

Supplementary Material

General practitioners' perspectives on discharge summaries from a health network of three hospitals in South Australia

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Dear Colleague,

SURVEY - GENERAL PRACTITIONERS' PERSPECTIVES ON DISCHARGE SUMMARIES

I am writing to seek your participation in a survey about '**General Practitioners' Perspectives on Discharge Summaries**'. Enclosed is a copy of the survey, along with a reply-paid addressed envelope.

Southern Adelaide Local Health Network (SALHN) is continually looking at ways to improve our processes and ensure the tools we use to communicate with you remain effective. Our working group involving Pharmacy, General Medicine and the GP Integration Unit would like to hear your thoughts about the current discharge summaries you receive from SALHN. As the primary audience of discharge summaries, your perspective provides insightful information about their accuracy, timeliness, and utility.

If you have already completed this survey online, please ignore this request. Otherwise if you agree to participate, please provide your views by completing the survey enclosed, which is expected to take **around 5-10 minutes to complete** and return it in the reply-paid envelope provided **by Friday 28th October 2022**.

The results of the survey will help us better understand how Southern Adelaide LHN discharge summaries are received by GP colleagues. The information you provide is confidential and does not include any identifying information. The findings from this work will contribute to quality improvement and optimisation in the way that discharge summaries are prepared at SALHN.

If you would like further details about this survey or if you have any feedback, please feel free to contact me at mai.duong@sa.gov.au.

We look forward to your participation and your assistance is greatly appreciated.

Yours sincerely

Dr Mai Duong

SALHN GP Integration Officer

MBBS FRACGP

Southern Adelaide Local Health Network

20 September 2022

Supplementary material 2: Hardcopy of survey

General Practitioner Perspectives on Discharge Summaries produced by SALHN

Please tick or circle only ONE answer that best reflects your response

GP characteristics

Question 1: Sex

- ☐ Male
☐ Female

Question 2: Age

- ☐ <35
☐ 35-44
☐ 45-54
☐ 55-64
☐ ≥ 65

Question 3: Position Status

- ☐ Full-time
☐ Part-time

Question 4: Qualification

- ☐ Vocationally registered GP
☐ Non-vocationally registered GP
☐ GP in training

Question 5: Years worked in general practice

- ☐ <5
☐ 5-10
☐ 11-15
☐ >15

Question 6: Practice characteristics

- ☐ One GP
☐ 2-5 GPs
☐ 6-10 GPs
☐ ≥11 GPs

Question 7: Location

- ☐ Metropolitan
☐ Regional/Rural

Question 8: State of practice: _____

Accessibility

Question 9: What do you consider is a reasonable timeframe to receive a discharge summary?

At time of discharge	Within 24 hours	24-48 hours	2-5 days	5-7 days
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Question 10: How often do you see a recently discharged patient and have not received their discharge summary?

Never	Rarely	Sometimes	Often	Always
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Question 11: Do you think discharge summaries arriving late can adversely impact the care you provide?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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Question 12: Do you have any suggestions for improving the way discharge summaries are sent to your practice?

Question 13: Would you like to be notified when your patients are admitted and discharge from hospital?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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Question 14: Do you think patients should receive a copy of the discharge summary (for their own record or for sharing with GP at follow-up appointment)?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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Question 15: Do you think patients should receive a plain English version of the discharge summary?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Length and clarity

Question 16: Whilst the length of a discharge summary may depend on the complexity of admission, do you think there is a nominal ideal length of a discharge summary?

< 2 pages	2-4 pages	5-6 pages	> 6 pages	No ideal length
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Question 17: Are the discharge summaries you receive typically an appropriate length for the complexity of admission?

Much too short	Too short	About right	Too long	Much too long
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Question 18: How much time do you spend reading a discharge summary when seeing your patient post discharge?

Skim through	5-10 minutes	10-15 minutes	15-20 minutes	> 20 minutes
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Question 19: Do the discharge summaries you receive contain clear and accurate information?

Never	Rarely	Sometimes	Often	Always
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Question 20: How frequently do you detect omissions or discrepancies in discharge summaries you receive?

Never	Rarely	Sometimes	Often	Always
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Question 21: How often do you encounter excessive or unfamiliar medical abbreviations/acronyms in discharge summaries?

Never	Rarely	Sometimes	Often	Always
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Question 22: Do you think the experience or seniority of the doctor authoring the discharge summary impacts the clarity/utility of the document?

Never	Rarely	Sometimes	Often	Always
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Format

Question 23: Do you think the format of discharge summaries is adequate?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Question 24: Should any additional fields be added to the discharge summary?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Question 25: If additional field(s) are valuable, what should they be?

Question 26: Please rank the following items in discharge summaries in terms of the most helpful for your care of patients (1 most helpful & 4 least helpful)

- ___ Diagnosis update
- ___ Procedures and treatment
- ___ Medication management
- ___ Follow-up plans

Transparency of information

Question 27: How often is there appropriate detail regarding diagnostic information and interpretation of results in the discharge summary?

Never	Rarely	Sometimes	Often	Always
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Question 28: Do you think there is sufficient information regarding procedures and investigations undertaken in the discharge summaries you have received?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Question 29: For patients that have experienced an adverse event in hospital, do you think there was sufficient information in the discharge summary to manage sequelae of the event or mitigate the risk of recurrence?

Never	Rarely	Sometimes	Often	Always
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Question 30: Do you think discharge summaries you receive provide sufficient information for you to provide immediate follow-up post discharge?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Medication

Question 31: Do the medication lists in discharge summaries typically contain sufficient detail for you to manage your patient's drug therapy?

Never	Rarely	Sometimes	Often	Always
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Question 32: Do medication lists typically contain indications for each medicine?

Never	Rarely	Sometimes	Often	Always
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Question 33: Do medication lists typically contain details of dosage/frequency for each medicine?

Never	Rarely	Sometimes	Often	Always
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Question 34: How important is having rationale for changes to medication in discharge summaries?

Not important	Somewhat important	Moderately important	Important	Very important
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Question 35: How frequently is a rationale for changes to medication documented in the discharge summary you receive?

Never	Rarely	Sometimes	Often	Always
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Question 36: Do the medication lists ever contain substantial inaccuracies or omissions in the discharge summaries you receive?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
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Thank you for your participation

Supplementary Material 3. EFA 3 and 4-factor solutions showing eigenvalues, cumulative explained variance and factor loadings for the questionnaire items.

Factor 1		Factor 2		Factor 3		Factor 4	
Eigenvalues							
3.03		1.34		0.997		0.836	
Cumulative Explained Variance							
39.14%		56.49%		69.39%		80.2%	
Items and Factor Loadings For 4-factor Solution							
Q9	0.447	Q10	-0.477	Q22	0.436	Q23	0.427
Q14	0.533	Q11	0.544	Q34	-0.544	Q28	0.410
Q15	0.557	Q19	0.741				
		Q27	0.427				
		Q29	0.432				
		Q31	0.632				
		Q35	0.402				
Items and Factor Loadings For 3-factor Solution							
Factor 1		Factor 2		Factor 3			
Q14	0.558	Q10	-0.425	Q21	-0.421		
Q15	0.526	Q11	0.476	Q22	-0.414		
		Q19	0.715	Q34	0.433		
		Q27	0.457				
		Q29	0.443				
		Q31	0.643				

NB: All factor loadings <0.4 are not shown. The individual items of the 4-factor solution suggested latent constructs relating to Accessibility (Factor 1), Quality of information and impact on care (Factor 2), Clinical interpretation (Factor 3), and Format and clinical information (Factor 4).