Engaging Clinicians to Improve Patient Safety by Vetting the Hospital Inpatient Discharge Summary

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Background
What is the importance of Hospital Inpatient Discharge Summary (HIDS)?

HIDS: Electronic summary of patient’s hospitalisation prepared by a House Officer or Medical Officer upon patient’s discharge
Frequently referred to notes for previous hospitalisation episode, and is also reflected in National Electronic Health Record (NEHR).
Used by clinical coders for national financial claim system (MediSave).
Vetting of HIDS may prevent copying of wrong information in the next consultation, reducing potential error, and medico-legal cases.
As per hospital policy, HIDS should be vetted by the assigned senior resident and/or consultant in-charge by 15 days of patient discharge

Problem
The rate of HIDS vetted within 15 days of patient discharge was inconsistent and fluctuated around 20% in Rehabilitation Medicine Department (Jan-Feb 2017)

Objectives
To improve the rate of HIDS vetted within 15 days of patient discharge to 100% in Rehabilitation Medicine Department in 6 months

Methods
Using Cause and Effect diagram, we understood that the clinicians are not aware of the available electronic features to help the vetting process and the need to vet the HIDS. Hence, using Pareto Chart to prioritise our interventions, and Plan Do Check Act (PDCA) methodology, the team members implemented these strategies:

PDCA 1: In addition to the routine quarterly reporting of this indicator to the head of department (HOD), CQPMD highlighted the department performance to the department quality officer (DQO) via email. DQO was engaged to remind the department on the importance of vetting HIDS and to gather feedback to determine the barriers to vetting of HIDS.

PDCA 2: CQPMD engaged clinicians through department meeting where feedback and concerns were raised and further discussed in the presence of the HOD:
- We raised awareness on the need for vetting, highlighting the consequences of not vetting; e.g. copying of wrong content in HIDS to the next consultation notes, and how it may affect patient’s care and safety.
- We discussed the most effective workflow to vet the HIDS, e.g. assigning senior resident to vet HIDS.
- We informed the doctors of the relevant electronic features that allowed them to customise the vetting process efficiently; e.g. creating task list, filtering function, and templates.
- After the presentation, the set of slides was disseminated to all staff via email.

Example of electronic features to help users to vet HIDS

To vet HIDS on behalf of primary doctors:
- Click “Other Documents”, select the Provider you wish to vet the HIDS for, select “Pending Vetting”, under “Doc Status”, filter according to Discharge Date Range, e.g. 15 days ago, click “Refresh” “Save Selections” to save as template

Results
After PDCA 1, there was a significant improvement from 19.8% to 73.1% ($P<0.01$).
After PDCA 2, the variability of the rate was reduced. There was also significant improvement from 73.1% to 87.3% ($P<0.01$). Overall, the team managed to reach the project target and reduce the variability in the rate. The team will continue the effort to improve and ensure sustainability (through Senior Resident orientation program, enhancing the HIDS features, reminders and feedback through quarterly reporting to HOD).

HIDS Vetted within 15 Days (Rehab Medicine)

Conclusion
Ensuring accuracy of documentation in HIDS is important for patient safety as it is the notes used to understand previous hospitalisation episode. HIDS is also used nation-wide in NEHR, and affects the MediSave claim for the patient. With the recent implementation of electronic medical records, many users have the tendency to copy the notes from previous HIDS to the next consultation notes. Vetting of the HIDS will help to ensure that the information being copied forward is accurate, preventing future error and medico-legal cases.

Project Extension
Due to the positive results, the team decided to extend the strategies to all clinical departments in Division of Medicine (DOM) which also resulted in significant improvement from 34.9% to 57.4% ($P<0.01$). We also plan to extend the initiatives hospital-wide.

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