

Introduction

Immediate Discharge Letters (IDLs) are essential communication between psychiatric inpatient services and Primary Care. They provide the hospital discharge prescription and summarise the admission, highlighting outstanding issues or follow up required.

A previous project in 2022 revealed 23% of discharges did not have an IDL completed. Completed IDLs showed inconsistent quality, with variable inclusion of key information. Minimum Standards for IDL completion have since been introduced but adherence to these remained unassessed.

This project aimed to evaluate the quality of IDLs against NHS Lanarkshire Standards for IDLs for Psychiatric Inpatients. This audit aimed to determine whether the recently introduced Minimum Standards were being met and whether their implementation improved IDL quality.

Methods

A retrospective review was undertaken in November 2024, consisting of the last 20 discharges from five psychiatric wards: four General Adult and one Older Adult ward across two hospitals.

IDL completion rate was recorded. IDLs were then evaluated for adherence to Minimum Standards. Additional domains not defined in the Minimum Standards were also evaluated.

Data was collected in Excel and analysed using Python & results were compared with the 2022 project.

Domains in IDL Minimum Standards:

Diagnosis
Clinical Progress
Follow-up
MHA/AWI/DNAR Information
Medication Changes
Discharge Doctor
Discharge Date

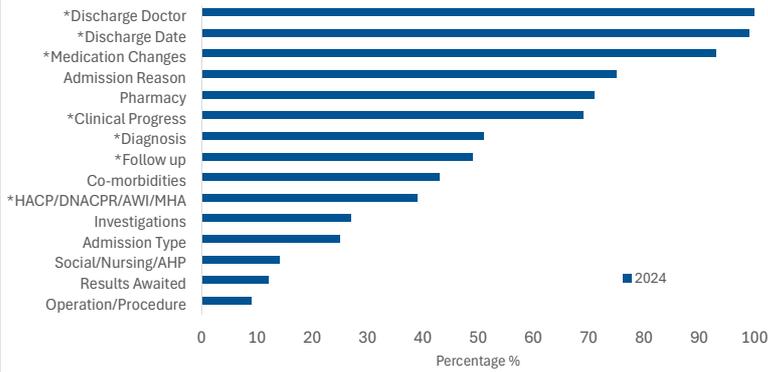
Results

There was substantial variability in the quality of information provided within each IDL. Some domains were well completed, such as medication changes, which was discussed in 93% of IDLs. Conversely, follow up was only documented in 49%, diagnosis in 51%, and legal status in 39%. Compared with 2022, all domains except 'Pharmacy' were better completed following the introduction of the Minimum Standards.

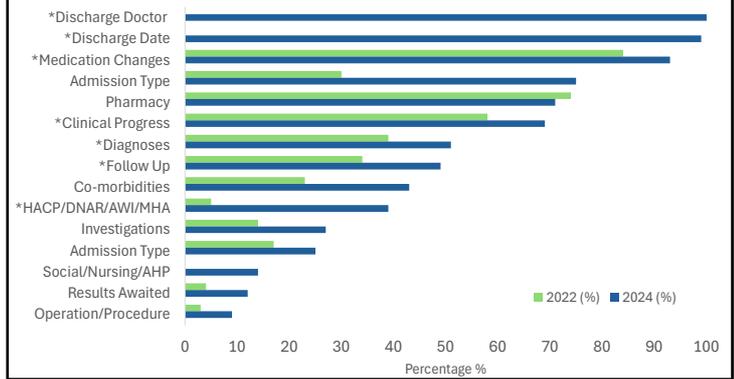
IDLs Completed

2022: 77%
2024: 78%

Frequency of inclusion of information in IDL for each domain.
*Domains included in the Minimum Standards



Comparison between 2022 and 2024 to show whether there has been any change in the presence of information from each domain in IDLs



Conclusion

This audit suggests that introducing Minimum Standards has improved the number of domains completed in IDLs. Despite this progress, several domains remain incomplete in the majority of IDLs, indicating further improvement is required.

This may be addressed by increasing awareness of Minimum Standards through accessible information, posters and education of Resident Doctors.

There was no significant change in the IDL completion rate since introduction of the Minimum Standards. Potential factors include; discharges against medical advice, FDL completion and transfers to other hospitals. Further investigation is required to understand and remedy this.