



Patients In Partnership

Discharge Summaries Update

The Problem

- Delayed communication with GPs and patients
- Late discharges from the wards
- Long process with multiple physical handovers of information / prescriptions
- Unpredictable workload for pharmacy
- Unpredictable clinical involvement in final moments of stay in hospital.

The Problem

HILLINGDON HOSPITAL with MOUNT VERNON
HOSPITAL
Field Heath Road, UXBRIDGE, Middlesex UB8 3NN

The Hillingdon Hospital **NHS**
NHS Trust

DISCHARGE SUMMARY

Addressograph Information	Admission/Discharge	GP Details
Patient: IHS No: <input type="text"/> DoB: <input type="text"/> Surname: <input type="text"/> First Name: <input type="text"/> Address: <input type="text"/> Post: <input type="text"/> Hayes Code: <input type="text"/> UB3 1QX GP: <input type="text"/> Dr M Nanavati Pat. No.: <input type="text"/> Sex: <input type="text"/> Male	Admission: Date: <input type="text"/> 05/12/2009 Discharge: Date: <input type="text"/> 08/12/2009 Ward: <input type="text"/> PETER PAUL Ward Tel: <input type="text"/> 01895 279529 Discharge Destination : <input type="text"/>	Name: <input type="text"/> Dr M Nanavati Surgery: <input type="text"/> Glenhouse House Surgery Address: <input type="text"/> 155 High Street Harlington Hayes Middlesex Usual residence <input type="text"/> 19

Consultant at Discharge: <input type="text"/> Dr Sunil Raga	Speciality: <input type="text"/> PAEDIATRICS
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Main diagnosis/comorbidities + secondary diagnosis where appropriate

Primary Diagnosis(es)	Operations/Procedures
Mouth ulcers	Antibiotics and antivirals
Secondary Diagnosis(es)	Operations/Procedures

Short History - Summary of In Patient Stay

T was admitted on 05/12/09 with a history of vomiting, fever and a sore mouth. His parents also stated that his feeding had decreased. Clinically, he was noted to be miserable with ulcers in the mouth. He was also noted to be dehydrated. He was started on antiviral and antibiotic therapy with intravenous fluids. Thereafter, he was better, with normal feeding and healing mouth ulcers. He was therefore deemed fit for discharge.

Management Plan/Follow up arrangements/Social Services

Recommended GP Actions:		Other Comments: Wendy Ward Review on Friday 11/12/09	
Hospital Follow Up:	Yes	Guide Date If F/In Req'd:	11 December 2009
Discharging Doctor		Designation:	FY1
Surname:	Zamir	Date:	08/12/2009
Bleep:	5608	Is the patient a smoker?	Select Yes/No
		Smoking Cessation advice given?.....	Select Yes/No
		Referred to Smoking Cessation?.....	Select Yes/No
		Is patient BMI >34?.....	Select Yes/No
		Has dietary advice been offered?.....	Select Yes/No
Copy to: GP, Patient(Parents), Clinical Record			
Sent by FAX or Email?		Date Sent to GP	09/12/2009
Sent by FAX or Email? <input checked="" type="checkbox"/> FAX			
Notes: 1. Initial summary - more information may be available later. 2. All test results are available through the Pathology Web Browser Service, or, on request			

TTA Prescription

HILLINGDON HOSPITAL with MOUNT
 VERNON HOSPITAL
 Field Heath Road, UXBRIDGE, Middlesex UB8 3NN

The Hillingdon Hospital
 NHS Trust



Consultant at Discharge (copied through from page 1)

Babura	Discharge Ward:	PAGETT
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Drug Allergies:

Penicillin, dihydrocodeine, ciprofloxacin, nicorandil	Height:	
	Weight:	

Other Notes:

1 OF 2

**Affix Addressograph Label
 Here to provide
 Barcode for Pharmacy
 on dispensing document**

Patient: (Copied through from page 1)

NHS No: _____ DOB: _____

Surname: _____

Firstname: _____

Address _____

MIDDX Post Code: UB3

G.P: DR F

Pat No: _____ Sex: MALE

TTA Discharge Drugs	Dose	Route	Frequency	Days Supplied	GP to Continue? Y/N	Comments	Pharmacy
sodium docusate	100mg	po	bd	14 (+)	y		
senna	2 tablets	po	on	14 (+)	y		
lactulose	15mls	po	bd	10 (+)	y		
omeprazole	20mg	po	om	14 (+)	y		
bisporolol	7.5mg	po	om	14 (+)	y		
isosorbide mononitrate m/r	120mg	po	om	14 (+)	y		
carbamazepine	100mg	po	on	14 (+)	y		
dopidogrel	75mg	po	om	14 (+)	y		
aspirin e/c	75mg	po	om	14 (+)	y		
paracetamol soluble	1g	po	qds	14 (+)	y		
atorvastatin	40mg	po	nocte	14 (+)	y		
Glyceril trinitrate 400mcg/puff	1 or 2 puffs	sl	pm	14 (+)	y		
spironolactone	25mg	po	om	14 (+)	y		
furosemide	100mg	po	bd	14 (+)	y		
ferrous sulphate	200mg	po	bd	14 (+)	y		

Requesting Doctor:

Surname: Veli

Bleep No: 817

Date: 09/09/2009

Screened for Pharmacy By:

Surname: P. RAJAKARUNA(DB)

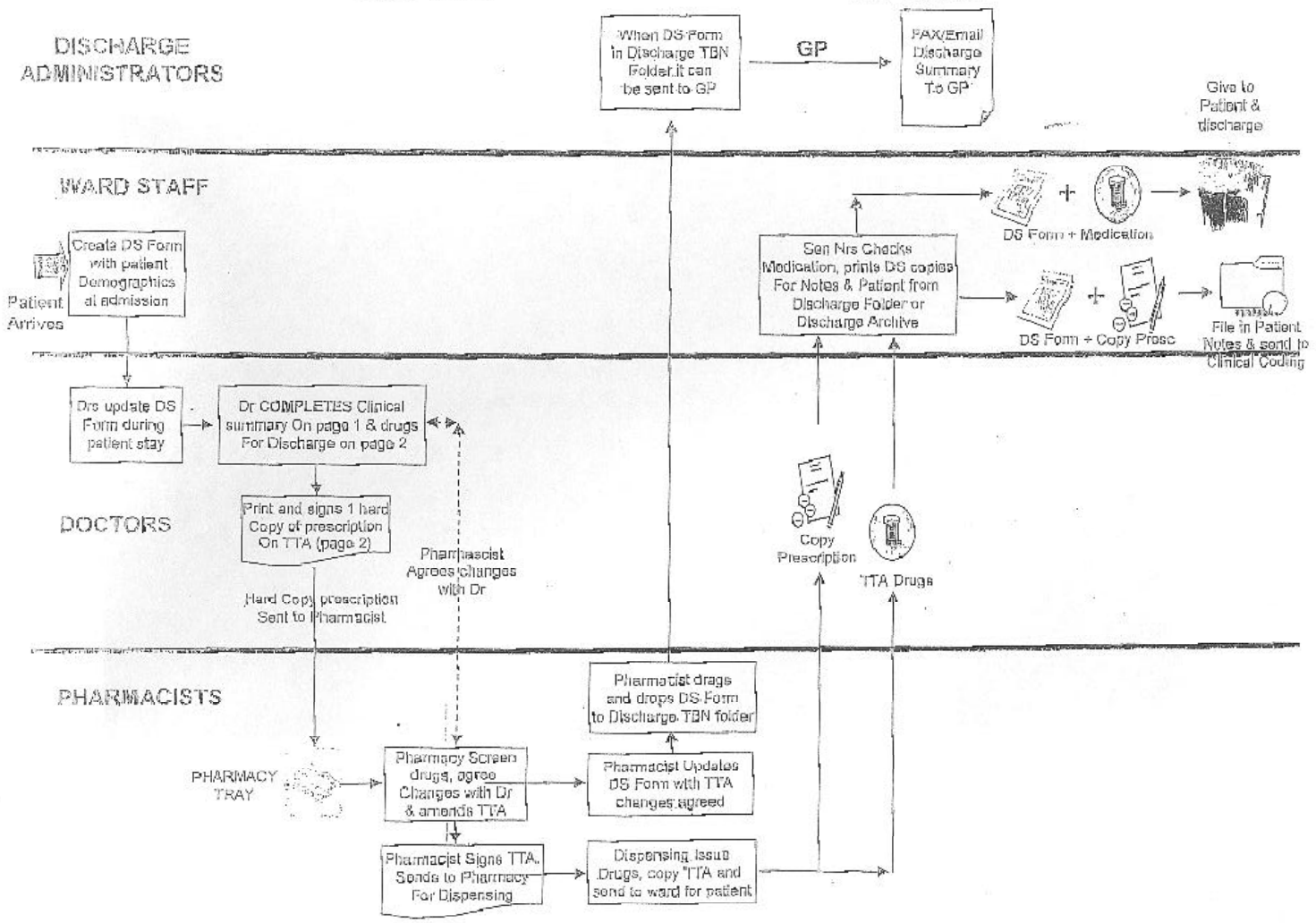
Contact No: 3726

Date: 09/09/09

The Process (as it was)

1. Patient planned to be discharged.
2. DS Form started on computer.
3. Saved onto shared drive.
4. Hard copy printed.
5. "Screened" by pharmacy
6. Adjustments made if required.
7. Hard copy sent to pharmacy.
8. Drugs dispensed in pharmacy.
9. Online copy updated and moved to a different folder on drive.
10. Drugs and Hard Copy given to patient.
11. Discharge office print further copy to fax to GP.
12. Hard copy filed in patients notes.

THE DISCHARGE SUMMARY PROCESS



The Solution

- A new computer programme
- Hosted on the intranet (secure)
- Real-time monitoring from pharmacy
- Automated communication with GP
- Clearer documentation of medications and key clinical information.

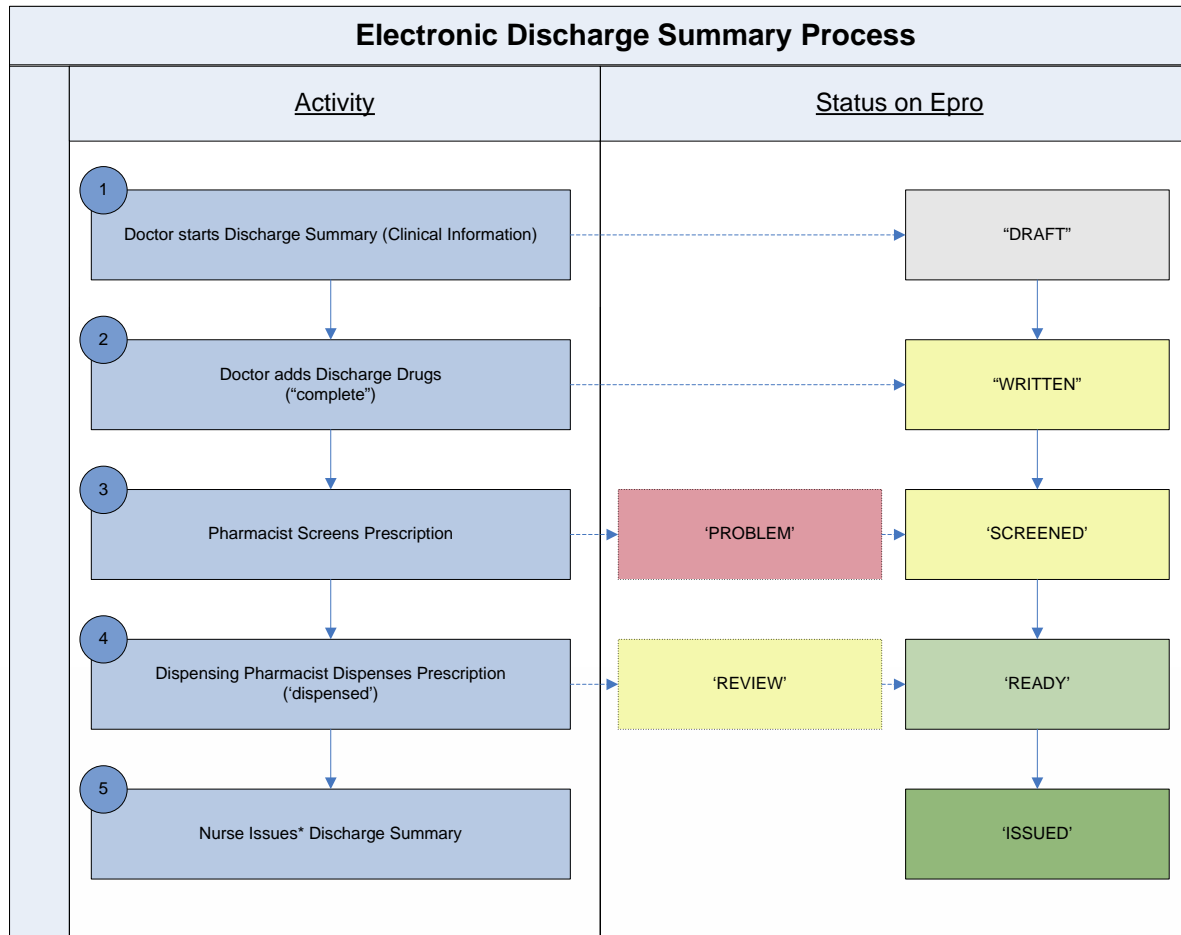
How we got there

- Consultation within hospital
 - Nursing staff
 - Junior Doctors
 - Senior Doctors
 - Pharmacists
- Consultation with GPs
 - Lots of meetings with members of the PCT
 - Agreement on the content of the letter with local GPs to make communication clearer

How we got there

- Extensive involvement with software developer to ensure product was fit for Hillingdon
- Close working with Ealing Hospital to learn from their experience

The Process (now)



The Hillingdon Hospital
Pield Heath Road
Uxbridge
Middlesex UB8 3NN
Tel: 01895 238282/Fax: 01895 279362



The Hillingdon Hospital **NHS**
NHS Trust

In-patient Discharge Summary

Patient **Mr Charles Shultzmnn** DOB **01.13.1900** Gender: **Male**
Hosp No **H00011ZXD** NHS No **657880FDXG**

Address	53 The High Road Uxbridge UB92 4XX	Registered GP	Dr Havsumpils The Surgery
Telephone	01895 899830202	Practice code	GP987
Admission Date	13.11.2010	Discharge Date	17.11.2010
Admitted Route	From Home	Discharge To	Usual Place of Residence
Admission Type	A+E	Ward	Churchill
Specialty	Respiratory	Consultant	Dr Wills
		Consultant Tel	01895 238282

Reason for Admission / Diagnoses

Acute Exacerbation of COPD

Procedures / Interventions

CT Chest with contrast

Co-morbid conditions

COPD
Hypertension
Diabetes Mellitus

Complications

None

Clinical Narrative

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Follow-up Investigations planned by Hospital

Chest X-ray in 6 weeks

Planned OP Clinics

Respiratory Clinic – Dr Wills 8 weeks

Physical Ability

Community Support arranged by Hospital

COPD Nurse will visit on the day after discharge.

Relevant Legal Information

none

Information Given to Patient

Nunc neque elit, aliquet ut sollicitudin luctus, placerat vitae ipsum

GP Actions Recommended

Nunc neque elit, aliquet ut sollicitudin luctus, placerat vitae ipsum

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Telephone 01895 899830202

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Admitted Route From Home
Admission Type A+E
Specialty Respiratory

Registered GP Dr Havsumpils
The Surgery

Practice code GP987

Discharge Date 17.11.2010
Discharge To Usual Place of Residence
Ward Churchill
Consultant Dr Wills
Consultant Tel 01895 238282

Reason for Admission / Diagnoses

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COPD
Hypertension
Diabetes Mellitus

Complications

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Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nam arcu lectus, volutpat venenatis porta eget, euismod vitae erat. Aliquam quis dolor ut tortor malesuada accumsan. Aliquam laoreet consequat auctor. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Nunc neque elit, aliquet ut sollicitudin luctus, placerat vitae ipsum. Duis in sollicitudin lectus. Pellentesque lacinia, arcu auctor mollis consequat, felis leo consequat nulla, sed scelerisque metus ligula nec nulla. Aenean ut mattis justo. Fusce vitae augue neque. Duis interdum lectus vitae libero porttitor suscipit vel ac purus.

The Hillingdon Hospital **NHS**
NHS Trust

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Drug Allergy / idiosyncrasy

No Known Allergies

Discharge Medications (including regular medication)

Dates	Drug	Reason	Pharmacy
prescribed 03 Nov 2010	vitamin B compound strong — tablets DOSE 1 tablet — oral — mornings DIRECTIONS Please supply 7 days medication only	<i>Vitamin B deficiency</i>	Compliance aid: N Drugs at home: N Requires fridge: N
prescribed 03 Nov 2010	ferrous sulphate — 200 mg — tablets DOSE 200 mg — oral — 3 times / day DIRECTIONS Please supply 7 days only	<i>Iron deficiency</i>	Compliance aid: N Drugs at home: N Requires fridge: N
prescribed 03 Nov 2010	aciclovir — 400 mg — dispersible tablets DOSE 400 mg — oral — 5 times / day DIRECTIONS Please supply 7 days only	<i>Prevent recurrence of shingles, control cold sore</i>	Compliance aid: N Drugs at home: N Requires fridge: N
prescribed 03 Nov 2010	amoxicillin — 500 mg — capsules DOSE 1000 mg — oral — 3 times / day DIRECTIONS Please supply 5 days for a total 10 days antibiotics	<i>Treat Strep Pneumoniae septicaemia</i>	Compliance aid: N Drugs at home: N Requires fridge: N

Discharging Clinician: **Dr. Andrew Godfrey**

Designation: Registrar

Contact Bleep: 5661

Completed: (

Medication Changes

No

The Benefits – For patients

- Clearer discharge medication lists
 - Now includes what it each is for
- Improved continuity at The Hospital
 - Previous discharge letters available to A+E
- Nurses will be involved right up to the time patients leave the hospital
- Earlier discharges from hospital should be possible

The Benefits – for Nurses

- Automated communication with pharmacy should increase time available for patients.
- Nurses are empowered to be in control of the discharge process, and be able to step in if there are concerns.

The Benefits – for GPs

- Quicker communication from the hospital
- Standardised format of letter
- Clearer communication about follow up plans and investigations
- A choice of how to receive the information
 - Email or Fax

The Benefits – Junior Doctors

- Shorter time spent on administration
- Helpful links to information resources
- Ability to track patients progress in the discharge process
- Quick access to information from previous admissions

Where next?

- We need to continue to improve the experience of going home from hospital.
- We need to continue to improve the time taken to communicate transfers of care our GP colleagues.
- By improving the efficiency of the processes in hospital, we will be able to save resources, and release time for direct patient care

Questions?

