Discharge summary formats

Enterprise Discharge Summary (EDS) March 2019

Overview

To assist with differentiating between discharge summary formats, please review the comparisons below to ensure you are receiving the most efficient method for your practice.

Portable Document Format (PDF)

The PDF version is displayed in The Viewer and is the preferred format delivered to practices via post and/or fax. If a GP accesses the Health Provider Portal, they will also be presented with a PDF version of a discharge summary.

Agent Description	Reaction Description		Init	ial Reaction	n Date 🛛 🖌	pprox?
Buprenorphine Transdermal Patches 5, 10, 20mg	nausea		20-	Jul-2011	Y	'es
Morphine	Nausea and vomiting		20-	Jul-2011	Y	'es
Alerts						
No relevant alerts						
Follow Up Arrangements Nil Entered						
Recommendations to GP	o is necessary					
Recommendations to Patie Nil Entered Care Plan Summary Nil Entered	nt					
Pathology						
Investigation · Full	Blood Count					
Order Date : 20-J Order Number : 508 Specimen Type : Bloo Specimen Collected : 20-J Investigation Status : Fina	lul-2011 (Date Requested) 729545 Id Iul-2011 08:05 I					
Order Date : 20-J Order Number : 508, Specimen Type : Bloo Specimen Collected : 20-J Investigation Status : Fina Observation	Iul-2011 (Date Requested) 729545 Id Iul-2011 08:05 I	sult Flag	Units		Ref. Range	Status
Order Date : 20-J Order Number : 5087 Specimen Type : Bloo Specimen Collected : 20-J Investigation Status : Fina Observation Value Haemoglobin 99	Iul-2011 (Date Requested) 729545 id ul-2011 08:05 i L	sult Flag	<mark>Units</mark> g/L	[F 1	Ref. Range 35 - 180	Status Fina

Electronic (text) format

The electronic text version, is an **unformatted** document that distributes straight into practice software via a secure messaging provider e.g. Medical-Objects and Health Link. This format **does not** contain **Pathology** and **Radiology results**, just investigation status per example on the next page.



RECOMMENDATIONS TO GP		
RECOMMENDATIONS TO PAT	IENT	
See GP 3-5 days after	r discharge from hospital.	
	th dr on medication	
CARE PLAN SUMMART		
PATHOLOGY		
Investigation Order Date Order Number Specimen Type Specimen Collected Investigation Status	: Full Blood Count : 20-Jul-2011 (Date Requested) : 508729545 : Blood : 20-Jul-2011 08:05 : Final	
Investigation Order Date Order Number Specimen Type Specimen Collected Investigation Status	: GFR (estimated) : 20-Jul-2011 (Date Requested) : 508729545 : Blood : 20-Jul-2011 08:05 : Final	
Investigation Order Date Order Number Specimen Type Specimen Collected Investigation Status	: Sample Appearance : 20-Jul-2011 (Date Requested) : 508729545 : Blood : 20-Jul-2011 08:05 : Final	
Exampl	e of Pathology results in electronic text version	

Clinical Document Architecture (CDA) format

CDA is an easier to read, more structured format which includes **Pathology** and **Radiology results**. CDA is delivered straight into practice software (if using compatible software) and uploaded to the My Health Record.

Investigation	GFR (estir	nated)				
Order Date	20-Jul-20	11 (Date Reque	sted)			
Order Number	50872954	5				
Specimen Type	Blood					
Specimen Collected	20-Jul-20	11 08:05				
Investigation Status	Final					
Observation	Value	Result	Units	Ref. Range	•	Status
CEP (actimated)	50	Ĩ	ml /min/1.73m^2	> 60		Final
Pathology Test Result (Eve Investigation	nt > Diagnostic Investigations Sample Aj	> Pathology Test Result)		33 (07958)		
Pathology Test Result (Eve Investigation	nt > Diagnostic Investigations Sample Aj 20-111-20	> Pathology Test Result) ppearance 11 (Date Regula	stad)	33 (079589)		
Pathology Test Result (Eve Investigation Order Date Order Number	nt > Diagnostic Investigations Sample A 20-Jul-20 50872054	> Pathology Test Result) opearance 11 (Date Reque	sted)	51 (100)25		
Pathology Test Result (Eve Investigation Order Date Order Number Specimen Type	nt > Diagnostic Investigations Sample A 20-Jul-20 50872954 Blood	> Pathology Test Result) opearance 11 (Date Reque 5	sted)	51 ((m).51		
Pathology Test Result (Eve Investigation Order Date Order Number Specimen Type Specimen Collected	nt > Diagnostic Investigations Sample A 20-Jul-20 50872954 Blood 20-Jul-20	> Pathology Test Result) oppearance 11 (Date Reque 5 11 08:05	sted)	 (1) (general 		
Pathology Test Result (Eve Investigation Order Date Order Number Specimen Type Specimen Collected Investigation Status	nt > Diagnostic Investigations Sample A 20-Jul-20 50872954 Blood 20-Jul-20 Final	>Pathology Test Result) oppearance 11 (Date Reque 5 11 08:05	sted)	C) yenimi		
Pathology Test Result (Eve Investigation Order Date Order Number Specimen Type Specimen Collected Investigation Status Observation Value	nt > Diagnostic Investigations Sample A 20-Jul-20 50872954 Blood 20-Jul-20 Final	> Pathology Test Result) oppearance 11 (Date Reque 5 11 08:05	sted)	It Units	Ref. Range	Status

Is my practice software compatible for CDA?

Queensland Health is successfully sending discharge summaries in CDA format to practices that are using the following Practice Management Systems:

- **Best Practice** LAVA edition or higher (includes Indigo)
- Medical Director v 3.16b or higher
- ZedMed all versions

• Genie V8.8.6 or higher

How can I sign up for CDA delivery?

All clinics and practices will need to be registered within the Queensland Health electronic distribution directory to be able to receive summaries in CDA format. To do so, please complete the following steps:

- 1. Update practice details via the Secure Transfer Service (STS) AddressBook Update Form http://bit.ly/stsmoform.
- 2. Sign up for CDA testing by emailing <u>EDSTV-Corro@health.qld.gov.au</u> with your practice software details.
- 3. Work with the testing team to complete the required steps.
- 4. Provide evidence of a positive test result by emailing a screenshot to the testing team.

Once a positive test result has been confirmed in writing, the practice will be enabled to receive CDA discharge summaries directly into their practice management system.