

Directive: compliance is mandatory

Electronic Discharge Summaries Directive

Policy developed by: System Performance

Approved at Portfolio Executive on: 16 July 2013

Next review due: 31 July 2015

Summary The purpose of the Electronic Discharge Summaries Directive is to mandate a uniform approach for SA Health in providing electronic patient discharge (separation) summary information to the National eHealth Record System for patients that have a Personally Controlled Electronic Health Record (PCEHR).

All hospitals, health units and clinical staff will send electronic Discharge Summaries to a patient's National eHealth Record where the patient has one.

Keywords Discharge Summary, Separation Summary, PCEHR, National eHealth Record (PCEHR), Consent, Directive, Electronic Discharge Summaries

Policy history Is this a new policy? **Y**
Does this policy amend or update an existing policy? **N**
Does this policy replace an existing policy? **N**

Applies to CALHN, SALHN, NALHN, WCHN, CHSALHN, Clinical Solutions Support Centre

Staff impact All Clinical Solutions Support Centre Staff and Management
All Clinical, Medical, Nursing staff at Hospitals which are enabled for sending electronic Discharge Summaries to the PCEHR

PDS reference D0321

Version control and change history

Version	Date from	Date to	Amendment
1.0	16/07/2013	Current	Original version



SA Health
Policy Directive

Electronic Discharge Summaries

1. Purpose

This Directive outlines SA Health's strategies to deliver on aspects of its state-wide commitment under the national health reform agreement. The agreement aims to improve health outcomes for all Australians and the sustainability of the Australian health system.

SA Health is committed to ensuring that where technically possible, hospitals have the capability to manage the sending of electronic Discharge (Separation) Summaries to a patient's Personally Controlled eHealth Record (PCEHR) also referred to as the National eHealth Record.

This directive covers the following requirements:

1. Reconciling IHIs (Individual Health Identifiers) to improve data integrity to accurately identify when a patient has consented to send to the National eHealth Record (PCEHR).
2. Managing patient requests to withdraw consent to upload to the National eHealth Record (PCEHR).
3. Managing patient requests to Disclose Existence of a National eHealth Record (PCEHR) where a National eHealth Record (PCEHR) has been hidden.
4. Managing Doctor/Clinician or Consultant requests to remove a document such as a Discharge Summary from a patient's National eHealth Record (PCEHR).

The directive provides governance which clearly outlines the responsibilities of individuals and hospitals in relation to sending and managing electronic Discharge Summaries to the National eHealth Record (PCEHR).

2. Scope

All staff who provide services to patients in SA Health hospitals including Medical Records/PKI, unless an exemption has been granted. All Clinical Solutions Support Centre staff.

3. Responsibilities

3.1 Directors and Management

Directors and Management are responsible for contributing to and coordinating the engagement, communication and training in the supporting tools and processes put in place to deliver against this directive.

Management will take responsibility for ensuring that where no exemption applies, hospitals are capable of sending electronic Discharge Summaries to the National eHealth Record (PCEHR).

3.2 Clinicians, Interns and Nurses

Clinicians have a responsibility to ensure an electronic Discharge Summary is created and distributed to the National eHealth Record where a patient has one.

3.3 Medical Records/PMI

Medical Records/PMI has the responsibility to endeavour to complete the process for IHI Reconciliation is undertaken on a daily basis to ensure accurate data integrity and the ability to match the details of a patient in hospital with their National eHealth Record.

3.4 Clinical Solutions Support Centre Staff

Staff in the Clinical Solutions Support Centre (CSSC) have the responsibility to endeavour to administer patient and medical staff requests for PCEHR Maintenance Request activities within a reasonable timeframe. These activities are limited to:

- Withdraw Consent.
- Disclosing Existence.
- Remove Document.

3.5 All Hospital Staff

All hospital staff that come into contact with patients are responsible for knowing, understanding and enacting the process for requesting a PCEHR maintenance activity be administered by the Clinical Solutions Support Centre.

4. Obligations

4.1 Hospitals Enabled

SA Health is committed to ensuring that where technically possible, hospitals have the capability to manage the sending of electronic Discharge (Separation) Summaries to a patient's Personally Controlled eHealth Record (PCEHR) also referred to as the National eHealth Record. For a full list of sites and their exemption status please see section 8 Exemptions

The uploading of a record to the PCEHR system does not relieve SA Health employees of any obligations that may be applicable to keep clinical records about a patient. Nor does it relieve them of other obligations that may exist, including any obligation to communicate information to a consumer and healthcare professional(s) responsible for the patient's next episode of care (eg GP, Aged Care facility).

Where a patient is under the age of 18 years, the address information for the child will automatically be omitted from the Discharge Summary sent to the National eHealth Record. This aims to mitigate against incidents where issues of conflict may have arisen between parents who are authorised representatives for their child, and displaying the address information in a discharge summary submitted to the PCEHR may inadvertently place the threatened party/parties at risk.

4.2 Quality of Information

All staff entering patient information into a Patient Administration System or a Discharge Summary has a responsibility to ensure that the information is correct and complete before finalisation.

They are obligated to ensure that information entered into a Discharge Summary is:

- Of a high quality.

- Is concise.
- Delivered quickly.
- Contains pertinent data which can be easily consumed by the patient where reasonable and practicable and so as not to diminish the quality or reason for the discharge summary.

4.3 Training

All staff entering patient information into an electronic Discharge Summary or undertaking any PCEHR Maintenance activities has a responsibility to undertake training before they are authorised to access the PCEHR system, including in relation to:

- How to use the system accurately and responsibly.
- The legal obligations on healthcare provider organisations and individuals using the PCEHR system.
- The consequences of breaching those obligations.

5. Authorities/Delegations

The directive does not specify any authority levels but does identify responsibilities for hospital staff, directors, managers and clinical support.

5.1 Exemption Scope

Exemption can be requested to elements of this policy, through the exemption process identified below.

Exemptions are only approved where the Exemption Authority is satisfied there is a compelling business justification and given appropriate consideration to the risks. Approval does not transfer acceptance of the risk to the Exemption Authority.

Action	Authority	Delegate
Review requests for exemptions	Portfolio Executive	Jenny Richter

Through the consultation process, some health services were identified that would need to address a range of issues in order to comply with the directive. Exemptions are therefore granted in the following scenarios:

1. The service does not have the technical capability to send an electronic Discharge Summary.
2. The service does not provide in-patient services
3. The patient is a child under Guardianship of the Minister.

For a full list of sites and their exemption status please see section 8 Exemptions

5.2 Exemption Process

Where an exemption is sought from compliance with any other aspect of this directive, the manager of the Local Health Network must submit a directive exemption business justification to be reviewed and approved by the Authority noted above.

Directive exemption requests must be provided in writing to the Authority noted above stating:

1. The area of the directive where the exemption would be applied.
2. The reason for exemption if outside those identified in the Exemption Scope above.

6. Compliance Summary

The compliance of users with this policy will be reviewed and monitored.

7. References/Related Documents

The following documents have been referenced in developing this document:

7.1 [Patient Identification Guideline v3.0 25-02-2013](#)

7.2 [National eHealth Record Website and corresponding materials](#)

8. Exemption


The below table indicates which sites mandatory compliance to the Directive would be applicable.

All sites are exempted from sending electronic discharge summaries to the National eHealth Record where the child is under Guardianship of the Minister.

It also identifies for which sites an exemption has been granted due to the site not having the technical capability to send electronic discharge summaries to the National eHealth Record.

In Scope (In-Patient Services)	Exemption Granted for all other Hospitals not listed under the 'In Scope' column
Royal Adelaide Hospital	Barossa Hills Fleurieu & KI Region
The Queen Elizabeth Hospital	Flinders Eyre & Far North Region
Glenside Hospital	Riverland Mallee Coorong Region
Repatriation General Hospital	South East Region
Modbury Hospital	Yorke & Northern Region
Flinders Medical Centre	South Australian Ambulance Services
Lyell McEwin	GP Super Clinics and GP Plus Elizabeth
Women's & Children's Hospital	Out-Patient Services
Mt Gambier Hospital	Gawler Hospital [^]
Noarlunga Hospital*	Whyalla Hospital [^]
	Berri Hospital [^]
	Port Pirie Hospital [^]
	Port Lincoln Hospital [^]
	Port Augusta Hospital [#]

* Once EPAS is live at Noarlunga hospital we will work with hospital executive to determine the eDischarge requirement. In the interim an exemption applies.



^ Country Health Executive is in the process of determining the implementation strategy. Gawler Hospital is a proposed pilot site, following which we will determine the feasibility of deploying PUMA at the other five Country sites with live PAS feeds. In the interim an exemption applies.

At a point in time, Country Health Executive will work to determine the deployment strategy for this site in line with EPAS deployment. In the interim an exemption applies.

9. Definitions

Term	Definition
eDischarge Summary	<p>A discharge summary is currently defined as "A collection of information about events during care by a provider or organisation" [AS4700.6 (Int) 2007]. It comprises of a document produced during a patient's stay in hospital, as either an admitted or non-admitted patient, and issued when or after a patient leaves the care of the hospital.</p> <p>At hospitals using OACIS, this is commonly referred to as a Separation Summary.</p>
National eHealth Record (PCEHR)	<p>A National eHealth Record (PCEHR) is an electronic summary of a patient's health records.</p> <p>The Australian Government is rolling out a National eHealth Record system and people seeking health care in Australia can now register for it. This is the first step in the development of the National eHealth Record system, which will be built up in carefully managed stages.</p> <p>As the system develops over time, having an eHealth record will give doctors, nurses and other healthcare professionals involved in a patient's care access to a summary of key health information, provided they gave initial consent through access settings in their National eHealth Record (PCEHR). This will include information such as medications, test results, hospital discharge summaries, allergies and immunisations.</p> <p>As people and healthcare organisations register for the eHealth record system, health care will become better connected which will result in better, faster and more efficient care.</p>
IHI	<p>An individual healthcare identifier (IHI) is a unique 16 digit number. A unique IHI was automatically allocated to most Australian residents on 1 July 2010 and can be allocated for any other person seeking healthcare in Australia. They are issued by the Healthcare Identifier Service (HI Service) which is part of Medicare Australia.</p> <p>An IHI provides a reliable and accurate way of uniquely identifying a person to provide healthcare and manage healthcare records.</p>

Term	Definition
<p>Withdrawing consent</p>	<p>On registering for a National eHealth Record (PCEHR), a patient has consented to any provider engaged in their care to be able to access their record and send an electronic Discharge Summary to it.</p> <p>A provider may always assume consent to post information to an Individual's record unless the Individual specifically requests them not to.</p> <p>An Individual may withdraw their consent verbally on presentation at Hospital or at any time during the episode.</p>
<p>Disclosing Existence</p>	<p>A patient may elect not to disclose the existence of their National eHealth Record (PCEHR). This is initially set and maintained by the patient at registration on the www.ehealth.gov.au website. The patient can change it at any time in the same way that they can change other access controls.</p> <p>Where a patient has elected not to disclose existence as per the above, they can at the time of hospitalisation choose to disclose the existence of their National eHealth Record (PCEHR) to the institution.</p>
<p>IHI Reconciliation</p>	<p>An individual healthcare identifier (IHI) provides a reliable and accurate way of uniquely identifying a person to provide healthcare and manage healthcare records.</p> <p>When a patient is admitted to hospital a process is started which checks to see if that person has an IHI based on the below demographics (IHI Lookup). This lookup will occur every time a patient is admitted to hospital for a new episode.</p> <p>If one of the following pieces of demographic information is incorrect their IHI cannot be found:</p> <ol style="list-style-type: none"> 1. Last Name. 2. First Name/s. 3. Date of Birth. 4. Medicare number or DVA file number. <p>By undertaking IHI reconciliation, the institution will be able to identify if the patient has a National eHealth Record (PCEHR), enabling them to send an electronic Discharge Summary to it.</p> <p>Additionally, this will increase the accuracy of data for Medicare billing.</p>

Term	Definition
<p>Removing electronic Discharge Summary Documents</p>	<p>Electronic Discharge Summary documents can be removed by SA Health and by the Individual subject of care.</p> <p>The clinician who finalised the electronic Discharge Summary or the consultant responsible for the patient care at the time of discharge may send a request to the Clinical Services Support Centre who will manage the removal of an electronic Discharge Summary document submitted to the National eHealth Record.</p> <p>A document that is removed will no longer show on a patient's National eHealth Record. This document can however be retrieved by the Clinical Services Support Centre.</p> <p>A document should only be removed in the following cases:</p> <ol style="list-style-type: none"> 1. A patient had advised to withdraw consent, but withdrawal of consent hadn't been initiated in PUMA prior to an electronic Discharge Summary being sent 2. An electronic Discharge Summary was sent to the wrong patient's National eHealth Record 3. A clinician has noticed an error after sending the electronic Discharge Summary and superseding the document is not a sufficient course of action. <p>Once a document has been removed, it will no longer appear in a patient's National eHealth Record.</p> <p>In a case where information in the electronic Discharge Summary has been updated, the amended final version should be distributed to the original recipients and the national eHealth Record, and will result in the initial Document being superseded. Both the new and superseded documents will then be available on the National eHealth Record.</p>