

Improving the process of completing and authorising immediate discharge letters at Royal Edinburgh Hospital

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Introduction

- Immediate discharge letters (IDLs) are essential for enabling safe transfer of patient care from inpatient to community settings
- In order for IDLs to reach general practitioners (GPs) and community mental health teams on discharge from the Royal Edinburgh Hospital (REH), they must first be authorised on TRAK, our electronic patient record system
- Within the general adult inpatient wards at the REH, we noted wide variety in the process by which IDLs are produced and authorised, as well as in quality and speed of completion
- Our main aim was to reduce the length of time taken for IDL authorisation. We hypothesised that development and implementation of a standardised procedure for completing and authorising IDLs would reduce inconsistencies in approach and thereby reduce delays

Methods

- Project conducted on Balcarres and Craiglockhart, both general adult inpatient wards at REH
- Data regarding number of days from discharge to IDL authorisation collated via Boxi reports from TRAK between October 2022 and October 2024, with baseline data being collected over 1 month from October to November 2022

Key dates and interventions during course of project:

Intervention 1

- Development of new IDL template, introduced into practice on 23rd November 2022
- Educational guidance on process of completing and getting IDLs authorised provided to newly rotating resident doctors on 7th December 2022 and 1st February 2023
- This data is displayed below in Figure 1

Intervention 2

- Findings from project thus far presented to General Adult Psychiatry consultants on 24th November 2023, alongside education on new formal process by which IDLs are authorised. This included resident doctors notifying seniors when IDLs were completed and ready for authorisation, and a system of weekly prompts via email from clinical administration staff
- The data collected over time was compared with our baseline data to assess the impact on time to IDL authorisation following each of our interventions detailed above

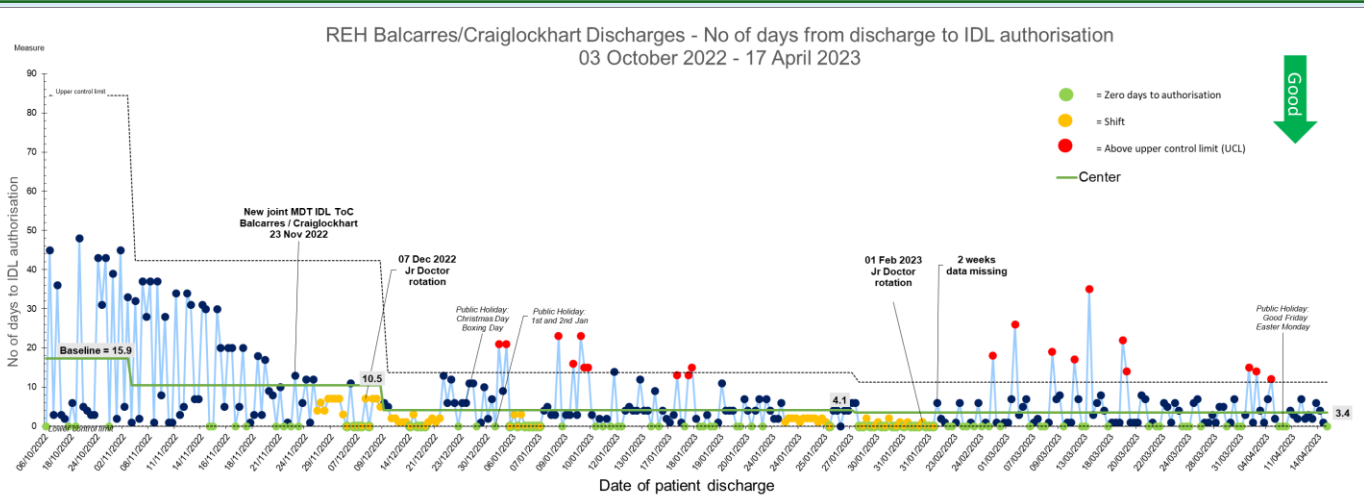


Figure 1: Graph displaying number of days from discharge to IDL authorisation between October 2022 and April 2023

Results

- Baseline data revealed a mean of 15.9 days and a median of 4.0 days from date of discharge to date of IDL authorisation
- Following our first intervention, during the first rotation of new resident doctors, mean improved to 4.1 days and median to 2.0 days
- Following second rotation of resident doctors, further improvement was noted, with mean reducing to 3.4 days and median to 1.0 day
- After our second intervention, improvement was maintained with a mean of 3.6 days and median of 1.0 day
- Unfortunately for reasons unknown, we noticed that 2 weeks of data from 31st January to 17th February 2023 were missing

Discussion & Conclusions

- By providing greater guidance to newly rotating doctors, and standardising the overall process by which IDLs are authorised, we have achieved a significant reduction in the time taken to authorise IDLs, and have demonstrated that this improvement can be sustained over time
- This will reduce harm to patients by ensuring appropriate and timely handover of care to community services
- Given the success of this initial project, we have now agreed to adopt this process as standard throughout the general adult wards at the REH. We intend to re-audit at a future date