

Electronic Discharge Documentation (eDD)

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OUTSTANDING CARE
personally DELIVERED



- Discharge summary requirements
- Current performance
- Issues
- Process for completing discharge summaries
- ULHT policy
- Junior doctor responsibilities
- How to write a good discharge summary

What is a Discharge Summary?



A discharge summary is a clinical document outlining the care given to a patient whilst in hospital:

- **Patient details**
- **Presentation**
- **History and examination findings**
- **Investigations**
- **Diagnoses**
- **Management**
- **Complications**
- **Future management**
- **Medications**

History of Electronic Discharge Summaries



October 2015:

- NHS Trusts required to be using either secure email or direct electronic transmission to send and receive discharge summaries.
- The Professional Records Standards Body (PRSB) and Academy of Royal Medical Colleges (AoMRC) agreed electronic discharge summary standards.

December 2016:

- NHS Standard Contract 2016/17 mandated the sending of electronic discharge summaries.

ULHT Situation



- **45,000** electronic discharge documents (eDDs) a year
- 4000 a month
- 150 a day



SC11.5 Transfer of and Discharge from Care; Communication with GPs

*“When transferring or discharging a Service User from an inpatient or day case or A&E Service, the Provider must **within 24 hours** following that transfer or discharge issue a Discharge Summary to the Service User’s GP and/or Referrer and to any relevant third party provider of health or social care”.*

ULHT Policy



- *eDD must be sent to the GP within **24 hours** of discharge and;*
- ***ALL** patients must be offered a copy of their eDD at point of discharge*

eDD Performance



Performance monitored by Commissioners!!

Target = 100% eDDs sent within 24 hours

	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20
Discharges	4,350	3,961	3,752	2,321	2,975	3,121	3,570	3,309	3,543	3,552
% Sent Within 1 Day	93.2%	93.6%	93.4%	96.2%	95.6%	95.9%	90.1%	93.3%	93.3%	93.2%
% Sent Within 2 Days	93.8%	94.2%	94.0%	96.7%	96.2%	96.5%	92.5%	94.0%	94.0%	93.7%
% Sent Within 5 Days	94.9%	95.3%	95.1%	97.7%	97.1%	97.2%	96.4%	95.4%	94.9%	94.8%
% Never Sent	3.0%	3.1%	2.8%	1.4%	1.7%	1.5%	2.2%	2.7%	2.8%	3.6%

93.8% of eDDs sent within 24 hours in 2020

Backlog



4300 outstanding
eDDs not sent to
GP!!



ULHT received a Contract Performance Notice in
August 2018 from our coordinating
Commissioners:

£500,000

A MONTH!!!

ULHT | 24 months from 01/11/2018 to 31/10/2020
Trust - eDDs Sent Within 24 Hours
Source: Medway PAS & eDD



eDDs and Patient Safety



- Risks to patient safety can occur on discharge from hospital, when vital information is not transferred quickly to GPs and community-based services.

NHS England (2014):

- 33% patient safety incidents relate directly to poor communication at discharge
(National Reporting and Learning System 2012/13)

eDDs and Adverse Events



Adverse events due to poor discharge summaries are common

Oct 2016 and Dec 2018:

97 eDD incidents were reported through DATIX by primary care (HPF)

Two Serious Incidents (SIs) relating to eDD inc. one resulting in patient death

Example eDD Issues



Email to Medical Director 15th September 2020:

“A friend of mine, S B-G, was admitted to Lincoln County with unstable diabetes following a fall. She was discharged on 27th July and told that she required a follow up chest x-ray. She visited her GP surgery and was told that they would not organise one until they had heard from the hospital. She saw her GP last Tuesday (8th Sept) and the surgery had still not received a discharge summary (43 days after discharge). Her GP had contacted the ward in August about the lack of a discharge summary, so the ward was aware that it had not been done”.

➤ eDD sent 53 days after discharge!!

eDD Issues



“Inaccurate information contained within eDD”

“No eDD on transfer”

“Inaccurate diagnosis/treatment”

“eDD sent to incorrect GP practice”

“No INR details”

“Inadequate recording of medications”

“Delayed eDD”

“Incorrect discharge destination”

“Absence of pertinent information”

“Incorrect patient details”

Why are eDDs so Important?



- Primary documents communicating patient's care plan to post-hospital team.
- Facilitate **safe** transition of care back into community (or elsewhere), delivering relevant and accurate information to aid continuing care.
- Avoiding unnecessary **readmissions** caused by inadequate discharge information.
- **Information** resource for patient/carer.

ULHT Policy



- An eDD should be started for **all** patients on admission.
- **No** patient should be discharged from ULHT without an eDD being completed.
- **All** patients must be offered a copy of their eDD at the point of discharge.
- eDD must be sent to the GP within **24 hours** of discharge.

eDD Process



On Admission

- eDD should be commenced for all patients on admission (usually) by Ward Clerk/Receptionist or Staff Nurse.

e-Discharge: Discharge Form

United Lincolnshire Hospitals



NHS Trust

Discharge
Details:

Hospital Site

Summary Type

Specialty

 Edit

Pilgrim Hospital Boston

▼

Adult

General Medicine

▼

Pilgrim Hospital Boston
Sibsey Road, Boston, Lincolnshire, PE21 9QS
Tel: 01205 364801

GP Code: G0000000
Practice Code: C80000
Name: DR SMITH [v11.0]
Address: LINCOLN ROAD
LN22 2BB
Tel: 01522 222222
Fax: 01522 333333

Patient NHS Number: ██████████
Name: ██████████
Date of Birth: ██████████
Address: eDD HOUSE [v11.0]
LN11 1AA

field options

1. Date of
Admission:

19/02/2019

2. Date of
Discharge:

dd/mm/yyyy

Non-Mandatory fields: [Show All](#) | [Hide Incomplete](#) req.

M

M

3. Discharge
From:

Acute Medical Short Stay Unit

▼

M

e-Discharge: Welcome

Welcome to the ULH e-Discharge system. More information about the form, help, etc, is available at the foot of each page.

Version **11.3** of the Electronic Discharge Document (eDD) was released on **Wed 01st Apr 2020** with the following amendments:

[Click to see a summary of changes](#)

[Click to see a summary of previous versions](#)

(includes **supporting documents** for the full "Notification of Deceased" template, and "How to unlock an unsigned addendum")

By entering the eDD system you are agreeing to the [Acceptable Use Policy](#).
Please note that all access and actions performed on the system are audited.

[Continue](#) ➡

Tue 11th Aug

Tips for using eDD (including FAQ's)

Doctors

Before you start

Were you prompted to login to this system? Is YOUR name displayed on the search page or in the bottom right-hand corner of the patient banner?

If not: open a new Internet Explorer window (not tab) and try again.

Remember

The eDD is a progressive document and you are encouraged to save regularly. Do not "UNLOCK" a document unless you are sure the person named is no longer working with it.

Controlled Drugs

A list of all controlled drugs is available by typing "CD" into the "Drug" field. Selecting an item from this list is the only way that you can print a Controlled Drug sheet after the

AWAITING, Patient Search

Born: (Unknown)

NHS No: N/A

Legacy: Unknown

Logged in: Kate Cheshire

e-Discharge: Search

e-Discharge: Search

United Lincolnshire Hospitals 

NHS Trust


Please  search for the patient or an outstanding e-discharge using one of the options below.

Patient	NHS Number:	<input type="text"/>	Logged-in as:	Kate Cheshire
Site and Ward	Hospital Number:	<input type="text"/>	Job Title:	Compliance Coordinator
My Discharges	Gender:	<input type="text" value="v"/>	Contact:	01522 512512 ext 582676 (582676)
By Consultant	Surname:	<input type="text"/>	Are your 'Job Title' and contact numbers correct? [Update]	
	First Name:	<input type="text"/>	<input type="button" value="Clear Search"/>	<input type="button" value="Search Help"/>
	Date of Birth:	<input type="text" value="dd/mm/yyyy"/> 		
	<input type="checkbox"/> Patient Deceased?	<input type="button" value="Search for Patient"/>		

Select Patient (Patient search results will appear below)

eDD Search Results (Existing discharge records will appear below)

5 records found

Results for: **Ward 6A (Pilgrim Hospital Boston)** [Help / Key / More info*](#) 

Currently displaying: [All] Incomplete (inc. Inpatients)

Display order: **Status [for Ward]*** > then Date of Discharge (or Admission) > then Patient (Surname, Firstname)


e-Discharge: Search

United Lincolnshire Hospitals



NHS Trust

Please search for the patient or an outstanding e-discharge using one of the options below.

	Site: Pilgrim Hospital Boston	Logged-in as: Kate Cheshire
Site and Ward	Ward: Ward 6A	Job Title: Compliance Coordinator
My Discharges	Document Status: [All] Incomplete (inc. Inpatients)	Contact: 01522 512512 ext 582676 (582676)
By Consultant		Are your 'Job Title' and contact numbers correct? [Update]
	<input type="button" value="Search e-Discharges"/>	<input type="button" value="Clear Search"/> <input type="button" value="Search Help"/>

Select Patient (Patient search results will appear below)

eDD Search Results (Existing discharge records will appear below)

5 records found

Results for: Ward 6A (Pilgrim Hospital Boston)

[Help / Key / More Info*](#)

Currently displaying: [All] Incomplete (inc. Inpatients)

Display order: Status [for Ward]* > then Date of Discharge (or Admission) > then Patient (Surname, Firstname)

Select Patient (Patient search results will appear below)

eDD Search Results (Existing discharge records will appear below)

5 records found

Results for: Acute Medical Short Stay Unit (Pilgrim Hospital Boston)

[Help / Key / More info*](#) 

Currently displaying: [All] Incomplete (inc. Inpatients)

Display order: Status [for Ward]* » then Date of Discharge (or Admission) » then Patient (Surname, Firstname)

Highlight Rows Show Status Headers

Order Results By: Status [for Doctor] (Editing higher)  Update

Discharge Status Not Discharged: **Overdue: 3** | Due today: 0 | Unknown: 1 | Discharged: But not 'Complete': 1

Hospital	Specialty	Discharged From	Patient	Discharge Date	Consultant	
 Boston	Adult General Medicine	Acute Medical Short Stay Unit	██████████ ██████████	20 Feb 2019	Aarella Dr V	
 Boston	Adult General Medicine	Acute Medical Short Stay Unit	██████████ ██████████		Aarella Dr V	
 Boston	Surgical Vascular Surgery	Acute Medical Short Stay Unit	██████████ ██████████	10 Feb 2019	Subramaniam Mr M	
 Boston	Adult General Medicine	Acute Medical Short Stay Unit	██████████ ██████████	07 Feb 2019	Ahmed Dr S	
 Boston	Adult General Medicine	Acute Medical Short Stay Unit	██████████ ██████████	07 Feb 2019	Akubaine Dr C C	

[REDACTED]

Born: [REDACTED]

NHS No: [REDACTED]
Legacy: [REDACTED]

Logged in: ULHikcheshire

THIS DISCHARGE DOCUMENT HAS NOT YET BEEN COMPLETED!
The current status is Editing. [Help](#)

Discharge Option(s) [**Demo system only**]: [Mark as Unavailable](#)









 - Currently being edited by ULHikcheshire [started 5 hours ago at 12:55:57]
 - To continue editing this document click 'EDIT' above, otherwise please click 'UNLOCK'

THIS SECTION WILL NOT BE PRINTED e-Discharge: Discharge Management



Discharge Patient [Help](#)
 Please use this button if the patient is expected to be discharged today, or if they have already been discharged from hospital. The document can be recalled if necessary at a later time.

[About e-Discharge](#) | [Support Information](#) | [Top of Page](#)

CONFIDENTIAL e-Discharge: Adult Discharge Document

Sent to GP (please circle) Date: ___ / ___ / ___
 Faxed Posted Initials: _____

To DR SMITH [v11.0]
 LINCOLN ROAD
 LINCOLNSHIRE
 ENGLAND
 UK

United Lincolnshire Hospitals 
NHS Trust

Pilgrim Hospital Boston
 Sibsey Road, Boston, Lincolnshire, PE21 9QS
 Tel: 01205 364801

Wednesday, 20 February, 2019 [12:52:52]

[Patient Details](#)

5. Admission Type:

M

6a. Problem / Diagnosis:

Available		Selected
1st degree AV block	Add => Other... <= Remove	
2nd degree AV block (Mobitz Type I)		
2nd degree AV block (Mobitz Type II)		
3rd degree AV block (Complete)		

M

6c. Relevant Co-morbidities:

'Check' box to add any Comorbidities

9. Procedure/Treatment (Type, Side, Site and Date):

Include Procedure/Treatment? (Please 'check' if there are any procedures/treatments for this patient)

No Procedure/Treatment will be added for this e-Discharge record

10c. Acute Kidney Injury (AKI)

AKI Status: N/A

Complete AKI information

10d. COVID-19 status? (has the patient been tested, and if so, are the results pending, negative or positive)

COVID-19:

M

A brief narrative summary of the episode, including investigations and treatment:



M

21. Clinical Summary:

Click to include...

- Swallowing Recommendations [[Add recommendations](#)]
- Blood transfusion during this admission [[Add blood donation note](#)]

Guidance

21a. Created from notes?

Was this eDD created from the patient's notes only? (i.e. not through interaction with the patient)

No ▼

M

13:25:25

Include details of planned investigations, procedures and treatment:



M

22. Plan and requested actions:

Please do NOT ask the GP to book future [hospital](#) tests/appointments



- **Information given to the patient**
- **Assessment scales**
- **Social context**
- **Special requirements**
- **Legal information**
- **Safeguarding issues**
- **Safety alerts**

IMPORTANT:



Full medications listing is now only required for patients admitted for longer than 72 hours.
For patients with a LOS <72 hours, prescription by exception can be used
(i.e. only medications stopped/started/changed during this admission need to be listed)

Enter medication using:

Prescription by Exception

Admitted over 3 days ago

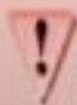
Should only be used where patient is in hospital for less than 72 hours

All medication (on discharge)

Should be used where patient is in hospital for over 72 hours (or where full medication is preferred)

Include Medication? (Please 'uncheck' if there are no medication changes for this patient)

Please record changes (i.e. stopped / started / changed) to the patient's usual medication below.
The communication to the GP will state:



IMPORTANT - The following items are exceptions to the patient's existing medication.
The patient's medication has been amended as below, all other medication should be taken as previously prescribed."

Medications



Listing Medications on eDD:

< 72 hour admission – Just drug changes during this admission:

- Stopped
- Started
- Changed

> 72 hour admission – Full medications listed

eDD Process



Prior to Discharge

- Clinical information should be recorded throughout patient's hospital stay as appropriate.
- One-day prior to discharge, all information **must** be checked and completed before eDD signed off.

eDD Process



Day of Discharge

- Two nurses check eDD and ensure medications have been checked and supplied (unless no medications prescribed).
- Discharging professional is responsible for ensuring the patient is offered a copy of eDD, the eDD is sent to GP and a copy retained in patient's notes.

Escalation Procedure



- If eDD has not been completed and signed on morning of discharge, nurse-in-charge should contact junior doctor.
- If eDD still not completed by 10am on morning of discharge, this should be escalated to site duty manager who will inform consultant.
- **Consultants are responsible for ensuring eDDs are completed for their patients.**

ULHT Policy



Transfer to Non-ULHT Hospital/Other Provider:

If a patient is transferred to another hospital Trust or another provider (e.g. hospice), the eDD must still be completed to inform the GP of the patient's transfer.

Out of Area Patients/GPs:

eDDs must be completed in the usual way for out-of-area patients (or patients whose GPs are out-of-area). If a patient's GP is outside Lincolnshire, a copy of the eDD must be printed off and posted to the GP.

ULHT Policy



Same Day Emergency Care (SDEC) / Ambulatory Care:

*eDD must be completed and sent to the GP
within 24 hours.*

Discharge Lounges:

*eDD must be completed by the consultant
team/ward responsible for the patient's care
before they are transferred to the Discharge
Lounge.*

ULHT Policy



Addendums

Addenda should only be used if an error is noted on an eDD and a clinical amendment or correction is required (or if an issue is identified post-discharge).

An addendum allows the corrected information to be sent to all the relevant parties.

Anticoagulation on eDD



Increasing amount of complaints from the CCG/community about patients discharged on anticoagulation:

- No documentation or booking of INR appointment post-discharge.
- No VTE education on discharge.
- Inappropriate dose of anticoagulant prescribed.
- No discharge letter received by the community teams.

Stop the Clot, Spread the Word®

Anticoagulation on eDD



ULHT Guidelines on Discharge:

- GP's should be notified of patients taking anticoagulation medication using the eDD within 24 hours of discharge.
- Patients should be referred to their local anticoagulation service.
- Patients on warfarin will require an INR test on discharge.
- Patients should receive verbal and written information on VTE at discharge.
- Patients should be counselled on which anticoagulant they're on.

Anticoagulation on eDD



If patients are discharged on Warfarin, DOAC's or injected anticoagulants, the eDD must include:

26a. Anticoagulation

Is the patient on anticoagulation?: **M**

Details:
(Started/Changed/INR)

Drug:
Current dose:
Indication:
Planned length of duration:
Last 3 INRs and dates (if on Warfarin):
INR target:
Next INR test due/appointment date:

Please give details of indication, duration, or why anticoagulant has been changed.
Where applicable, please also include INR results and the date the next INR date is due.
Please make sure you have given the patient their yellow book (Warfarin Anticoagulant Record).

M

Writing a Good eDD



What do GP's want to know?

- Concise summary narrative of patient's journey through episode of care .
- Containing only pertinent information on this episode.
- Clear rationale for any changes, especially to medications.
- Clear ongoing plan with any required actions, especially urgent actions.

Writing a Good eDD



- What was the **journey** to get to that stage?
- Be concise and **highlight action points** and urgent matters.
- Highlight what has **changed**.
- What is the **plan** for the patient?
- How should the GP and patient manage the next steps?
- Remember: It will also be read and acted on by non-clinicians too.

Junior Doctor Responsibilities



Doctors must ensure eDD:

- Fully completed.
- Includes ALL medication on discharge (unless admission less than 72 hours).
- Includes concise summary of episode of care with clear rationale for any changes, especially to meds.
- Includes clear ongoing plan with any required actions – Follow-up must be arranged by the discharging team.
- Completed as ongoing process at regular points during admission and not as an event on discharge.

Responsibility and Accountability



- Consultants are ultimately responsible for ensuring eDDs are completed for their patients and ensuring their quality, accuracy and prompt dispatch.
- Responsible consultants leading clinical teams must ensure their team members understand and comply with eDD policy.

Points to Remember



- **No** patient should leave ULHT without a copy of their eDD.
- Copy of eDD must be sent to GP within **24 hours**.
- eDDs are vital for **patient safety**.
- Primary mode of communication.
- Brief and concise summary.
- Clear ongoing plan and actions.



Thank you

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