AB156. SOH21AS129. Do surgical department discharge letters meet the HIQA national standard?

Bridgid Ferriter¹, Amie Lynch², Shane Keogh¹, Ann Merrigan³, Shona Tormey³

¹Department of Surgery, University Hospital Limerick, Limerick, Ireland; ²University College Cork, School of Medicine, Cork, Ireland; ³Symptomatic Breast Unit, University Hospital Limerick, Limerick, Ireland

Background: High quality health care is information reliant. Access to high quality and current information in a timely manner is imperative in the provision of quality patient care. A national standard for discharge summaries has been developed by the Health Information and Quality Authority (HIQA). A standard for surgical discharge letters is needed to avoid patient readmission, unnecessary presentation to primary care and to ensure high quality continuity of care in the community. The aim is to assess the quality of surgical discharge summaries at the University Hospital Limerick using the HIQA national Standard. To implement quality improvement strategies recommended by current research. To reassess the quality and close the audit loop.

Methods: One month of discharge summaries in 2019 were generated across four consultant surgeons at the University Hospital Limerick. Thirty-three percent of those were sampled evenly across consultants. Sixty patient discharge summaries were audited to HIQA standard 2013.

Results: The average performance across consultants was 58% (21–63%). The worst performing category was future management, 19.5%. The best performing categories were auto-populated, patient details 97% and primary care provider details, 100%. Patient medication details were compliant in 25% of discharge summaries. Admission and discharge details were complete in 35% and the clinical narrative for an admission was present in 36%. Consultant sign off was not evident in any of the summaries audited.

Conclusions: The surgical discharge summaries audited are not currently compliant with the HIQA national standard. Research shows that NCHD training improves performance across categories, this will be the first strategy for improvement.

Keywords: Discharge summary; continuity of care; audit; health improvement quality authority national standard; surgery; symptomatic breast unit

Acknowledgments

Funding: None.

Footnote
Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/map-21-ab156). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

doi: 10.21037/map-21-ab156