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Should we Set a Formalized Discharge Instruction Education Standard?

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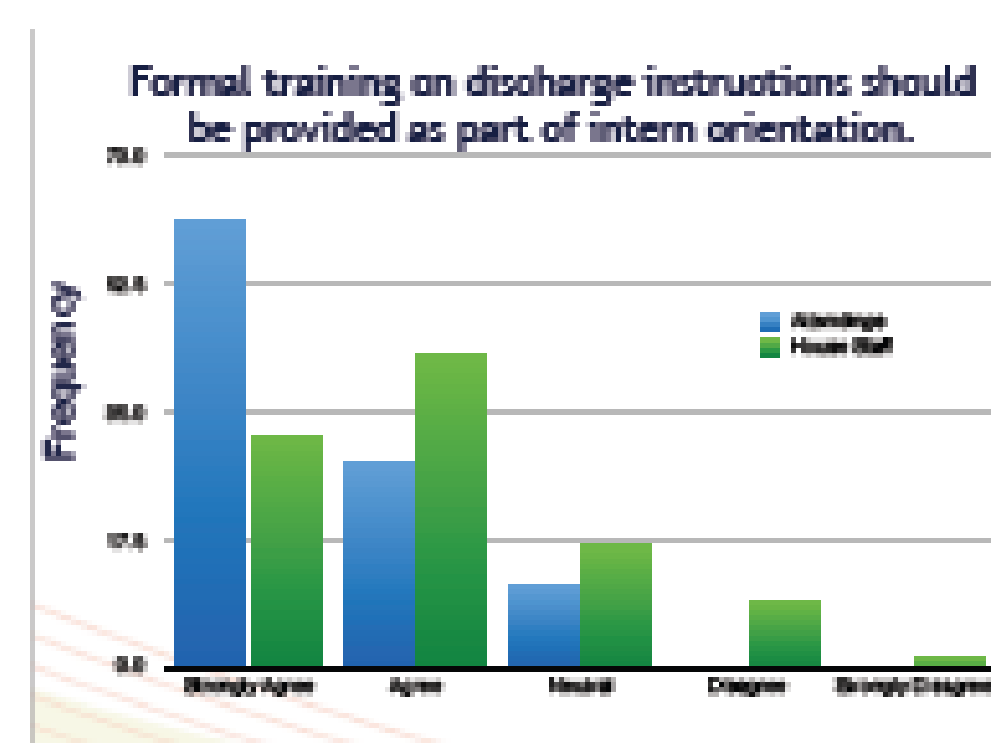
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BACKGROUND

- 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

- 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.
- A requirement was implemented in which discharge instructions completed by PGY-1s were formally reviewed as a core competency.

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.

DKA and HHNK Score Sheet

Checklist	Yes	Partial	No
Was the diabetes mellitus section completed (insulin, oral meds, fasting glucose checks)?	2	1	0
Was appropriate follow up with PCP or endocrinologist made?	2 (if include name and phone number)	1 (if include only name or phone number)	0 (no date or phone number)
Was appropriate diet marked in discharge instruction?	1	n/a	0

AFib, PE, and DVT Score Sheet

Checklist	Yes	Partial	No
Was the correct anticoagulation identified?	1	n/a	0
If discharged on warfarin, was the warfarin section completed appropriately?	2	1	0
Is there appropriate follow up with PCP or lab draws?	2	1	0
Are there instructions for administration?	2	1	0

* Those discharged on aspirin were excluded

- Discharge Instructions completed in late July - September 2014 (pre-intervention) were compared to those completed in late July - September 2015 (post-intervention) for general internal medicine patients with the following diagnosis: diabetic ketoacidosis (DKA), hyperglycemic hyperosmolar non-ketotic state (HHNK), atrial fibrillation (AFib), deep venous thrombosis (DVT), and pulmonary embolism (PE).

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).

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.

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