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Inpatient electronic handover notes as a relevant interim discharge information package for general practitioners

Hospital discharge is a high-risk period for adverse events.^{1–3} Written discharge summaries are the most important method for handover of care back to the general practitioner (GP),⁴ but are frequently not available when the GP reviews a patient following discharge.

An effective electronic handover system had been developed by the Department of General Medicine for use within our hospital.⁵ We questioned whether this handover, in conjunction with other information routinely available in the electronic record (admission dates and unit, basic blood test results, discharge medications), could be sent to GPs on discharge as an 'interim discharge information package (IDIP)'.

Prior to and after the introduction of this IDIP, we sent questionnaires to a convenience sample of 60 GPs who saw large numbers of patients discharged from our hospital (28 responded to the initial survey and 25 responded to the follow-up). The questionnaires were separated by 6 months and were sent by mail. The initial survey consisted of two 5-point Likert scales assessing GPs' satisfaction with discharge summary timeliness and whether they thought the IDIP would be useful. The follow-up survey used 5-point Likert scales to assess satisfaction with timeliness, usefulness and also if the IDIP was clinically relevant and if it reduced the number of tests ordered. Ethics approval was granted by Barwon Health.

Following the trial, overall satisfaction had increased from 57% to 76%

(chi squared, $P = 0.036$). GPs expressing dissatisfaction had decreased from 32% to 8%. The more IDIPs a GP received, the more likely they were to be satisfied. For the 12 GPs who had received >16 IDIPs, satisfaction was 92%; this reduced to 78% with 11–15 IDIPs, and was equivocal when fewer than 10 IDIPs had been received (4 GPs). GPs also reported that they found the IDIP clinically relevant and that they believed it resulted in their needing to order fewer investigations on patients they reviewed.

Within the limits of this small pilot study, we have demonstrated that a small package of accurate information sent to GPs increased their satisfaction with the timeliness of discharge communication from hospital. In the future, it would be important to study which components of the IDIP are most clinically relevant to GPs and if there are any risks or pitfalls associated with using patient information in this way.

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