Royal College of General Practitioners and Warwick Medical School

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Abstract Submission Form

PRESENTER'S DETAILS

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Category Research

PRESENTATION DETAILS

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Title of Study
Information flow in General Practice: investigating the processing of discharge summaries to improve patient safety – Quantitative results

What's the problem you are tackling?
Discharge summaries are a key document in the care transition process and demonstrate a range of management processes which occur in General Practice. This project uses a retrospective record review by a GP to determine the rate of failures in association with discharge summary processing (DCSP) in GP after hospital discharge of patients aged≥75 years. Since the last Warwick symposium quantitative data has been collected and here we present the results as a follow-up to last years' talk.

How did you do it?
At each of 10 sites 30 patients who have had an emergency admission within the last 18 months have their records reviewed for data relating to DCSP. The primary outcome is the success or otherwise of compliance with requests for action made in the DCS in the 90 days following receipt (the failure rate). Secondary outcomes include: harm rate, speed of DCSP, success of medicines reconciliation and the success of arranging tests, follow-up appointments and other procedures.

What did you find?
The global failure rate is 37% (188 of 300 DCSs were fully correctly processed). The harm rate is 7%. Required medications reviews were not conducted on 14% of patients (30 of 214). A total of 124 out of 750 (17%) requested medications changes were not made. Cardiovascular drugs accounted for 12% of these failures and were associated with a harm rate of 26%. Requested tests were not completed 27% of the time (23 of 86 requests) and 27% of requested follow-ups were not arranged (47 of 117 requests). DCSP by GPs averages 2.06 working days from upload to final filing.

Why does this matter?
Errors occur with all aspects of DCSP (medicines reconciliation, follow-up and tests). Harm rates in this project are higher than in other primary care studies, perhaps reflecting the study population. Study practices were of average size and used both Emis Web and SystmOne but otherwise may not have been typical of UK practices in that 80% of them were training practices, 2 were rated outstanding by CQC and all scored >90% on QoF. Extrapolating from this, the error and harm rates determined in this study are likely to be an underestimate of the national situation. Ongoing modelling work will further explore these factors and the results of the qualitative work from the project will place the error and harm rates in context.