Part 2: GP to chase

Jul 31, 2015 | 0 | General medicine,ontheblogs,tips for internship,Working & training in healthcar...

Author: Jennifer Morrison

Editor: Abhijit Pal | Jenny Liu | Elie Matar

In Part 1 of this blog post I talked about the importance of the professional team and how to include the GP in this team.

In Part 2 I will focus on some specifics around discharge summaries and a few other tips and tricks shared by over 1700 of Australia's GPs!

Discharge summaries

We know they can be the bane of your existence as a JMO. I clearly remember the never-ending pile of files in the ward JMO office each term, trying to type a summary for a patient discharged weeks ago before I even started that rotation. It can be really hard work and a bit soul-destroying, especially when you're flat-out trying to keep on top of all your jobs. We understand. We've all been there.

However, the discharge summary is often the only communication a GP will receive about their patient's admission and your ability to convey the pertinent points about their admission can make a world of difference to their ongoing health and how we manage them in the community.

What would GPs like from a discharge summary?

1. Something succinct. We don't want or need pages of information. A brief overview of why the patient was admitted, what was done, their status on discharge (functional, medical, etc) and what follow up is recommended/organised.
2. An accurate diagnosis (try and avoid things like "chest pain, non-cardiac" for example!). If you don't know what to write, ask your registrar or consultant. Accurate coding of diagnoses is important for lots of reasons.
3. Most recent blood results - not the entire admission's worth!
4. An up to date list of medications they are being sent home on with an explanation of why things have been changed, introduced or ceased. It is often helpful to keep on top of this during the admission by asking "why" whenever working on a med chart.
5. No acronyms unless they are extremely common (e.g. AMI).
6. Contact details for the lab/radiology if formal results are pending (not just the extension number!)
7. Please avoid writing lab results without indicating what they are e.g. 135/5.2. You probably mean sodium and potassium but jotting that down can avoid unnecessary confusion.
8. Please be very clear about what you would like us to do to help manage ongoing care.

a. Do appointments need be made?
b. Does another script need to be provided?
c. Are there results pending?

Please avoid writing the line “GP to chase” in your discharge summaries. As a GP, it is hard to read this without feeling like you’re being ordered around. Remember that the person who orders the test is legally responsible for following up the result. We are very happy to help but we would love it to be rephrased. Another way you could help is by cc’ing the GP onto the request so that the result is directly sent through!

We would like you to write the discharge summary as if you were writing it to your consultant.

And, we’d love you to fax the discharge summary to us within 24 hours of discharge please (did you know that 75% of discharge summaries never reach the GP if they are handed directly to the patient? What a waste of your hard work!)

Organising follow up and ongoing care for your patient after discharge

- **If the patient needs investigations done prior to their outpatient clinic follow-up, please consider how the patient will have this done (especially pertinent for rural patients). If you're not sure their town has the facilities needed, call the GP and ask.**
- **If the patient needs fancy dressings or creams, please send rural patients with at least a week’s supply. Local pharmacies may not have what is needed and this causes a lot of distress to patients.**
- **Lots of rural doctors want their patients back! If you feel the patient could do with some extra hospital time post-discharge or you're under bed pressure and they're appropriate for care in a community hospital, let the GP know. This requires planning to avoid. Don't call after the patient is already on their way. And always send them with a discharge summary.**
- **Consider where the patient lives and whether returning to an outpatient clinic is necessary or whether GP follow-up would suffice.**

Finally**,** if it's any consolation to those of you doing terms in Emergency, all 1700 of us in GPs Down Under have vowed to never write a letter to you with "please do the needful" and an incomplete medication list. We are committed to being friendly on the phone when you call us, and sending in positive feedback to your consultants for your hard work! We are devastated that the PGPPP funding has been cut because we would have loved to keep sharing GP with you, as peers, in the consulting room next door. In the meantime, we hope you will remember that we've all been there as JMOs, and that we just want the best for our patients and to make your life, ours and theirs less stressful!

We may not be on your ward rounds, but we are all part of the same team. Communicating well with each other is vital. Remember that optimising patient care is what we should all be working toward, both inside the hospital and out.

Related Blogs

- Part 1: GP to chase
- What isn't said
- Writing to GPs

Related Podcasts

- Improving communication between hospitals and General Practice

Tags: #communication,#discharge,#discharge letter,#discharge summary,#documentation,#GP,#internship,#Internship tips,#junior doctors,#teamwork