

# Checklist for improving the quality of Heart Failure discharge summaries



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## Introduction

Hospital discharge summaries need to be accurate and record essential clinical information. It is fundamental to safe transition of care that healthcare professionals supporting the aftercare of patients are briefed on diagnosis, treatment, clinical progress and follow up arrangements after hospitalisation.

A comprehensive discharge summary is particularly important in chronic syndromes like heart failure, which are frequently associated with complex co-morbidities, variable tolerances to prognostic treatments, long hospital stay and high re-admission rates (1).

Writing discharge summaries is traditionally undertaken by junior doctors who are time pressured and may lack formal training in discharge summary composition. Our experience is that heart failure discharge summary documentation is often inadequate and lacks crucial details.

One study has suggested an association between heart failure discharge summary quality and 30 day readmission rates (2). This reinforces the importance of good quality content in discharge summaries to help deliver effective care.

## Aims

- Assess the existing quality of heart failure discharge summary documentation at our Trust
- Test whether a short checklist could significantly improve the quality of heart failure discharge summary documentation

## Checklist

The Heart Failure Improvement Collaborative hosted by University College London Partners in London generated a concise (unpublished) list of items which by a consensus of local heart failure consultant cardiologists, GPs and Heart Failure specialist nurses were deemed necessary for inclusion in a comprehensive heart failure discharge summary. We used an adapted version of this 11 key point checklist as our template tool for auditing the quality of discharge summary documentation.

Criterion
1 Is Heart Failure (HF) diagnosis stated?
2 Is there echocardiographic evidence to support the HF diagnosis?
3 Are details of the cardiologist and other members of the MDT that the patient has seen during the admission documented?
4 Is there a record of dry weight on discharge?
5 Are both blood pressure and heart rate on discharged recorded?
6 Are all ECG details present? (rhythm, QRS duration, whether paced, whether LBBB)
7 Are all drugs and doses at discharge documented?
8 Are contraindication details present? (where any drugs of prognostic benefit are not prescribed for LVSD, the reason should be given)
9 Are Haemoglobin, Creatinine, Urea + Electrolytes and estimated Glomerular Filtration Rate on discharge all documented
10 Are follow up arrangements within 2 weeks of discharge present?
11 Is there a care plan in place with a specified contact person?

## Methods

164 consecutive patient episodes were identified with heart failure recorded as the principal cause for the admission from Hospital Episode Summary data discharged between 23/10/14-22/01/15 across 2 acute District General Hospitals in our Trust. The medical records were reviewed by a consultant cardiologist to verify that a diagnosis of heart failure was substantiated.

Only one of the wards had the checklist poster displayed in the doctors office offering junior doctors an opportunity to refer to it during discharge summary composition. The quality of heart failure discharge summaries issued from the exposed ward was compared against heart failure discharge summaries issued from other wards which had not been exposed to the discharge summary checklist.

Each discharge summary was objectively scored according to the total number of affirmative responses to the key points recorded within the text– one point for the presence of each key criterion, maximum 11 points).

1 point per criterion included in discharge summary?	
Yes	No
1 point	0 points

## Results

13 patients were excluded due to inability to locate clinical notes or essential clinical information.

Data were sourced on the remaining 151 patients from electronic and/or handwritten discharge summaries. The medical notes and results of investigations were also reviewed to verify diagnosis. 28% of patients were excluded due to incorrect diagnosis of heart failure. 108 out of 151 (72%) of the total patients coded as heart failure had a correct and verifiable diagnosis (figure 1).

### Accuracy of Heart Failure diagnosis

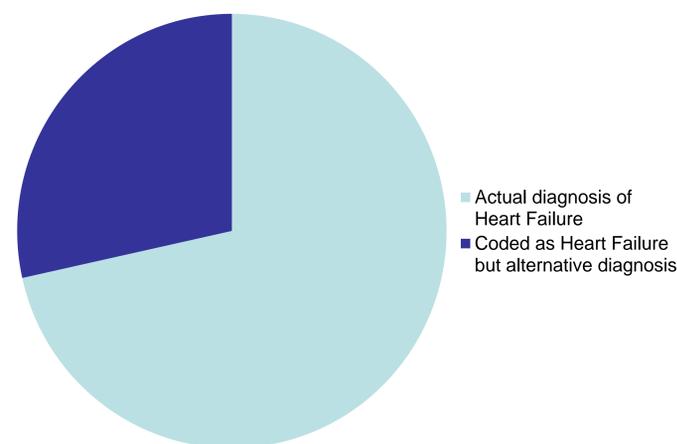
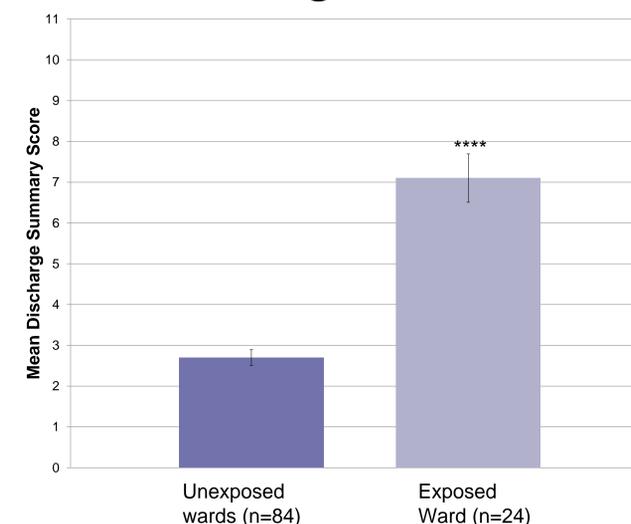


Figure 1

On the ward exposed to the discharge summary checklist poster the mean discharge summary score from junior doctors was 6.1 +/- 0.59 out of a maximum achievable score of 11. In the wards that weren't exposed to the checklist, the mean discharge summary score was significantly poorer 2.7 +/- 0.19 (p<0.001) (figure 2).

Figure 2



## Conclusions

More than a quarter of discharge summaries with heart failure had an incorrect primary diagnosis after scrutiny by a specialist cardiologist. The standard of discharge summaries issued from the wards without exposure to the checklist poster were consistently poor often omitting several important clinical details.

Our study supports the provision of a checklist to assist junior doctors in composing heart failure discharge summaries as it can improve the quality of documentation by informing them of the key points for inclusion.

This simple intervention is cost-effective and easy to implement. It has the potential to have a large impact on heart failure discharge summary quality. A high quality discharge summary potentially contributes to improved post-hospital care.

## Bibliography

1. Krumholz HM, Merrill AR, Schone EM, Schreiner GC, Chen J, Bradley EH, Wang Y, Wang Y, Lin Z, Straube BM, Rapp MT, Normand SL, Drye EE. Patterns of hospital performance in acute myocardial infarction and heart failure 30-day mortality and readmission. *Circ Cardiovasc Qual Outcomes*. 2009;2:407–413.
2. Al-Damluji MS, Dzara K, Hodshon B, et al. Association of discharge summary quality with readmission risk for patients hospitalized with heart failure exacerbation: Data report. *Circ Cardiovasc Qual Outcomes* 2015; DOI:10.1161/CIRCOUTCOMES.114.001476. Available at: <http://circoutcomes.ahajournals.org>.