

# An exploratory analysis of hospital discharge summaries across Europe

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## **Background**

Hospital discharge summaries play a critical role in ensuring safe and efficient continuity of care, particularly through transmission of key information from secondary to primary. This paper aims to explore whether discharge summaries used in European hospitals are adequate to support continuity of care.

## **Methods**

We used three independent but complementary methods to compare discharge summary templates supplied to patients and/or referring physicians following hospital discharge in European countries, triangulating data from different sources. First, we undertook a survey of key informants on guidelines and standards for hospital discharge summaries. Second, we analysed two questions on discharge planning contained within a large international survey on disease management.

Finally we conducted a comprehensive internet search first to find any official information provided by national, regional and local authorities regarding the statutory or other basis for developing and using hospital discharge summaries, and second to identify any templates freely available online.

## **Results**

To the best of our knowledge, no standardized EU discharge summary or guidelines exists. Some countries reported having a standard national template produced by their Ministries of Health. Others published minimum data requirements for all clinical documents used in the national health system, including discharge summaries. Other countries are guided by hospital accreditation systems and guidelines. Our findings also indicate a wide variation in discharge summary content across and within EU Member States. The most commonly included categories are 'information on admission/discharge date', 'diagnosis at admission/discharge', 'procedures undertaken' and 'medication information'. Disease classification such as ICD-10 was often lacking, as well as detailed information on medication, pending laboratory results, and details of the treating clinician which are important factors for continuity of care.

## **Conclusions**

Discharge processes and content differ across Europe due to various national, regional and hospital-specific regulations or guidelines. Official information on national and regional standards for discharge summaries proved hard to obtain.

Our research suggests that discharge summaries used in European hospitals may be inadequate to support continuity of care.

## **Key messages**

Our research suggests that discharge summaries used in European hospitals may be inadequate to support continuity of care where patients cross borders.

Official information on national and regional standards for discharge summaries proved hard to obtain.