

# Efficiency of Computerized Discharge Letters

## **Abstract:**

Sir,

Continuity of care between acute hospitals and general practitioners is of the utmost importance in ensuring patients receive appropriate and timely care after discharge from hospital. Increasingly, general hospitals use a computerised system to generate discharge summaries for inpatients at the point of discharge. Computer generated letters are clearly legible, often quick to complete, detailed, and some offer protection against transcription errors whereby incorrect drug dosages are highlighted to the person writing the discharge summary. In order to evaluate the efficiency of receipt of the computerised discharge system in Tallaght Hospital (TEAMS), an audit was performed of 100 consecutive discharges from the department of age related health care and stroke-service. In the case of Tallaght Hospital, discharge summaries are sent both by post, and electronically via Healthlink to participating GP practices.

The audit consisted of determining how many of the discharge letters were received by the correct GP, and in clarifying the factors associated with failure to receive a discharge summary. A total of 85 hospital discharge letters (85%) had been received by the appropriate practice by post and/or electronically, but there was no record of receipt for 15 (15%). Of the fifteen letters not received, three had no discharge summary completed. Of these, two were same day discharges. One patient episode was ascribed erroneously to the department, and the discharge summary had not been completed by the responsible clinical team. Two discharge summaries went to the wrong GP due to the incorrect GP details being entered into the Patient information management system (PiMS). One was an inter-hospital transfer where the discharge summary was sent to the referring hospital. The remaining nine cases of non-receipt of discharge letter occurred to GP practices who were not participants in Healthlink. This data suggests that there is a sizeable minority of discharge summaries, almost one in ten, which are not recorded as received by their general practitioners. In addition, a smaller number had not been written at the time of discharge, and for one in 50, the incorrect GP was recorded in the case-notes.

This study also highlights the importance of electronic transmission of discharge summaries, as no Healthlink practice reported missing letters. This audit was facilitated by the computerised discharge system in the hospital, and suggests that a review of the processes for sending out discharge summaries should be undertaken by liaison committees of GPs and their local hospitals. A confirmation with the patient on their current GP details by administration staff on admission should be performed at each care episode. It is also important to review the process from generating the discharge letter through to sending in the post within the hospital, and possibly a centralized mail-out of discharge letters would eliminate variability in this process. Our results confirm that secure electronic communication plays a major role in maximizing the efficiency of communication of transitions of care of patients between hospitals and their general practitioners, and its universal use should be encouraged.

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