Developing a Discharge Advice Letter Completion Score to Enhance Discharge Communication in a Welsh Paediatric Major Trauma Centre

F Solari, A Lygas, M Horner, S Humphry

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Background

A discharge advice letter (DAL) is a key communication tool between secondary and primary care, ensuring safe transitions and continuity of care. Poorly written DALs may fail to communicate admission details, procedures, follow-up plans, and care requirements, risking patient safety. This project aimed to develop a pan-specialty standardized tool to assess DAL quality and examine differences over 6 months in the Welsh MTC.

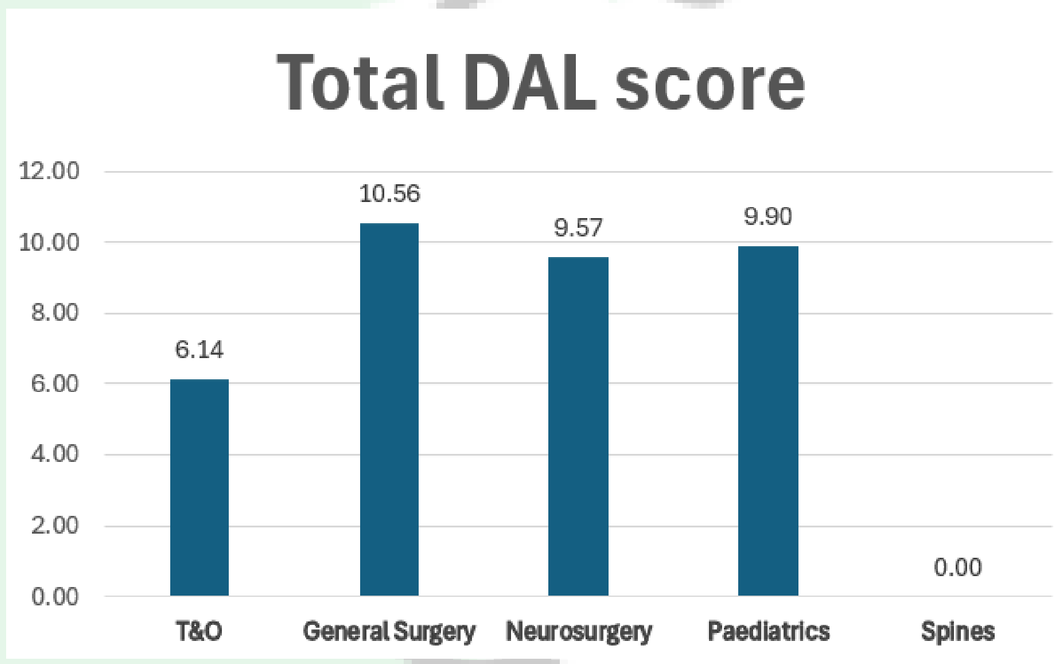
Methods

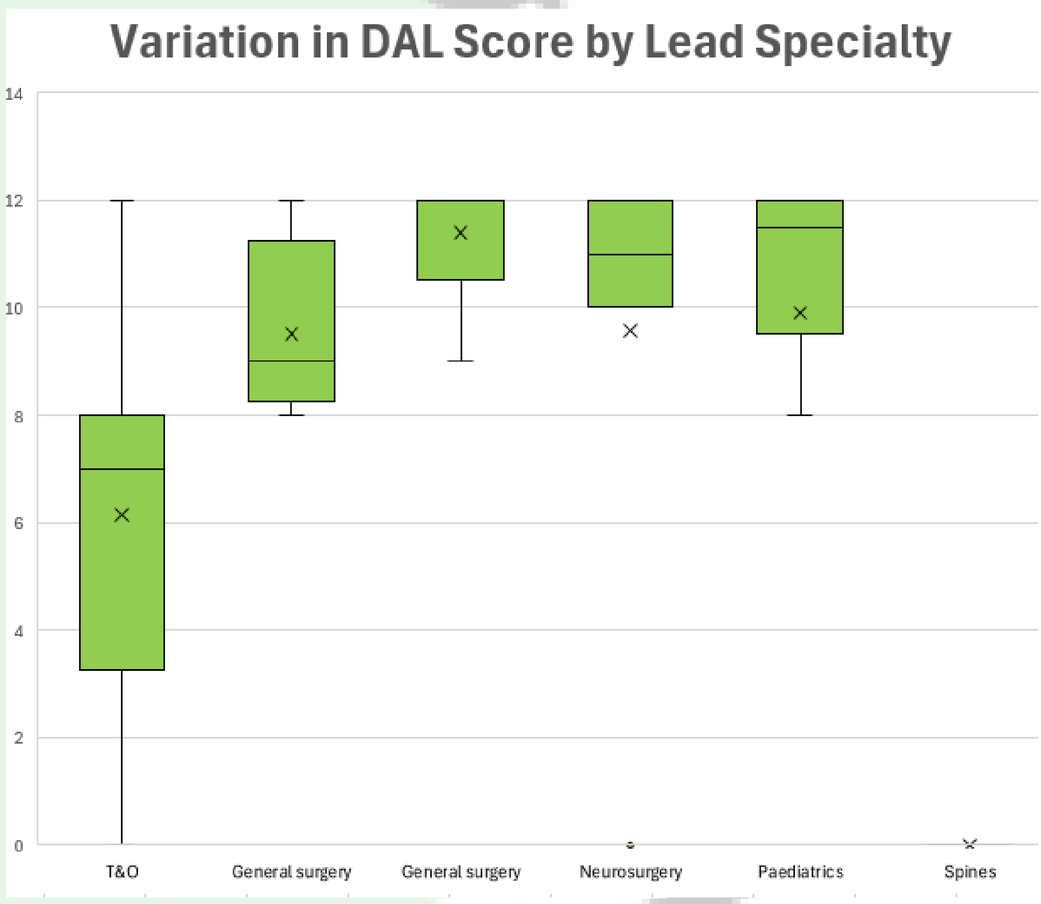
- Retrospective audit of all paediatric MTC inpatients from January to June 2024
- Reviewing DALs on the Welsh Clinical Portal
- Developed a 12-point DAL completion scale based on GMC and NHS standards
  - Admission details, diagnoses, clinical summary, investigation results, patient advice, and follow-up plans
  - Each domain scored 0 (absent), 1 (partial), or 2 (complete), summed for a total out of 12. DALs scoring <12 were deemed inadequate.

Results

Fifty-five patients were included: T&O 28 admissions, 11% adequate (n=3), mean score 6.14; Paediatrics 10 admissions, 50% adequate (n=5), mean score 9.90; General Surgery 9 admissions, 44% adequate (n=4), mean score 10.56; Neurosurgery 7 admissions, 43% adequate (n=3), mean score 9.57; Spines 1 admission, 0% adequate (n=0), score 0.

In T&O, six DALs contained only a single-line diagnosis or admission detail, 5 had admission details without diagnosis, and 4 had no DAL. Frequent omissions across specialties included admission details, diagnoses, and follow-up actions. T&O demonstrated significant variability in their DAL score, all other specialties demonstrated more consistency in DAL quality.





Conclusion

DAL completion and quality vary across the Welsh paediatric MTC network. The DAL completion scale provides a standardized, reproducible method to assess quality and identify gaps across specialties. Planned interventions include: targeted education, a structured DAL template, and repeat audit to measure improvement. This approach could be scaled to enhance communication, patient safety, and continuity of care in paediatric trauma.

WORTH
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