

# SUMMARY OF RESULTS

## The Discharge Communication Study

This study was run by a research team from the Unit for Academic Primary Care at Warwick Medical School, University of Warwick. The study ends in November 2019 and we would like to share a summary of our findings with you. We would love to hear your feedback on the results and to publish this feedback anonymously. Please contact us to give feedback.

### What and who was involved?

#### Recruitment and sampling

- 53 GPs screened and selected 489 hospital discharge letters. 18 GP practices took part.
- 50 patients took part in interviews.
- 26 of the GPs participated in interviews or focus groups.
- 46 hospital clinicians completed surveys across 5 hospitals.
- This gave a total of 122 research participants!

#### Analysis

- All interview and focus group data were analysed using techniques from the field of Applied Linguistics.
- The content of the discharge letters was analysed with a focus on the language, structure, and key features.

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## Summary of what we found

### Patients

- ✚ Many wanted to receive discharge letters and several described benefits from patients receiving letters (e.g. medication reminder).
- ✚ Not all wanted letters and so *choice* is important.
- ✚ Some highlighted that letter preferences should be part of electronic health records so that patients are not burdened with asking for letters when they are in hospital or feeling poorly.
- ✚ Most expressed preference for “opt out” systems of letter receipt.
- ✚ Patients identified that being given discharge letters can increase knowledge, reduce uncertainty, and improve wellbeing.
- ✚ Providing discharge letters can allow patients to correct errors.

### Letters

- ✚ Patients should be given letters *with* verbal information, *not* instead of information.
- ✚ Findings indicated that patients are still receiving letters inconsistently.
- ✚ “Blank” boxes on letters can be confusing and need to be avoided.
- ✚ Emailing letters could speed up communications and save paper.

### Clinicians

- ✚ Some thought a single discharge letter could be useful for *both* GPs and patients with a few adaptations (e.g. no unexplained acronyms).
- ✚ GPs found it helpful when summaries clearly indicated any medication changes (or not) and reasons for these.
- ✚ Some hospital clinicians suggested increased training and support for junior doctors in this area could improve confidence and quality of letters.

## What we recommend based on results

- ✚ Patients being copied into discharge letters requires standardisation and auditing.
- ✚ Letters should be in plain English with minimal or no acronyms. Any medical terms or jargon should be explained in simple lay terms.
- ✚ Letters should contain a simple interpretation of results (e.g. all blood tests normal), and clear patient actions and recommendations.
- ✚ Future policies need to prioritise content features that are associated with “successful” letters (e.g. clear appropriate GP actions).
- ✚ Training and support in letter writing should be provided as part of medical training to improve the content of discharge letters and patient outcomes.

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