RELEVANT AND TIMELY PALLIATIVE CARE COMMUNICATIONS (RAT-PaCC) QUALITY IMPROVEMENT PROJECT

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BACKGROUND

Patients transitioning from acute hospital settings to the community are at risk of disruption to continuity of care. Patients with specialist Palliative Care (PC) needs are particularly vulnerable, owing to complex symptoms and advanced illness. Discharge documentation and clinical handover from oncology providers to community PC services serves to bridge these gaps. Little is known about the communication of PC needs in discharge documentation and there are no guidelines to support a structured approach to information sharing across services in this context. This Quality Improvement project served to evaluate existing performance, develop criteria to promote uniformity in discharge documentation content, encourage input from the wider multidisciplinary team and educate junior medical officers (JMOs) about the impact of quality discharge documentation on community service partnerships and ultimately, patient care.

METHODS

An A3 problem-solving process(1) was followed with the goal of improving discharge documentation quality. Audit criteria were defined by a multi-disciplinary group working across community, outpatient and inpatient PC settings. We also evaluated timeliness of discharge summary preparation. A process map and fishbone diagram (figure 1 below) were used to identify factors contributing to suboptimal performance. Baseline audit of discharge summaries was conducted for 50% of patients discharged from an acute oncology hospital setting from August to September 2023 who were referred to community PC teams (n=31). An educational intervention targeting the JMOs responsible for authoring discharge summaries was conducted, along with formulation of a standardised template with headings to encourage uniformity in structure and prompt inclusion of relevant information. Allied health colleagues were also tasked with preparing content for inclusion in discharge summaries. A repeat audit of the same population from October 2023 to January 2024 was performed (n=58). Interventions were further refined as the importance of individual JMO performance was highlighted. Personalised feedback to the JMOs was incorporated into the intervention and a further audit completed for the same target population from February to March 2024 (n= 26).
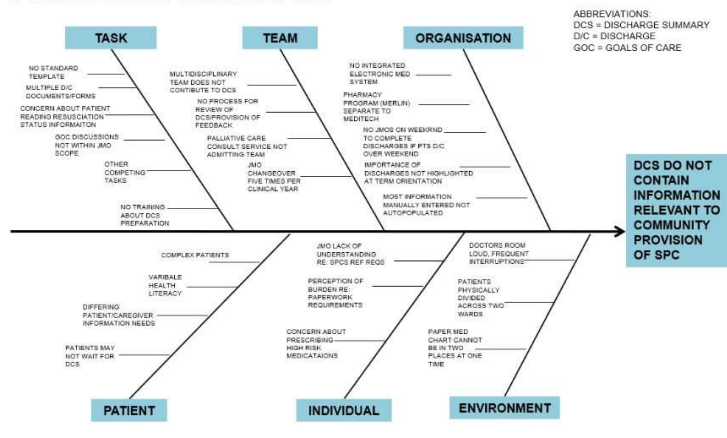
RESULTS

In total, 103 of 122 (85%) of audited discharge summaries were completed prior to patient departure from hospital, and 93% before discharge or within 24 hours. At baseline, an average of 3.82 of 6 criteria were met, with details of negotiated goals of care and escalation plans in event of deterioration most likely to be omitted. Following the initial intervention, this improved to 4.64 criteria, largely driven by greater consistency in recording of goals of care. Changes in allied health staffing, failure of an individual JMO to utilise the provided template and leave over holiday periods may have contributed to a slight reduction to an average of 4.58 criteria in the later portion of the second audit period. The final iteration of the intervention saw 5.5 out of 6 criteria met which matched the target identified in the preparatory phase of the project. Documentation of escalation plans in the event of deterioration at home, along with detailed follow-up instructions remained the greatest source of variability.
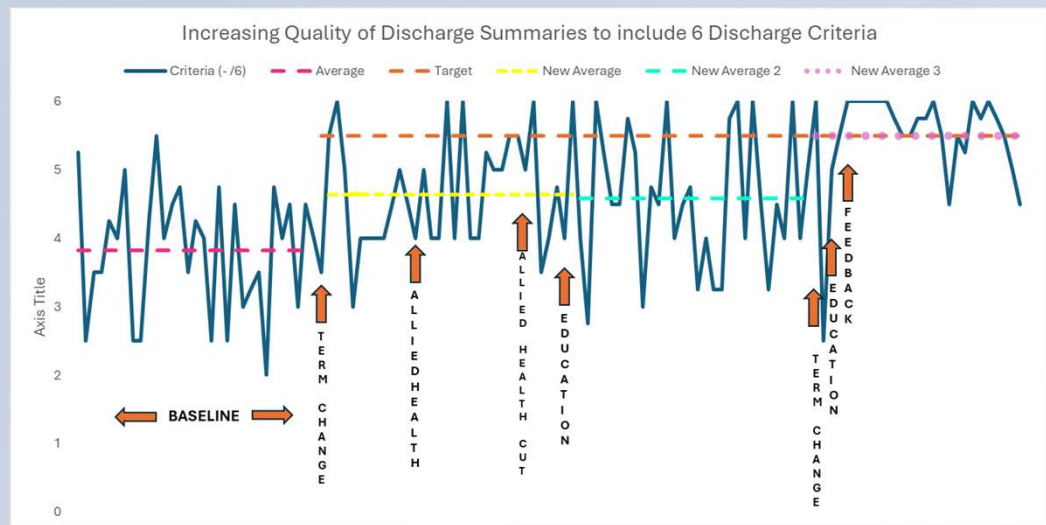
CONCLUSIONS

Targeted education, provision of a standardised template and inclusion of allied health-authored summaries initially improved the relevance and quality of discharge documentation for patients with specialist PC needs transitioning from an acute hospital to community. Timely review of documentation and feedback to the JMO authors, in a shift to learner-centred pedagogy as described by Patel-Junankar (2), proved to be essential in meeting our target of at least 5.5 of 6 criteria at the end of this audit-improvement cycle. Further iterations of the project will aim to address uniform inclusion of goals of care information and escalation plans.

REFERENCES

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