Toronto Central LHIN

St. Michael's
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Inspiring Science.

TC LHIN
Standardized Discharge Summary

Presented by:

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Ontario
Local Health Integration Network

Overview

1. Standardized Discharge Summary (SDS) Background
2. Standardized Discharge Summary Content
3. Implementation – Electronic v. Dictation – Lessons learned
4. Evaluation Findings
5. Key Takeaways & Next Steps

Standardized Discharge Summary – Background

- Adequate discharge planning is fundamental to providing quality patient care and healthcare system sustainability
- However, there is significant inconsistency amongst discharge planning activities across the hospitals
- The Toronto Central LHIN established a cross-sector Quality Table with a key area of focus being opportunities to improve Discharge Planning
    - Key driver: consistency and comprehensiveness of discharge information

Standardized Discharge Summary – Background

- The Standardized Discharge Summary project was governed by a Steering Committee of CIOs and CMIOs and reported to the Quality Table as well as a table of Hospital CEOs
- The goal of the project was to capture a minimum data set to be used by all organizations for patients that were admitted to hospital for over 24 hours
- Following initial development, St. Michael's Hospital was asked to act as the delivery partner for the project leading implementation work providing support to all 16 hospitals

Targeted Benefits

- **For Patients**:
  - Less adverse health events as a result of increased communication between care providers
  - Better transitions in care
  - More knowledge about important discharge aspects
- **For Organizations/Providers**:
  - Supported and improved communication and coordination between and within the community/primary care providers, hospital, post-discharge care providers, and patients and families.
  - Improved methods to support care transition
  - Improved continuity and coordination of care, and reduced medical errors
  - Increased patient satisfaction and possible benefit of reduced hospital readmissions
  - Reduced requests for additional information
- **For the Healthcare System:**
  - Improved continuity of care for complex patients
  - Appropriate transitions in care focusing on patient experience

Standardized Discharge Summary – Background

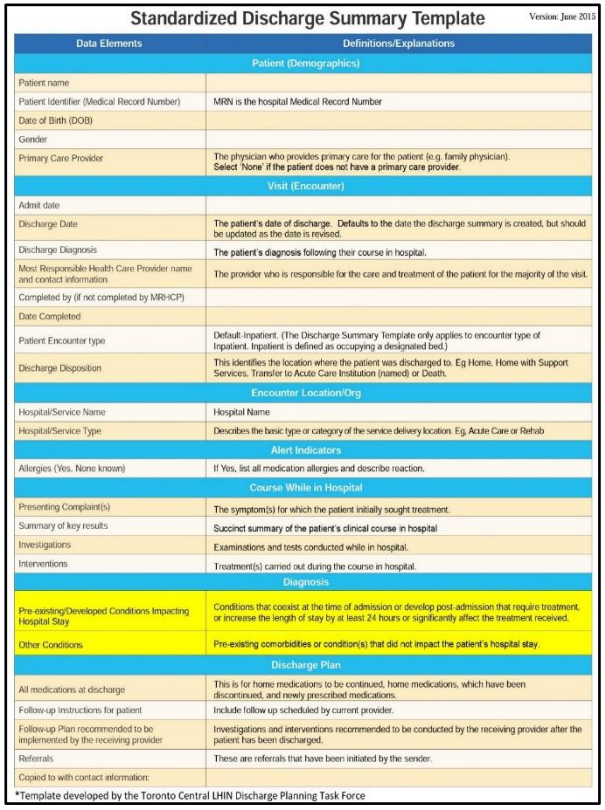
What?

The Standardized Discharge Summary Template was developed with feedback from both hospital physicians (discharging providers) and primary care physicians (receiving providers).

The Standardized Discharge Summary Template provides:

- Consistency in minimum key data elements
- Consistency in order of data, and naming of headings and fields

Implementation of electronic discharge summaries was encouraged where possible; however, depending on an organization's current practices, dictation and paper form discharge summaries were allowed.



Standardized Discharge Summary Template Version: June 2015

Data Elements	Definitions/Explanations
Patient (Demographics)	
Patient name	
Patient Identifier (Medical Record Number)	MRN is the hospital Medical Record Number
Date of Birth (DOB)	
Gender	
Primary Care Provider	The physician who provides primary care for the patient (e.g. family physician). Select 'None' if the patient does not have a primary care provider.
Visit (Encounter)	
Admit date	
Discharge Date	The patient's date of discharge. Defaults to the date the discharge summary is created, but should be updated as the date is revised.
Discharge Diagnosis	The patient's diagnosis following their course in hospital.
Most Responsible Health Care Provider name and contact information	The provider who is responsible for the care and treatment of the patient for the majority of the visit.
Completed by (if not completed by MRHCP)	
Date Completed	
Patient Encounter type	Default: Inpatient. (The Discharge Summary Template only applies to encounter type of Inpatient. Inpatient is defined as occupying a designated bed.)
Discharge Disposition	This identifies the location where the patient was discharged to. Eg Home, Home with Support Services, Transfer to Acute Care Institution (named) or Death.
Encounter Location/Org	
Hospital/Service Name	Hospital Name
Hospital/Service Type	Describes the basic type or category of the service delivery location. Eg, Acute Care or Rehab
Alert Indicators	
Allergies (Yes, None known)	If Yes, list all medication allergies and describe reaction.
Course While in Hospital	
Presenting Complaint(s)	The symptom(s) for which the patient initially sought treatment.
Summary of key results	Succinct summary of the patient's clinical course in hospital
Investigations	Examinations and tests conducted while in hospital.
Interventions	Treatment(s) carried out during the course in hospital.
Diagnosis	
Pre-existing/Developed Conditions Impacting Hospital Stay	Conditions that coexist at the time of admission or develop post-admission that require treatment, or increase the length of stay by at least 24 hours or significantly affect the treatment received.
Other Conditions	Pre-existing comorbidities or condition(s) that did not impact the patient's hospital stay.
Discharge Plan	
All medications at discharge	This is for home medications to be continued, home medications, which have been discontinued, and newly prescribed medications.
Follow-up Instructions for patient	Include follow up scheduled by current provider.
Follow-up Plan recommended to be implemented by the receiving provider	Investigations and interventions recommended to be conducted by the receiving provider after the patient has been discharged.
Referrals	These are referrals that have been initiated by the sender.
Copied to with contact information:	

*Template developed by the Toronto Central LHIN Discharge Planning Task Force

SDS Content

- The SDS is divided into 6 sections – Demographics, Encounter information, Allergies, Course While in Hospital, Diagnosis and Discharge plan
- Clinician experts at facilities across TCLHIN helped inform design of summary and combination of pilot and evaluation resulted in final design

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Implementation

- In 2013 a pilot was run across three hospitals in the TC LHIN – after review of the pilot results, the template began roll out to all 16 hospitals in Toronto Central LHIN
- Template roll out occurred through both dictation and electronic methods depending on the available infrastructure at each site
- Supports offered through implementation included several tools for each organization including: Current state assessment, change characteristics and readiness assessment and a communication plan

Change Readiness Assessment

Mark your location on the following spectrum. If you fall on the **right** of the spectrum, your project will require **more** change management resources and activities than if you fall on the left of the spectrum. This assessment result will be used to customize your change management strategy and activities. Record your assessment score.

Perceived need for change among physicians

Compelling business need for change is visible – physicians are dissatisfied with the current state				Physicians do not view change as necessary – physicians are satisfied with the current state
1	2	3	4	5

Impact of past changes on physicians

Physicians perceive past changes as positive				Physicians perceive past changes as negative
1	2	3	4	5

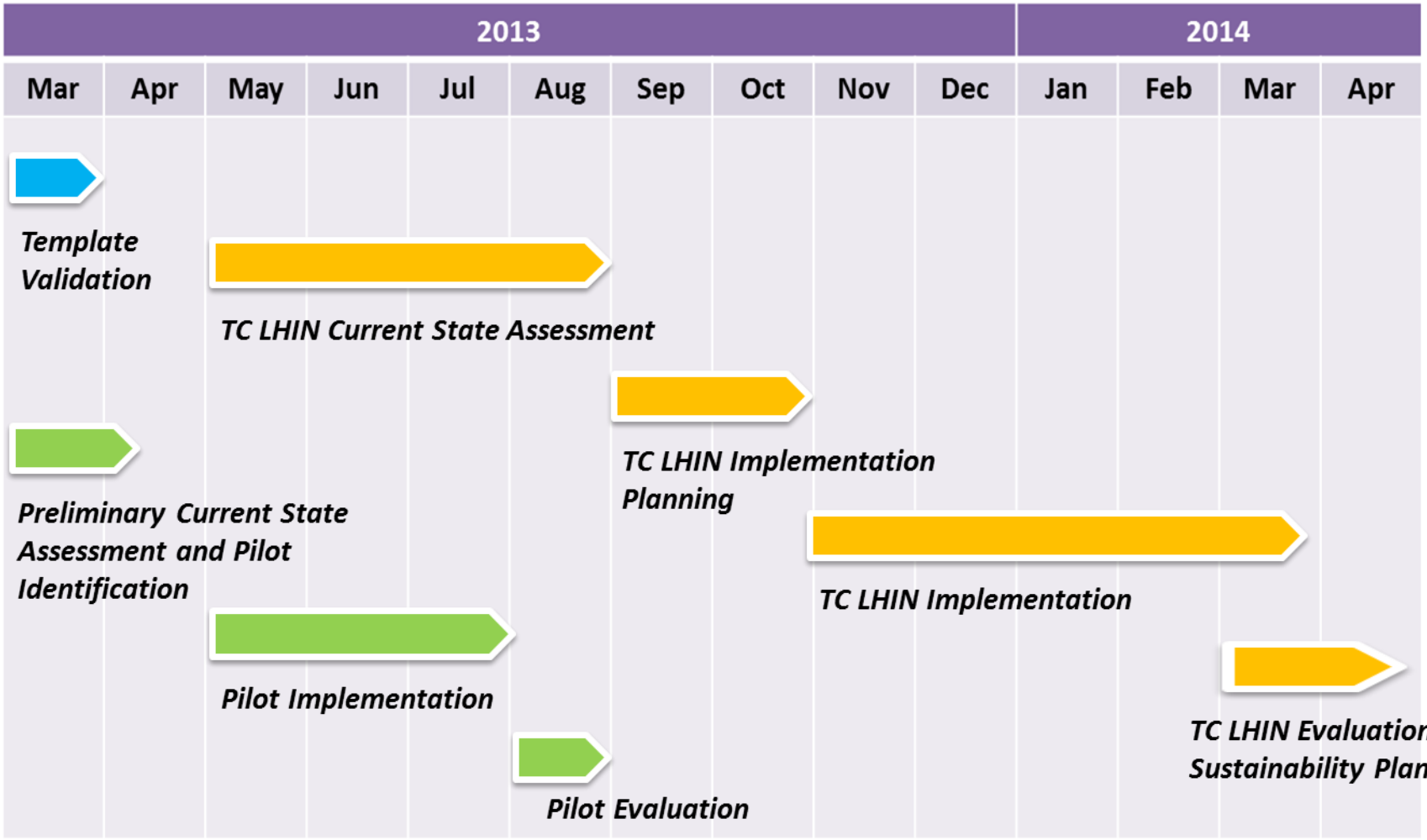
Change capacity

Very few changes underway				Everything is changing
1	2	3	4	5

Past changes

Changes were successful and well-managed				Many failed projects and changes were poorly managed
1	2	3	4	5

Timeline


2013
2014
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
Template Validation
TC LHIN Current State Assessment
TC LHIN Implementation Planning
Preliminary Current State Assessment and Pilot Identification
TC LHIN Implementation
Pilot Implementation
TC LHIN Evaluation and Sustainability Planning
Pilot Evaluation

Broad Implementation

Complex Continuing Care/Rehab

 # Sites: 6

Acute Care

 # Sites: 6

16 TCLHIN Sites

Specialty Care

 # Sites: 2

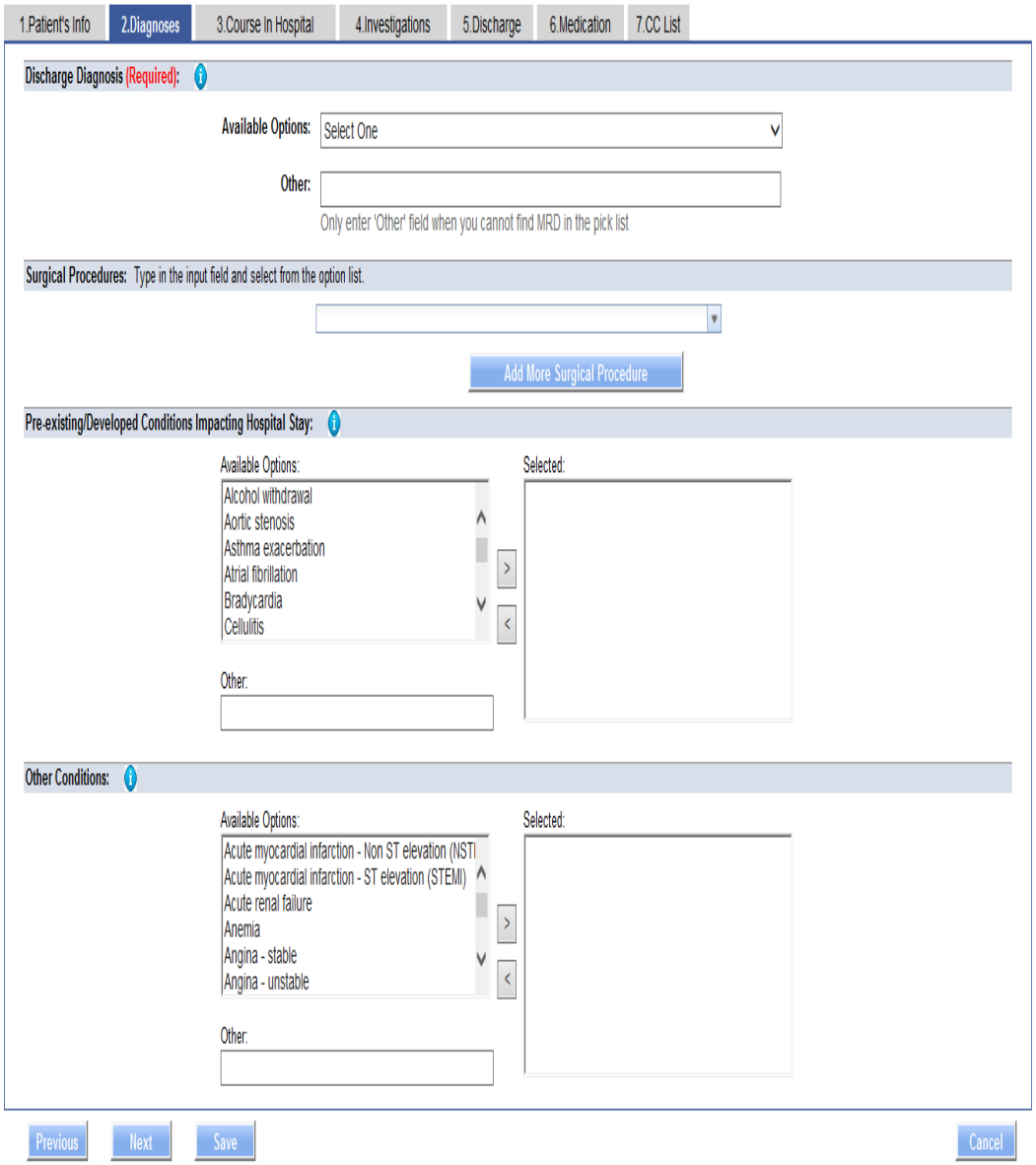
Paediatrics

 # Sites: 2

Electronic Sites	Dictation Sites	Hybrid
8	6	2

Implementation Lessons

- Change management strategies heavily employed at both electronic and dictation sites including tools for current state assessments and messaging from senior leadership
- Dictation implementation strategies included significant PR campaigns at individual sites - pocket cards for physicians + dedicated dictation stations with template posted
- Reminder that SDS is considered a minimum data set – sites are able to add information to sections as required by the sites/services specialty



Portion of SMH summary template

Implementation Lessons – Electronic Summaries

- Electronic implementation allows for forced functions to ensure template compliance
- It also offers great opportunity to review current electronic discharge system and cater tool to specific services – ex. templating of information
- Ordering of discharge summary is based on output, can change input ordering/displays to best meet the needs of your facility/each individual service

SDS Evaluation Findings

- Following implementation across majority of sites in 2013/2014 the third phase of the project looked at evaluating template compliance and satisfaction of users (both those completing summaries and those receiving)

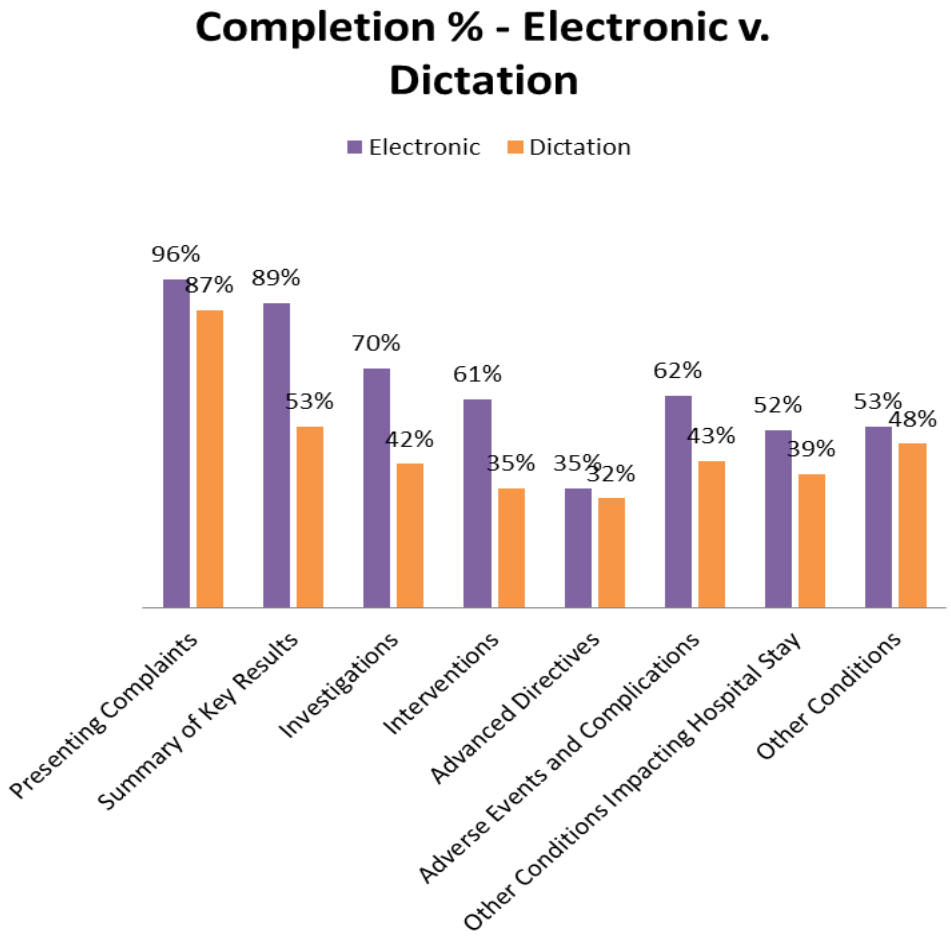
- Important to ensure that the template was being used as intended and that it was satisfactory for end users

Evaluation Overview

- Evaluation commenced in fall of 2014 and was completed in spring of 2015
- Quantitative evaluation included 10 facilities across TC LHIN resulting in a 600 chart review tracking:
  - Completeness
  - Accuracy/Match to template
  - Timeliness of discharge summary distribution
- Qualitative portion included interviews of 17 sending and receiving providers + 2 coding specialists

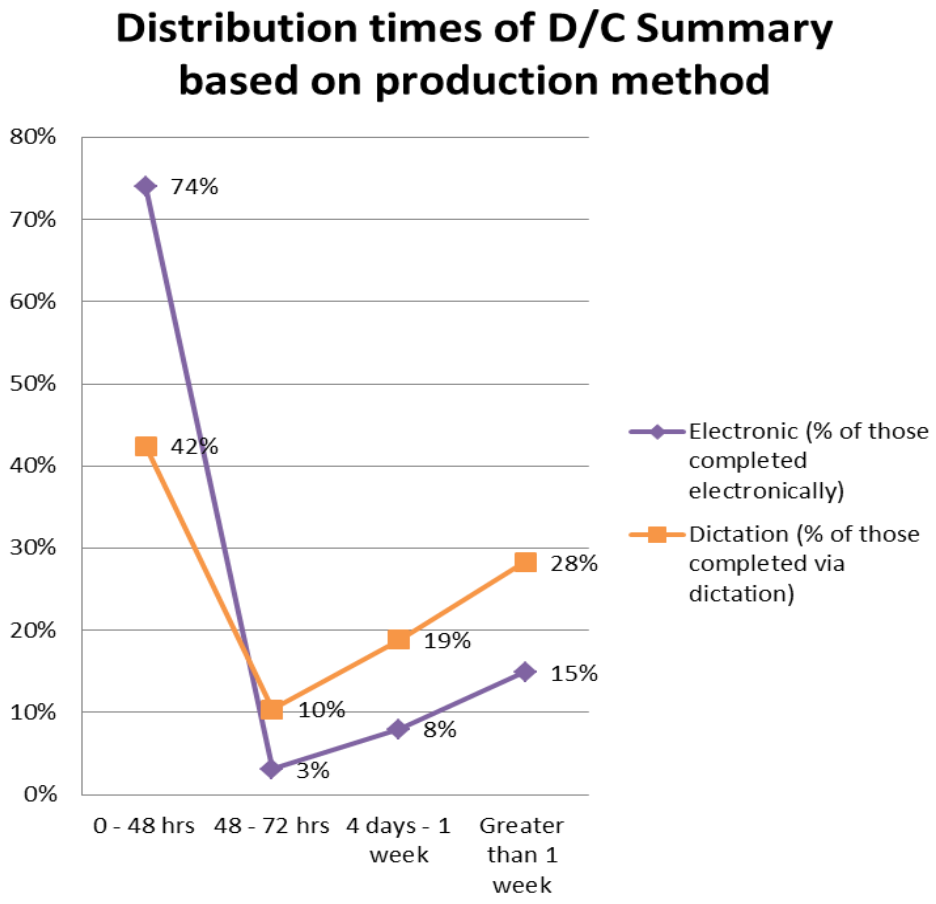
Quantitative Results – Advantages of going electronic

- Sites that implemented electronically had much higher compliance rates than those implemented via dictation.
- Chart to right displays the completion percentage of various sections depending on the method of implementation
- Interviews revealed the drop-off in sections like “key results” and “investigations” at dictating sites was likely due to information all being grouped in initial “presenting complaints” field

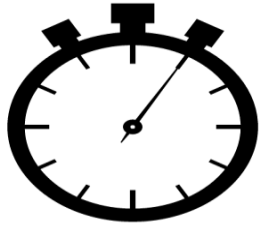


Quantitative Results – Advantages of going electronic

- Electronic implementation also led to improved turnaround times for distribution of the summary
- Chart displays results for all participating sites – there was only one dictating site that was high performer in this metric



Qualitative Feedback



- Qualitative interviews with providers highlighted several key points:

Discharging Providers	Receiving Providers
Electronic systems can be optimized but they do help facilitate timely completion of summaries	Turnaround time – receiving summary within 24-72 hours important
Some aspects of the summary repetitive (Course in hospital) thus not deemed necessary to complete each section individually	Outline v. Content – Outline of summary is good but actual summaries very dependent on provider entering information

- Qualitative and Quantitative feedback validate the strength of electronic implementation
- Room for improvement regarding quality of information entered regardless of method of completion

Key Project Takeaways

- Moving to a standardized discharge summary requires senior executive sponsorship – both clinical and administrative within the organization
- Change management capacity and focus is paramount – communication, clinical engagement and training are critical success factors
- Important to establish and clearly communicate that the SDS was a *minimum data set* to allow flexibility for additional information to be shared
- Electronic implementation is valuable if infrastructure is in place as it leads to better template compliance and more timely completion

Next Steps

- The template is now fully implemented across all Toronto hospitals, with other hospitals in the Greater Toronto Area also looking to adopt the standard
- Hope to see a continued trend toward electronic implementation for both production and dissemination of the summary
- Electronic dissemination to Primary Care Providers is a parallel strategy – utilizing the HRM and ConnectingGTA Solutions

Thank You

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