SUMMARY

The present **diagnosis card (H 383 A)** is the discharge summary, issued to a patient at the termination of his stay in hospital. A fully informative diagnosis card would enhance safe care transition from a health care professional to the other. The present card is very minimally structured and as a result the certain vital information is lacking, which is especially required for a follow up. Therefore there is a necessity to redesign a diagnosis card containing all the information.

The objective of this project is to re-design and assess the feasibility of implementation of the revised diagnosis card, in lieu of the present diagnosis card to meet the current issues relating to patient follow up in a Government Hospital.

This interventional study project, carried out in National Hospital of Sri-Lanka (NHSL), in three phases. The total study period extended from May 2015 to May 2016. Accordingly, the assessment of inclusion of information related to patient follow up in the present diagnosis card, redesigning of the diagnosis card and introduction of redesigned diagnosis card to NHSL were carried out. Finally, the feasibility of implementation of the diagnosis card was assessed.

The study instrument used during pre-intervention were, a format which is inclusive of the most vital information which was extracted from sample discharge summaries and the techniques used were literature reviews, consultative meetings, key informant interviews and focus group discussions. The techniques used during post intervention were focus group discussions and key informant interviews (qualitative analysis). A data collection format created based on the content of the redesigned diagnosis card and self-administered questionnaire was used for post assessment.

Both medical and surgical wards were line listed and two medical and two surgical wards were selected. The study population in the qualitative analysis is the total number of house officers, medical officers and the four clinicians. Focus group discussions and key informant interviews were conducted with the total study population. During pre and post intervention, to analyze the utilization pattern of present diagnosis card and redesigned card, a convenient sample of 100 cards were randomly selected from the total number of (photocopied) diagnosis cards.

Quantitative and qualitative analyses were done. The quantitative analysis was done during pre-assessment in order to assess the inclusion of information in the present diagnosis card. The results were analysed in tables and taken as inputs in redesigning the diagnosis card. Finally, redesigned diagnosis card (piloted version) was introduced to NHSL. The qualitative analysis (post intervention) was based on five thematic analysis i.e. content, space, presentation style, logical order and instructions guide.

The study revealed that, the final version of the redesigned diagnosis /revised version was successfully implemented in three levels and indicates the feasibility to implement in government hospitals in Sri Lanka. Therefore this redesigned diagnosis card is recommended to all the government hospitals in Sri Lanka and also an instruction guide is produced along with the card.

Key words: Discharge summary, Diagnosis card, Medical records