

2011

Eastern Health Discharge Summary Audit

Eastern Health GP Liaison Team



“A discharge summary is a document for clinical handover, and is critical in maintaining the safety of patients in transitioning between healthcare facilities and preventing patient readmission.

As such, it should be seen as a legally binding document which should be delivered in a timely and diligent fashion to those continuing the process of patient care.”

Dr Geoff Broomhall, GP Consultant





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Glossary:

- EH.....Eastern Health
- GP General Practitioner
- GPLOGeneral Practice Liaison Officer
- EHGPL..... Eastern Health General Practice Liaison
- GPVGeneral Practice Victoria
- AH Angliss Hospital
- BHH..... Box Hill Hospital
- MHMaroondah Hospital

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Background:

The Eastern Health GP Liaison (EHGPL) Team conducts a biannual discharge summary audit to assess discharge communication that is sent from Eastern Health (EH) Hospitals to General Practitioners (GPs). The audit is conducted by a team of EHGPL Consultants (*General Practitioners*) and GP Liaison Officers who assess the quality and comprehensiveness of discharge summaries using a prescribed assessment tool. Information collected by the discharge summary audit is used to drive initiatives aimed at improving communication from EH. Historically, the audit tool has consisted of 30 questions which together assess the fields deemed most crucial to providing a timely, comprehensive and quality discharge summary.

In June 2011, General Practice Victoria (GPV) asked that GP Liaison teams conduct a condensed discharge summary audit of communication sent from General Medical Units of health networks across Victoria. The aim of the audit was to:

1. Assess and compare the quality and timeliness of discharge communication across the numerous Victorian health networks, and
2. -Use the outcomes of the cross-hospital audit to inform future priorities of GPV GP Liaison communication meetings.

Process:

In July 2011, 150 discharge summaries from EH were audited by the EHGPL Team. 50 summaries were drawn at random from General Medical Units at Angliss Hospital (AH), Box Hill Hospital (BHH) and Maroondah Hospital (MH). The timeframe for summaries audited (as decided by GPV) was those sent from hospital networks between June 2010 and December 2010. GPV also put together a list of exclusion criteria for summaries not to be included. This was:

- a. Same day separations
- b. Acute psychiatric separations
- c. Unqualified neonates
- d. Deaths
- e. Patients who leave against medical advice
- f. Transfer to non-acute psychiatric unit
- g. Overnight stay



The condensed discharge summary audit tool used by all Victorian GPL teams included the following 7 key assessment fields:

1. Whether or not the discharge summary was fully completed,
2. What format it was sent to the GP (faxed, emailed, hard copy mailed),
3. Whether or not it was legible,
4. Whether or not the GP name was present,
5. Whether or not the GP address was present,
6. Whether or not the summary was 'sent' from the hospital end, and
7. Within what timeframe the discharge summary was sent.

The EH GPL Team uses the process described below to conduct discharge summary audits. The 2011 discharge summary audit differed only in that step six was added to allow GPV to make state-wide comparisons.

Audit Process:

1. GP Liaison Officers (GPLOs) and the EHGPL Coordinator liaise with decision support and health information services at each Eastern Health hospital site to arrange a list of UR numbers for patients within the date range
2. Health Information Services extract patient histories, and the GPLO receives de-identified copies of discharge summaries. Patient histories without summaries are also recorded.
3. De-identified discharge summaries are audited by both GPLO and GP Liaison Consultant at each division/Medicare Local.
4. Results are entered into a spreadsheet, which is then sent to the GPLO who has been nominated by the EHGPL team to compile and graph the results.
5. All copies of discharge communication are shredded.
6. Data is sent to GPV (see Results and appendix 1 for hospital-by-hospital breakdown) to be compared with results from other Victorian Health networks.
7. A summary of results from all participating Victorian Health networks is disseminated to GP Liaison teams in Victoria. Due to confidentiality, the identity of the GPL team's health network is the only hospital network that is to be displayed in resultant discharge summary audit reports.
8. Report is written by lead Eastern Health GPLO including results, comparisons with other hospital networks and recommendations, which is reviewed by the EHGPL Team.
9. Final report is presented to key stakeholders including the EHGPL Steering Committee, and each hospital GP Liaison committee meeting.



Results (as sent to GPV):

Table. 1: Discharge summary audit results, July 2011

Eastern Health Discharge Summary Audit July 2011 <i>150 Eastern Health General Medical discharge summaries audited by GPL Unit from Box Hill, Maroondah and Angliss Hospital sites</i>			
Q		Yes	No
1	Was the discharge summary completed?	96% Complete	4% Incomplete
2	Was the discharge summary typed?	100% Typed	0% Handwritten
3	Was the discharge summary legible?	100% Legible	0% Illegible
4	Was the GP Name on the summary?	78% Present	22% Not Present
5	Was the GP Address on the summary?	77% Present	23% Not Present
6	Was the discharge summary sent?	76% Sent	24% Not Sent
7	Timeliness of the discharge summary:	Within 24 Hours:	45.3%
		Within 7 Days:	27.3%
		Within 14 Days:	7.3%
		Within 21 Days:	7.3%
		Within 30 Days:	2.6%
		Within 2 Months:	2.6%
		Within 3 Months:	2.0%
		Unknown:	5.3%

Discussion:

The 2011 GPV discharge summary audit

The 2011 EH discharge summary audit was initiated by GPV, however the auditing of discharge summaries for quality improvement purposes has been part of the Eastern Health GP Liaison business plan since 2003. GPV requested that the participating Victorian health networks conduct a 7-item discharge summary audit, with the 7 fields audited considered by GPV to be the minimum information necessary to:

1. Ascertain that a clinical handover of care had occurred between the hospital and general practice; &
2. Easily compare discharge summary communication across the 11 participating health networks.

EH Discharge Summary Audits prior to 2011 have been composed of 30 items. Compared with the 7 item GPV audit in 2011, these EH audits have been far more rigorous in their capacity to audit discharge communication. Previous EH audits have also been conducted over a different timeframe and with a greater sample size than was necessary for the 2011 GPV audit. These inherent differences in methodology have resulted in a 2011 data set that is not directly comparable to previous EH discharge summary audit data.

The 2011 results do however provide a useful insight into where EH is tracking compared with audits of discharge communication in 2008 and 2010. The results also demonstrate how well EH compares with the other 10 health networks audited in terms of sent rate, comprehensiveness, legibility and timeliness.¹

Typed and Legible Discharge Summaries

The results in Table 1- show that across the 3 Eastern Health Hospital sites audited, all (100%) discharge summaries were typed and were legible; an essential component of quality patient information.

Complete Discharge Summaries

Another component of quality discharge communication is a “complete” discharge summary (where all relevant clinical fields are filled out). According to the tables contained in Appendix 1, 100% of discharge summaries from Box Hill Hospital (BHH) and Maroondah Hospital (MH) were considered “complete”, which was a markedly different result to the Angliss Hospital (AH), where only 88% of discharge summaries were deemed “complete”. The lower rate of completedness at AH suggests

¹ NB: The possibility of conducting a more rigorous, 30-question audit with a greater sample size, and then selecting and sending only the 7 questions required for the GPV audit (whilst still analysing the 30 questions for EH) was discussed by the EH GPL team. It was decided however that the condensed GPV audit would go ahead for 2011, and that the 30-question EH Discharge Summary Audit would be conducted in 2012. This has since been revised to 2013 due to resource constraints and difficulties acquiring data for the 2011 EH GP Referral Audit.



that discharge summaries are either being sent with patient information missing, or that during the auditing process, the term “completeness” was misinterpreted by the GP Liaison Officer. Regardless of the reason for the lower rate of “completeness” at AH, this is not a great percentage in the context of the EH network.

Comparing the average rate of “completed” summaries across the EH network with the other 10 health networks who completed the GPV audit in Appendix 3, EH sat mid-way in the results, and was equal to the average rate of sent summaries (96%).

GP Name and Address

Looking at the rates of GP name and GP address present on sent discharge summaries in Appendix 1, AH and MH had similar results at 86-87% present. This result fell to 58-60% at BHH. It is essential that all discharge summaries include the patient’s correct GP details (both GP name and practice address) to ensure a quality handover of patient care occurs and reaches the correct GP clinic.

It is concerning that up to 42% of discharge summaries were sent without this information from BHH. This result suggests one of two things:

1. That the patient did not have a regular GP, and as such the GP details field could not be filled, or
2. That the patient’s GP details were not in the Eastern Health hospital GP database and so could not be sent electronically (via HealthSMART) to the correct GP.

In either case, the discharge summary was most likely either given to the patient to physically take to their next GP appointment, or the summary was faxed or mailed to the patient’s GP.

Looking at Table 1 results from EH, the percentage of discharge summaries across the EH Network without the GP Name and Address present on the summary is very close to the percentage of discharge summaries “not sent” from EH (23% and 24% respectively). This trend tends to suggest that when the GP name and/or address is not present on the summary, the discharge summary is not sent.

A method to increase the sent rate of clinical handover documents is to give the patient a paper copy of their discharge summary to take to their next GP appointment. A paper copy can often be misplaced by the patient or forgotten to be taken to a GP follow-up appointment, and thus it is essential that:

- The hospital GP database is up to date, and it is someone within EH’s responsibility to check that these details are correct on a regular basis,
- The inclusion of GP details is a priority for staff responsible for generating and sending discharge summaries, and that provisions are made for patients without a regular GP.

For patients without a regular GP, or for those with multiple GPs, a system should be in place in which the nursing staff can ask patients who their GP is, and then access the GP Database on Homer and upload these details whilst on the ward. Another option could be to add a field to the discharge summary which states “no regular GP” or “multiple GPs”, such that hospital staff are aware at the



point of a patient's handover that the discharge summary could be difficult to send to the correct GP.

Comparing EH's results to the GPV audit data in Appendix 3, there were 6 health networks with better outcomes than EH for including the GPs name in the summary and 4 with better outcomes for including the GP clinic in the summary.

Due to confidentiality, the names of these hospital networks cannot be disclosed, and thus Eastern Health cannot ask directly why these hospitals had better outcomes for these fields. EH can however strive to achieve outcomes comparable to these 6 hospital networks by ensuring that EH's GP database is regularly updated and having systems in place for patients without a regular GP, or for patients with multiple GPs.

Sent Discharge Summaries

In terms of the number of "sent" discharge summaries from EH, AH had the highest rate of sent summaries (at 88%), BHH had a 76% sent rate, and MH had the lowest rate (at 64%), as shown in Appendix 1. MH also reported 30% of summaries were "unclear" as to whether they had been sent or not.

This result suggests that a "sent" or "unsent" field would be a useful addition to EH discharge summaries and could improve the sent rate from BHH. If it is unclear whether a discharge summary has been sent (as was the case with 30% of summaries audited from BHH), there will most certainly be unnecessary resources put into determining whether the summary has or has not been sent.

Comparing EH to the other 10 Victorian health networks that completed the GPV audit in Appendix 3, EH was ranked 7th out of 11 in its percentage of sent discharge summaries. Of the 11 participating hospital networks, 3 returned 100% sent rates, and 1 had a 94% sent rate, suggesting that processes at these hospital networks were different to those in place within Eastern Health.

Anecdotal evidence from one of the hospital networks with a 100% sent rate reported that the process for discharge summary dissemination was: "for one copy to be printed and given to the patient upon discharge, and for a second copy to be faxed or mailed to the patient's GP". This process aims to ensure that the GP receives a copy of the discharge summary regardless of whether or not the hospital has correct GP or clinic details in their database, as the patient physically takes their copy to their next GP appointment.

As working towards having all discharge summaries sent to the patient's GP has been a priority of the EH GPL team, as directed by the EH GPL Steering Committee, implementing a process like that described above could result in EH also having a 100% sent rate, and patient's GPs having a 100% receipt of discharge summary rate.



Timeliness of Discharge Summary

The final component of the 2011 discharge summary audit looked at timeliness of summaries sent from EH, as shown in Table 1. The Key Performance Indicator (KPI) for discharge communication at EH is 100% of discharge summaries sent within 48-72 hours. On average, less than 50% of summaries from EH were sent within 48 hours. By 7 days, the average was 72.6% sent. It was not until 2-months post the patient's discharge that the average was greater than 90% sent.

Compared with other Victorian health networks, EH ranked 8th of 11 for the percentage of summaries sent within 48hours, as can be seen in Appendix 3. By 7 days, EH ranked 5th (of 11).

The adverse effect on patient outcomes of clinically important discharge information not reaching a patient's GP is well documented in medical literature, and can lead to non-elective hospital readmission (1). Delayed transmission of discharge summaries has also been shown to lead to increased hospital readmission (1,2), and one study suggests that if a summary is not received by a patient's GP within 7 days post-discharge, that the rate of hospital readmission for that patient is as great as for a patient whose GPs does not receive a discharge summary at all (2).

This evidence, coupled with the results from the 2011 EH Discharge Summary Audit emphasize the need for greater attention to be given to the EH KPI for timely discharge communication.

Emphasis should also be given to investigating the reasons behind the delay in EH discharge communication being completed and then sent to primary care, and to implementing processes to fasten communication times.

One Victorian hospital network in particular (as shown in Appendix 3) had a 97% sent rate within 24 hours. By investigating this hospital network's processes and adapting it to fit into processes currently operating at EH, the timeliness of discharge summaries sent from EH could be majorly improved.

The 2011 Reverse discharge summary audit

As a means to clarify whether or not discharge communication was being sent and/or received by General Practice in a timely manner and to further validate the outcomes of the GPV Discharge Summary Audit, the EH GPL team made the decision to contact the GPs who should have received these discharge summaries. This sub-study was labelled the "Reverse Discharge Summary Audit"; and the aim of the sub-study was to establish whether or not discharge summaries marked as "sent" (from Eastern Health's end) were in fact received by the correct GP at the correct clinic.



Each GPLO sent a short, faxed questionnaire (see Appendix 4) to the GP listed on the respective discharge summary. The questionnaire asked:

1. Whether the GP had received the patient's discharge summary from Eastern Health,
2. How long it had taken to be received, and
3. Whether the GP still had a copy of the summary.

The questionnaire also included the patient's name, date of birth and date of hospital admission in order for the GP to identify the correct discharge summary.

From the 150 discharge summaries audited for the GPV study, only the 50 from the Angliss and the 50 from Box Hill hospital were available to be included in the reverse audit. From this sample of 100, discharge summaries, 82 were marked "sent" from the EH hospital, and thus 82 GPs were sent reverse audit questionnaires. As can be seen in Appendix 2, the GPL team received 27 of 82 responses; a 33% response rate.

74% (20 of 27) of GPs responded that they had actually received the hospital discharge summary, and 63% (17 of 27) received the summary within 7 days. 100% (20 of 20) of GPs who received the discharge summary also reported that they still had a copy of the document.

These results show that 37% of discharge summaries were not available at the GP clinic 7 days after the patient was discharged, and reiterate the need for improvements in discharge summary timeliness. As was described above, evidence suggests that a summary not received within 7 days leads to a rate of hospital readmission comparable to a patient whose GP does not receive a discharge summary at all (2).

It is also concerning that 26% of GPs did not receive a discharge summary, despite the document being marked as "sent" from Eastern Health. This suggests that somewhere in the communication process the discharge summary has failed to make it to the general practitioner. Whether this is an error in transmission from Eastern Health, or a receiving error at the GP clinic cannot be determined from this Reverse Audit, however highlights that this is something to be explored further.



Conclusion

Both the 2011 discharge summary audit and the resultant reverse discharge summary audit highlight the need for greater emphasis to be placed on the timely completion of comprehensive, quality discharge communication from EH hospitals. A discharge summary sent to the correct GP at the correct CP clinic within 48 hours of a patient's discharge helps to ensure a seamless and quality handover of care between the acute setting and general practice.

Both audits emphasise that EH needs to give greater attention to its KPI for discharge summary timeliness; that is, 100% sent within 48-72 hrs of a patient's discharge. Where this KPI is not being met, EH needs to find out why there is a delay, and address these factors. Results from other Victorian health networks illustrate that near all hospital summaries (97%) can be sent within 24 hours, and EH could adopt this hospital process in order to improve its timeliness.

EH should also investigate methods of improving its rate of "sent" discharge summaries to mimic that of the 3 Victorian hospital networks who reported a 100% sent rate. One of these hospital networks sends a paper copy of the discharge summary with the patient upon discharge, as well as faxing or mailing the discharge summary to the patient's GP. If EH were to adopt this process, both timeliness and 'sent' rate of discharge summaries would be dramatically improved.

A further implication of the 2011 discharge summary audit is the need for a "sent" field as part of a discharge summary to ensure that EH staff can easily identify summaries that still need to be sent or those that have failed to send. Where a summary fails to send due to missing GP name or clinic details in the EH database, an alternative process must be in place to ensure that the summary reaches the correct GP. A process must also exist to ensure that the EH GP database is regularly updated in order to avoid this scenario occurring.

It is the responsibility of the acute health sector that quality and timely discharge communication is a priority, and that adequate resources are available at the hospital sites for this to occur.



Recommendations for Eastern Health

Timeliness:

1. EH KPI for quality handover of care timeliness should be more rigorously adhered to and include a measure of accountability for summaries not making this KPI

Sent Rate:

1. EH should look to improving the rate of sent discharge summaries at all hospital sites. If a patient is given a paper copy of the short HealthSMART discharge summary and the GP is emailed the HealthSMART summary, there will be a greater rate of patients presenting to General Practice with information available to their GP about their hospital stay.
2. A "sent" or "unsent" field should be part of the discharge summary, and electronic discharge summaries should have a receipt of receipt at the GP clinic such that EH staff know a summary has or has not been received.

GP Name and Address:

1. The EH GP database must be regularly updated,
2. A patient's GP details should be available to be updated by nursing staff whilst on the ward for patient's with a different GP to that listed in the database, or for patients without a regular GP or with multiple GPs, and
3. A field should be present on a discharge summary that flags a patient with without a regular GP, or those with multiple GPs.



References:

- (1) Van Walraven, C., Seth, R., Austin, P. C. and Laupacis, A. (2002), Effect of Discharge Summary Availability During Post-discharge Visits on Hospital Readmission. *Journal of General Internal Medicine*, 17: 186–192.
doi: 10.1046/j.1525-1497.2002.10741.x

- (2) Li, J. Y. Z., Yong, T. Y., Hakendorf, P., Ben-Tovim, D. and Thompson, C. H. (2011), Timeliness in discharge summary dissemination is associated with patients' clinical outcomes. *Journal of Evaluation in Clinical Practice*.
doi: 10.1111/j.1365-2753.2011.01772.x

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Appendix 1. Discharge Summary Audit, July 2011, Hospital by Hospital Breakdown

ANGLISS HOSPITAL				
Discharge Summary Audit July 2011				
50 Eastern Health General Medical discharge summaries audited by GEPH GPL Officer				
Q		Yes	No	Cumulative Total
1	Was the discharge summary completed?	88% completed (44/50)	12% Incomplete (6/50)	
2	Was the discharge summary typed?	100% Typed	0% Handwritten	
3	Was the discharge summary legible?	100% Legible	0% Illegible	
4	Was the GP Name on the summary?	86% GP name present (43/50)	14% GP name not stated (7/50)	
5	Was the GP Address on the summary?	84% GP address present (42/50)	16% no address present (8/50)	
6	Was the discharge summary sent?	88% sent (44/50)	12% not sent (6/50)	
7	Timeliness of the discharge summary:	Within 24 Hours:	52% (26/50)	52%
NB: highlighted boxes show areas addressed in discussion.		Within 7 Days:	22% (11/50)	74%
		Within 14 Days:	4% (2/50)	78%
		Within 21 Days:	6% (3/50)	84%
		Within 30 Days:	2% (1/50)	86%
		Within 2 Months:	0% (0/50)	86%
		Within 3 Months:	2% (1/50)	88%
		Unknown:	12% (6/50)	12%

MAROONDAH HOSPITAL				
Discharge Summary Audit July 2011				
50 Eastern Health General Medical discharge summaries audited by ERGPA GPL Officer				
Q		Yes	No	Cumulative Total
1	Was the discharge summary completed?	100% completed (50/50)	0% Incomplete (0/50)	
2	Was the discharge summary typed?	100% Typed	0% Handwritten	
3	Was the discharge summary legible?	100% Legible	0% Illegible	
4	Was the GP Name on the summary?	88% GP name present (44/50)	12% GP name not stated (6/50)	
5	Was the GP Address on the summary?	88% GP address present (44/50)	12% no address present (6/50)	
6	Was the discharge summary sent?	64% sent (32/50)	6% not sent (3/50) 30% Unclear (15/50)	
7	Timeliness of the discharge summary:	Within 24 Hours:	38% (19/50)	38%
NB: highlighted boxes show areas addressed in discussion.		Within 7 Days:	38% (19/50)	76%
		Within 14 Days:	12% (6/50)	88%
		Within 21 Days:	2% (1/50)	90%
		Within 30 Days:	4% (2/50)	94%
		Within 2 Months:	4% (2/50)	98%
		Within 3 Months:	2% (1/50)	100%
		Unknown:	0	0



BOX HILL HOSPITAL

Discharge Summary Audit July 2011

50 Eastern Health General Medical discharge summaries audited by IEMML GPL Officer

Q		Yes	No	Cumulative Total
1	Was the discharge summary completed?	100% completed (50/50)	0% Incomplete (0/50)	
2	Was the discharge summary typed?	100% Typed	0% Handwritten	
3	Was the discharge summary legible?	100% Legible	0% Illegible	
4	Was the GP Name on the summary?	60% GP name present (30/50)	40% GP name not stated (20/50)	
5	Was the GP Address on the summary?	58% GP address present (29/50)	42% no address present (21/50)	
6	Was the discharge summary sent?	76% sent (38/50)	24% not sent (12/50)	
7	Timeliness of the discharge summary:	Within 24 Hours:	46% (23/50)	46%
NB: highlighted boxes show areas addressed in discussion.		Within 7 Days:	22% (11/50)	68%
		Within 14 Days:	6% (3/50)	74%
		Within 21 Days:	14% (7/50)	88%
		Within 30 Days:	2% (1/50)	90%
		Within 2 Months:	4% (2/50)	94%
		Within 3 Months:	2% (1/50)	96%
	Unknown:	4% (2/50)	4%	

Appendix 2. Reverse Discharge Summary Audit, July 2011

EASTERN HEALTH REVERSE DISCHARGE SUMMARY AUDIT								
1	Response Rate - Angliss and Box Hill Hospital discharge summaries	33% (27/82)						
2	Was the summary received by the GP?	Yes	No					
		74% (20/27)	26% (7/27)					
3	Length of transmission from Angliss Hospital to GP	Same Day	Within 24 hours	Less Than 7 Days	Less Than 14 Days	Less Than 21 Days	Less Than 28 Days	NA
		33% (5/15)	13% (2/15)	27% (4/15)				27% (4/15)

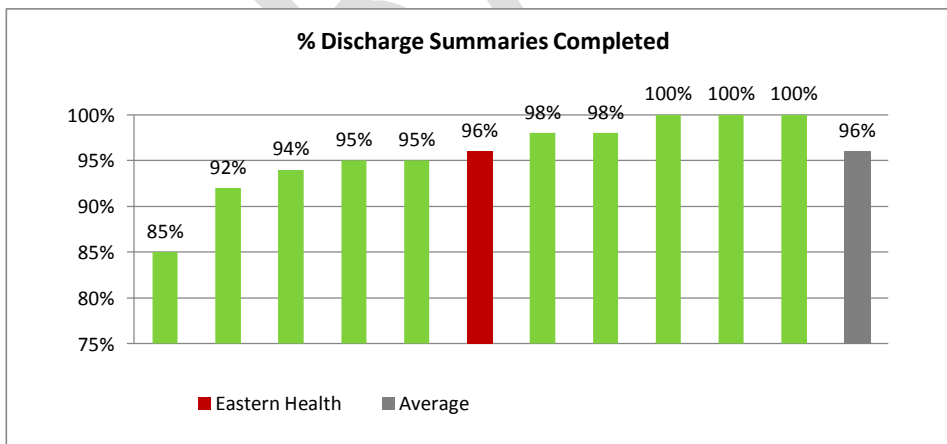


	Length of transmission from Box Hill Hospital to GP	50% (6/12)		8% (1/12)	42% (5/12)
4	Do you still have the summary?	Yes	No		
		74% (20/27)	26% (7/27)		

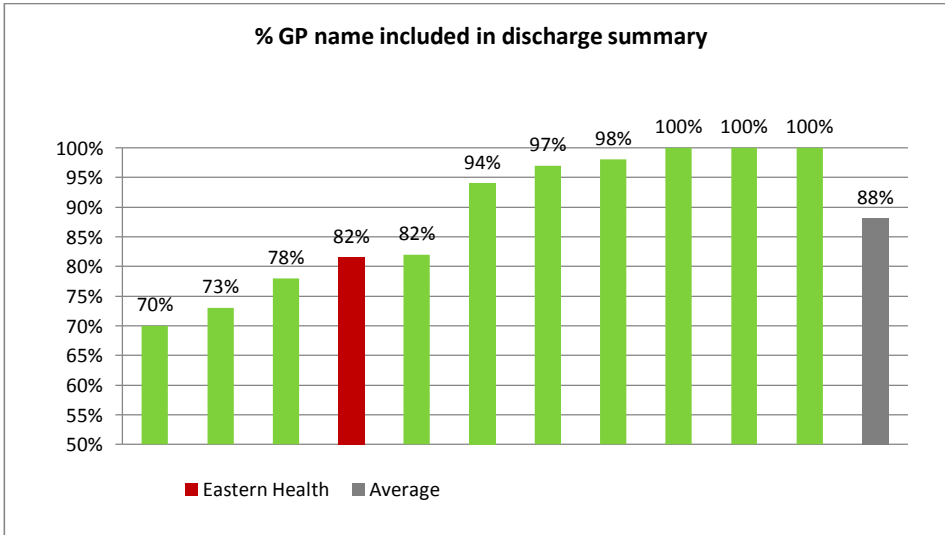
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Appendix 3: Results of 2011 GPV Discharge Summary Audit; comparisons between 11 participating health networks

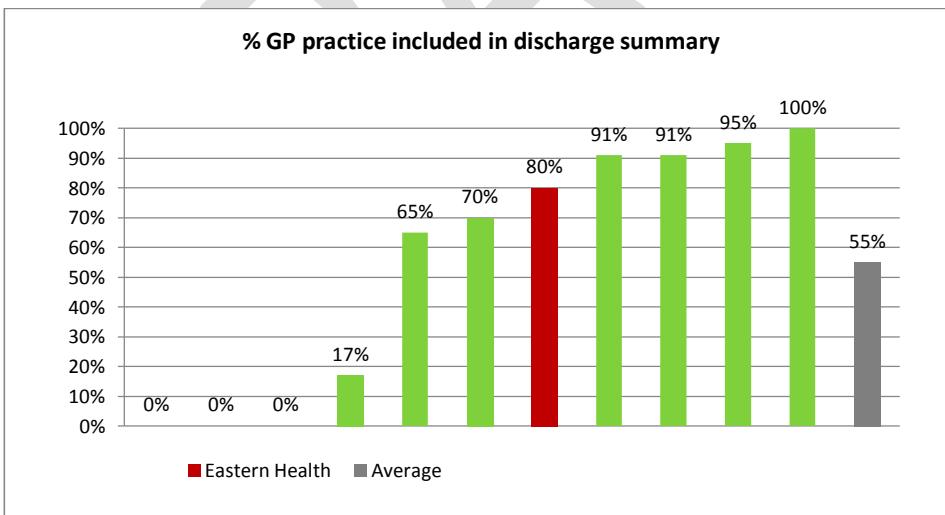
**Note: due to privacy, names of health networks in blue cannot be detailed in this report.*

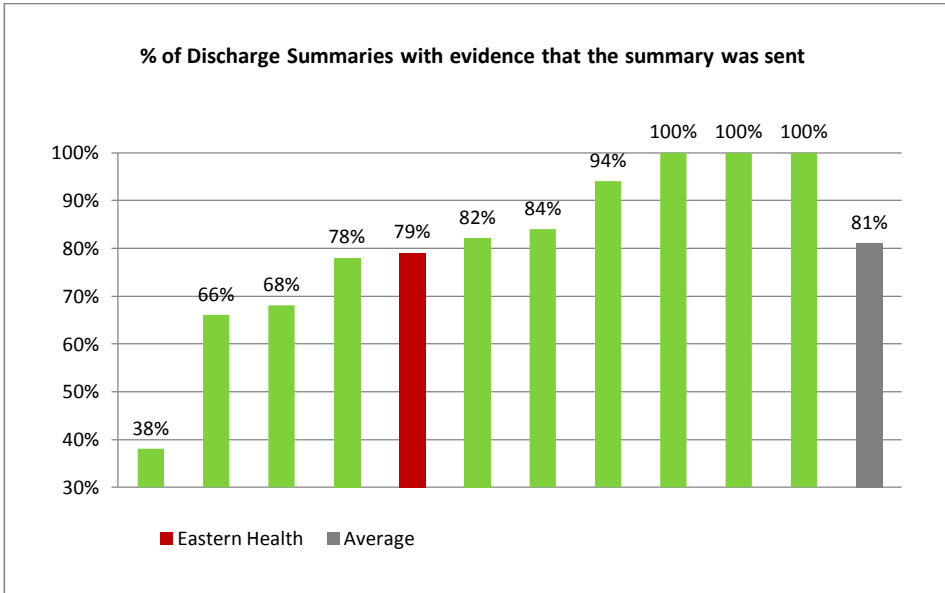


**Note: the term "completed" was ambiguous, and through discussion it was evident that it meant different things to different hospital sites. In future, this term should be defined.*



**Note: This only shows where the discharge summary contains a GP name. Whether this name is actually the right/referring GP is another question. It was also suggested that the referring GP as well as the GP continuing the patient's care should be given a copy of the discharge summary*

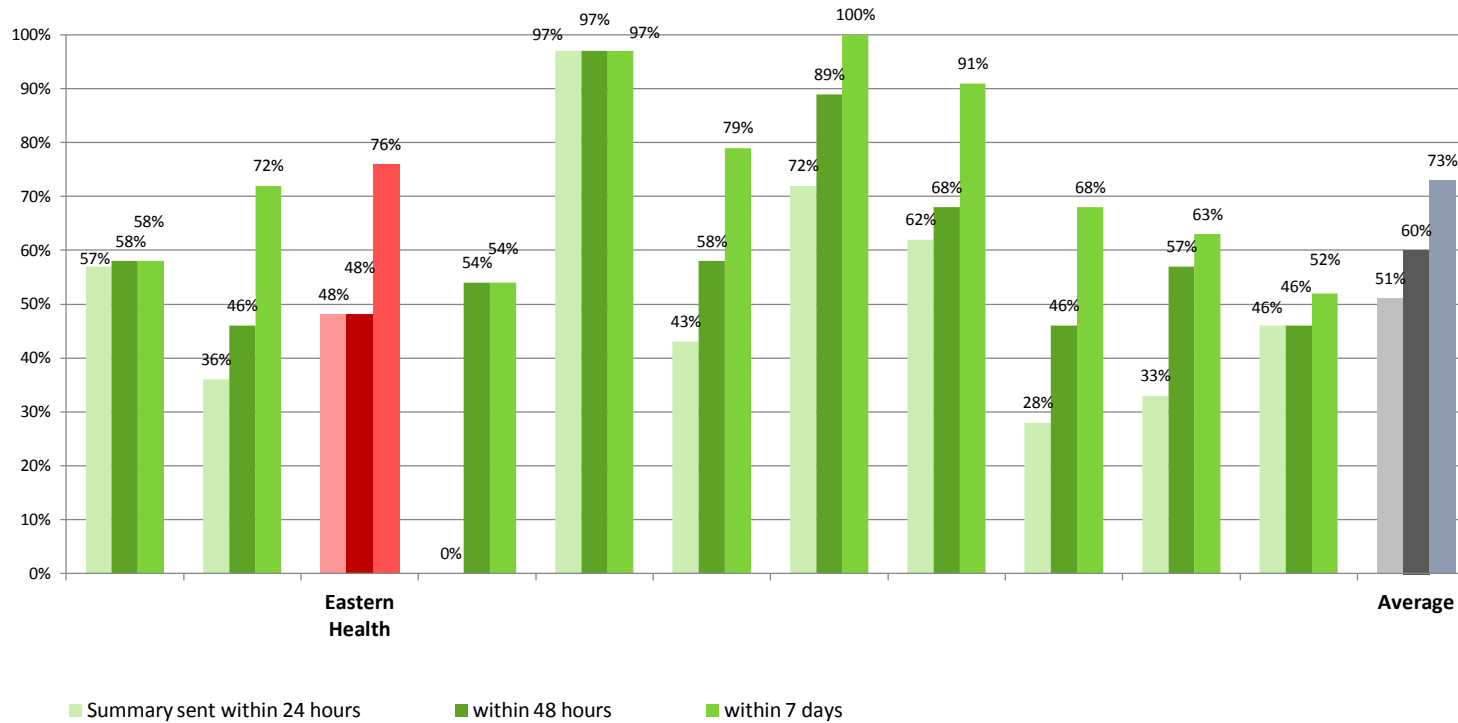




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Timeliness of completed discharge summaries sent





Appendix 4: Letter and questionnaire sent to GP for Reverse Discharge Summary Audit, July 2011

Dear Dr,

Re: Audit of Discharge Summaries from Eastern Health

Earlier this year the GP-Hospital Liaison team audited a random sample of discharge summaries from Eastern Health. The audit assessed whether the summaries contained all required data; such as whether a GP was named in the summary, as well as the method of sending and timeliness of the sent discharge summaries in relation to the date actual patient discharge. The results of this audit are included with this letter.

These results assume that all discharge summaries were sent by Eastern Health, and were in fact received by the GP clinic. This also assumes that the GP and clinic information on the summaries were in fact correct, and that the mode of communication (fax, electronic HealthSMART summary, hardcopy) was reliable.

As a follow-up to this initial audit, we would like to determine whether in fact the summary was received by the GP clinic. **The GP Liaison team would be most appreciative if you could take time to check the record of the patient named below, answer the questions (all are tick boxes) and fax or send the information back to the division by Monday December 19th.**

Your response will assist with giving a full picture of how the discharge summary process is working at Eastern Health, from both the hospital and the GP viewpoint, and provide baselines for the measurement of improvement.

Kind Regards, GP Liaison Officer

Data Sheet for completion and return by Monday December 19th.

Name of patient:	DOB:	Dates of admission:
Have your received a discharge summary for this admission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What date and time did you receive the summary?	Date: Time:	Unable to provide this info <input type="checkbox"/>



How did you receive the summary? (Tick all that apply)	Electronic <input type="checkbox"/>	Fax <input type="checkbox"/>	With patient <input type="checkbox"/>	By post <input type="checkbox"/>
Do you still have the summary?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Comments:				

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