Project Title: Improving Hospital Discharge Instructions Through The Use of a Standardized Template  
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Abstract:
Written discharge instructions are an important component of the complicated hospital discharge process. In our hospital these instructions were notably difficult to locate in the large volume of discharge paperwork and lacking in consistent content and patient friendly language. This quality improvement project introduced a standardized dotphrase template to be used for discharge instructions written by residents and hospitalists. The template used large font and bullet point format to encourage communication in patient friendly language and contained key information that we felt all patients should receive. Over a year after its introduction the template was being used between 80-100% of the time by resident physicians and nearly 60% of the time by hospitalist physicians. The use of the template has also correlated with increase in patient satisfaction with their written discharge communication based on Press Ganey surveys.

Background:
The discharge process is complicated, fraught with potential errors and has long been a focus for quality improvement. Of particular interest is reducing re-admission rates and post discharge ED visits. Studies have identified potential areas for improvement including pre discharge interventions such as patient education, discharge planning, medication reconciliation, scheduling a follow-up appointments; Post discharge interventions including follow-up phone call, communication with ambulatory provider, home visits; and Bridging interventions including transition coaches, patient-centered discharge instructions. That same meta-analysis concluded that no single intervention implemented alone was regularly associated with reduced risk for 30-day rehospitalization. One study sited that in 2004 among Medicare patients, almost 20 percent who are discharged from a hospital are readmitted within 30 days and unplanned readmissions were estimated at $17.4 billion, accounting for 17 percent of total hospital payments from Medicare. Unfortunately, there does not appear to be one easy answer to this problem. However, there is evidence to suggest that a structured discharge plan tailored to the individual patient probably brings about small reductions in readmission rates for older people admitted to hospital with a medical condition.

As part of the Internal Medicine Residency at Providence St Vincent, residents use standardized templates for admission notes, daily progress notes, and discharge summaries. Although pre-populated templates are not without limitations and flaws, they do allow for uniformity in the information and content within these documents.
However, there are no standard templates or guidelines for the “discharge instructions” section of a patient’s hospital After Visit Summary (AVS) and a week-long audit of these instructions at our institution identified a wide variation in both content and format. This can be problematic as it is the only written communication between patient’s and their physician upon discharge. We feel it is important to standardize discharge instructions to ensure all contain key aspects including (1) reason for hospitalization, (2) instructions for post hospital care (i.e., taking antibiotics, restricting fluids), and (3) clear signs and symptoms that should prompt patient to seek medical care. In addition, making these instructions more prominent in the AVS by using larger font and clearly indicating that the instructions are written by the physician may help emphasize their importance and the attention paid to them.

**Methods:**

We aimed to improve written discharge instructions for patients cared for at Providence St Vincent Medical Center by introducing a new dot phrase template to be used by residents and hospitalists in the patient instruction section of the After Visit Summary (AVS). A dot-phrase is a tool used in electronic medical records that populates a partial template to be completed with patient specific details at the time of its use. The dot phrase was designed with large font, clear headings for key information, and patient friendly language. The template was available to use for all patient discharges, but our project focused on the 7-West unit, as this unit typically has only resident and/or hospitalist patients. As a process measure to ensure our dot-phrase was being utilized, we gathered data from the electronic medical records to determine what percent of the time the phrase was being used by resident and hospitalist teams. As an outcome measure, we used results from a pre-existing survey sent to patients by the hospital as a surrogate marker for patient understanding of discharge instructions.

A scheduled point-check of our process measure revealed that a very small percentage of 7-west patients had been receiving the new template discharge instructions. Further investigation revealed that only approximately 50% of the discharges on that unit were being performed by resident teams. The other 50% of discharges were being performed by hospitalist (non resident) teams. At that time the project was introduced to our hospitalist group of nearly 60 providers who agreed to include our standard template in their discharge process, when appropriate.
Below are important instructions written by your doctor

It was our pleasure being a part of your care team at Providence St. Vincent’s Hospital

You were admitted to the hospital because of:
- Weakness and nausea, caused by low sodium which we treated with limiting the fluids you drank
- Your sodium is now normal, but should be checked closely soon

After leaving the hospital it is important that you do these things:
- Have your sodium checked at your next appointment
- Limit your fluid intake to 2 liters from all source

Please contact Polina T. Feygin, MD or return to the Emergency Department if you have any of these signs or symptoms:
- Dizziness, weakness, confusion, falls

Please see the rest of this document for follow up appointments and medication changes

Sincerely,

Figure 1: Above is an example of the new template for discharge instructions. Large font (size 16 instead of size 11), bold headings, and bullet points help improve visibility and readability. Key components help improve standardization of instruction contents as well.

Data Analysis
The process measure data was analyzed by searching EPIC for recent discharges by resident teams and evaluating whether or not the dot-phrase was used in the patient instruction section of the AVS. The number of discharge instructions containing the dot-phrase will be reported as a percent of total resident team discharges. The outcome measure data was collected from the Press Ganey Improvement Portal which publishes quarterly statistics on % of time patients report being told what symptoms or health problems to look out for upon leaving the hospital.

Results:
Between October 2015 and January 2017 dot phrase use increased from around 20% to 70% overall. Resident usage has been near 100% with hospitalist usage closer to 60% in the most recent months. Our Press Ganey survey results showed improvement from 82.6% to 95.6%. response of “yes” to the questions “During your hospital stay did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”.
Conclusions:
Implementing a standardized dot phrase for patient discharge instructions at our institution has been well received by residents and hospitalists. Use by resident teams has reached a steady state of 80-90% on average, with some weeks reaching nearly 100% use. Hospitalist team use is lower, around 50%. Possible barriers to use in the hospitalist only teams include a much larger number of providers to educate about the intervention (60+ hospitalist with frequent new-hiring vs approx 30 residents) and potential hesitation in changing their longer-standing ways of doing things, when compared to newly practicing resident physicians. Increased use of the dot phrase has correlated with improved Press Ganey survey results regarding how often patients recalled being given specific instructions on signs and symptoms to watch out for. These findings suggests that a standardized format for written discharge instructions using large font, highlighting key components, and utilizing plain language may be associated with improved patient understanding of discharge instructions. Further investigation will be necessary to determine if this will improve readmission rates.