Safer Discharge of Patients From the Critical Care Unit: Improving Communications with Primary Care

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Introduction

- For patients who survive to hospital discharge following admission to the CCU, the sequelae of critical illness is often **prolonged**, and can encompass both **physical** and **psychological complications**
- Support is provided to high-risk patients by **Salford's Critical Care Follow-Up Team** however, most patient's **ongoing care in the community** is **provided by GPs**
- Provision of critical care discharge information to primary care is **absent** or **inadequate**, meaning identifying and treating long-term complications can be **challenging** for GPs

Aim

We aim to improve the communication between Salford's CCU and GPs, in order to enhance the safety and quality of our patients ongoing care

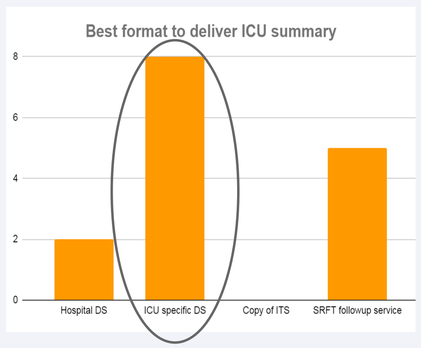
Preparatory Phase

PDSA - 1

- Audit of **50 discharge summaries**;
  - **42%** had no mention of the patients CCU stay
  - **0%** provided information on the Critical Care Follow-Up Team
- Questionnaires completed by **38 F1/F2s**;
  - **55%** of junior doctors **did not feel** well equipped to provide the following information on a patients hospital discharge summary; **long-term complications**, psychological impact, microbiology, radiology

PDSA - 2

- Questionnaires completed by **13 CCU consultants**;
  - **23% had concerns** over the handover of critical care patients
  - **61%** believed a CCU specific discharge summary was the best way to deliver the required information



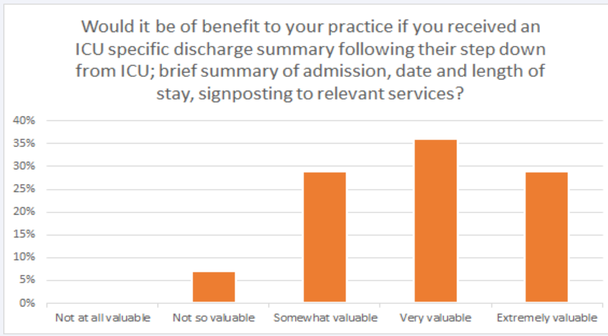
Intervention Phase

PDSA - 3

- Questionnaire results presented at CCU departmental meeting
- Agreed on a **CCU Specific Discharge Letter**

PDSA - 4

- Questionnaires completed by **14 general practices**;
  - **93%** of practices did not have a way to identify patients who had spent time on the CCU
  - **50% did not find the hospital discharge summary useful**



100% of GPs did **not** feel confident in signposting patients to local CCU Follow-Up Services

PDSA - 5

- Working with the **Critical Care Follow-Up Team** and incorporating their reviews and follow-up into the **CCU Specific Discharge Letter**

PDSA - 6

- CCU Specific Discharge Letter reviewed, edited and approved by the **Critical Care MDT**

Dear Doctor

I am writing to inform you that your patient **Mr Smith**, has recently had an inpatient stay on the Critical Care Unit at Salford Royal Hospital. Please see below for information regarding their admission and involvement of the Critical Care Follow-Up Service.

Primary admitting diagnosis:
Traumatic Subdural Haemorrhage

Secondary admitting diagnosis:
Cervical Spine Fracture or Ligamentous Injury

During this ICU stay the number of organ systems supported was: **3**

There **was/was not** a ceiling of care agreed during this admission.

Length of ICU stay:
15 days. 03/02/2020-18/02/2020

Inpatient Critical Care Follow-Up Service:
Number of reviews: **3**
Symptoms addressed by the Follow-Up Service: **hallucinations, anxiety, functional deconditioning**
Discharged from Follow-Up Service: **No**
Invited to Outpatient Follow-Up Clinic: **Yes**

Further information and contact details are available via the following patient information leaflet;
Critical Care Follow-Up Discharge Information:
https://www.srft.nhs.uk/for-patients/patient-leaflets/?assetdet530250=31153&categoryesctl1322210=768

For any queries regarding the above, please do not hesitate to contact our secretaries.

Yours sincerely,

Dr "admitting Consultant" on behalf of Salford Royal Critical Care Unit

SAMPLE LETTER

Sustainability Phase

PDSA - 7

- Manual population of letters by critical care junior doctors and critical care follow-up team secretary

GOAL = Auto populated CCU Specific Discharge Letter; automated process to fill and distribute letters to GPs upon patient discharge

Summary

- The **CCU Specific Discharge Letter** will enable SRFT's CCU to **effectively deliver relevant information to GP's**, to ensure **safe** management of our patients in the community
- **Improving the communication interface** between secondary and primary services will **enhance continuity of care**, with the aim of **increasing the support** available to patients and their families following critical illness

***Please email for references or if you have any questions ***