

Eden Liu, Aaron Leung, Darren Yau
Centre for Quality, Innovation, and Safety, Schulich School of Medicine & Dentistry,
Western University, London, ON, Canada

AIM Statement: Improve the rates of consult medicine sign-off notes being copied to family physicians to 100%.

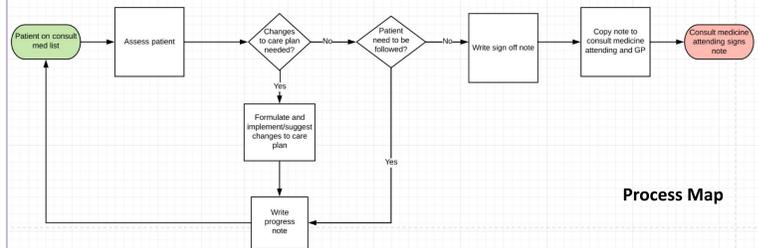
PROBLEM DEFINITION

- Medical issues requiring post-discharge follow-up by the family physician are often identified during consult medicine assessment of patients admitted under surgical services
- Follow-up plans are not regularly communicated in discharge summaries by surgical services, which may lead to delays in care and inadequate follow-up of medical issues

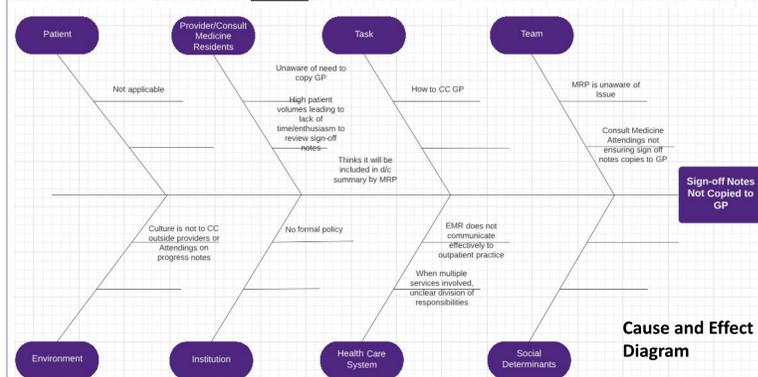
ROOT CAUSE ANALYSIS

Stakeholder Analysis:

- Residents on consult medicine were unaware of the importance of copying GPs on their sign off notes
- Consult medicine staff were unaware that sign-off notes were not being copied.
- Dr. Jeff Yu, who is the consult medicine lead and process owner, expressed a desire to improve communication between the consult medicine service and GP

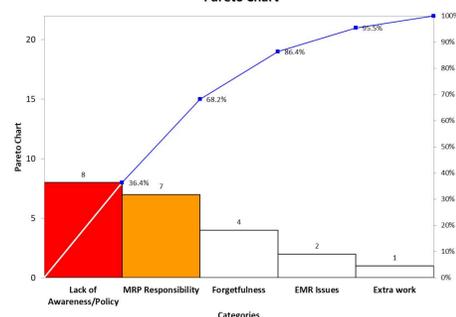


Process Map



Cause and Effect Diagram

Pareto Chart



Implementation and frequent reminders of a standardized requirement to copy all consult medicine sign-off notes to the family physician significantly increases communication of post-discharge follow-up plans to family physicians.



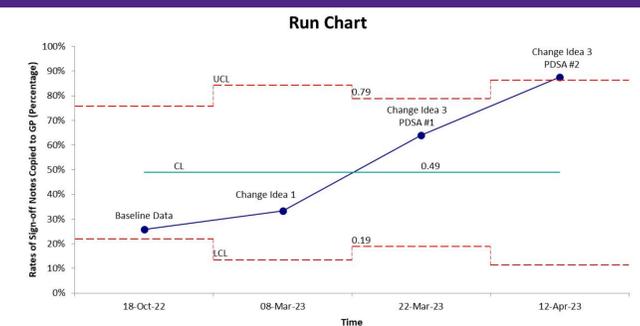
IMPLEMENTATION

Change Idea 1: Dr. Jeff Yu emphasizing need to copy GP in sign-off notes during orientation
Reflection: Dr. Yu was happy to implement this change given that he is the process owner.

Change Idea 2: Implementing a standardized Consult Medicine Sign-off Note template
PDSA Cycle 1: Created a sign-off note template. Sent to 3 Medicine Residents and 1 Staff for feedback.
PDSA Cycle 2: Feedback implemented including addition of reminder to copy GP, addition of 'relevant investigations', removal of 'current medications'
Reflection: Unfortunately, due to recent IT changes to Powerchart, our request to add this template to Powerchart was rejected and this change idea could not be implemented.

Change Idea 3: Weekly reminders to residents
PDSA Cycle 1: Staff/JA reminded residents weekly to copy GP on sign-off notes
PDSA Cycle 2: Staff/JA reminded residents weekly to copy GP on sign-off notes and included rationale i.e. 'Only ~25% of surgical discharge summaries include our recommendations'
Reflection: This was easy to implement as we texted the staff/JA weekly to implement this during working hours; however, there may be a lack of sustainability going forward.

MEASUREMENT & RESULTS



Process measure: Proportion of consult medicine residents aware of need to copy family physicians on sign-off notes

- After Change Idea 1: 50%
- After Change Idea 3: 100%

Balancing measure: Time spent by consult medicine residents in writing sign-off notes

- Minimally increased; however, no notes included all aspects of the intended template (Change Idea 2)

Discussion: Increased awareness of consult medicine residents from weekly reminders by attending physicians, as well as the importance of ensuring prompt communication with family physicians, likely led to the significant improvement in the outcome measure

SUSTAINABILITY

- The process owner moving forward will be Dr. Jeff Yu (executive sponsor and faculty lead)
- New SOP for copying the family doctor on all sign-off notes will be formally documented in the consult medicine orientation document (done and implemented)
- The consult medicine staff physician or junior attending will be responsible for auditing and ensuring compliance with this new standard on a regular basis