Engaging Clinicians to Improve Patient Safety by Vetting the Hospital Inpatient Discharge Summary

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Background
What is the importance of Hospital Inpatient Discharge Summary (HIDS)?

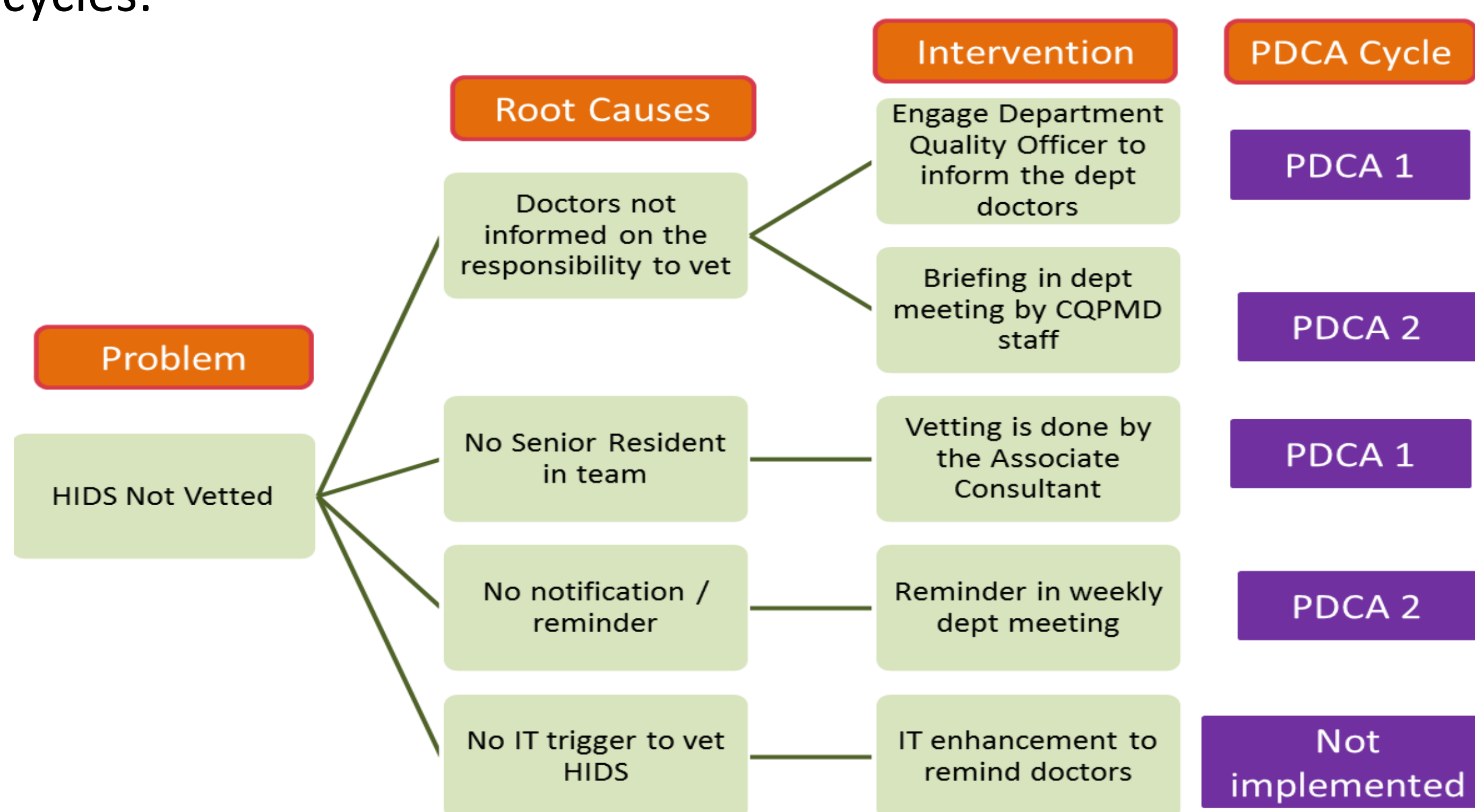|				
HIDS: Electronic summary of patient's hospitalisation prepared by a House Officer or Medical Officer upon patient's discharge	Frequently referred to notes for previous hospitalisation episode, and is also reflected in National Electronic Health Record (NEHR)	Used by clinical coders for national financial claim system (MediSave)	Vetting of HIDS may prevent copying of wrong information in the next consultation, reducing potential error, and medico-legal cases	As per hospital policy, HIDS should be vetted by the assigned senior resident and/or consultant in-charge by 15 days of patient discharge

Problem
The rate of HIDS vetted within 15 days of patient discharge was inconsistent and fluctuated around 20% in Rehabilitation Medicine Department (Jan-Feb 2017)

Objectives
To improve the rate of HIDS vetted within 15 days of patient discharge to 100% in Rehabilitation Medicine Department in 6 months

Methods
Using Cause and Effect diagram and Pareto chart to identify the main root causes, the team has developed the following PDCA (plan-do-check-act) cycles:

Root Causes — Intervention — PDCA Cycle

- Doctors not informed on the responsibility to vet → Engage Department Quality Officer to inform the dept doctors → **PDCA 1**
- → Briefing in dept meeting by CQPMD staff → **PDCA 2**
- No Senior Resident in team → Vetting is done by the Associate Consultant → **PDCA 1**
- No notification / reminder → Reminder in weekly dept meeting → **PDCA 2**
- No IT trigger to vet HIDS → IT enhancement to remind doctors → **Not implemented**

Problem: HIDS Not Vetted

PDCA 1 In addition to the routine quarterly reporting of this indicator to the head of department (HOD), Clinical Quality and Performance Management Department (CQPMD) highlighted the department performance to the department quality officer (DQO) via email. DQO was engaged to remind the department on the importance of vetting HIDS and to gather feedback to determine the barriers to vetting of HIDS. For team that does not have a senior resident, Associate Consultant should vet the HIDS.

PDCA 2 CQPMD engaged clinicians through department meeting where feedback and concerns were raised and further discussed in the presence of the HOD:

- We raised awareness on the need for vetting, highlighting the consequences of not vetting; e.g. copying of wrong content in HIDS to the next consultation notes, and how it may affect patient's care and safety.

- We discussed the most effective workflow to vet the HIDS, e.g. assigning senior resident to vet HIDS.

- As the IT enhancement will be discussed further in a separate cluster wide workgroup, we informed the doctors of the relevant electronic features that allowed them to customise the vetting process efficiently; e.g. creating task list, filtering function, and templates.

- After the presentation, the set of slides was disseminated to all staff via email.

Example of electronic features to help users to vet HIDS
To vet HIDS on behalf on primary doctors:
→ Tick "Other Documents", select the Provider you wish to vet the HIDS for, select "Pending Vetting" under "Doc Status", filter according to Discharge Date Range, e.g. 15 days ago, click "Refresh" / "Save Selections" to save as template
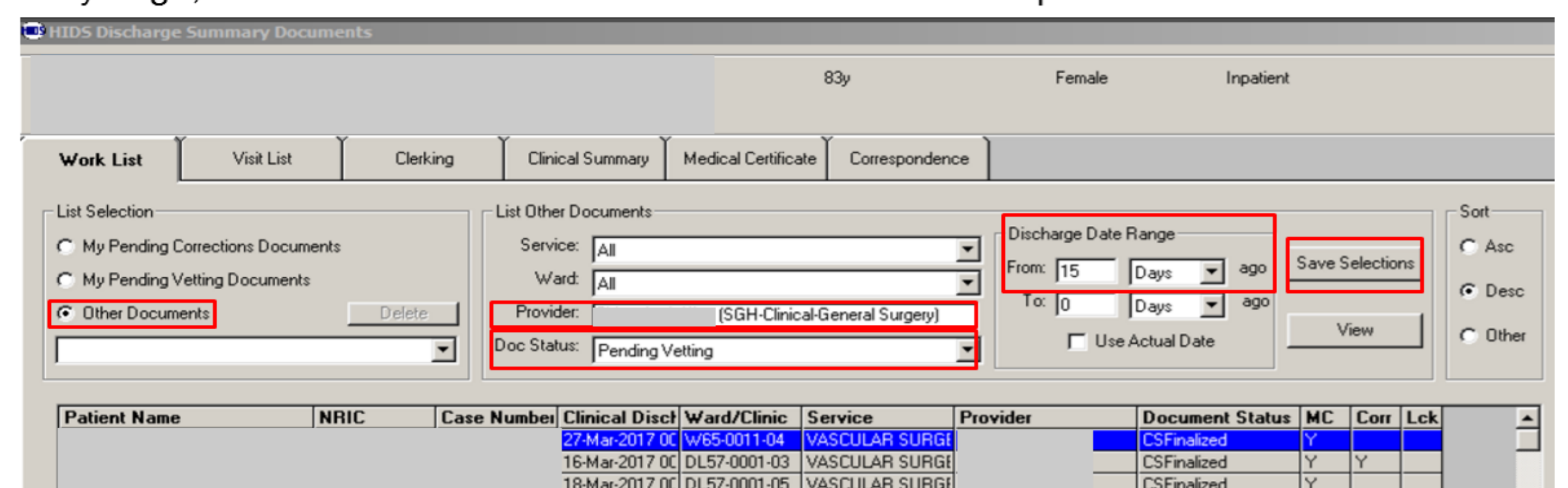
Results
After PDCA 1, there was a significant improvement from 19.8% to 73.1% (*P*<0.01). After PDCA 2, the variability of the rate was reduced. There was also significant improvement from 73.1% to 87.3% (*P*<0.01). Overall, the team managed to reach the project target and reduce the variability in the rate. However, to sustain the rate at 100% median, IT enhancement may be needed in the future. Meanwhile, the team will continue the effort to improve and ensure sustainability through Senior Resident orientation program, reminders and feedback through quarterly reporting to HOD.

HIDS Vetted within 15 Days (Rehab Medicine)

Median = 19.8% | Median = 73.1% | Median = 87.3%
PDCA 1 — Target achieved
PDCA 2 — Variability reduced
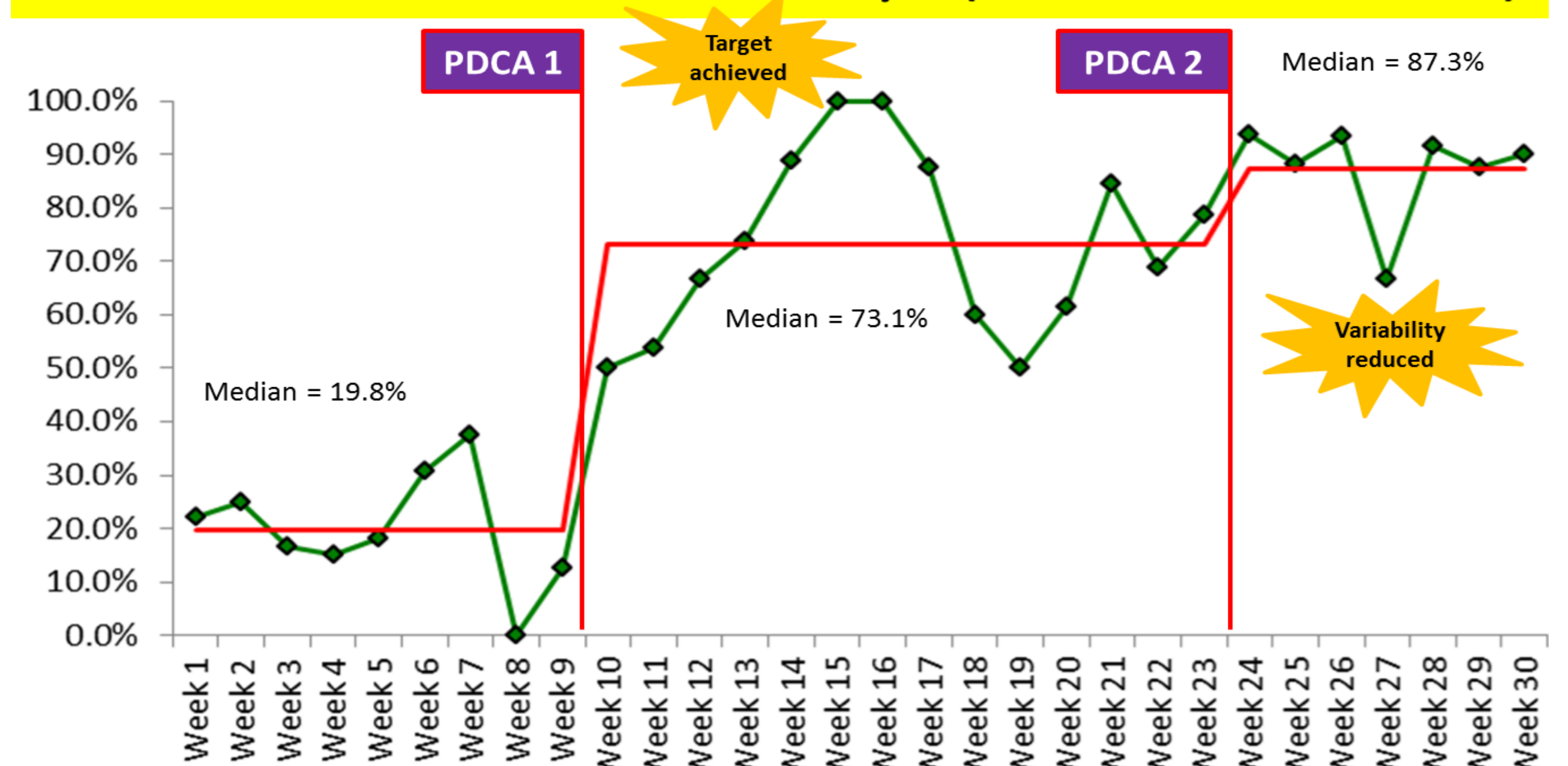
Project Extension
Due to the positive results, the team decided to extend the strategies to all clinical departments in Division of Medicine (DOM) which also resulted in significant improvement from 34.9% to 57.4% (*P*<0.01). We also plan to extend the initiatives hospital-wide.

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