unit (GAU)

Purpose of the Study

- Family physicians to evaluate the IDS
 - Content/categories of discharge information
 - Format
 - Mode of delivery
 - Appropriate receipt time
 - Add any additional comments

Study Design

- Based on Pilot Qualitative study
- Revisions made to IDS (September 2006)
- Mail out questionnaire to 64 family physicians in Edmonton, who have received the revised IDS

Study Population

- Inclusion/exclusion criteria:
 - Community based family physician
 - Have previously received 1 or more revised IDS between Sept 2006- June 2007

Setting

- GAU at the Misericordia Hospital, Edmonton, Alberta
 - Interdisciplinary approach
 - Length of stay an average of 2-3 weeks
 - Discharges average 20 pts/month
 - Most patients do have family physicians in community

Data collection/analysis

- Data was analyzed using SPSS (v 9)
- 20/64 responses (31% response rate) were received from family physicians surveyed

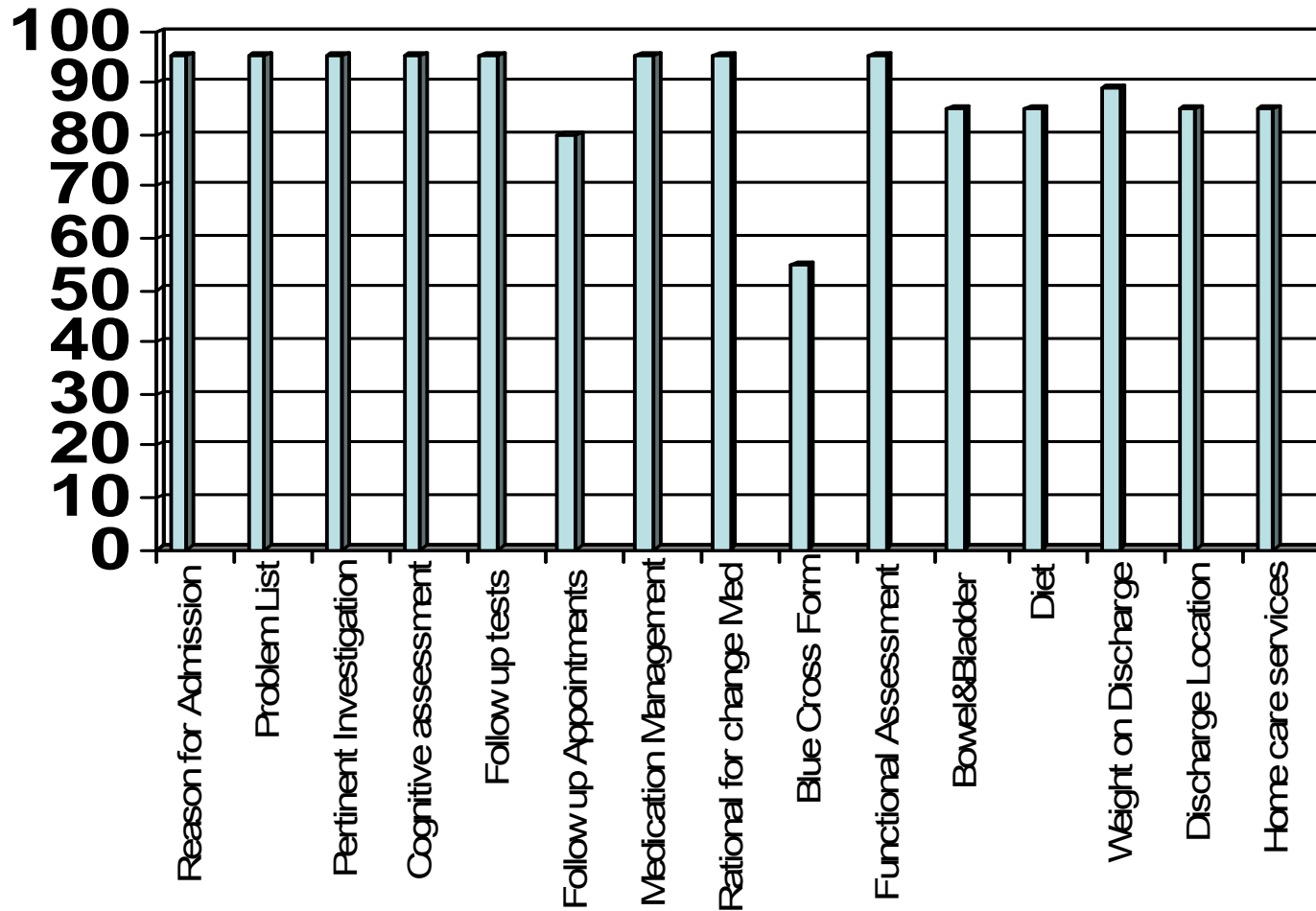
Demographics on Surveyed Family Physicians

Characteristics	Frequency	Percentage
Male	13	65
Female	7	35
Age		
30-39 yrs	1	5
40-49 yrs	3	15
50-59 yrs	9	45
60-69 yrs	6	30
≥70 yrs	1	5
Percentage of Geriatric Patients in Practice		
20-39%	11	55
40-59%	6	30
60-79%	1	5

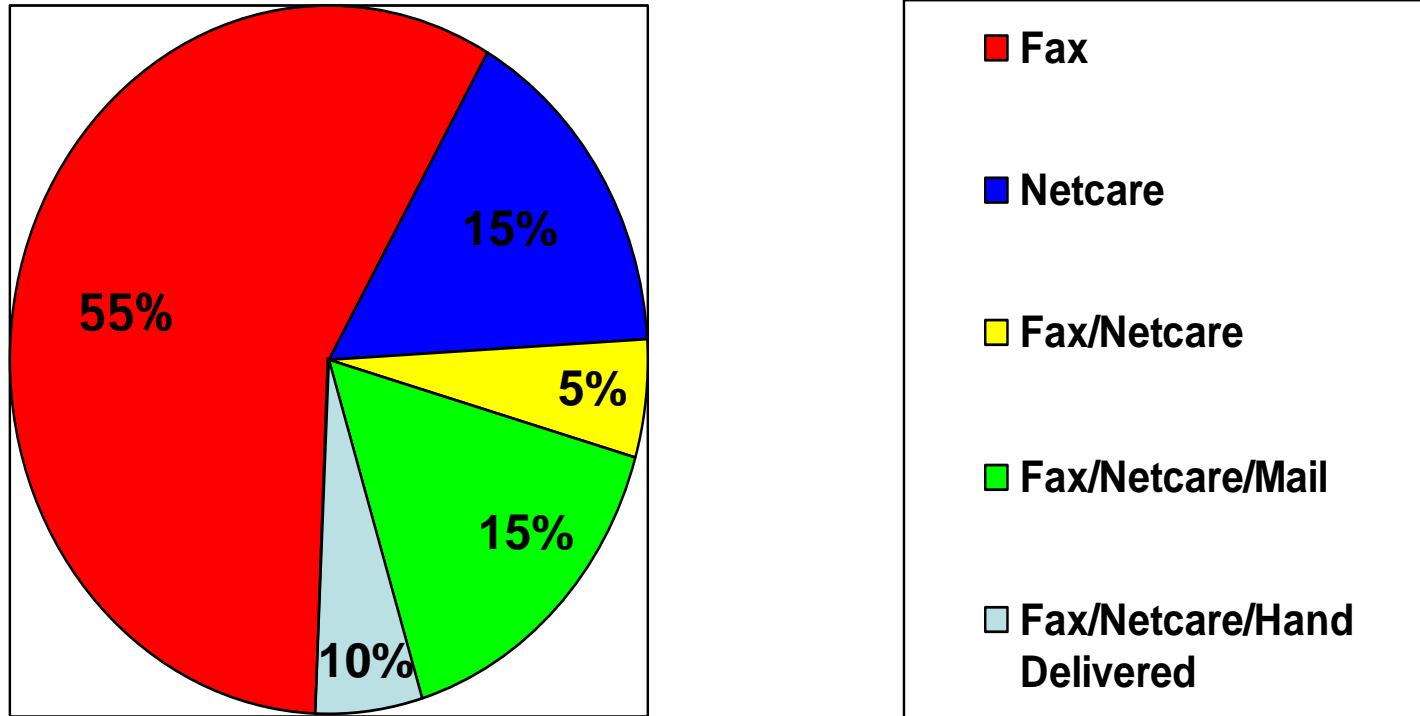
The Extent to which family physicians agreed with including a particular category of discharge information on the revised IDS

Heading of Discharge Information on revised IDS	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Reason for Admission	0%	0%	0%	20%	75%
Problem List	0%	0%	0%	20%	75%
Pertinent Investigation	0%	0%	0%	20%	75%
Cognitive Assessment (MMSE)	0%	0%	0%	40%	55%
Follow up tests	0%	0%	0%	30%	65%
Follow up Appointments	0%	0%	15%	25%	55%
Medication Management	0%	0%	0%	45%	50%
Rationale for change in Medication	0%	0%	0%	45%	50%
Blue Cross form coverage	5%	10%	25%	30%	25%
Functional assessment (ADL/IADLS)	0%	0%	0%	45%	50%
Bowel & Bladder Management	0%	0%	10%	50%	35%
Diet	0%	0%	15%	55%	25%
Weight on discharge	0%	0%	10%	55%	30%
Discharge Location	0%	0%	10%	30%	55%
Home care services	0%	5%	5%	35%	50%

Percentage of respondents that either agree or strongly agree with including a particular category of discharge information on the revised IDS



Family physicians preferred mode of delivery of the revised IDS



Results of Questionnaire

- 85% of family physicians were satisfied with the revised IDS and find it a useful tool
- 8 of the 15 categories of discharge information received unanimous agreement for their inclusion
- 90% found the structured format of the revised IDS helpful in extracting pertinent information
- 55% wanted to receive the IDS within 1 day and no later than 3 days
- Fax and Netcare preferred mode of receipt

Conclusion

- IDS is a critical link
- High satisfaction with the revised IDS

Future Direction

- Regional approval
- Input data directly into Netcare
- More attention spent on the audiences involved in the information transfer

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Questions

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