Should we Set a Formalized Discharge Instruction Education Standard?

Jinyu Zhang, MD  
*Thomas Jefferson University Hospital*

Maria Vershvovsky, MD  
*Thomas Jefferson University Hospital*

Noha Ghusson, MD  
*Thomas Jefferson University Hospital*

Jeffrey Riggio, MD  
*Thomas Jefferson University Hospital*

Lily Ackermann, MD  
*Thomas Jefferson University Hospital*

Follow this and additional works at: [https://jdc.jefferson.edu/patientsafetyposters](https://jdc.jefferson.edu/patientsafetyposters)

Part of the Medicine and Health Sciences Commons

Let us know how access to this document benefits you

Recommended Citation

Zhang, MD, Jinyu; Vershvovsky, MD, Maria; Ghusson, MD, Noha; Riggio, MD, Jeffrey; and Ackermann, MD, Lily, "Should we Set a Formalized Discharge Instruction Education Standard?" (2017). *House Staff Quality Improvement and Patient Safety Conference (2016-2019)*. Poster 23.  
[https://jdc.jefferson.edu/patientsafetyposters/23](https://jdc.jefferson.edu/patientsafetyposters/23)
Should We Set a Formalized Discharge Instruction Education Standard?
Jinyu Zhang, MD, Maria Vershvovsky, MD, Noha Ghusson, MD, Jeffrey Riggio, MD, Lily Ackermann, MD
Department of Medicine, Thomas Jefferson University, Philadelphia, PA

BACKGROUND
- Discharge instructions are integral to safe hospital discharges and patient safety.
- TJUH internal medicine residents and hospitalists polled in Fall 2014 showed that over two-thirds of respondents favored a process of formal training.
- ACGME requires programs to assess residents in transitions of care although there is no specific requirement or formal training in discharge instructions.

SMART AIM
With a more formalized discharge instruction evaluation process for PGY-1s, discharge instructions for specific diagnoses will have less error in a year’s time.

INTERVENTION
Two Part Intervention
1. PGY-1 residents underwent a presentation at orientation instructing on correct elements of discharge instructions in accordance with guidelines from the 2007 Transitions of Care Consensus Conference.
2. A requirement was implemented in which discharge instructions completed by PGY-1s were formally reviewed as a core competency.

RESULTS
- In our DKA and HHNK group, mean score was 93.3% (n=18) pre-intervention and 91.4% (n=14) post-intervention (p=0.8626).
- In our AFib, DVT, and PE group, mean score was 87.4% (n=26) pre-intervention and 94.7% (n=29) post-intervention (p=0.1441).

METHODS
- A point system of grading the completion of discharge instructions was formalized.
- DKA and HHNK were scored the same way and focused on glucose management.
- AFib, DVT, and PE were scored the same way and focused on anticoagulation management.

DISCUSSION
- Although our data does not show significance in pre versus post-intervention data with formal training, this is a pilot study and our n is small.
- More longitudinal follow-up is needed especially with new EPIC.
- We also plan to study the post-intervention perceptions from residents and attending physicians regarding discharge instruction quality.

BIBLIOGRAPHY