

AB133. SOH21AS029. Improving quality of surgical discharge summaries in a high-volume general surgery department through educational intervention—a complete audit cycle

Peiming Yang, Noman Shazad

Department of General Surgery, Scunthorpe General Hospital, Scunthorpe, UK

Background: Accurate discharge documentation is crucial to facilitate safe continuation of general surgical patients' care in the community following hospital discharge. Poor quality discharge letters may lead to increased readmissions or delayed follow-up for acute or elective general surgical patients. Our project aims to assess the impact of targeted education sessions to surgical junior doctors in improving discharge letter quality.

Methods: An audit of general surgical discharge letter quality was completed in August 2020. Standards were measured against that published by the Professional Record Standards Body. A one-hour teaching session on expected discharge summary standards for general surgical patients was delivered to departmental junior doctors. A re-audit was completed in September 2020 to reassess compliance.

Results: Fifty-four discharge summaries were audited in first cycle, and 55 were audited in second cycle. No areas were fully compliant on the first audit cycle. Teaching session delivered and achieved 96.4% feedback satisfaction from surgical juniors. The re-audit demonstrated an improvement in documentation and accuracy of all elements audited, including accurate documentation of diagnosis (43.2% to 94.1%, $P<0.0001$), history of presenting complaint (41.2% to 97.7%, $P<0.0001$), relevant

investigation results (47.3% to 95.6%, $P<0.0001$), clinical and surgical management (49% to 93.6%, $P<0.0001$), operation details (64% to 99.1%, $P<0.0001$), follow-up instructions (22% to 72.4%, $P<0.0001$), and medications on discharge (62.2% to 93.5%, $P<0.0001$).

Conclusions: The re-audit has demonstrated statistically significant improvement in quality of surgical discharge letters, which indicates the importance of education for surgical junior doctors. Quality of surgical discharge summary should be maintained by regular educational interventions and feedback.

Keywords: Audit cycle; discharge; documentation; education intervention; junior doctors; surgical

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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