

2013

Discharge Summaries: How Long Is Too Long?

Kevin M. Curl, MD

Thomas Jefferson University Hospitals, Kevin.Curl@jefferson.edu

Follow this and additional works at: <http://jdc.jefferson.edu/tmf>

 Part of the [Medicine and Health Sciences Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Curl, MD, Kevin M. (2013) "Discharge Summaries: How Long Is Too Long?," *The Medicine Forum*: Vol. 14, Article 23.
Available at: <http://jdc.jefferson.edu/tmf/vol14/iss1/23>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *The Medicine Forum* by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

DISCHARGE SUMMARIES: HOW LONG IS TOO LONG?

Kevin Curl, MD

The Graduate Medical Education (GME) committee is composed of all Jefferson residency and fellowship program directors, as well as ten selected housestaff members. The committee meets monthly to discuss a wide array of topics, including Accreditation Council for Graduate Medical Education compliance, duty hours violations, and program reviews. One recently covered topic was the timeliness of discharge summary dictations. Implementing changes to improve transitions of care remains a focus of all healthcare systems. Jefferson is attempting to take an innovative approach to this issue, and discharge summaries are only one of the areas being examined.

The current policy requires housestaff to dictate the discharge summary within 14 days of discharge. Delinquent summaries receive a monetary fine on a weekly basis. Attending physicians have up to 120 days from discharge to finalize the summary, which is currently not in line with the Joint Commission mandate of finalized summaries within 30 days of hospital discharge. With increasing emphasis on early outpatient follow-up, many primary care physicians are seeing patients prior to having access to the discharge summary. Because of the disparity between the current policy and goal of timely clinical follow-up, Jefferson is examining the current timeline to address this issue.

At its September meeting, the committee heard a proposal to alter the required time of finalizing the discharge summary to 17 days. Members discussed the appropriate allocation of the seventeen days between housestaff and attending physicians. Housestaff members were encouraged to voice their opinion about changing the current 14 days to 10 or possibly 7 days. The official recommendation of the committee was to preserve the current 14 day policy for housestaff, while making necessary adjustments to the attending policy.

After significant discussion and review by multiple hospital subcommittees, the official policy was announced at the January 22nd, 2013 GME committee meeting. The time for house staff will remain unchanged at 14 days, and the attending policy will change to 30 days from hospital discharge. Punitive measures for delinquent attending finalized discharge summaries will increase, including suspension and revocation of admitting privileges. This policy was officially implemented in April 2013. Undoubtedly, improving healthcare provider hand-off will remain an area of focus throughout the healthcare system. The Jefferson discharge summary policy will likely remain a target for improvement in the future.

“Twilight Valley”

photograph by Soham Vakil

