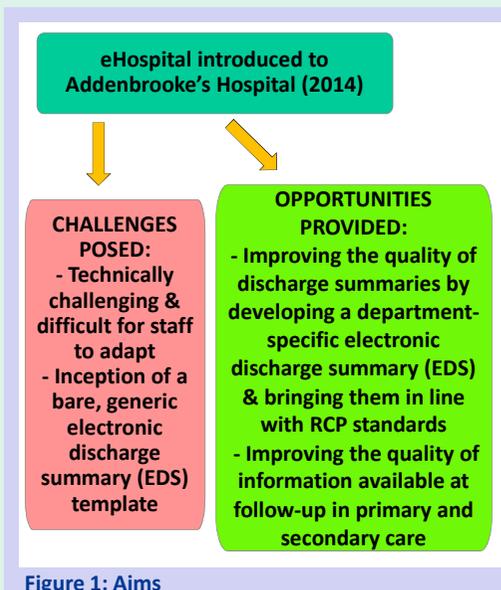# Improving the Quality of Discharge Summaries on the Stroke Unit

Puja R. Mehta, James Bailey, Kayvan Khadjooi

Department of Stroke Medicine, Addenbrooke's Hospital, Cambridge, CB2 2QQ, UK

Email: puja.mehta1@nhs.net

Introduction

eHospital introduced to Addenbrooke's Hospital (2014)

CHALLENGES POSED:
- Technically challenging & difficult for staff to adapt
- Inception of a bare, generic electronic discharge summary (EDS) template

OPPORTUNITIES PROVIDED:
- Improving the quality of discharge summaries by developing a department-specific electronic discharge summary (EDS) & bringing them in line with RCP standards
- Improving the quality of information available at follow-up in primary and secondary care

Figure 1: Aims

" Good clinical practice is increasingly dependent upon good quality health records. These are needed to:
- Facilitate continuity of care within and between multi-professional and multi-site teams
- Support care professionals in leveraging the best available evidence at point of care decisions
- Help care professionals to monitor for critical events and trends
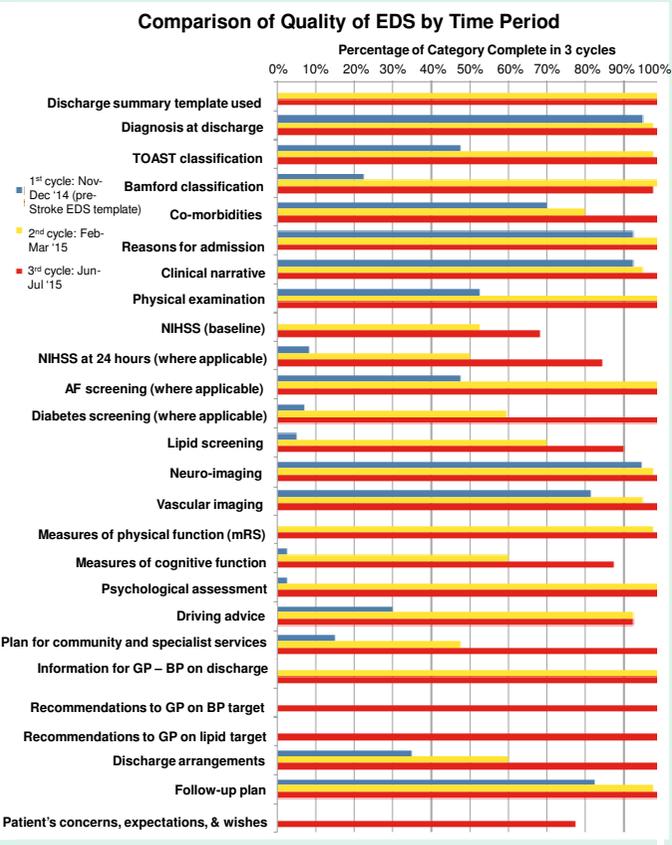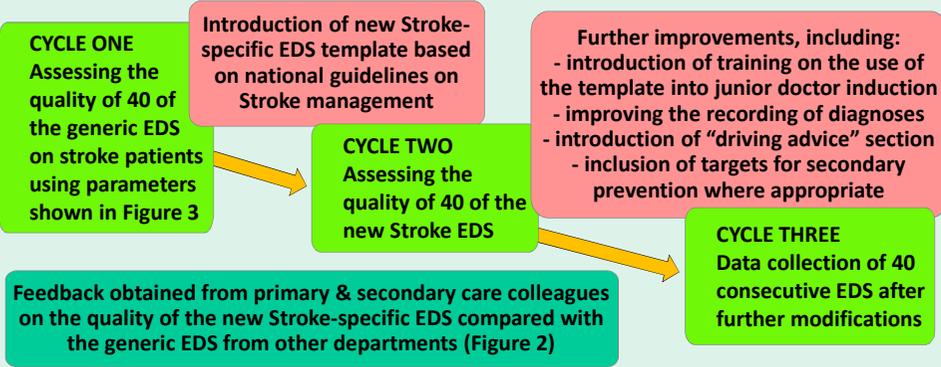- Avoid clinical incidents and errors "   *Royal College of Physicians 2012*

CYCLE ONE Assessing the quality of 40 of the generic EDS on stroke patients using parameters shown in Figure 3

Introduction of new Stroke-specific EDS template based on national guidelines on Stroke management

CYCLE TWO Assessing the quality of 40 of the new Stroke EDS

Further improvements, including:
- introduction of training on the use of the template into junior doctor induction
- improving the recording of diagnoses
- introduction of "driving advice" section
- inclusion of targets for secondary prevention where appropriate

CYCLE THREE Data collection of 40 consecutive EDS after further modifications

Feedback obtained from primary & secondary care colleagues on the quality of the new Stroke-specific EDS compared with the generic EDS from other departments (Figure 2)

Methods

• Following the introduction of eHospital at Addenbrooke's Hospital, we assessed the quality of EDS for ischaemic strokes, using standards derived from: the Academy of Medical Royal Colleges, the British Association of Stroke Physicians Stroke Service Standards 2014, and the Royal College of Physicians National Clinical Guideline for Stroke 2012. We developed a new Stroke-specific EDS and re-assessed the quality.

• 3 audit cycles: in each cycle, we performed a retrospective review of 40 consecutive EDS, after improvements.

References
Health and Social Care Information Centre, Academy of Medical Royal Colleges. Standards for the clinical structure and content of patient records. London: HSCIC, 2013.
Stroke Service Standards. Clinical Standards Committee, British Association of Stroke Physicians, 2014.
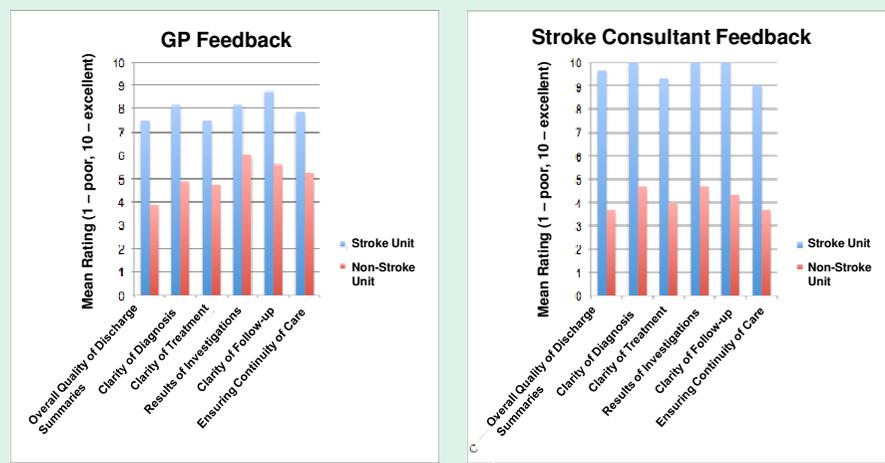
Results

Figure 2: Feedback from primary & secondary care colleagues on the new Stroke-specific EDS compared to the old generic EDS format being used by other departments in the hospital

Figure 3: Summary of data collected on the quality of the Stroke-specific EDS (cycles 2 and 3) compared to the generic EDS (cycle 1)

Outcome

• Audit resulted in a continued and sustained improvement in the quality of department-specific EDS. This approach could be used by other hospitals, as more become paperless.

• The ability to quickly access key information about a patient's admission at follow-up has the potential to improve efficiency in clinic. This demonstrates how technology can be utilised to improve communication between hospitals & primary care.