Supplementary material

S1 The laminated cards distributed within the haematology department at Guy’s hospital (PDSA 2). Codes - Diagnostic terms that are frequently missed from EDLs and that raise the tariff are included.

![Front side of discharge card](image1)

![Back side of discharge card](image2)
Dear Doctor,

**Presenting complaint:**

NB if sickle crisis, write ‘Crisis’

**Background / PMH:**

On EPR AND all diagnoses added on E-noting

Include long-term anticoagulant use, psychiatric issues (e.g. schizophrenia, depression) and social history (e.g. lives alone or homeless, ex-smoker, overweight, malnutrition)

NB: mention orthopaedic co-morbidities e.g. avascular necrosis and prosthesis

**Outline of what happened during admission to include:**

- Abnormal observations – i.e. any temp spikes/ do they routinely have lower sats
- Abnormal blood test results (e.g. deranged LFTs, hypokalaemia, high CRP, AKI)
- Infection, and if so which Abx
  - Any Imaging – with brief result – full report not necessary
- PICC line put in
- Any complications during admission
  - Remember to mention nausea, vomiting, diarrhoea, constipation and dehydration
  - Remember to mention any delirium

**Drug history**

Mention drug allergies & their reactions: penicillins, anaphylaxis and narcotics

- Issues with compliance or tolerance

**Treatment received**

- Any transfusions during admission – why and how much
- Any changes to hydroxyurea and why

Indications for all medications received during stay: - NB please make sure to mention

Laxatives for constipation, any Migraine treatment, and any diarrhoea.
any particular concerns raised by PT/OT/pall care/other specialists’.

**Outstanding results**
- And who will chase them – to be reviewed in clinic? Sickle team will chase?

**Outpatient plan**
- Next haematology appointment date
- Any other specialties Follow up plan
- Any jobs for GP.
- ?HDU appointment

**Weaning plan**
- Which drug and form (i.e. oramorph or Sevredol -Morphine IR tablet)
- Frequency of PRNs in a day and days at that frequency. (i.e QDS for 2 days, TDS for 2 days, BD for 2 days, OD for 2 days then stop).
S3 The absolute number of diagnostic codes added from medical student involvement in double-coding. This includes the diagnostic codes that have no effect on tariff.

<table>
<thead>
<tr>
<th>Week beginning</th>
<th>Number of diagnostic codes added</th>
</tr>
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<tbody>
<tr>
<td>1.9.2018</td>
<td>17</td>
</tr>
<tr>
<td>8.9.2018</td>
<td>26</td>
</tr>
<tr>
<td>15.9.2018</td>
<td>15</td>
</tr>
<tr>
<td>22.9.2018</td>
<td>11</td>
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<tr>
<td>29.9.2018</td>
<td>24</td>
</tr>
<tr>
<td>6.10.2018</td>
<td>10</td>
</tr>
<tr>
<td>13.10.2018</td>
<td>24</td>
</tr>
<tr>
<td>20.10.2018</td>
<td>56</td>
</tr>
<tr>
<td>27.10.2018</td>
<td>21</td>
</tr>
<tr>
<td>17.12.2018</td>
<td>9</td>
</tr>
<tr>
<td>24.12.2018</td>
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<td>31.12.2018</td>
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<td>18</td>
</tr>
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<td>28.01.2019</td>
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Overview of the financial income the haematology department at Guy’s hospital receives for sickle cell inpatient admissions. **A** | Total income generated per calendar month from all sickle cell admissions.  **B** | Median tariff the trust receives per admission. December is calculated from the 17th of December when PDSA2 was implemented, up to the end of the month.

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**A.**

![Graph showing departmental revenue from sickle cell patients (British pounds) with labels for PDSA 1, PDSA 2, and PDSA 3, and timestamps for implementation.]

**B.**

![Graph showing median tariff per patient admission (British pounds) with labels for first intervention (medical student coding) on 1.9.18, second intervention (laminated cards) on 17.12.18, and third intervention (discharge proforma) on 11.1.19.]