Improving the Timeliness of Discharge Summary Communication in the General Medicine Service

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The Problem

A number of studies have addressed delays in the transmission of post-discharge communication, namely a discharge summary, to the patient’s primary care provider (PCP) following hospital discharge.³ Often, the discharge summary fails to arrive before follow-up visits is and is surprisingly inadequate or incomplete for the needs of these providers. Discharge summaries or letters should be provided to the outpatient physician as close to the time of patient discharge as possible. In an effort to better understand best practices for safe transitions of care, patients in this analysis had a 30-day readmission in July, August, September, or October 2012. UC Davis Medical Center Hospital policy 2322, “Referral and Hospital Discharge Communication,” states that the timeframe for communicating information to the PCP and/or referring provider, or other designated recipient, shall be two business days from the time the report/notes is completed and signed as required. For lengths of stay less than 48 hours, a discharge summary is not required. The process map presented in Figure 1 illustrates how a discharge summary is routed to the patient’s PCP in the current system.

Assessment

Multiple factors may influence the timing of the discharge summary transmission, including mode of transmission (i.e. fax, mail, or electronic health record (EHR)) and relationship of the PCP to discharge facility (i.e. internal or external). Of the 262 readmissions included in this analysis, 91 (34.7%) had no discharge summary transmitted to a PCP for the index admission, while 171 (63.3%) had a discharge summary transmitted (Figure 2). Of those with a transmitted discharge summary, 107 (62.6%) were submitted within 72 hours of discharge. Several goals were identified in improving the timing of discharge summary transmission to the PCP. First was the goal of increasing the proportion of discharge summaries transmitted to a PCP within 72 hours. A second goal involved reducing the rate of failure where the note was not filed and subsequently transmitted, even though the PCP was identified in the record. These two types of errors affected 87 (33.2%) of the 262 30-day readmissions analyzed in the performance period.

Measurement

On-time discharge summaries were sent via EHR in-basket 66.9% of the time while those submitted by mail were submitted on time 47.4% of the time (p < .05). The relationship of the PCP to the UC Davis Medical Center—whether the provider was internal, external, or external with access to PhysicianConnect (an EHR portal)—showed similar proportions of internal physicians and physicians using PhysicianConnect (67.6% and 63.6%, respectively) receiving discharge summaries within 72 hours of the patient’s discharge. External physicians only received on-time discharge summaries 48.8% of the time. Rank scores indicated a statistically significant difference between the groups (H=9.90, df = 2, p < .01)

Plan for Change

In a qualitative process analysis, reasons for discharge summaries not being transmitted to PCPs on time included: 1) man (i.e. physician, medical records staff), 2) mode of transmission, 3) EHR environment (i.e. ease of accessing and updating PCP info), and 4) policy. The cause and effect diagram is presented in Figure 3.

Recommendation 1: Develop a targeted campaign to enroll external providers in PhysicianConnect. PhysicianConnect is designed to provide seamless web-based chart sharing to community physicians once a physician is documented as the patient’s PCP or the referring physician in UC Davis Medical Center’s Invision database. Participation in PhysicianConnect reduces the number of discharge summaries faxed to community providers and notifies them in real-time when their patients have been admitted and discharged. Upon a patient’s discharge, the PCP or referring provider has access to all relevant patient information, including discharge summaries, and the capability to coordinate post-discharge follow-up care directly with providers at UC Davis Medical Center through in-basket messaging. Although there were no cases of discharge summary transmission to PCPs by fax, 38 (22%) were transmitted by mail, adding almost 3 days on average to the communications process.

Recommendation 2: Monitor errors in discharge summary communication. In this analysis, 23 (8.8%) discharge summaries were not transmitted to the PCP even though the PCP had been identified in the patient’s medical record. In 14 of these cases, the PCP was internal to the UC Davis Medical Center. Health Information Management is now monitoring these errors on a routine basis as a result of this study.

Lessons Learned

Redoubling outreach efforts to increase participation in PhysicianConnect has been chosen as a key strategy for improving future performance. By eliminating discharge summaries transmitted by mail, % conformance would improve from 62.6% to 66.7%. Aside from facilitating post-discharge communication between providers, participation in PhysicianConnect has secondary benefits, including enhancing PCP satisfaction and assisting with the coordination of specialty care referrals. When external physicians are dissatisfied with their patients’ discharge process, they may be less likely to refer their patients to the Medical Center for specialty care, which can potentially constrain the hospital’s revenue stream. Enhanced outreach to improve PhysicianConnect participation might include: 1) personal phone calls made by a PhysicianConnect champion to prospective users to encourage adoption; 2) a hands-on demonstration of PhysicianConnect’s clinical applications; and 3) customized end-user training.

Conclusion

Improving post-discharge communication has been identified as a key driver for reducing avoidable hospital readmissions. The key recommendation of this report is to renew external provider interest in PhysicianConnect so that discharge summaries can be transmitted through an EHR portal, thereby saving several days in time that would be required to mail the discharge summary to the PCP. This strategy alone has the potential to improve timely discharge summary communication to external providers by about 4%. Additional monitoring is necessary to understand why discharge summaries are not being transmitted on time when the physicians are internal to the UC Davis Medical Center. Both strategies are key to ensuring that patient information is appropriately dispatched to the next care provider to facilitate high-quality follow-up care, build external provider trust in the UC Davis Medical Center, and avoid malpractice vulnerability.

References