Preliminary findings of pre-survey on Patient Discharge Information Summary (PDIS)

Tang KS(1), Tang PF(1), Tong M(1), Huang JJ(1), Yau SN(1), Sit YK(1), Lee OW(1), Chu TT(1), Wong KC(1), Chan WL(1), Kwok WT(1)

(1) New Territories West Cluster Quality and Safety Division, (2) Department of Medical and Geriatric, Tuen Mun Hospital

Keywords:
Patient Discharge Information Summary (PDIS) questionnaire acute medical ward drug effect and side effect

Introduction
The scores of care aspects of information on discharge were relatively low according to HA Patient Experience and Satisfaction Survey (PESS) in 2009, 2010, 2013, and 2015. An auto-generated Patient Discharge Information Summary (PDIS) is developed to remind the most relevant and important side effects and danger signs of prescribed medicines aware after discharge and also the follow up appointments in HA. The pre-survey targeted patients aged 65 or above who discharged from Medical and Geriatrics ward, the collected data would be more specific than PESS.

Objectives
To assess patient experience and satisfaction on discharge information before implemented of PDIS.

Methodology
This was a pre-intervention patient experience survey by telephone interview using a structured questionnaire. Subjects were (1) HK citizens with HK Identity Card; (2) aged 65 or above; (3) discharged from acute Medical and Geriatrics ward; (4) at least stayed one night in hospital; (5) should be contacted within 48 hours to 14 days after discharge; and (6) able to speak Cantonese and give verbal consent.

Result
From Jul 2017 to Dec 2017, a total number of 419 patients who aged 65 or above who discharged from TMH acute M&G wards had been successful interviewed by phone. 13.9% of patients reported that they were not informed of indications of their prescribed drugs. Around 70% of sample reported that they were not informed of medications side effects and how to manage their side effects at home. 12.4% of patients reported that they had experienced medication side effects. Most of the interviewed patients (84.8%) claimed that they relied on the hospital as their source of information. Conclusions: The overall percentage of patient not receiving enough information on discharge regards to medication were relatively high. Most of our
patients relied on information from hospital during discharge. The PDIS program was designed to provide effective information to patients in better management of medication after discharge. The post-implementation patient experience survey will be conducted after the rollout of PDIS.