Investigating the quality and information in Immediate Discharge Letters in General Adult Psychiatry

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Background

- Immediate discharge letters (IDLs) of psychiatry inpatients provide valuable information to general practitioners, and help ensure safe, effective and continuous care for discharged patients. However, it is known that there are discrepancies in their quality and timeliness.

- A survey of views of general practitioners towards psychiatric discharge letters identified the following areas of importance: Admission and discharge dates; Diagnosis; Medication on Discharge; Community Keyworker
- and Date of Follow-up [1].

- A separate survey, of hospital doctors and general practitioners, identified 'medication on discharge', 'significant results of investigations' (positive and negative) and 'follow-up arrangements' of being particular importance [2]. In addition to these, they identified the ICD-10 diagnosis as being useful, as they are widely used and can inform statistical analysis across health boards.

IDL Domains	n	%
Diagnosis	15	75%
Reason admission	20	100%
MSE	7	35%
MHA	15	75%
Physical pathology	6	30%
Meds Discharge	20	100%
Meds changes	20	100%
Follow-up	20	100%
Community Cons	10	50%

Table 1. Number of patient IDLs mapped against discharge letter domains

Aim

- We aimed to identify domain areas of most importance in IDLs, and to assess the quality and information included in them, in an admission ward for General Adult Psychiatry.

Results

- All IDLs included the reason for admission, medications on discharge, change in medications and follow-up plan (Figure 1, Table 1).
- 75% (n=7) of IDLs specified a diagnosis, and indicated the patient's MHA status.
- Only 50% (n=10) referenced the specific Community Consultant and 35% (n=7) included an MSE.
- Physical pathology/ongoing investigations were included in 30% (n=6), however for the remaining they did not seem indicated.
- Found that at least 3 IDLs were completed by out of sector duty doctors, and IDLs completed by duty doctors were more likely to be missing diagnosis/MSE/Physical health information.

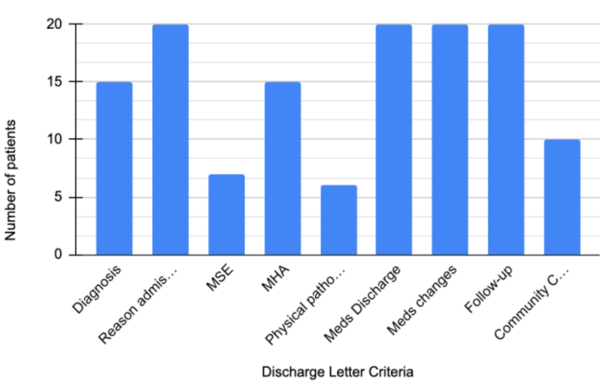

Figure 1. Bar chart showing number of patient IDLs under each discharge letter criteria/domain

Methods

- We selected 20 recent IDLs from the Acute Admissions Unit in the Langhill Clinic, Inveryclyde Royal Hospital, from 15 March to 17 April 2023, and retrospectively assessed them against 9 headings.

- These were identified following discussions with peers and senior colleagues and were as follows:

1. Diagnosis (including ICD-10)
2. Reason for Admission
3. Mental State Examination
4. MHA Status
5. New physical pathology/requirement for ongoing investigation
6. Medications on Discharge
7. Changes to medication during admission
8. Follow-up arrangements
9. Named Community Consultant

Conclusion

- To conclude, we found that IDLs completed by out of sectors doctors were more likely to miss domains, and those done by the patient's own doctor were more likely to be complete.
- We will be displaying posters of our findings, and including these in the induction booklet.
- We will also be encouraging a clear documentation of diagnosis on the EMIS system and for own team doctors to complete IDLs in advance where possible.
- A re-audit will be completed in 3 months, to monitor and assess change

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References

1. Dunn J, Burton S. GPs' views on discharge summaries. *Psychiatric Bulletin* 1999;23:355–7
2. Solomon, J. K., Maxwell, R. B. & Hopkins, A. P. (1995) Content of a discharge summary from a medical ward: views of general practitioners and hospital doctors. Journal of the Royal College of Physicians of London, 29, 307–310.