Inadequate Discharge Communication

Issue

Discharge communication to patients is inadequate. Half do not receive discharge summaries and the information required to be conveyed at discharge were not conveyed. In addition, patients were not adequately empowered in their care plan and seek help in case of emergency.

This is the baseline results of a study done in 8 MOH hospitals in 2007 for improving patient safety. A systematic review is currently in progress to assess possible interventions that has been shown to be effective internationally.

Key Messages

- Interventions are required to improve discharge communication.
- Patients need to be empowered to take responsibility for their health
- Need to understand what is the best practice elsewhere to improve discharge communication and what will work best for us

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Background

Adequate handoff communication is essential for patient safety. Discharge of patients is a crucial interface because they would require certain essential information for continuation of care if needed. The magnitude of the problem is not known but it is perceived to be significant.

The Director-General's (DG) circular requiring issuance of discharge summaries (1995) was not adhered to. (*Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil 3/1995 Borang Ringkasan Discaj (PER P.D. 302)).

Handoff communication at discharge was identified as a vital point for study as it is a structured process of communication. No available studies are known to have been conducted in Malaysia, or in this region. This study sought to determine the magnitude of the problem and areas that would require intervention.

In addition, a systematic review is being conducted to identify the interventions used internationally and to assess the appropriate actions/interventions to be adopted in MOH context.

Key Considerations for Policy Makers

- Need to enforce adherence to DG’s circular to ensure discharge summaries are issued
- Need to increase the knowledge of patients on medication, specifically on side effects and name of drug
- Need to ensure that emergency contact details after discharge made known to patients in case of need
- Need to have a mechanism to foster change and implement steps towards patient empowerment

Key Considerations for Health Care Providers/ Practitioners

- To recognize the importance of discharge summary in ensuring continuum of care and to cultivate the culture of writing adequate discharge summaries among providers
- To educate patients on their medications
- To promote patient empowerment in the provider-patient relationship

Summary of Findings for Handoff Communication Project:

Patients’ response in relation to discharge communication (Figure 1):

- 62.7% (CI 43.6 – 81.7) knew the name of their medication
- 46.1% (CI 34.3 – 57.9) knew the side effects of their medication
- 28.4% (CI 18.8-38) knew the emergency number to call after discharge
- 47% (CI 22.4 – 71.7) were given an appointment card
- 60.6% (CI 14.6 – 100) were given a discharge summary

Note: CI = Confidence Interval

Patient’s perception on empowerment (Figure 2):

- 91.2% (CI 87.5 – 95.0) felt involvement in decision making were very/extremely important
- 56.5% (CI 40.7 – 72.3) knew they had a say in their treatment. However, 58.2% (CI 45.9 – 69.6) of this actually wanted to participate in treatment options
- 54.8% (CI 50.2 – 59.4) claimed they had been provided with information in deciding treatment
- 58.6% (CI 50.1 – 67.1) were never/seldom able to make their own decision for their treatment

Method

Baseline results of a study done in 8 MOH hospitals (951 patients) are reported here. Patients were interviewed on their knowledge in relation to discharge communication and their empowerment on decision making in health care.

A systematic review is in progress to identify possible interventions that could be applicable in Malaysia.

This research highlights series is based on on-going research done by the institute and its collaborators on health system policy issues in Malaysia.