

# General practitioners' perspectives on the utility of discharge summaries in providing ongoing clinical care

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## Background

Discharge summaries are a communication between hospital and primary care providers detailing the patient's admission and any ongoing care requirements. Inaccuracies, omissions, and delays in receipt of discharge summaries can have an adverse impact on patient outcomes.

General practitioners (GPs) are the primary audience for discharge summaries; thus, we sought their perspectives to determine the utility of these summaries to provide ongoing care to their patients.

## Aim

To establish an understanding of GPs' perspectives on discharge summaries provided by a tertiary hospital network.

## Method

An online survey was designed by a multidisciplinary team based on an international literature review identifying core themes impacting the utility of discharge summaries by GPs.

The survey involving 36 questions was distributed to GPs within the geographical catchment of the local health network.

Primary measures included GPs' opinions on accessibility, timeliness, content and medication.

## Results

There were 56 respondents, 75% female and 45% practicing for  $\geq 15$  years.

In terms of accessibility and timeliness, 95% of GPs believe that summaries should be received  $< 48$  hours post-discharge, however 70% report often not receiving the summary prior to consultation.

Only 4% reported discharge summaries to always be accurate and complete – with 35% often detecting omissions or discrepancies.

On medications, 51% agreed that medication lists contained substantial inaccuracies and omissions leading to 43% reporting that medication lists often contain sufficient details to manage drug therapy.

Furthermore, almost all GPs (92%) believe that the provision of rationale for drug therapy changes is important – however, 73% state that the rationale is either sometimes or rarely provided.

## Discussion

Our preliminary findings highlight GP concerns in delays receiving summaries, issues of accuracy about medicines and uncertainty why changes were made to drug therapy.

This ongoing survey may provide useful insights to target improvements in the preparation and communication of discharge summaries.

## GP perspective on discharge summaries

Years worked in General Practice

45%  
>15 years

Sex

75%  
Female

Do discharge summaries you receive contain clear and accurate information?

4%  
Always

How frequently do you detect omissions or discrepancies in discharge summaries you receive?

35%  
Often

What do you consider is a reasonable timeframe to receive a discharge summary?

95%  
0-48 hours from discharge

Do the medication lists in discharge summaries typically contain sufficient detail for you to manage your patient's drug therapy?

43%  
Often

How important is it having a rationale for changes to medication in discharge summaries?

92%  
Important + Very important

How frequently is a rationale for changes to medication documented in the discharge summary you receive?

73%  
Sometimes + Rarely

Do the medication lists ever contain substantial inaccuracies or omissions in the discharge summaries you receive?

51%  
Agree + Strongly agree

How often do you see a recently discharged patient and have not received their discharge summary?

70%  
Often