Xt-EHR (EU4H-2022-JA-09, project number 101128085)
Targeted Stakeholder Expert Consultation on Draft Deliverables of Work Package (WP) 5 - 9

Template for comments

Deliverable: **D7.3 Discharge reports: Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems**
Version:

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EU Member State (MS) ISO 3166 two-letter country code **or "EU"** for European stakeholder organisations	**Organisation name**	**Xt-EHR target stakeholder group**	**Section/ Subsection** number	**Page** number	**Line** number	**Figure/ Table / Paragraph** number	**Category** of comment (major or minor)	**Type** of comment (general, technical or	**Comment** (justification for change)	**Proposal how to resolve comment**, proposed change	**Observation/ response to comment by WP**, information if and how comment was addressed
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	I. AIM OF THIS DOCUMENT	xii	1-33	First paragraph	major	general	The document aims to establish requirements and specifications for Electronic Health Record (EHR) systems to support the creation, exchange, and interoperability of the European Electronic Health Record Exchange Format (EEHRxF), specifically for Discharge Reports (DRs) within the European Union. However, there needs to be more clarity on several critical aspects, particularly on what can be expected by member countries on the practical implementation and usability for healthcare professionals. The presentation can be confusing and does not offer a clear understanding of how the system is intended to function in practice. The data models appear overly detailed, encompassing nearly every conceivable event that may occur during a clinical encounter. If all this information is transmitted at every discharge, it will likely result in information overload for the recipients, thereby diminishing the utility of the discharge report. Elaborating details are provided in the following comments.	The documents require clarification and improved structure. The focus should be shifted toward clinical usefulness, recognising that the discharge report is primarily a practical tool for communication between healthcare professionals, essential for ensuring high-quality patient care. The technical models must support this approach.	e.g. agreed, acronyms introduced in D9.1_v1.0
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	3.4. European Health Data Space (EHDS) Regulation (EU) 2025/327	8	353-356	4. Patient Rights and Access Control	major	general	If the patient is a minor (below 16 or 18 years of age), the discharge report should contain information about caregiver situation and caregivers with legal access to health data, and information about access limitations to health data. The needs of vulnerable children and adolescents must take precedence. The best interests of the child should be clearly emphasised at the outset and throughout the guideline. While relatively few children require confidentiality from their parents, the consequences of lost confidentiality can be catastrophic. Digital access to health information is unlikely to provide significant health benefits compared to paper-based or verbal access, or a short delay in digital access. The default setting in medical record systems should be to deny digital access, with the option to grant it at the lowest organisational level (department/unit) after a risk and vulnerability assessment focusing on the needs of vulnerable children. Parents should not be granted continuous digital access to the child's record in child and adolescent mental health services unless specifically deemed safe after individual assessment. Continuous digital access should likewise not be granted in general practice, youth health clinics, school health services, or by psychologists and similar providers. Healthcare professionals must not be burdened with increased workload.	Include a short explanatory note or reference to relevant legislation defining guardians' rights to access a minor's health data, and how such rights should be documented in the discharge report. This will ensure consistent understanding and correct application in practice.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4. IMPLEMENTATIO N GUIDES	11	427-452	Whole chapter	major	general	In the proposal, 139 fields are included in the discharge report. Of these, 28 are in the header. We expect all of these to be populated automatically—meaning no manual input from clinicians beyond logging in (single sign-on), opening the patient's record, selecting the correct document type, and clicking "generate discharge report." The remaining 111 fields are in the body, 16 of which have a cardinality of 1. This design is overly complex. A large number of fields seem to be included "just in case" they may prove useful later in the process. For example, in Norway, there is extensive experience with electronically generated discharge reports, referrals, and other health documents, as well as effective systems for securely transferring documents between practitioners. In practice, many of the fields that Norway systems are programmed for are rarely—if ever—used, as they do not contribute to clinical workflow, medical understanding, or efficiency. Forcing healthcare professionals to fill in too many dedicated fields only results in more time spent, greater frustration, and ultimately poorer quality of care for patients—because healthcare professionals spend more time on the computer than with the patient. Having numerous unused "available" fields also creates unnecessary maintenance work and leads to inconsistent field usage across regions, resulting in discrepancies in report content and format. **A better approach is to start with a bare-minimum core model, ensuring that only essential fields are programmed from the outset. This should be complemented by flexible free-text fields that support the natural doctor–patient consultation, allowing for text that is relevant in the specific case at hand—but not necessarily in the next case.** For secondary purposes, artificial intelligence could be used to extract relevant information from free-text and automatically populate dedicated fields when necessary. **Different clinical settings have different needs—there is no universal, multi-field "one-size-fits-all" model. The system should be adaptable to existing national infrastructure and allow for modification of fields based on clinician feedback.** If clinicians identify a specific field as necessary for clinical or operational purposes, then—and only then—should it be programmed and integrated. **This targeted, feedback-driven approach** avoids unnecessary clutter for the receiver and prevents discharge reports from being filled with empty, meaningless headlines.	Automate all header fields. Program and implement only a bare minimum of fields to simplify maintenance. Regularly evaluate these fields in close cooperation with clinician feedback - adopt a targeted feedback-driven approach.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.1.6 Generating of Discharge Reports	15	564	Table 2	major	technical	It is unclear how the EHR system (discharge report creator) is expected to compile and validate data into a discharge report, or where this data is supposed to originate. If the expectation is that clinicians must manually complete numerous dedicated fields for each discharge, this will significantly disrupt clinical workflow and increase the burden on the clinicians. **The data model (pages 53–289) appears to assume that all information recorded during a consultation—or across multiple consultations—must be captured in structured fields. This approach is not feasible in practice.** It interrupts the clinician–patient interaction and hampers effective communication between healthcare professionals. **A discharge report is not a compilation of copied fragments from the patient record.** It is a carefully considered clinical summary, designed to convey relevant and actionable information to the receiving healthcare professional. **Including excessive data risks obscuring key details and reducing the report's usefulness. Information overload can lead to critical omissions in patient care.** **The development of discharge reports must be guided by the principle of targeted communication:** What information does the recipient need? And what action, if any, is expected in response? These questions must shape both content and format. **Discharge reports must be clinically relevant, efficient to produce, and adapted to the specific care context.** Any system that does not support this will likely fail in real-world use. Clinicians need to document in free text, tailored to the clinical situation, rather than follow rigid data entry templates. One-size-fits-all models have been tried before. Where forced, clinicians often bypassed structured fields, entering essential information as free text instead in fields that allow it, even if the "header" is wrong. **We must learn from these experiences and avoid imposing documentation structures that do not align with clinical workflows.** The proposed level of granularity risks making the discharge report fragmented and inefficient, undermining its purpose as a precise communication tool. **If structured formats are needed for secondary purposes, AI should be employed to sort and categorise information. This should occur seamlessly in the background, without interfering with the clinician's workflow.**	Clarify how data entry is expected to occur, and how this data will be compiled into a discharge report. Ensure that the clinician's workflow is central to the design—both for those generating the discharge report and for those receiving and acting upon it. The system must support efficient documentation and effective clinical communication. Be guided by the principle of targeted communication.	
EU	CPME - Standing Committee of European Doctors / Medical Chamber of Slovenia	Health care experts and providers	4.2.6 Long-term Maintenance of Value Sets and Interoperability Assets:	26	763	First paragraph	major	general	CPME supports the deliverable proposal to debate the pratical usability of the discharge report. From CPME Slovenia member, it was highlighted that the standards' inability to represent data are not considered very problematic. The main reals issues are the immaturity of clinical workflows, the variability of implementation, and the lack of a widespread end-user-side capability to use the structured data effectively. The promise of FHIR is a fully computable, seamless care transition. The current reality is often a sophisticated creation of a modern document that is still used in a very traditional way by healthcare professionals (HCPs) and patients. For HCPs, the gap between technical possibility and practical reality is where the main problems are expected to reside. From the health care providers side of view it is important to stress, that mechanisms should be in place to protect patients safety.	Address practical usability issues of the discharge report, facilitating debates among doctors, collecting their feedback, ensuring proper discussion on merging clinical practice with a technical standard. Consider the patient experience with discharge letters too to avoid improper implementation.	

EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.3.3 Data Format and Structure	27	815	Second paragraph	major	editorial	It is unclear which data elements are intended to constitute the discharge report. The connection between the composition presented on page 27 and the conceptual model on page 30 is not evident. Even after reviewing the linked Xt-EHR Logical Information Models, this relationship remains unclear. Furthermore, the example provided in the Guideline on the electronic exchange of health data under Cross-Border Directive 2011/24/EU (pages 58–63) does not correspond to either the composition or the conceptual model.	Provide additional clarification to support comprehension. Include concrete examples demonstrating how the generated discharge report will be presented to clinicians in practice.	
EU	CPME - Standing Committee of European Doctors	Health care experts and providers	4.3.3 Data Format and Structure	30-50	876-949	Figure 1-33	minor	editorial	The figures lack accompanying textual explanation	Add a textual explanation. Specify where the element will appear in the discharge report, or which parts of it will be included in the discharge report.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.3.3 Data Format and Structure	31-50	881-949	Figure 2-33	minor	editorial	The figures seem to be organised alphabetically rather than in a logical order aligned with the conceptual model. This hampers understanding of how the various elements are intended to be structured and integrated. Furthermore, there is a lack of consistency between the element names in the figures and those used in the conceptual model on page 30. This discrepancy adds to the confusion and requires clarification.	Reorganize the Figures According to the Conceptual Model Structure, Ensure Consistent Naming of Elements, Add Cross-Referencing Between Figures and Conceptual Model	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.4.3 Logical Data Model - Datasets	51	981	4th paragraph, first bullet point	minor	editorial	The numbering in the tables from page 53 to 289 is stated to use the labels A, B, or C; however, this is not the case. The Body elements start their coding at A and continue through AG, which is very confusing.	Edit the tables so they follow the intended numbering system described on page 51.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.4.6 Discharge Report Body	53-289	1000-1001	Table 13	major	editorial	A clear logical connection between the table describing the data elements and the conceptual models is lacking. The elements are not presented in the same order, and they do not appear to correspond directly. This inconsistency creates confusion and hinders understanding of how the data models relate to the conceptual structure.	Reorganise the table according to the Conceptual Model Structure, ensure consistent naming of elements	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.4.6 Discharge Report Body	56	1000	Table 13	minor	editorial	The table lacks both a number and a descriptive title.	Add number and title	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	4.4.6 Discharge Report Body	67	1000	Table 13	minor	editorial	In the conceptual model on page 30, "Allergy and Intolerance" is shown as a subcategory of "Alerts." This structure is not mirrored in Table 13, where the relationship between these elements appears to differ.	Align the presentation in Table 13 with the conceptual model to eliminate this inconsistency	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	112-118	1000	All sub-elements of L.1 Header	major	technical	**All these elements should be automatically populated when the logged-in clinician opens the patient's record and creates a discharge report.**	Ensure automatic population of fields	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	119	1000	L.4.1 Advanced Directives	minor	general	The purpose of this document in the discharge summary is unclear. If any clinical decisions are based on it, this should be clearly stated in the synthesis. If it is to be included at all, it should be attached separately.	Delete	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	119	1000	L.4.2 Alerts	minor	technical	The source of the data displayed in Alerts is unclear. It should be specified whether this information is entered manually for each discharge report, automatically retrieved from the Patient Summary, or optionally sourced from other systems. It also appears that allergies are presented as a subcategory of Alerts, which differs from the Patient Summary where they are clearly separated. In addition, it is not evident whether Alerts function as an active pop-up warning for the recipient or are simply recorded in the discharge report. Clarification is also needed on whether this field is intended to contain general critical alerts, alerts specific to the current health contact, or all alerts and allergies, as well as how extensive the alerts are expected to be described.	Specify the data source for Alerts (manual entry, Patient Summary, or other systems). Make sure it alignes so that it can be reused in, or populated from, the Patient Summary. Clarify whether Alerts trigger a pop-up warning or are only recorded in the report. Define the intended scope (general critical alerts, contact-specific alerts, or all alerts and allergies) and the required level of detail in descriptions.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	119	1000	L.4.2 Alerts	major	technical	It is unclear whether the alerts model is intended to function as a marker/flag on existing data, or as an independent data element. If it is designed as a separate list, this will create redundancy, as physicians would have to enter the same information in multiple places. For example, allergies and intolerances should trigger an alert if they are life-threatening or harmful, but not if they are merely inconvenient. The same principle applies to problem lists and previous diseases (e.g., Addison's disease should be flagged, but not a past appendectomy), as well as some implants, anesthesiological complications, and other domains. **A better solution is to include flagging options as a header attribute within the relevant category, so information only needs to be entered once.** The physician can then manually mark items to ensure they will appear as alerts when other healthcare professionals access the patient's summary. This approach has been successfully implemented in Norway, where flagged items are indicated by a symbol in the respective lists. Clicking the symbol in the header provides a consolidated overview of all flagged conditions, medications, or other information. If no alerts are present, the "alerts" tab remains greyed out and inactive. Further details can be found in the Norwegian report "Kjernejournal Kritisk informasjon – Klinisk beskrivelse og kodeverk" and in the article "Alert information in the Norwegian Summary Care Record, doi: 10.4045/tidsskr.14.1085." **The alert attribute could also be supported by metadata to increase trust, such as onset date and how the information was identified.** Finally, we emphasise that the **alerts model should be consistent across all work packages,** including the discharge report. At present, the models differ and must be aligned.	Align the alerts model across work packages, implement it as a flag on existing data rather than a separate list, and include metadata (e.g., onset date, source) to increase trust.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	121	1000	L.4.3 Encounter Information	minor	technical	**The encounter fields must be automatically populated based on predefined coding adapted to the specific healthcare facility (e.g., type of encounter).** Manual entry should be kept to a minimum. **Specify which elements healthcare professionals are expected to populate manually.** Each facility must be able to configure these codes themselves to ensure the fields are tailored to their practical needs. The information must then be automatically transferred to the discharge report.	Clearly define the expected manual workload	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	121-127	1000	L.4.4 Admission Evaluation	major	technical	This field appears intended to retrieve data from EHDSObservations, but it is unclear which parts of "Observation" are to be included in the actual discharge report. None of the fields in EHDSObservations are named "anthropometric observations" or "vital signs," making it uncertain where these data should be recorded. Such information may also be documented multiple times during a single admission—should all entries be included in the discharge report, or only selected ones? Including all would often be of little value to the recipient, but if only some are to be sent, the selection process must be specified. **There is likewise no field named "Physical examination"; this, along with functional status, is typically documented as free text in admission or outpatient notes because it is relevant to the patient's condition at the time.** Is the intention that this information should be entered manually into the discharge report?	**Specify which EHDSObservations elements to include, define how repeated entries during an admission should be handled, and clarify whether physical examination and functional status must be entered manually or mapped from existing notes.**	

EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	121-127	1000	L.4.4 Admission Evaluation	minor	technical	In an outpatient consultation, the admission evaluation will be the same as the discharge evaluation and should not be recorded in a separate field. For clinics that only handle outpatients, the admission evaluation fields should be omitted through local coding or settings. For clinics that treat both outpatients and inpatients, the display of this section should depend on the encounter type selected in the encounter information.	Ensure the possibility to omit admission evaluation fields for outpatient-only clinics via local settings, and display the section only when the encounter type is inpatient.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	127	1000	L.4.4.4 patient history	minor	editorial	In the table, patient history is listed as a subsection of the admission evaluation, whereas in the conceptual model on page 30 it is shown as a subsection of "Body," on the same level as admission evaluation. This inconsistency carries through the document, causing all subsequent numbering to be incorrect.	Align the placement of patient history in the table and the conceptual model, and correct the subsequent numbering accordingly.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	127	1000	L.4.4 Patient history	minor	technical	**Patient history is described as the anamnesis; however, all subfields appear to focus on past problems or interventions. Where is the physician expected to record the current medical history (symptoms, duration, progression)?**	Specify where the current medical history (symptoms, duration, progression) should be recorded	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	130	1000	L.4.4.6.2 Past problems	major	technical	This section is highly problematic as it risks note bloat, information loss, and significant redundancy. The purpose of the field is also unclear, and its level of detail seems excessive for many situations where such documentation would be entirely unnecessary. Despite this, the field has a 1..* cardinality. However, the definition states "this section, if provided", which suggests the cardinality is not truly 1. We recommend changing the cardinality to 0..*, as the section could still be valuable in complex cases, for example in multimorbid patients where standard guidelines cannot be followed due to inter-diagnostic complications.	**Change the cardinality from 1..* to 0..***	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	130	1000	L.4.4.6.2 past problems	minor	technical	It is stated that the element is retrieved from EHDSCondition, but EHDSCondition has no field named "past problems," making it unclear what information is intended to populate this field or if it requiers manual entry.	Clarify which EHDSCondition field should populate "past problems" or adjust the source reference accordingly.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	131	1000	L.4.4.6.3 Devices and Implants	major	technical	**This field cannot rely on manual entry and must be synchronised with device registries. A negative statement should be the default, as the default state for a human is to have no device or implant.**	Enable synchronisation with device registries to populate the field and set the default to a negative statement indicating no device or implant.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	132	1000	L.4.4.6.4 History of procedures	minor	technical	This field should be automatically populated from historical entries in the EHR system related to the reason for referral and the diagnosis set in the current health contact, without placing a heavy workload on healthcare professionals. Without automation, it will be difficult and not a good time/gain priority to keep this field updated and relevant.	Enable automatic population of this field from relevant historical EHR entries to avoid unnecessary workload and poor time/gain efficiency.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	132	1000	L.4.4.6.5 vaccinations	major	technical	This field should only be included if the physician can retrieve the vaccination list by synchronising with a vaccine registry.	Enable synchronisation with existing vaccine registries.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	133	1000	L.4.4.6.6.1 Infectious contact	major	technical	**Infectious contacts are only relevant in diseases where contact tracing is necessary**—meaning situations in which the infectious contact also requires follow-up, such as testing, quarantine, or similar measures. **This information concerns third parties and should not be included in the discharge report, as it would constitute a GDPR issue by disclosing another individual's health information in the patient's record.** In many Member States, infection control declarations are subject to different legislation than individual healthcare, as the purpose is not solely the care of the individual patient but the protection of the whole population - public health. Information about infectious contacts should therefore be handled as a separate electronic message between the healthcare professional who identifies the infectious relationship and the healthcare professional responsible for notifying the contacts and ensuring appropriate action is taken.	Omit from the discharge summary and ensure communication through a dedicated system for contact tracing.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	133	1000	L.4.4.6.6.2 Travel history	minor	technical	In cases where travel history is relevant, it will naturally be included in the anamnesis and does not require a dedicated field. Maintaining a "general travel history list" would be time-consuming, difficult, and unnecessary for healthcare professionals to keep updated. If such a list is to be part of the patient record at all, it should be included in the patient summary, with the patient themselves responsible for adding travel information and keeping it up to date.	Omit a dedicated travel history field, as relevant details belong in the anamnesis, and place any general travel history in the patient summary for the patient to maintain.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	134	1000	L.4.4.6.6.7 Pregnancy history	minor	technical	It is unnecessary to separate this information into multiple fields. For most contacts, the key point is simply whether the woman is currently pregnant, and if so, how far along she is. This can be automatically extracted by AI from a free-text anamnesis field, as this is a routine question when evaluating women of fertile age when the condition or treatment could be affected by pregnancy. Past pregnancies are indirectly included in the family situation section (see later comments). For OB/GYN consultations more details are required, like specifyling GTPAL in obstetric history, and integration with, for example, ultrasound systems to ensure synchronisation and reduce redundancy.	Combine pregnancy-related information into a single field, enable AI extraction of current pregnancy status from free text.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	136	1000	L.4.4.6.10 family history	minor	technical	It is noted that this section is intended to use information from EHDSFamilyMemberHistory, but that data element is quite extensive. How much of this information will appear in the discharge report, and how is it intended to be populated there?	Specify which parts of EHDSFamilyMemberHistory should appear in the discharge report and define how this information will be populated.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	137	1000	L.4.4.7 Social Determinants Of Health	major	technical	**Only a general narrative field is necessary for the healthcare professional.** If specified fields are needed, they should be populated automatically using AI from the narrative field or by patient entry through the patient summary.	Provide only a general narrative field for healthcare professionals, and populate any specified fields automatically via AI or patient entry through the patient summary.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	137	1000	L.4.4.7.2.1 Work situation	minor	technical	This should be entered by the patient in the patient summary, and healthcare professionals should be able to retrieve the information electronically from the patient summary when relevant. If added it should say work/school so to include childreren and students.	Enable patient entry of this information in the patient summary and allow healthcare professionals to retrieve it electronically when relevant.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	137	1000	L.4.4.7.2.2 Hobby	minor	technical	This should be entered by the patient in the patient summary, and healthcare professionals should be able to retrieve the information electronically from the patient summary when relevant.	Enable patient entry of this information in the patient summary and allow healthcare professionals to retrieve it electronically when relevant.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	137	1000	L.4.4.7.2.3 Education	minor	technical	This should be entered by the patient in the patient summary, and healthcare professionals should be able to retrieve the information electronically from the patient summary when relevant.	Enable patient entry of this information in the patient summary and allow healthcare professionals to retrieve it electronically when relevant.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	140	1000	L.4.4.7.4.1 House type	minor	technical	This should be entered by the patient in the patient summary, and healthcare professionals should be able to retrieve the information electronically from the patient summary when relevant.	Enable patient entry of this information in the patient summary and allow healthcare professionals to retrieve it electronically when relevant.	

EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	141	1000	L.4.4.7.5 Family situations and all sub catagories	minor	technical	This should be entered by the patient in the patient summary, and healthcare professionals should be able to retrieve the information electronically from the patient summary when relevant.	Enable patient entry of this information in the patient summary and allow healthcare professionals to retrieve it electronically when relevant.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	143-145	1000	L4.4.7.6 Use of substances and all sub	minor	technical	Only a general narrative field is necessary for the healthcare professional. If specified fields are needed, they should be populated automatically using AI from the narrative field.	Provide only a general narrative field for healthcare professionals, and populate any specified fields automatically via AI.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	146-149	1000	L.4.4.8 Diagnostic summary	major	general	**This is a very detailed section that primarily offers administrative benefits.** Many healthcare providers already code this information through billing systems (in Norway HELFO, DRG). **What is the clinical benefit of further specifying and categorizing it as "treating" or "recognised"?**	Clarify the clinical benefit of categorizing as "treating" or "recognised," beyond existing administrative coding. If not valuable ommit.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	150-151	1000	L.4.4.8.3 Significant procedures	minor	technical	This field should be auto-generated from procedures already documented in other parts of the patient journal. For example, if an endoscopic procedure is performed and described, the corresponding code should automatically appear in this list. If no procedures are performed, no entry should be required, as many consultations consist solely of dialogue with the patient and manual clinical examinations.	Implement automatic generation of this field from existing procedure documentation, and remove the requirement for manual entry when no procedures are performed.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	153/154	1000	L.4.4.9 medical devices and implants	major	technical	If the reason for the healthcare contact is the implantation, explantation, or adjustment of a medical device, this will be clearly and naturally described in the synthesis of the consultation. When implanting, the device must already be registered in a dedicated registry. If it is to appear in detail in the discharge report, the information should be drawn from the registry to avoid redundancy.	Narrative as part of the syntehis. Use information from the medical device registry for discharge reports, and avoid duplicating details already covered in the synthesis of the consultation.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	155-157	1000	L.4.4.10 pharmacotherapy section	minor	technical	This information is important during the stay and will be documented, but it should not be included as a separate list in the discharge report. If medication relevant to the receiver of the discharge summary is administered, it will be stated in the narrative.	Keep this information in the clinical documentation during the stay, and only include relevant medications in the discharge summary narrative—avoid adding it as a separate list.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	159	1000	L.4.4.11 Significant Observation results	minor	technical	The information is most valuable when integrated into the clinical narrative, focusing only on what is relevant. For instance, an X-ray report may list numerous findings, but the receiving doctor after discharge primarily needs the key conclusion—and the actions it prompted in the hospital.	Include only the key findings and resulting actions in the synthesis in the course of encounter; omit unnecessary details.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	160	1000	L.4.4.12 Synthesis	major	technical	**In fact, this is the only clinical narrative field you need.** Here, the doctor records what happened and what is useful for the next caregiver. **There is no benefit in spreading clinical information across multiple separate fields**—it only takes more time for clinicians to complete. **Fields that can be populated by AI may be included, as long as they do not interfere with the clinical process.** The receiver must also be considered: if a discharge report is overly detailed, leading to information overload in long reports, it is less likely to be read during a busy workday, and important information may be missed.	**Keep a single clinical narrative field for essential information, allow AI to populate supplementary fields when useful, and avoid excessive detail that risks overwhelming the receiver.**	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	161	1000	L.4.4.13 Discharge details	minor	technical	All this information should be automatically generated. For outpatient stays, objective findings and functional status will often be identical, so there is no need for them to appear twice. **"All" information is too much information—the content must be targeted to the receiving clinicians and aligned with expectations for follow-up.**	Auto-generate this information, **avoid duplication,** and ensure content is targeted to the receiving clinician's needs and follow-up expectations.	
EU	CPME - Standing Committee of European Doctors / Norway Medical Association	Health care experts and providers	EHDSDischargeReport	167	1000	L.4.4.17 Medication summary	minor	technical	**Medications must be synchronised with the prescription modul. No manual entering of medicines in the discharge report.** Any new, discontinued, or modified medications must be clearly and prominently indicated.	Ensure synchronisation with the prescription database and enable clearly indicators for new, discontinued, or modified medications.	