

e-Discharge Summaries for Patients in the last 12 months of life

(A one-year review of current practice using the G.R.E.A.T tool)

Dr Komal Bhatti^{1,3}, Shanthini Avorgbedor^{2,3}, Dr Eburn Abarshi³

1. The Waltham Forest Primary Care Networks

2. Macmillan End-of-Life Care, Whipps Cross University Hospital, Barts Health NHS Trust

3. The Margaret Centre, Whipps Cross University Hospital, Barts Health NHS Trust

Introduction:

Hospital discharge summaries serve as a primary document communicating patients care plan to post hospital care teams.

High quality discharge summaries are thought to be essential for promoting patient safety during transition between care settings.

This Audit was conducted to assess the quality of e-discharge summaries written in the Margaret Centre, and use this as an avenue to update GPs and community palliative teams regarding G.R.E.A.T.

Setting:

Margaret Centre (MC) is an 11-bed specialist inpatient palliative care unit. In its 2021/22 annual report, 1 in 4 of all deaths on the Whipps Cross site took place on the unit. The Centre's vision to provide "specialist palliative services without walls" and provide optimal end of life care for patients in the Waltham Forest environs. This vision is best achieved through healthy partnerships and collaborations at various levels.

Method:

As part of the Gold Standard Framework, we reviewed the discharge summaries of all discharges from January 2023 to July 2023, of patients discharged from the Margaret Centre.

The G.R.E.A.T tool was used adapted by Dudley group NHS

G.R.E.A.T is an acronym for

G - GSF Code,

R- Resuscitation status,

E - End-of-life care (EOLC) medications,

A - Advance Care Planning (ACP) including the Universal Care Plan (previously 'Coordinate My Care'),

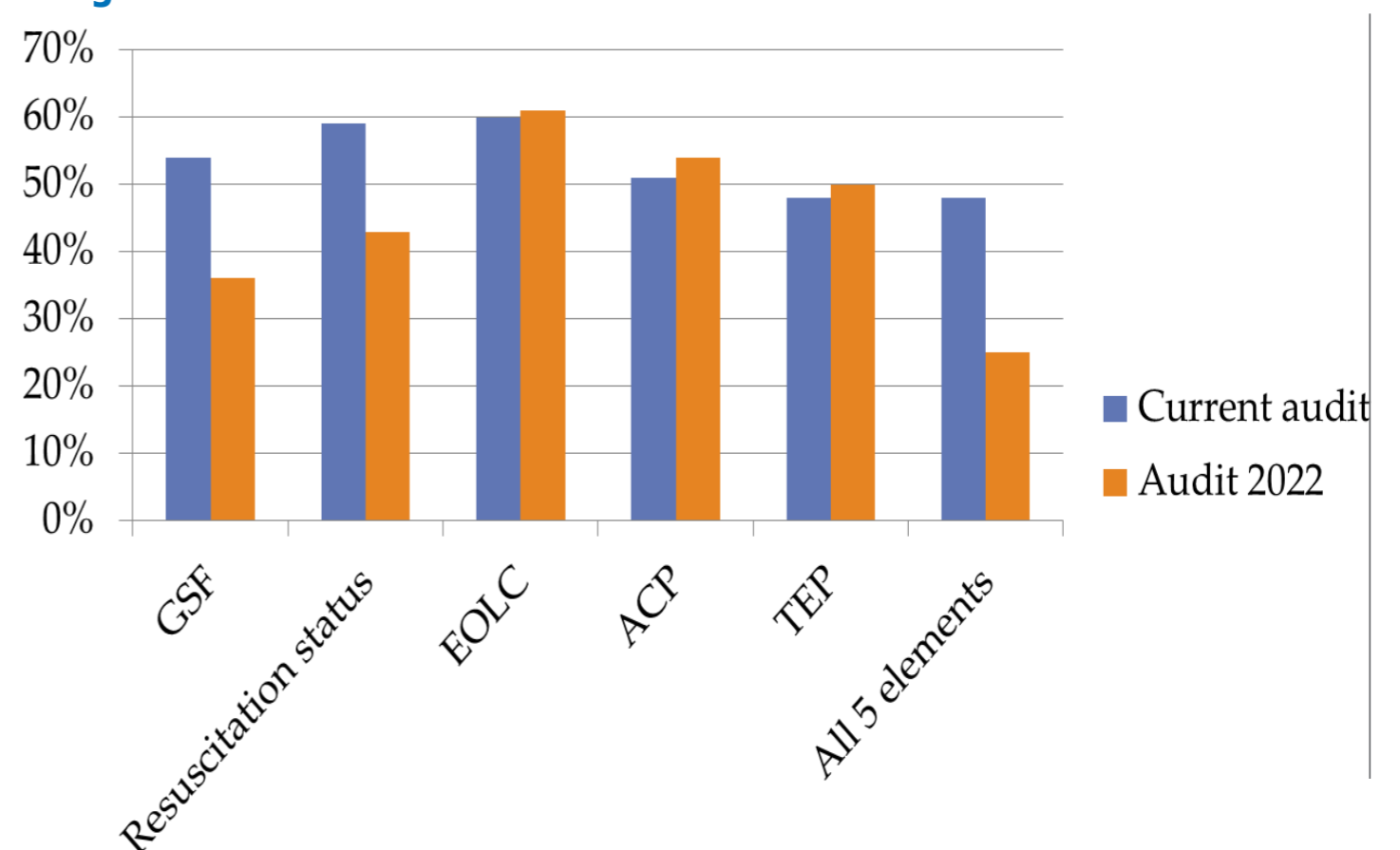
T - Treatment Escalation Plan (TEP).

Results:

- 53 patients were discharged from January 2023 to July 2023
- Aged 55-99 years
- 21 males and 32 females

- Out of 53, 20 patients were Medical outliers
- The "medical outliers" were excluded from the final selection
- 33 discharges from MC were to nursing home (37%) and home (63%).
- All 33 had e-discharge summaries.
- Of 33 with e-discharge summaries:
 - GSF code was recorded in 54% summaries,
 - Resuscitation status in 59%,
 - EOL medications in 60%
 - ACP inpatient discussions 51%
 - TEP 48%
- All five elements of G.R.E.A.T were present in 48% of e-discharge summaries.

Figure 1



Conclusion:

- Current audit has identified that quality of e-discharges in terms of including G.R.E.A.T has improved compared to last year but there is still room for improvement and junior doctors should be supported, by designing a strategy to include this in induction as most of the errors identified were during changeover days.
- Another recommendation is to include G.R.E.A.T in MDT proforma or ward round entries.