

## **Timely Discharge Summary Completion – a possible coordinated care indicator**

### **Summary Report**

#### **Introduction**

The Victorian Department of Health is committed to developing a whole of system approach to cancer care coordination. 'Linking cancer care – A guide to implementing coordinated cancer care' (2007)<sup>1</sup> refers to informational continuity or the transfer of patient information between one provider and another and between care events, as an important requirement of coordinating care.

The NEMICS coordinated cancer care strategy (2012-2013) has incorporated strengthening information sharing as a key component of service improvement initiatives in this priority area of coordinated care.

#### **Background**

Effective continuity of care relies upon timely, comprehensive and accurate information exchange between the multiple clinicians involved in the care of patients with cancer.

The discharge summary provides a means of supporting continuity of care between clinicians as it facilitates information exchange and handover between the hospital and the patient's nominated general practitioner. Discharge summary completion is a mandatory clinical requirement of health services that supports patient care, accreditation, medico-legal and funding requirements.

As there is currently no formal Department of Health (DH) cancer performance indicator relating to monitoring the coordination of care activities within health services, NEMICS was keen to trial an indicator that could be used to drive local service improvement and potentially be incorporated within the local and statewide performance monitoring frameworks.

Timely discharge summary completion was selected based on the following:

- Relevant to both acute and primary care
- Easily measurable
- Patient centred focus.

It was also identified that while local health service discharge summary information is available, reports are not routinely provided to individual clinical units and not from an overall cancer related or region wide perspective.

#### **Intended benefits of timely discharge summary completion as an indicator**

It was considered that timely discharge completion could have benefits as an indicator as the information could:

- Provide health service quality and clinical units with raised awareness of their performance and their performance against other health services in the region
- Identify opportunities for local health service improvements

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<sup>1</sup> Victorian Department of Human Services, Linking cancer care: a guide for implementing coordinated cancer care (2007)

- Reinforce the importance of timely information dissemination to general practitioners (GPs) and patients

## Methodology:

### Defining the indicator:

- Indicator rationale, quality dimensions, numerator/denominator and all relevant terms were defined (*Refer Appendix 1*)

### Data source:

- Individual health service discharge summary policies and procedures were reviewed in relation to their specific criteria for completion and the associated timelines
- Determined what health service reports are already available in relation to discharge summary completion and whether these are being disseminated, how and to whom
- Familiarisation with individual health service discharge summary completion processes
- Considered and compared the different data collection methodology possibilities, given the differences in discharge summary completion methods and criteria

### Data collection:

- Confirmed retrospective clinical audit as the data collection methodology, the required completion processes, patient sample and sample size
- Population of VAED data such as admission & discharge dates, responsible clinical units, whether the admission was an overnight or multiday stay
- Clinical audit of over 400 patient records and 700 cancer related inpatient admissions were reviewed against the indicator '*number of discharge summaries completed within the timeframe and criteria stipulated by the relevant health service policy*'

## Results

Due to the variability in timeframes for completion of discharge summaries across the different health services, results provided to individual health services related to their own respective key performance indicator (KPI).

The table below shows the results collated for each health service against the three different KPIs – day of discharge, within 24 hours of discharge and within 48 hours of discharge.

The purpose of including the results in this way was to demonstrate comparison across health services should a common 'timeframe' be agreed upon. This does not however reflect any other criteria variation such as discharge summary requirements for patients discharged from HITH or upon death etc.

The figures highlighted in the table reflect the KPI that specifically relates to the health service. For example, Northern Health policy is for discharge summaries to be completed on the day of discharge, this was done 92% of the time in this audit sample.

**Table 1**

<b>Results according to the different health service KPI timelines</b>				
	Completed on day of discharge	Completed within 24 hours of discharge	Completed within 48 hours of discharge	NOT done
<b>Austin Health (276 admissions)</b>	50%	61%	68%	8%
<b>Eastern Health (251 admissions)</b>	42%	51%	59%	21.9%
<b>Mercy Hospital for Women (29 admissions)</b>	83%	97%	100%	0
<b>Northern Health (144 admissions)</b>	92%	94%	97%	1.4%

### **Value and usefulness of the trial indicator**

This indicator and the process for data collection have:

- enabled tracking and comparison of timely discharge summary completion **per patient across cancer related admissions and across any cancer related clinical unit involved with that patient, over a selected time period**
- enabled comparison of performance **across clinical units for the same patient group**
- enabled **comparison across health services and across the various KPIs**

### **Recommendations**

From undertaking this trial and review of the evidence of timely dissemination of cancer related discharge summaries as a possible coordinated care indicator, the following is recommended:

- The indicator is adopted by NEMICS
- The indicator is measured via the clinical audit on a once yearly basis
- Relevant health service KPIs continue to be measured, but an overall health service comparison is made against a 48 hour KPI, given it is the upper limit PI across our involved health services
- NEMICS service improvement staff continues to engage and support those interested clinical units in being able to run their own reports, providing increased awareness of how they are performing, reminding them of the value of this information to GPs and ensuring an ongoing review of their own discharge summary completion processes.

For further details or information on this report, please contact **Anna Mascitti – Coordinated Care Service Improvement Facilitator on 9496 3261** or [anna.mascitti@austin.org.au](mailto:anna.mascitti@austin.org.au)

## Appendix 1:

<b>Indicator title:</b>	Evidence of timely dissemination of cancer related discharge summaries
<b>Indicator:</b>	Number of discharge summaries completed within the timeframe and criteria stipulated by the relevant health service policy
<b>Rationale</b>	<p>Effective continuity of care relies significantly upon timely, comprehensive and accurate information exchange between the multiple clinicians involved in the care of patients with cancer.</p> <p>The discharge summary is integral for planning and managing patient care and treatment post discharge and supports continuity of care between clinicians.</p> <p>The discharge summary serves the purposes of:</p> <ul style="list-style-type: none"> <li>- <i>Capturing &amp; summarising the patient episode of care to support ongoing care &amp; treatment</i></li> <li>- <i>Providing a summary of the patient episode of care to support subsequent acute &amp; community presentations; improve the transition from inpatient to outpatient</i></li> <li>- <i>Identifying to ongoing health practitioners, the clinical service/health practitioners who were responsible for the patient's care and treatment</i></li> <li>- <i>Supporting timely &amp; accurate clinical coding of each episode of treatment &amp; care</i></li> </ul> <p>Health services have policies relating to discharge summary completion.</p> <p>These policies exist to:</p> <ul style="list-style-type: none"> <li>- <i>aid the exchange of accurate and timely communication</i></li> <li>- <i>assist decision making</i></li> <li>- <i>fulfil accreditation, medico-legal and funding requirements</i></li> </ul>
<b>Quality dimensions</b>	Consumer focussed care; continuity and care coordination
<b>Definitions</b>	<p><u>Discharge summary:</u></p> <p>Report that provides a summary of the care and interventions provided to a patient during their <b>inpatient hospital admission (excludes outpatients/radiation and day oncology admissions), with an overnight stay</b> at a NEMICS region public hospital, for a primary malignant cancer diagnostic code.</p> <p><u>Completed:</u></p> <p>For CERNER generated discharge summaries, this refers to those summaries that have been deemed FINAL</p> <p><u>Discharge:</u></p> <p>Patient has been <b>transferred internally to another campus within the health service, transferred to another health service or returned to their usual residence</b> in the community. This <b>also includes death of a patient</b>.</p> <p><u>Relevant health service policy:</u></p> <p>Health service specific discharge summary policy that outlines the relevant inclusion and exclusion criteria and timelines for discharge summary completion</p>
<b>Numerator</b>	Total number of patients with a cancer related admission and documented evidence of discharge summaries completed within the health service policy guidelines
<b>Denominator</b>	Total number of patients audited & requiring discharge summaries (as per health service policy)