



## Discharge Summary and Care Coordination

Discharge summaries serve as the primary vehicle for communicating a patient's care plan once they leave the hospital. They are often the only documentation between a hospital and a patient's next setting of care. They are required if the patient stays longer than 48 hours and must be finished within 30 days of discharge and 24 hours of transfer to another facility. Here are core components of a discharge summary gathered from sources relevant to improving care coordination.

### Important Parts of a Discharge Summary

**The Joint Commission recommends 6 components for a complete discharge summary:<sup>1</sup>**

1. Reason for hospitalization
2. Significant findings
3. Procedures and treatment provided
4. Patient's discharge condition (e.g., discharge weight for patient with heart failure)
5. Patient and family instructions (medications, diet, physical activity, follow-up care)
6. Attending physician's signature

**The National Quality Forum (NQF) recommends 2 fields be included:<sup>2</sup>**

7. A comprehensive and reconciled medication list
8. List of acute medical issues, tests, and studies for which confirmed results were unavailable at the time of discharge and that require follow-up.

**Here are 7 additional components identified by the Society of Hospital Medicine for inclusion:**

9. Final diagnoses (primary and secondary)
10. Discharge destination
11. Follow-up appointments
12. Anticipated problems and suggested interventions
13. Pending laboratory work and tests
14. Recommendations of subspecialty consultants
15. Documentation of patient education

### Important Note

Every facility has a different discharge summary and there is no one standard format. The most important aspect to a discharge summary is that it is done efficiently and given to the patient at discharge, and that the clinicians who need it, have it at the right time in a patient's care.

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<sup>1</sup> The Joint Commission. *Standard IM.6.10, EP 7*.

<sup>2</sup> NQF. *Safe Practices for Better Healthcare – 2010 Update*. National Quality Forum: Washington, DC. 2010.