Method

The research question was refined with members of the Secretariat to the Patient Safety Council Malaysia. The reviewers consisted of clinicians, public health researchers and a nursing staff. They carried out the review from definition of key research question to creation of appropriate recommendations.

PICO method was used to identify the population (P), intervention (I) to be addressed, comparison (C) and outcomes (O) to be addressed. Inclusion criteria took into account the types of studies, participants, interventions and outcome measures.

Electronic searches were conducted from December 2007 until April 2008. However, cross referencing continued until April 2009. Hand-searching of non-electronic publication, namely the Malaysian quality initiative/health systems project reports in NIH libraries for studies addressing this area was also carried out. Two levels of screening were done, followed by data extraction and quality appraisal.

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Research Highlight

Effective Ways to Improve Discharge Communication: A Systematic Review

For Health Policy


2. Presentation of Research Findings on “Effective Ways to Improve Discharge Communication: A Systematic Review”. Recommendations from the stakeholder meeting on 20th January 2010 at Holiday Villa Subang.


Other additional articles are available upon request.

Acknowledgement

This document has been peer-reviewed by:
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In Malaysia, a study found 60.6% of hospital inpatients received discharge summaries1. Only 43.6-81.7% knew the names of their medication, 34.3-57.9% knew the side effects of their medication, 18.8-38.1% knew the emergency number to call after discharge and 22.4-71.7% was given appointment cards2.

This systematic review was conducted to identify and assess best practices reported internationally to determine interventions that could improve discharge communication.

Key Messages

- Currently there is inconsistency and inadequacy in discharge communication in MOH hospitals3.
- Health care providers, both public and private, should develop and implement an effective approach for discharge communication in hospitals.
- Strategies found to be effective were multipronged, and addressed the following areas:
  - Who implemented/carried out the intervention
  - How the intervention was implemented
  - What the contents were/ areas addressed
  - What materials were provided
  - When it was implemented
  - Whom or Where the intervention or discharge information was handed off to
- Effective discharge communication:
  - Improves continuity of care
  - Shortens length of stay
  - Reduces readmission rates
  - Encourages patient empowerment
  - Improves quality of life

This summary is based on:
Carol KK Lim, Chan SK, Chew EL, Anita AF Lim, Sararak S, Ainul Hanafiah, Roslinah A, Tan LS, Low LL & Maimunah AH.


References:


2. Presentation of Research Findings on “Effective Ways to Improve Discharge Communication: A Systematic Review”. Recommendations from the stakeholder meeting on 20th January 2010 at Holiday Villa Subang.


Key Considerations for Health Care Providers
Provisions of any of the following prior to and/or at discharge may enhance the effectiveness of discharge communication:
- Discharge coordinator/doctor/nurse
- Structured written and/or verbal instructions
- Home visits, assessment and feedback on comprehension
- Formulated plan for discharge and follow-up
- Post-discharge communication with subsequent provider/contact with patient

Possible actions to be taken at hospital level:
- Ensure that a discharge policy is in place
- Review current discharge communication process
- Consider application of identified effective strategies to improve discharge communication
- Quality activities such as QAP study could be used to assess local applicability
- Consider harnessing IT as a possible enabler
- Tailor strategies according to specific needs of groups to improve continuity of care
- With accreditation, a standard for discharge communication could be put in place

Background
Handoff communication process refers to “the transfer of professional responsibility and accountability of patient’s care to another person or professional groups”. Our previous study on the various handoff communication processes in Ministry of Health hospitals affirmed its complexity and its impact on delivery of patient’s care and outcomes. The follow up care of patients discharged from hospitals are shared among patients and their carers (government and private sectors) whose access to adequate discharge information is of paramount importance.

Considering the wide scope of handoff communication processes, the research team embarked on a systematic review on discharge communication as the first initiative to improve communication among the health care providers and patients in various settings. This systematic review presents many strategies in improving discharge communication and other outcomes e.g. readmission, patient satisfaction, quality of life.

Findings
From the initial search 333 potentially relevant studies were retrieved, of which 315 were excluded during screening, leaving a total of 18 that met our inclusion criteria. From the 18 studies, 3 looked at primary discharge communication outcomes alone, 8 looked at secondary outcomes and 7 looked at both outcomes. Intervention strategies were multipronged, as depicted in Figure 1. Trials we reviewed did not address audio visual equipment, which was found to be effective in Malaysia. Table 1 shows the two prominent components of the intervention by outcomes measured.

Key Findings
Of all the interventions employed, those listed below significantly improved discharge communication.
For primary outcomes:
- use standardised/structured verbal and written information leaflet
- use of discharge coordinator/physician and/or nurse to explain
- incorporation of an assessment and feedback on comprehension tool
- professional instruction
- educational materials
For secondary outcomes:
- use of standardised/structured verbal and written information leaflet
- use of discharge coordinator/physician and/or nurse to explain
- professional instruction
- educational materials
- telephone instructions
- home visits
- post-discharge communication with patients
- discharge summary

This research highlight is based on review done by the institute and its collaborators on health system policy issues in Malaysia.