# Improving the Final Handover: A Multi-Stakeholder Quality Initiative to Improve Discharge Letter, Safety, Quality and Timeliness

University Hospitals of North Midlands NHS Trust

Stavrinou P. , Bednall R., Gunning E.

## Introduction

### What is the problem?

**TIMELINESS**
Only 78.6% of discharge letters are completed within 24 hours.

**CONSISTENT**
Problems are consistent across all Trust Care Groups

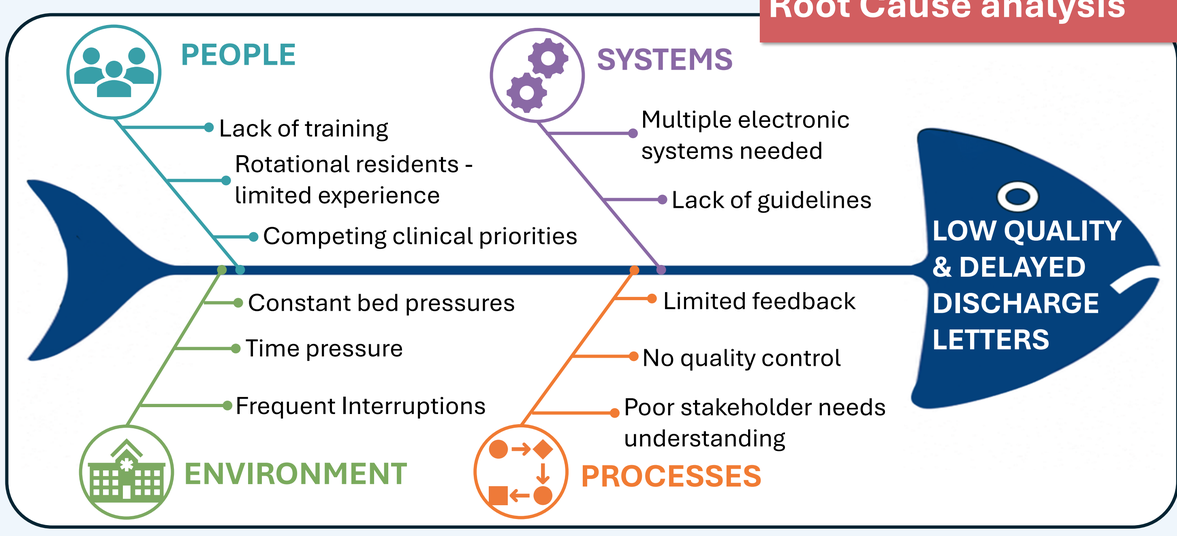
**MULTIPLE SYSTEMS**
Many electronic systems required - not user friendly

**QUALITY CONTROL**
No quality assurance review or best practice guidance

**GP CONCERNS**
Missing information & inaccuracies (medication, DNACPR, f/u plans)

**RESIDENT WORKLOAD**
Unclear clinical and time commitment required for good quality discharge letters

### Root Cause analysis




**OUR GOAL:** Every patient discharged from UHNM receives a discharge letter that is:

**TIMELY**
Delivered within 24 hours

**STAKEHOLDER FOCUS**
Co-designed to reflect the priorities of stakeholders.

**SAFE**
Contains accurate information for safe transfer of care

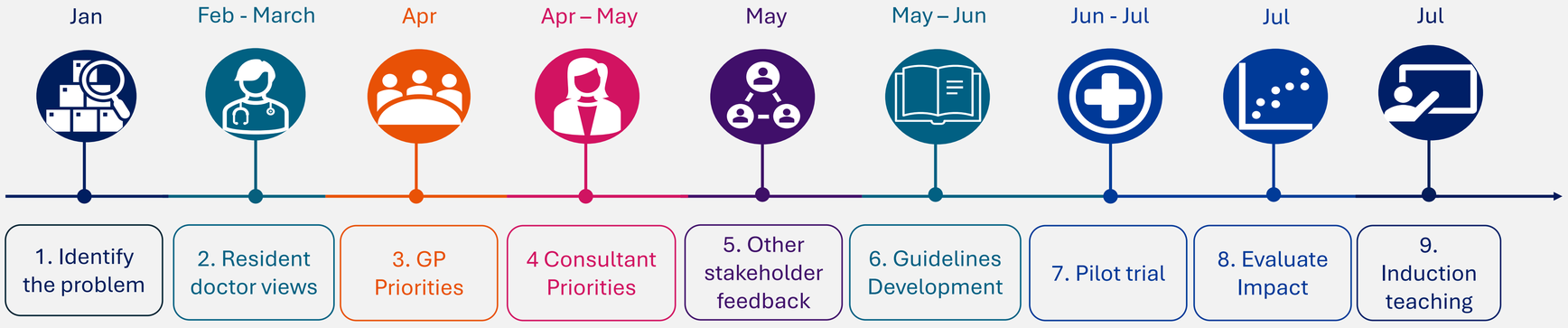



**CONCISE**
Clear and relevant information only

**CONTINUOUSLY IMPROVING**
Continuously refined through audit, feedback and quality control

**EASY FOR CLINICIANS**
Supported by systems that save time and reduce burden

## Timeline




## Designing the guidelines

**GPs** n=44, 33 practices
- Clear diagnosis
- Accurate medication changes
- Clear GP actions
- Respect forms / escalation plans
- 5-6 sentences narrative

**Consultants** n=69, 33 specialties
- Clear clinical reasoning
- Only key results and procedures
- Only important hospital events
- No copy & paste
- 5-6 sentences narrative

**Ward Staff** n=15, 6 Wards
- Easy and quick
- Better integration of systems
- Standardised format
- Better training and support
- Clear expectations

### Clinical Narrative Guidelines

**Clinical Summary**

What to include:
- Presenting symptoms
- Important treatments
- Major events (falls/seizures/complications/strokes/arrests/ICU admissions)
- Clinical progress (last sentence) new baseline and suitability for discharge

**5-6 Sentences Max**

**Investigations**

What to include:
- Interpretation only (not full reports, if normal NAD)
- No copy paste
- Only relevant blood results

**Procedures**

What to include:
- Only those beyond normal care (no venepuncture/cannulation)
- 1-2 sentences(name of operation, key findings and complications (no copy/paste)
- Long term catheters

Kind Excellent Together

## Success to date

1. Successfully **co-designed** guidance with **128 Stakeholders**
2. Secured **leadership engagement** and support
3. Planned small group induction teaching to **ALL** incoming residents (30 Jul)
4. Clinical Narrative Guidelines trial underway

**CURRENT PILOT TRIAL**
**(June – July 2026)**

**Testing the new discharge letter narrative guidelines on 3 wards**

General Medicine | Stroke | Specialised Surgery

**WHAT ARE WE MONITORING?**
- ✓ Adherence to the new guidance
- ✓ Resident doctor feedback on usefulness
- ✓ Consultant feedback on quality
- ✓ Timeliness of discharge letters

**Ongoing trial – Early Results**

**70%** **of discharge letter components are completed using our guidance**

**Positive feedback from Residents**
- Clearer expectations
- Improved confidence
- Reduced unnecessary information

**Feedback Informing Improvement**

Some residents reported:
- 6-sentence limit may be too restrictive
- No improvement in speed
- Ongoing systemic issues e.g. staffing and medication changes

## Planned Next Steps

**GP Query Platform**
- For GPs to direct queries to the discharging teams
- Data will support further training

✓ Prototype designed

**Trust wide Audit**
- Continuous monitoring
- Data collection by departmental residents and reviewed centrally

✓ Green light received by CMO

**EPMA Improvements**
- This prompted a parallel initiative to upgrade the EPMA system to better support the discharge process.

## Key Learning Points

1. **Curiosity:** Understand the root causes before implementing solutions.
2. **Co-design:** Engage stakeholders early to improve ownership and implementation.
3. **Continuous improvement:** Measure, learn, refine, and repeat to sustain meaningful change