Should we Set a Formalized Discharge Instruction Education Standard?

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Discharge instructions are integral to safe hospital discharges and patient safety. Although our data does not show significance in 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.

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.

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.

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).

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).

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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