Dishcharge Summaries

Discharge:

a. To relieve of a burden or of contents; unload.
b. To unload or empty (contents).
Transfer of Care Responsibility

• Most junior medical staff member
• Least experienced part of the team
• Least in control of their own time

To

• Summarise untold hours of sophisticated interdisciplinary care provided at considerable cost to patient and hospital
• In a manner that gives the patient the highest likelihood of contributing to their own successful outcomes
• And make sure you get it done before discharge!!!!
• And we don’t even read it before it goes, if it goes.

It is no longer tenable that a good practitioner can provide the best care other than as part of a team within a well organised health care delivery system.
GenMed Model of Care Principles

**Principle 1**
Patients will be reviewed within 2 hours of being referred for admission.

**Principle 2**
Unifrom senior decision making by an inter-disciplinary team via ANU (0800-1500 Main TRU) & wards all other times.

**Principle 3**
Inter-disciplinary rounds every patient, every day:
- Consultant led
- Structured Inter-disciplinary Bedside Round (CIBR) at 11am
- Patient journey board communication huddle at 0830/1600

**Principle 4**
Each team has a home:
- Inter-disciplinary teams assigned to geographical zones
- Patient allocation based on bed availability and equal distribution zones teams

**Principle 5**
Patients will be actively managed to ensure they are only in hospital for as long as is clinically necessary

**Principle 6**
Appropriate transfer of care at the time of patient discharge
Processional Round (Grand Tour)

8:30am

Consultant leaves

Interns order tests, treatment and referrals

"Someone" communicates plan to "some" others

No-one has serious 1:1 with any patient

ie knows patient well enough to make rapid informed decision

What is patient's input into the ward round?

Variable time later

8pm

Consultant Registrar
Intern 1
Intern 2
Med student

Processional Round (Grand Tour)

GenMed ‘Responsibility’ Rounding

“Brief” 8.00 am

Allocates patients to team members

CONSULTANT

8:00

Patient 1
Reg

Patient 2
Intern 1

Patient 3
Intern 2

Patient 4
Med student

Patient 5+…15
Individual team member

SIBR – Structured Interdisciplinary Bedside Rounds

Puts whole multidisciplinary team on the same page at the bedside in the presence of relatives with timed, checklisted presentation and standardised, auditable documentation.

Multiple issues sorted with input of whole team and family.
Structured Interdisciplinary Bedside Rounds (SIBR)

**Intern 1:**
1) **Orient**
   - Lead team into room
   - Greet patient and family
   - Say names and roles of all team members starting with RN

2) **Review – IDEAS (30 seconds)**
   - Issues, Diagnosis, Evidence, Action:
   - Sequelae:
   - Response to treatment, Barriers to progress, EDD, followup
   - Resuscitation escalation status

3) **Partner (60 seconds)**
   - Ask patient to share any concerns

**Nurse:**
4) **Partner (<60 seconds)**
   - Review Goal for the Day from whiteboard

5) **Express nursing concerns for (<30 seconds)**
   - Vital signs & Pain
   - Intake (fluids or nutrition)
   - Output (urine or bowel)
   - Mental status
   - Mobility

6) **Review (<15 seconds)**
   - Quality and Safety Checklist:
     - Foley catheter
     - Central Line
     - VTE prophylaxis
     - Pressure ulcers & stage

7. **Promote teamwork & shared decision making (<30 seconds)**
   - Synthesise inputs into Plan for the Day

8. **Teach as able (30 seconds)**
   - Physical findings
   - Pathophysiology

---

1 Jason Stein, Emory University

Care TV
What is CareTV?

- Individualised 3-5min video and audio record of pre-discharge interdisciplinary beside ward round – either USB or DVD
- Given to the patient immediately prior to discharge
- Plays in any computer (MP4/mov files or DVD)
- Copy retained on the ward
- Summary of
  - Diagnosis, major investigations, treatment, response and plan following transfer of care
- Invites participation by patient/carer and family

Care TV in action
• Watched by patient, family, carer, GP and other health care workers
• All involved can have clearer picture of progress, plans and priorities
• Serves as comprehensible reminder for all

Results to date

Do you remember receiving a CareTV video?

- 100.0% Yes
- 0.0% No

20 respondents
If yes did you receive CareTV on a USB memory stick or DVD disk?

- USB memory stick: 80.0%
- DVD disc: 20.0%
- Both USB and DVD: 0.0%

How many times have you watched your CareTV video?

- Never: 0.0%
- Once: 10.0%
- 2-3 times: 20.0%
- More than 4 times: 30.0%
- Lost count: 40.0%
Please rate your experience of the CareTV video?

- Technical difficulties (getting CareTV USB or DVD to play)
- Picture quality
- Sound quality
- Understanding of the language/terms used

With whom have you watched your CareTV video? Choose one or more options.

- By myself only
- With close family
- With my GP
- With specialist
- With my carer
- With friends
- With other health personnel
Can you remember the name of the medical condition that caused your illness (i.e. the diagnosis the doctor gave you)?

Were your medications changed whilst in hospital?
Did the hospital ask you to have any followup appointments with your GP or other clinics after discharge?

Overall, are you satisfied with your CareTV?
How likely are you to recommend CareTV video to other patients leaving hospital?

- Extremely likely
- Very likely
- Moderately likely
- Slightly likely
- Not at all likely

Some patient comments

- I view this CareTV program as an essential part of ensuring that the valuable work done by the medical team is accurately conveyed to family and friends (and GP). This is a very innovative idea which aids the understanding of medical conditions.
- Great idea! Too many times I forget what people say, this way I can refer as many times as needed.
- Very simple to operate.
- I was accompanied by my son who is computer literate and knew how to navigate his way around the technology. Otherwise this would have been daunting for me. But its a great idea. I am from a non-english speaking background and I rely heavily on my children to come with me to doctors appointments. This is good in times where I have no one with me to interpret as I can then take this to my treating practitioner and ensure that they are fully briefed about my condition.
- A great memory jogger eg blood testing/xrays
Conclusions

Is:

• Inexpensive
• Technically feasible
• Viewed by patients and relatives/carers
• Associated with good patient recall of:
  – Diagnosis
  – Changes to medication
  – Follow-up arrangements
• Popular with the patients who receive it.
• Potential tool to improve communication skills of HMO staff.

Next steps

• Offer CareTV to all GenMed patients
• Evidence-based literature review of the use of audiovisual aids to patient discharge planning
• Intervention studies to assess
  – Impact on medication adherence and reconciliation
  – Patient adherence to follow-up arrangements
  – Readmission rates
  – Patient satisfaction
  – GP satisfaction
  – Impact on HMO communication skills
  – Staff approval
Acknowledgements

Vathy Nagalingam  
Jason Stein  
Andrew Hoiles  
Ed Wallace  
Elizabeth Georgeson