

# Sparked



## Sparked Clinical Design Group

Tuesday 19 March Workshop

Online



# Acknowledgement of Country

We acknowledge the Traditional Custodians of the land  
on which we all gather today.

We pay our respect to elders past, present, and emerging and  
extend our respect to all Aboriginal and/or Torres Strait  
Islander people, acknowledging the First Peoples as the first  
scientists, educators and healers.

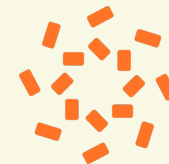


# Agenda

Item	Item	Time	Lead/facilitator
1	Welcome	5 mins	Kate Ebrill
2	Recap of eRequesting workshop Introduction to Australian eRequesting Data for Interoperability (AUeReqDI) AUeReqDI Scope	30 min	Kate Ebrill
3	Dive into the clinical model - Current pregnancy status - Estimated date of delivery - Last menstrual period - Menstruation summary - Medical device summary	50 mins	Heather Leslie
4	AUCDI R1 draft update	2 min	Kylynn Loi
5	Wrap up and close	3 min	Kate Ebrill

# Sparked Team

[FHIR@csiro.au](mailto:FHIR@csiro.au)



Kate Ebrill –  
Sparked Lead



Michael Hosking –  
Sparked Deputy  
Lead



Kylynn Loi –  
Clinical Design  
Lead



Dr Heather Leslie  
– Lead Clinical  
Data Modeller



Danielle Tavares-  
Rixon – FHIR  
Technical Lead



Steph Ong –  
Infrastructure  
Lead



Dusica Bojicic -  
FHIR IG Author



Brett Esler –  
FHIR Expert



Olivia Carter–  
Engagement  
Analyst



Matt Cordell –  
Clinical  
Terminology  
Specialist



Michael Osborne  
– FHIR  
Terminologist



Heath Frankel –  
FHIR Expert



Nisha  
Subramanian –  
Business Analyst



Chris Kellalea-  
Maynard -  
Snr Business  
Analyst



Michael Wilson –  
FHIR Solution  
Architect



Ilya Beda –  
FHIR Expert



Madison Black  
– Engagement



Bernadette  
Cranston –  
Program Director



# Sparked CDG team



Kate Ebrill –  
Sparked Lead



Michael Hosking –  
Sparked Deputy  
Lead



Kylynn Loi –  
Clinical Design  
Lead



Dr Heather Leslie  
– Lead Clinical  
Data Modeller



Matt Cordell –  
Clinical  
Terminology  
Specialist



Michael Osborne  
– FHIR  
Terminologist



# Sparked CDG Clinical Co-Leads

To remind us and keep us focused & on track based on scope



Chris Moy



Harry Iles-Mann



Charlotte Hespe



Andrew Hugman



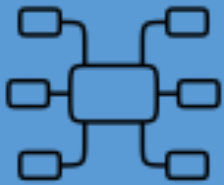
Chaturica Athukorala



# What is AU eReq IG and Australian eRequesting Data for Interoperability (AUeReqDI)?

CDG is here

AU  
eReq  
DI



Specifies “*WHAT*” clinical information (and corresponding data elements and terms) should be included for data entry, data use and sharing information supporting eRequesting

TDG is here

AU  
eReq  
IG



Specifies “*HOW*” the core set of data (above) and information should be structured, accessed and shared between systems for the eRequesting use case



# AUeRequestDI

## **Role of AU eRequest DI**

**A consistent and standardised set of structured data to be captured, used and shared for eRequesting**

**Informs the design of the eRequest FHIR Implementation Guide**

### **Data:**

- To solve the above use case priorities for R1, what data is critical as a foundation to build on?

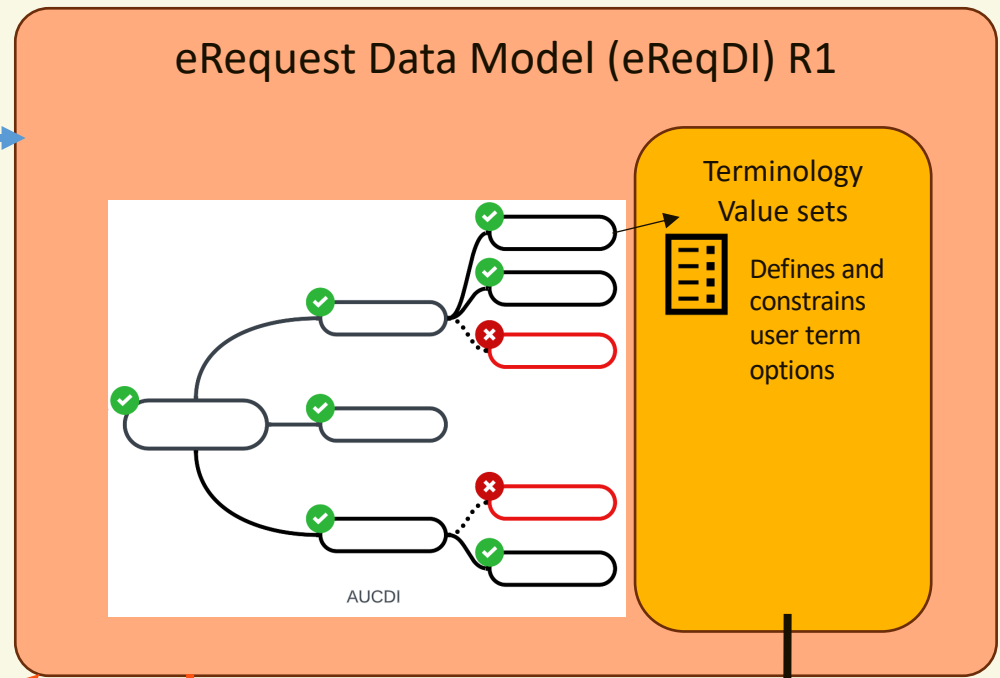


# Informing the eReq data model



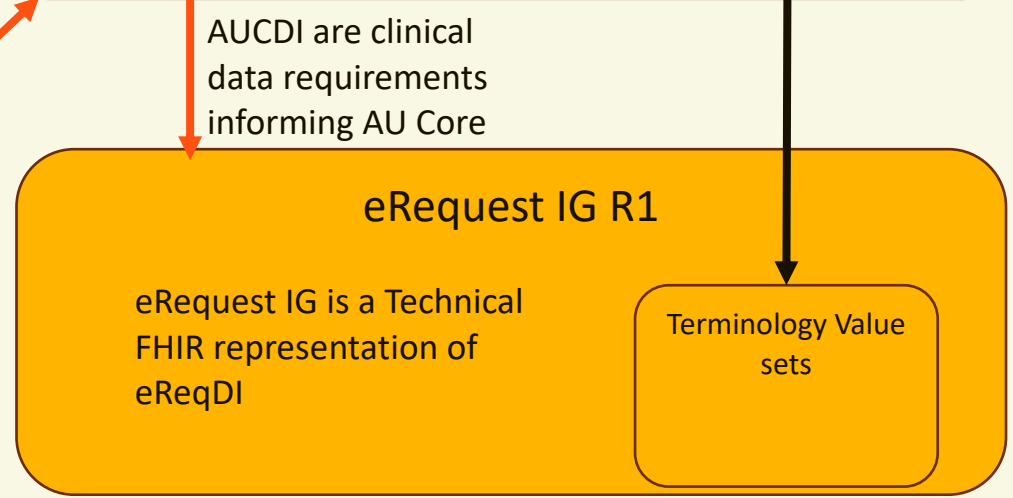
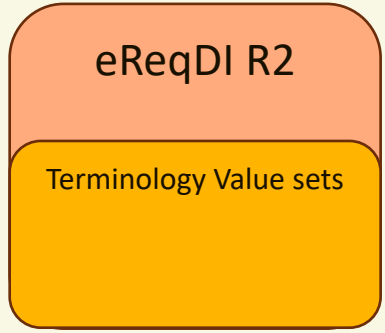
- FHIR Service Request
- International consumer Summary (IPS)
- openEHR Archetypes (International)
- US Core Data for Interoperability (USCDI)
- CSIRO Primary Care Data Quality Foundations (PCDQF) (AU)
- Professional Record Standards Body Standards (PRSB - UK)
- AIHW Minimum Data Sets
- The pan-Canadian Health Data Content Framework
- Services Australia – Service Request
- Medicare Benefits Scheme
- Clinical workflow and data requirements Reporting requirements

A range of local and international sources informs the content and structure of information models in eReqDI

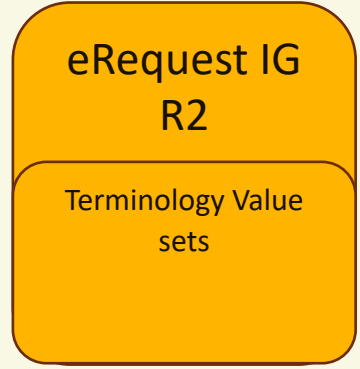


Clinical Decision Support (CDS) & AI Data Reuse  
Enhanced Reporting capabilities  
...

enables



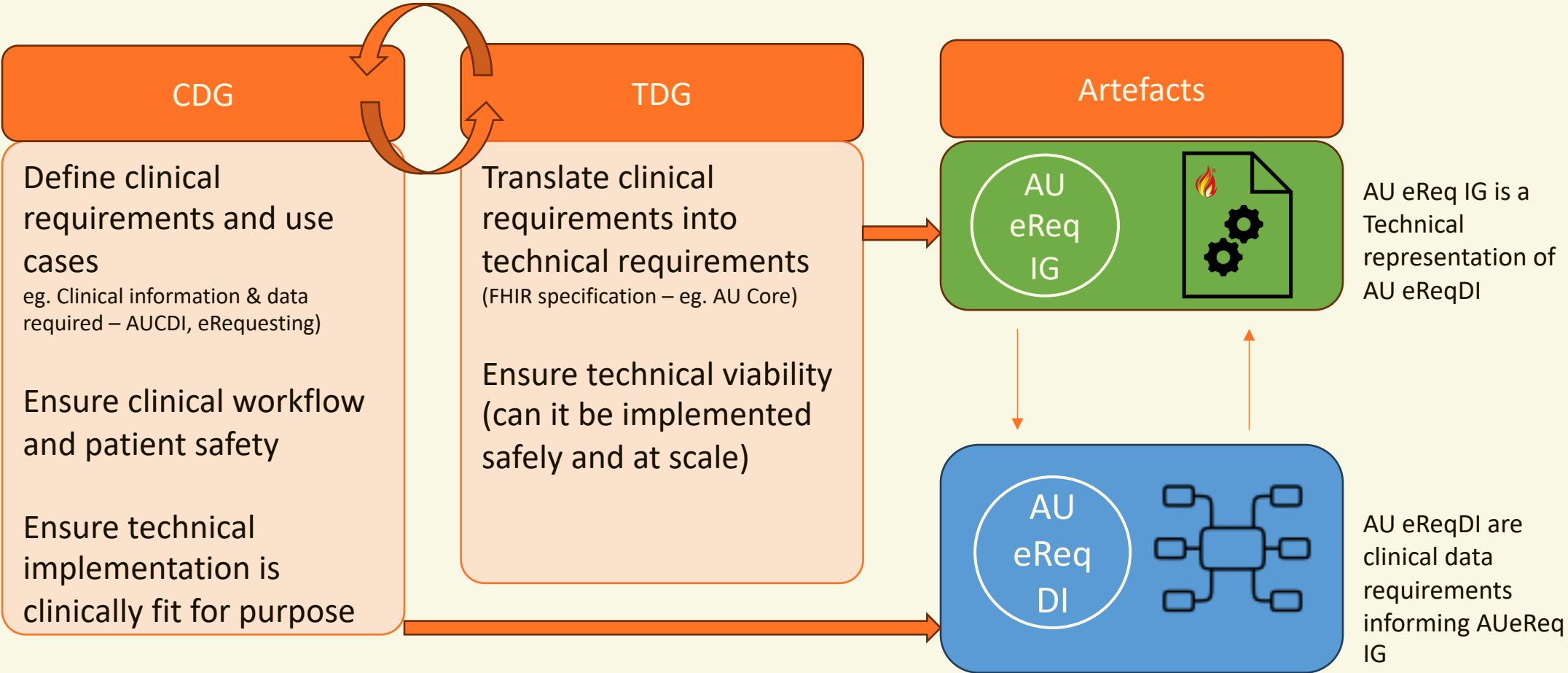
informs





# High-level process and feedback loop

- CDG (or delegate) clarifies clinical requirements/scenarios
- TDG provides technical advice





# Sparked: Australian eRequesting Data for Interoperability (AUeReqDI)

Support current workflows

Start small and grow iteratively

- First priorities are imaging examinations and laboratory/pathology tests
- No simple “undo” – impact of change can be high
- Data elements can be added to over time
  - Work through backlog
  - Add more use cases
  - More functionality available

Stick with our design principles

Leverage and align with AUCDI

- Identify core data elements that should go into future releases of AUCDI

Leverage and align with work locally and internationally were possible

- Where we differ, need to understand the impact





# Core Draft Principles of Data Set Design

- 1 Reduce duplication - Single entry, single development (multiple use and reuse)
- 2 Supports person-centred care - driven by a clinical quality and safety use case
- 3 No data for data's sake
- 4 Driven by primary clinical data use not secondary data use needs
- 5 Supports best practice care, clinical guidelines and clinician workflow
- 6 Systems can support now or with minimal effort, supporting a strategic roadmap with an agile iterative process
- 7 Alignment with national health data standards and initiatives
- 8 Alignment with international standards and initiatives
- 9 Involve and consider all healthcare domains and care modalities



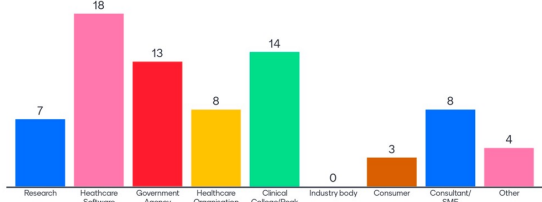
# Additional Principles of AU eReqDI design

- Supports current workflows for laboratory/pathology test and imaging examination requests
- eRequesting DI will focus on the clinical aspects
  - Responsibility of the technical items will fall to the TDG/AU eRequesting FHIR IG with CDG support. This includes
    - Administrative
    - Billing
    - Technical data items
      - Security
      - Privacy/Consent
    - Non-clinical context e.g. provenance information
    - MBS workflow items - Self determined (SD), Rule 3 exemptions
  - Other out of scope areas include
    - User interface/form implementation requirements eg. MBS mandated requirements, such as patient advisory statements, privacy notes, etc.

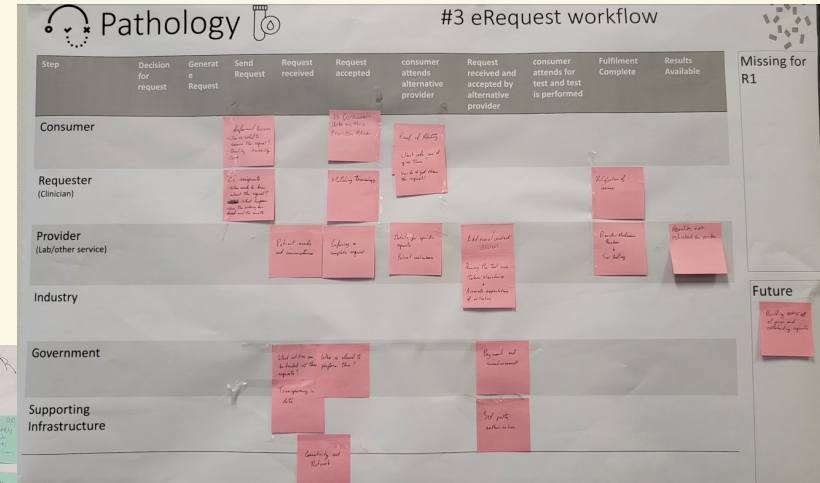
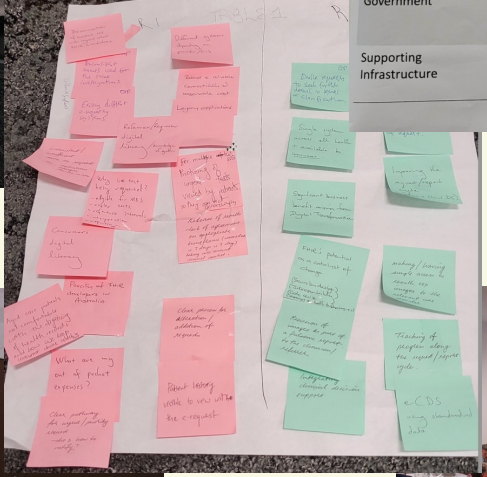
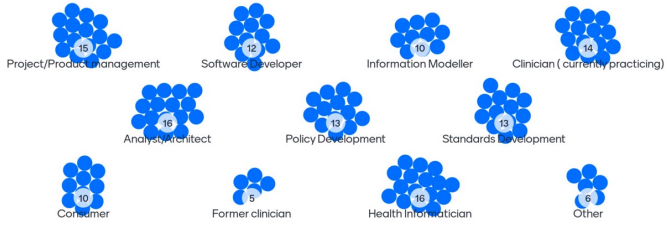


# First eReq workshop held in Melbourne

## What kind of organisation are you from?



## What is your role/background



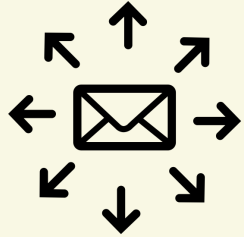


# Objectives of first workshop

- Understand what has been achieved in the last 6 months
- Understand the challenges/pain points as well as opportunities and benefits for eRequesting
- Identify priority use cases and scope- what's going to make a “MLM”- Minimum Loveable Model?
- Identify the key data model requirements & priorities for eRequesting R1
- Identify backlog use cases and data model requirements to ensure a consistent reusable approach



# Proposed foundational workflows



1. Request generated, and **Consumer chooses** a suitable provider



2. Healthcare provider discusses and **agrees with Consumer the recommended provider** with a Request Generated to that provider with the consumer following the recommendation

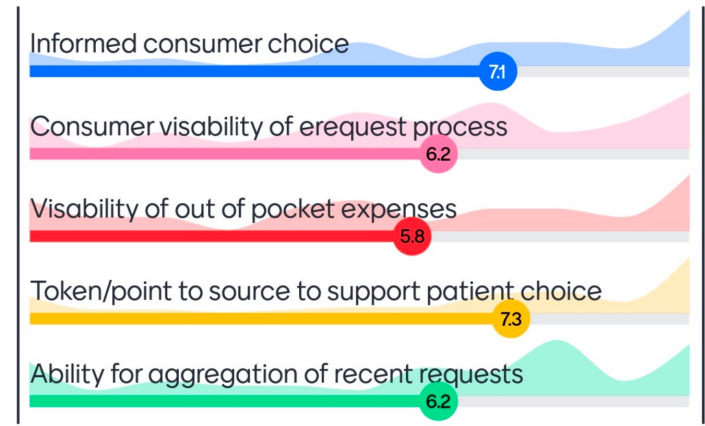
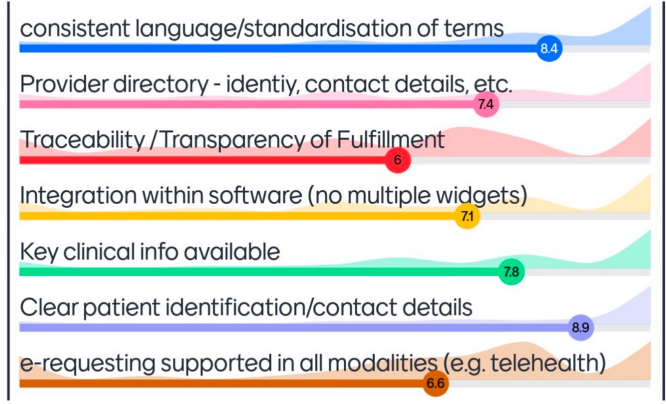


3. Healthcare Provider discusses and **agrees with Consumer** a recommended provider, request generated and later the **consumer chooses an alternative to the recommended provider**

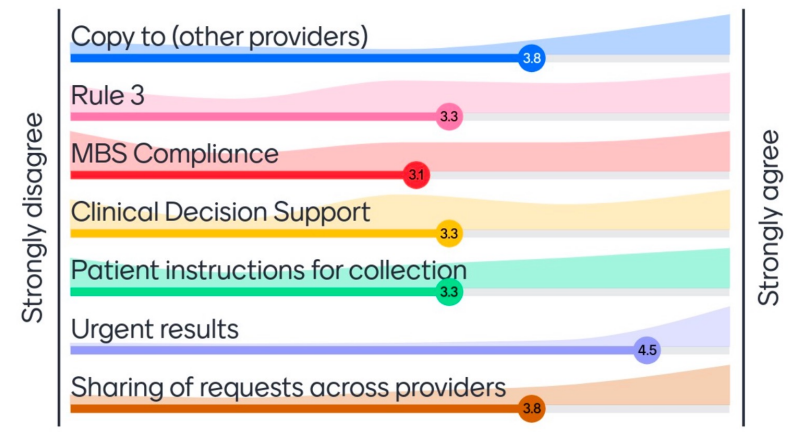


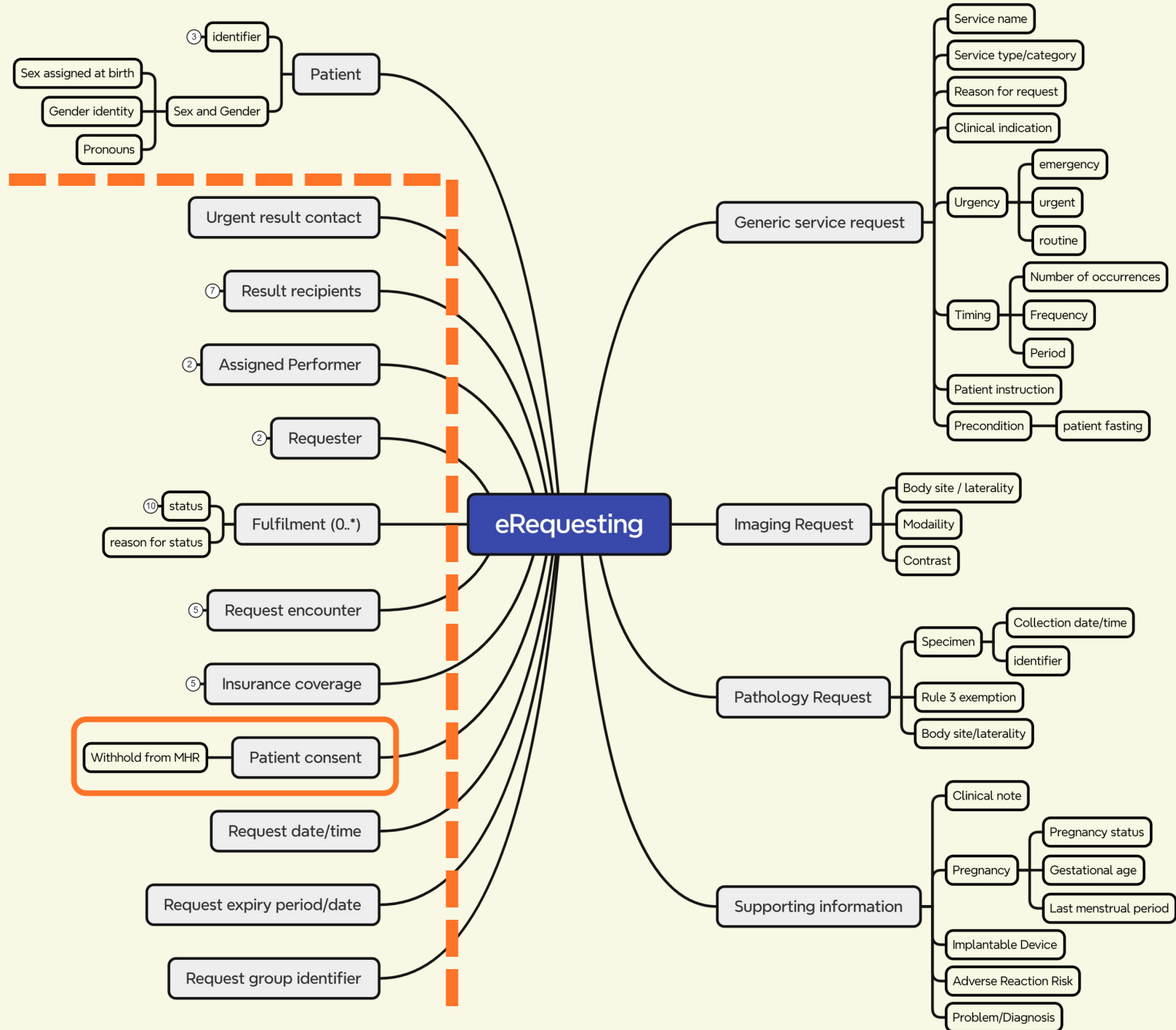
## Priorities R1

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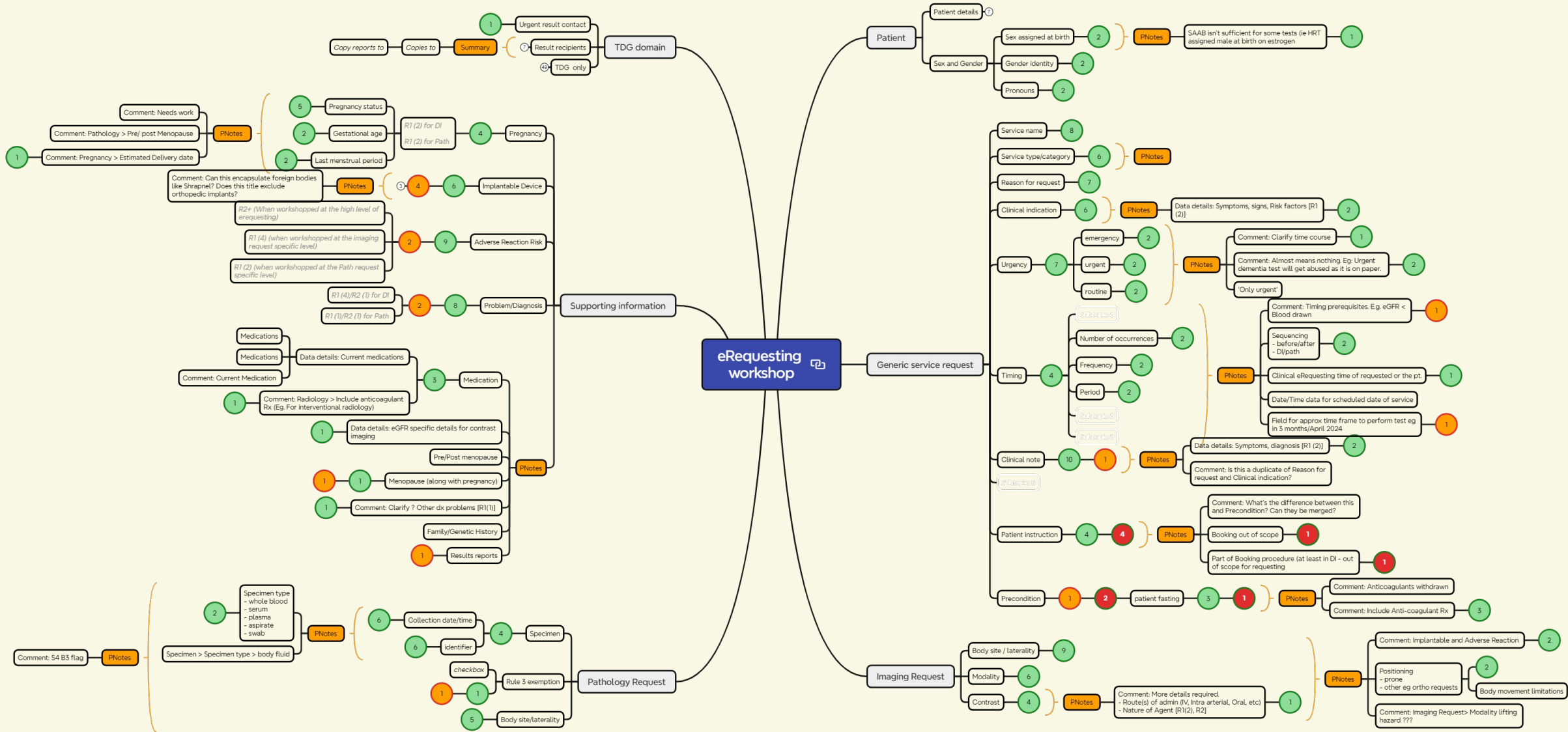


## Priorities R1





# eRequesting workshop



# Current request forms

**qml pathology** | RCPA | NATA | Pathology Request Form

PATIENT LAST NAME, GIVEN NAMES, SEX, DATE OF BIRTH, FILE NO., PATIENT ADDRESS, POSTCODE, TEL (HOME & MOBILE), TEL (BUS)

TESTS REQUESTED

**SULLIVAN NICOLAIDES PATHOLOGY**

Dr M Harrison, Dr N Maguire, Dr K Theuricht, Dr H Woodroffe, Dr J Ruzan, Dr A So, Dr C Roper, Dr C Wallace, Dr S Taylor, Dr D Cornish, Dr J Kieran, Dr S McGowan, Dr T Wang, Dr Fencovich, Dr J Mitchell, Dr D Langguth, Dr K Lamson

Medicare number  F Overseas Affairs

**Pathology Queensland** | Queen Government

HOSPITAL, GENDER, UR PREFIX, UR NO, DATE OF, PATIENT SURNAME, PATIENT FIRM, PATIENT ADDRESS, CONTACT NO

Patient status at the time of the service or when specimen collected (please tick)

- Private patient in a private hospital or approved day hospital facility
- Private patient in a recognised hospital
- Public patient in a recognised hospital
- Outpatient at a recognised hospital
- Bulk Bill Rural & Remote COAG

MEDICARE NUMBER, HEALTH FUND NAME, EXP, VETERANS AFFAIRS, IRN

MEDICARE ASSIGNMENT FORM (Section 20A of the Health Insurance Act 1973)

PATIENT SIGNATURE, PRACTITIONERS USE ONLY (Reason patient cannot sign)

PRONCY NOTE: The information provided is for the use of the pathology provider only. It is not to be used for any other purpose.

**Sp HL7 FHIR**

Pathology Queensland | 1300 1818PU

**Australian Clinicallabs** | GENERAL PATHOLOGY REQUEST FORM

General Enquiries: 1300 453 688 | Doctor Enquiries: 1300 134 111

MEDICARE CARD NUMBER & IRN, ACC STAMP

TITLE, PATIENT LAST NAME, GIVEN NAME (INCLUDING MIDDLE INITIAL), SEX, DATE OF BIRTH, YOUR REFERENCE, PATIENT ADDRESS, POSTCODE, MOBILE PH, ALT PH

TESTS REQUESTED

CLINICAL NOTES

FASTING: Fasting, Non Fasting, Pregnant, Horm Therapy, LNMP, EDC, Gynaecological, SITE: Cervix, Vaginal Vault, Endometrium, Other, Post Natal, Post Menopausal, Radio Therapy, IUCD, Abnormal Bleeding, APPROPRIATE OF SEX: Benign, Suspicious

PERSON COLLECTING SPECIMENS TO COMPLETE: I certify that I collected the necessary sample from the above patient, whose identity was confirmed by photo and/or examination of their nameband, and that I labelled the sample immediately following collection.

URGENT, PHONE, FAX, BY TIME, PRIVATE, SCHEDULE FEE, BULK BILL, VET AFFAIRS NO., SIGNED, FULL NAME, DATE, TIME, DOCTOR SIGNATURE AND REQUEST DATE

COPY REPORTS TO: HOSPITAL WARD, REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) | PENSIONER/CC HOLDER - PATIENT'S SIGNATURE AND DATE | FOR HOSPITAL PATIENTS: Patient status at the time of the service or when the specimen was collected

TEST	URINE	SLEES	CONTRAST
GEL, EDTA, FLOK, SOD, DT, ER, HEP, PLAN, MBU, CYTO, JHR, PCR, CHEN, MICRO, CYTO, LBC, HST, FAECES, SPT, FUNG, CSF, TWE, CRIS			

**Australian Clinicallabs** | YOUR PATHOLOGY REQUEST | PATIENT COPY

TITLE, PATIENT LAST NAME, GIVEN NAME (INCLUDING MIDDLE INITIAL), SEX, DATE OF BIRTH, YOUR REFERENCE, PATIENT ADDRESS, POSTCODE, MOBILE PH, ALT PH

TESTS REQUESTED

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

SAVE, CLEAR FORM

IMPORTANT NOTE: Your doctor has recommended that you use Australian Clinical Labs. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

PRONCY NOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Government health programs, and may be used to update specialist records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised by law.

**I-MED Radiology Network** | Patient | Imaging Request

Scan the QR code

**CitiScan Radiology**

Dr Antonio Pais, Dr Chris Yu, Dr Hans Van Der Wal, Dr Alison Butt

Patient Name, Contact Details, Date of Birth, Medicare No

**Radiology Referral** | Excellence in Diagnostics

Examination Re: Shoulder Ultrasound

Shoulder Specific Clinical Indications: Please tick if applicable

Shoulder Ultrasound: Evaluation of injury to tendon, muscle or muscle/tendon junction; Rotator cuff tear; Biceps subacromial; Capsulitis and bursitis

Knee Ultrasound: Abnormality of tendons or bursae; Meniscal cyst, popliteal fossa cyst, mass; Nerve entrapment or tumour; Injury of collateral ligaments

MRI - GP Referred: Patients 16 years and older; Additional codes available for <16 yrs

MRI Head: Unexplained seizures; Chronic headache with suspected intracranial pathology

MRI Knee - Under 50 yrs: Acute meniscal tear; Acute anterior cruciate ligament tear

MRI Cervical Spine: Trauma; Radiculopathy

Trans thoracic Echocardiogram (TTE): GP and Specialist Referred: Initial study for investigation (once per 2 years); Serial study for investigation (isolated pericardial effusion or pericarditis; or Baseline study and has commenced medication for non-cardiac purposes with cardiotoxic side effects); Serial study for known valvular dysfunction

Additional Imaging (MMS & GP only): Serial study for known valvular dysfunction

Appointments: 1300 MY SCAN, 1300 697 226, scradiology.com.au

Referred By, Contact Details, Provider Number, Signature, Date, Copy to

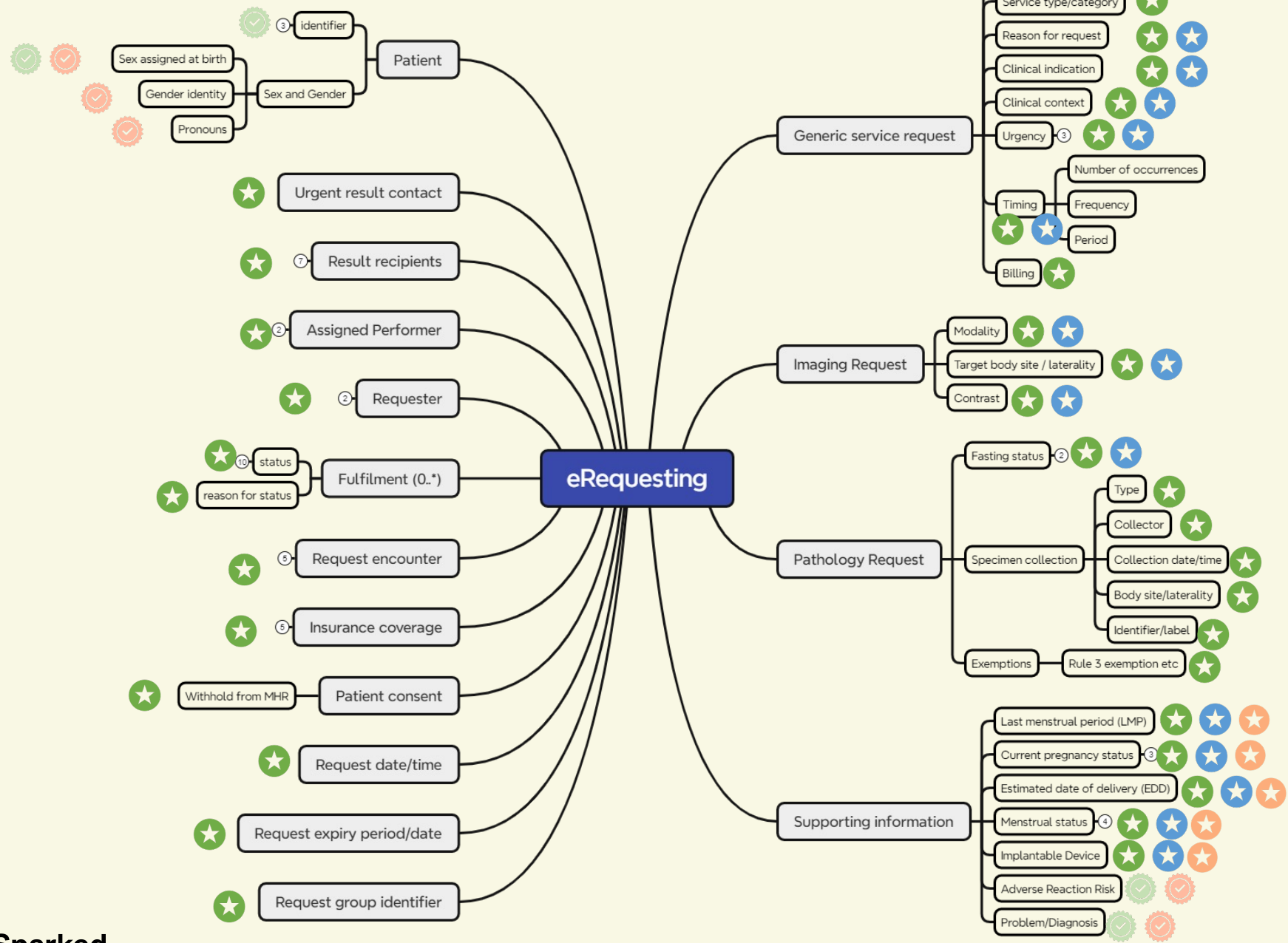
Urgent, Allergies, Ph, Signature, Date

MIT initials: Patient identification verified, Correct side & site verified, Procedure & consent verified

Please Consider The Environment CHOOSE TO GO FILLLESS

All images are digitally stored for future online access or printing if required.

**HDA**



- AUCDI R1
- AU Core
- Potential eReq DI R1
- Potential eReq IG
- Potential AUCDI R2

# AUeReqDI R1 proposed scope

Builds upon AUcDI and AU Core – (Patient, Problem/diagnosis (condition), etc.)

Proposed AUeReqDI scope

### Service request (generic)

- Service name
- Clinical indication/Reason for Request
- Clinical context
- Urgency
- Timing

### Service request (Laboratory/ Pathology)

- Test name ("Service name")
- Clinical indication/Reason for Request
- Clinical context
- Urgency
- Timing
- Fasting status

### Service request (Imaging examination)

- Examination name ("Service name")
- Clinical indication/Reason for Request
- Clinical context
- Urgency
- Timing
- Target body site/laterality
- Modality

Current pregnancy status

Estimated Date of Delivery

Last menstrual period

Menstruation summary

Medical device summary\*

You are here

Proposed IG scope

### Service request (generic)

- Requester order identifier
- Billing
- Requester
- Receiver order identifier
- Receiver
- Distribution list

### Service request (Laboratory/ Pathology)

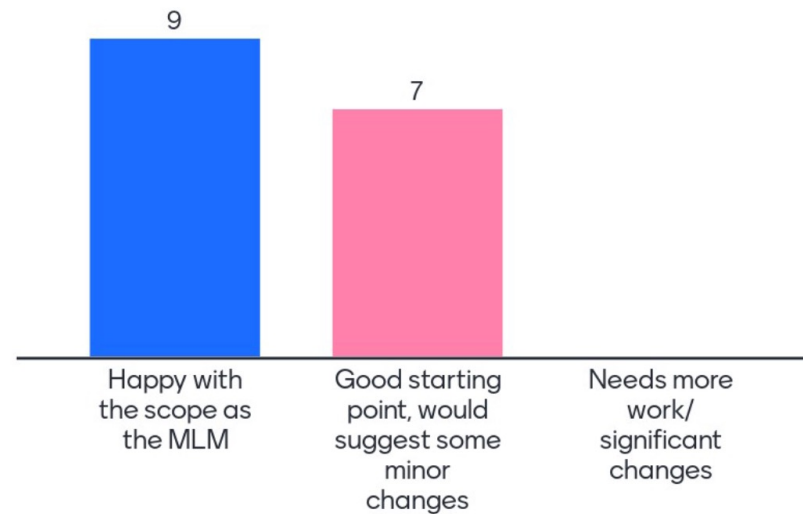
- Requester order identifier
- Billing
- Requester
- Receiver order identifier
- Receiver
- Distribution list
- Specimen collection
  - Collector
  - Collection date/time
  - Identifier/label
  - Body site/laterality
- Self determination
- Rule 3 exemption
- S4B(3) exemption
- Result recipient
- Urgent result contact

### Service request (Imaging examination)

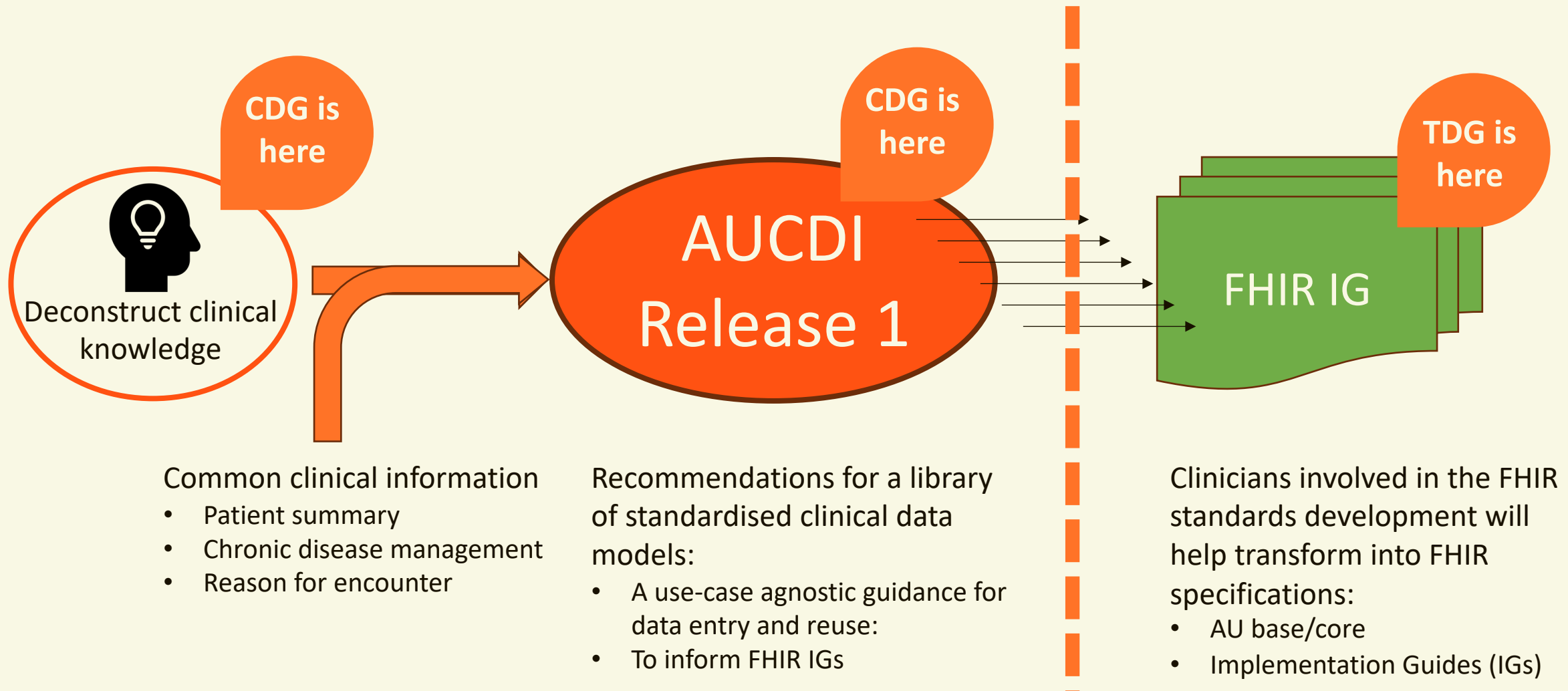
- Requester order identifier
- Billing
- Requester
- Receiver order identifier
- Receiver
- Distribution list
- Result recipient
- Urgent result contact

TDG is here

## Will this scope support a minimum lovable model (MLM)?



# CDG task → AU Core Data for Interoperability



- Common clinical information
- Patient summary
  - Chronic disease management
  - Reason for encounter

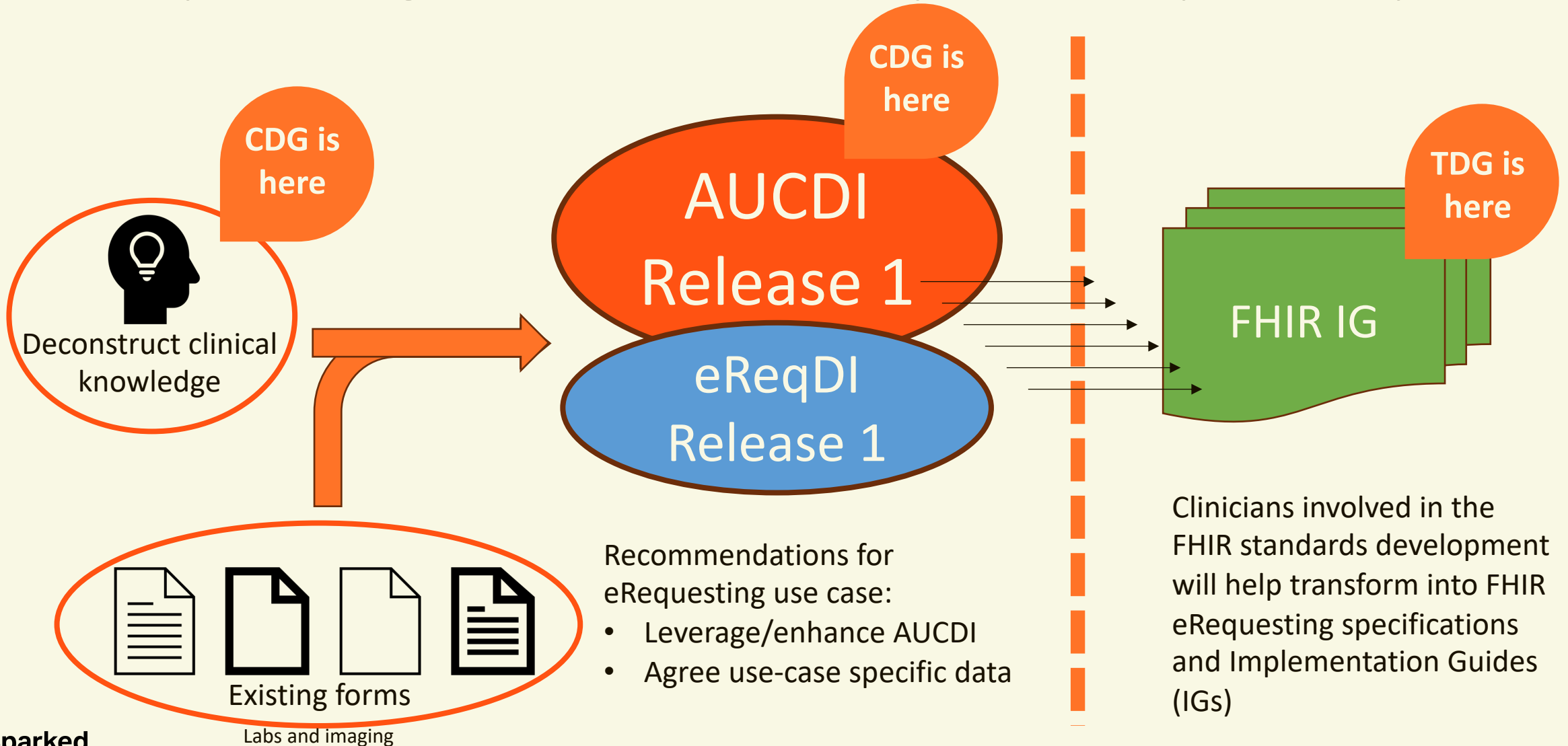
- Recommendations for a library of standardised clinical data models:
- A use-case agnostic guidance for data entry and reuse:
  - To inform FHIR IGs

- Clinicians involved in the FHIR standards development will help transform into FHIR specifications:
- AU base/core
  - Implementation Guides (IGs)





# eRequesting Data for Interoperability (eReqDI)



Deconstruct clinical knowledge

CDG is here

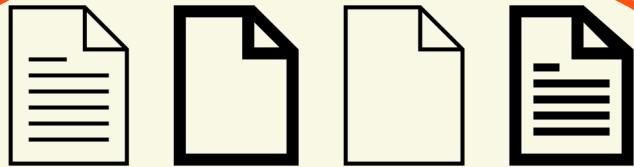
CDG is here

AUCDI Release 1

eReqDI Release 1

TDG is here

FHIR IG



Existing forms

Labs and imaging

Recommendations for eRequesting use case:

- Leverage/enhance AUCDI
- Agree use-case specific data

Clinicians involved in the FHIR standards development will help transform into FHIR eRequesting specifications and Implementation Guides (IGs)

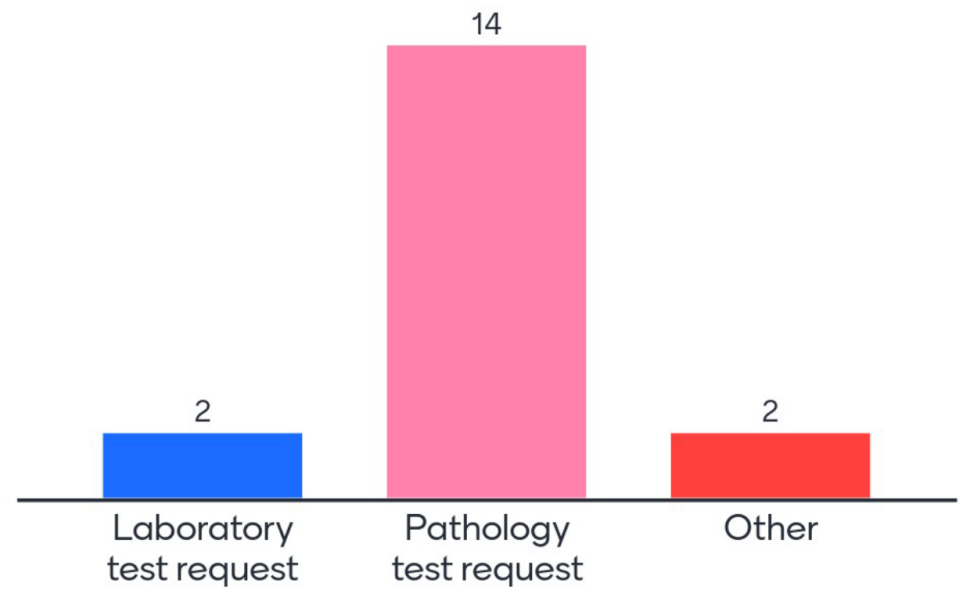


# Concept names

- Labs/Path
  - "Laboratory test request"  
OR
  - "Pathology test request" - may be confused with 'anatomical pathology'
- Imaging
  - "Imaging examination request"  
OR
  - "Imaging request" - may be confused with medical photography  
OR
  - "Radiology request" - may confuse by limiting to the requesting of only radiation-based imaging

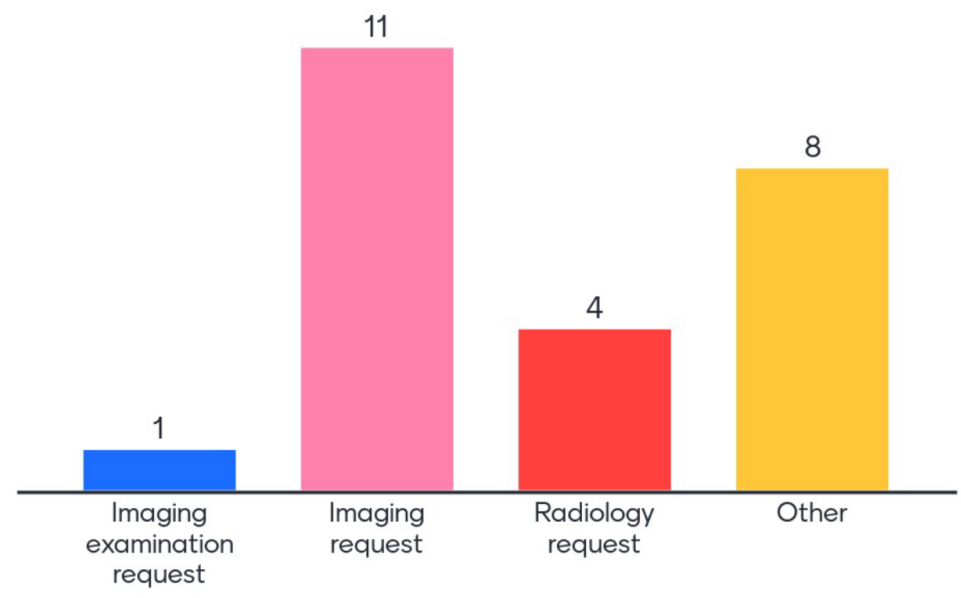


## Naming -lab/path





## Naming- radiology



# eRequesting: clinical screening

Fasting  
 Non Fasting  
 **Pregnant**  
 Horm Therapy  
 LNMP  
 EDC  
Cervical Cytology  
 Site Cervix  
 Vaginal Vault  
 Endometrium  
 Other  
 **Post Natal**  
 Post Menopausal  
 Radio Therapy  
 IUCD  
 Abnormal Bleeding  
Appearance Benign of Cervix  
 Suspicious

	Lab1	Lab2	Lab3	Lab4	Lab5	Lab6	Imaging1	Imaging 2
<b>Pregnant</b>	[X]			[X]	[X]	[X]	[Yes/No]	
<b>LMP/LNMP</b>	LMP			LNMP	LNMP	LMP		LMP
<b>EDC</b>	EDC			EDC		EDC		
<b>Gestational age</b>		Pregnant ___ weeks	Gestational Age		Gestational age (weeks)			
<b>Hormone therapy</b>	[X]			[X]	[X]	[X]		
<b>Postnatal/ postpartum</b>	[X]			[X]		[X]		
<b>Post menopause</b>				[X]				

Identify/communicate risk/issues/clinically important information

Considerations:

- Source forms – often historical; original reasoning lost; worth replicating?
- Questionnaires – messy, inconsistent, poorly defined, reactive; no coordination
- Opportunity to reimagine:
  - What should be in scope? "Not go backwards"
  - How should it be represented?
  - Does standardising this information matter?



# eRequesting: Pregnancy screening

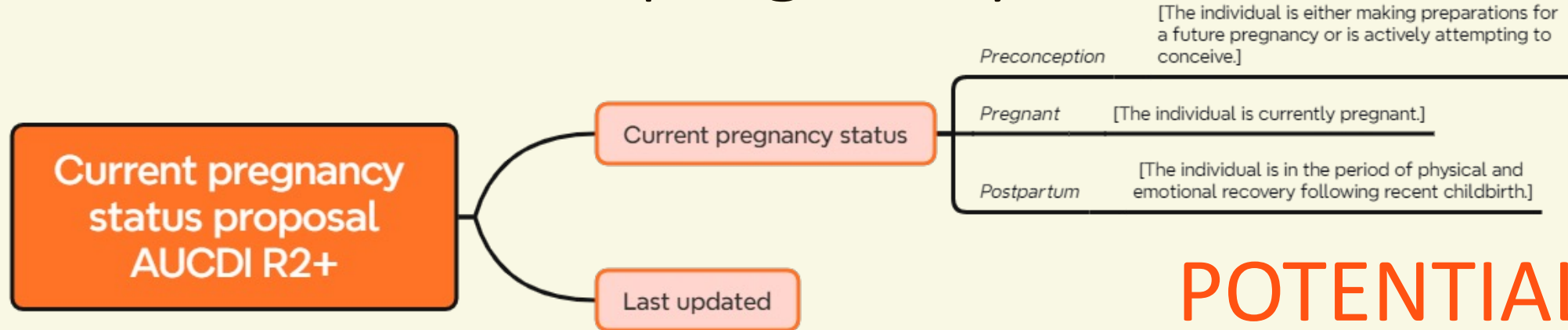
<u>Fasting</u>	<input type="checkbox"/>
Non Fasting	<input type="checkbox"/>
<b>Pregnant</b>	<input type="checkbox"/>
Horm Therapy	<input type="checkbox"/>
LNMP	<input type="checkbox"/>
EDC	<input type="checkbox"/>
<u>Cervical Cytology</u>	
<u>Site</u> Cervix	<input type="checkbox"/>
Vaginal Vault	<input type="checkbox"/>
Endometrium	<input type="checkbox"/>
Other	<input type="checkbox"/>
Post Natal	<input type="checkbox"/>
Post Menopausal	<input type="checkbox"/>
Radio Therapy	<input type="checkbox"/>
IUCD	<input type="checkbox"/>
Abnormal Bleeding	<input type="checkbox"/>
<u>Appearance</u> Benign	<input type="checkbox"/>
of Cervix	
Suspicious	<input type="checkbox"/>

	Lab1	Lab2	Lab3	Lab4	Lab5	Lab6	Imaging1	Imaging 2
Pregnant	[X]			[X]	[X]	[X]	[Yes/No]	

- Screening for pregnancy - current pregnancy status
  - Correct interpretation of results
  - Imaging – prevent radiation exposure to the fetus
- Current representations:
  - Boolean (True only) – single tickbox/‘X’
  - Boolean (True/False) – ‘Yes’ or ‘No’ options
- Should ‘No’ be a screening option?
  - Possible/safe to assert?/Legal ramifications?
- Safe communication?
  - Assumes binary answers are all that is necessary
    - Consider a Coded value set – Yes/No/???
  - What about the clinical shades of grey?
    - Pre-conception;
    - Certainty of pregnancy – possible/likely/unlikely/don’t know;
    - Yes/No/Indeterminate; Yes/No/Maybe or Yes/No/Don’t know;
  - What is understood by ‘Pregnant’? For sender/receiver? Is it the same?
- Existing clinical EHRs
  - Reinvent or perpetuate?



# AUCDI R2: Current pregnancy status

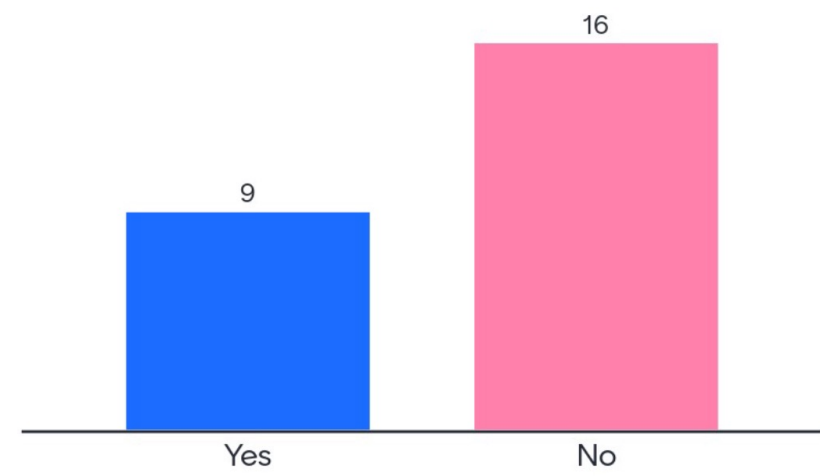


POTENTIAL  
FUTURE STATE  
or NOW?

- Definition: “The present phase of a pregnancy.”
- Recorded once in the EHR; updated over time
- Person-centric approach
  - Supports continuum of a single pregnancy - before, during, after
- Single data field as a target for decision-support
- No data - if not pregnant
  - NOTE: An assertion of 'Not pregnant' at a given point in time should be modelled separately to support medicolegal documentation, where appropriate



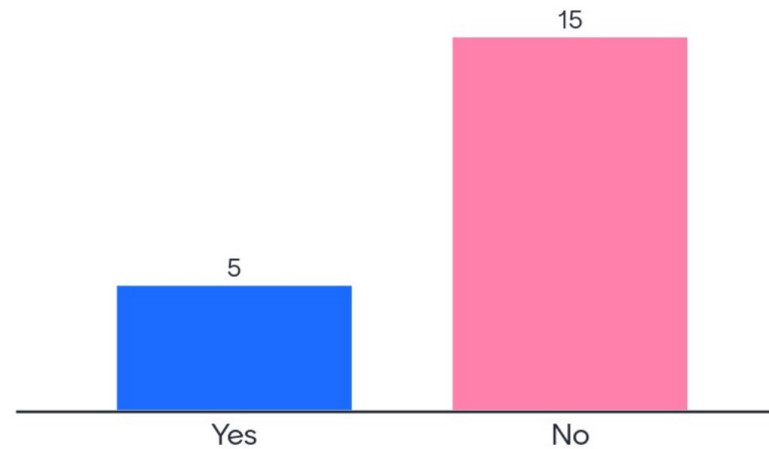
## Pregnancy information - do we want pregnancy information in AUeReqDI?





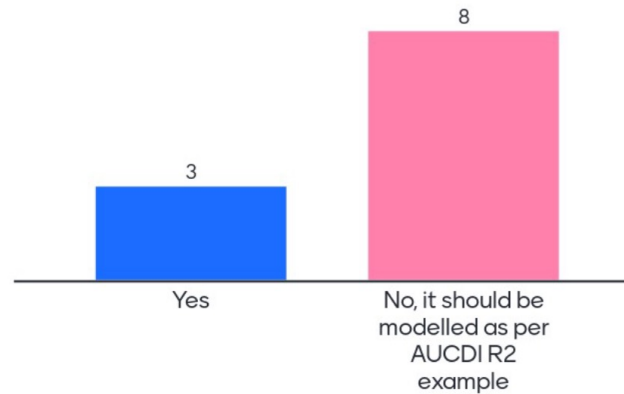


Do we want pregnancy duration information in AUeReqDI for pathology?





Do we agree with proposed approach of screening questionnaire for pregnancy screening/status?





# eRequesting: Pregnancy duration screening

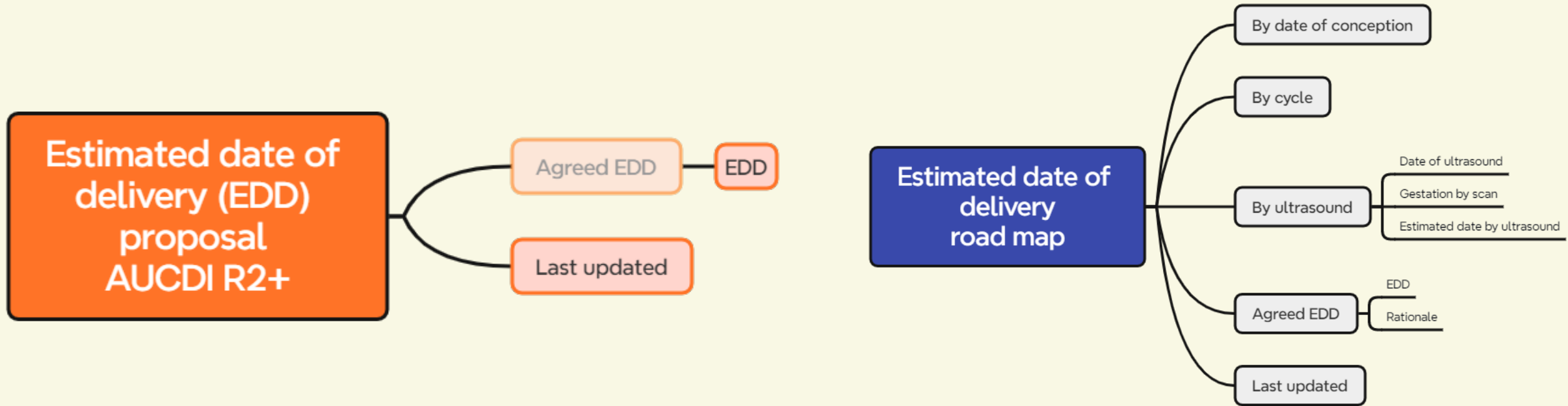
Form checkboxes:

- Fasting
- Non Fasting
- Pregnant
- Horm Therapy
- LNMP
- EDC
- Cervical Cytology
- Site Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- Post Menopausal
- Radio Therapy
- IUCD
- Abnormal Bleeding
- Appearance Benign of Cervix
- Suspicious

	Lab1	Lab2	Lab3	Lab4	Lab5	Lab6
EDC	EDC	-	-	EDC	-	EDC
Gestational age	-	Pregnant ___ weeks	Gestational Age	-	Gestational age (weeks)	-

- Different approaches to representation:
  - Gestation – duration of pregnancy (wks)
  - Gestational age – age of fetus (wks)
    - In a request context, both are 'relative' – only accurate on the day of recording
    - Better suited as an assertion or observation to provide context for related data
      - eg estimated gestation at the time of an antenatal visit
  - EDD/EDC – estimated end point of the pregnancy (date)
    - Absolute/'fixed'
    - Estimated date of confinement (EDC)/Estimated due date (EDD)/Estimated date of delivery (EDD)
- Which EDD?
  - Unspecified? Does it matter?

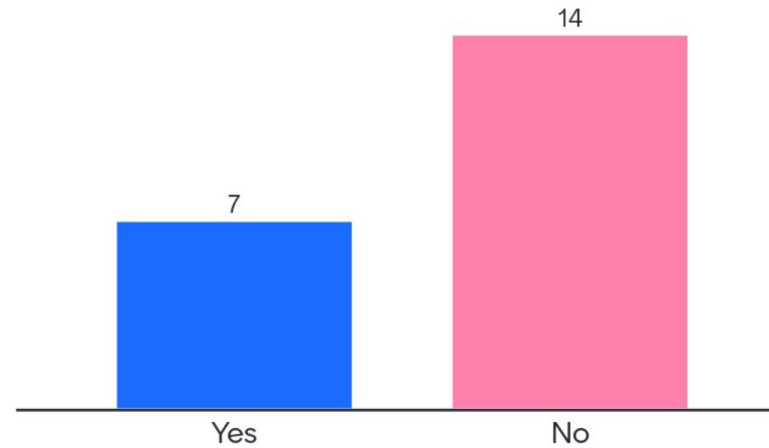
# AUCDI R2+: Estimated date of delivery



‘Agreed EDD’ definition: “The EDD to be used as the basis for clinical decision-making.”  
(Think of it as the ‘operational’ EDD!)

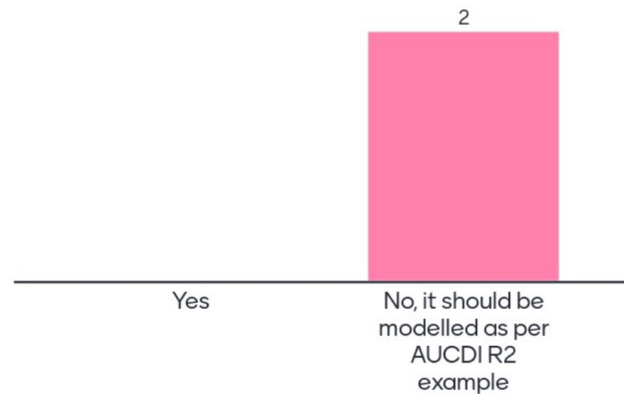


Do we want pregnancy duration information in AUeReqDI for radiology?



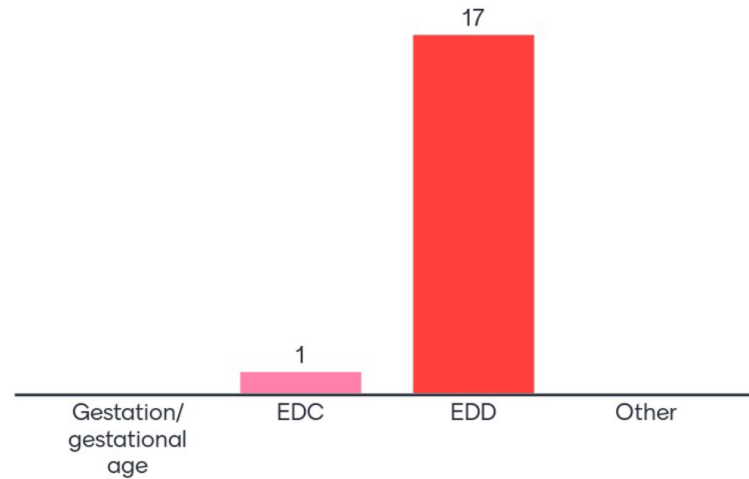


Do we agree with proposed approach of screening questionnaire for pregnancy duration information?





## How should pregnancy duration be represented?





# eRequesting: Last menstrual period screening

A screenshot of an eRequesting form interface. The form contains several sections with checkboxes. The 'LNMP' checkbox is circled in orange. The sections include:

- Fasting
- Non Fasting
- Pregnant
- Horm Therapy
- LNMP
- EDC
- Cervical Cytology
- Site Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- Post Menopausal
- Radio Therapy
- IUCD
- Abnormal Bleeding
- Appearance Benign
- of Cervix Suspicious

	Lab1	Lab2	Lab3	Lab4	Lab5	Lab6	Imaging1	Imaging 2
LMP/LNMP	LMP			LNMP	LNMP	LMP		LMP

- Representations:

- Boolean (True only) – single tickbox/‘X’ ☹️
- Date

- 2 concept variations:

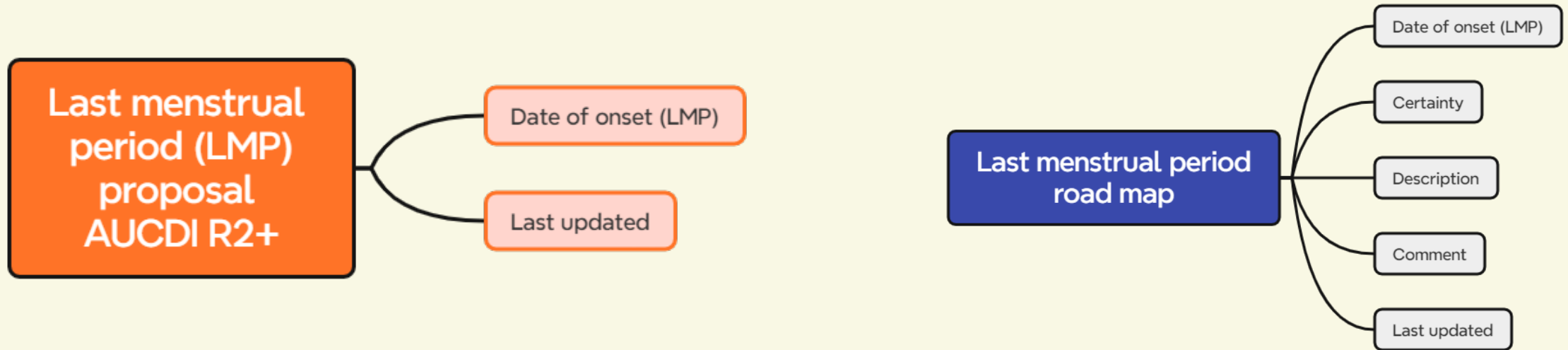
- LMP – Last menstrual period
- LNMP – Last \*normal\* menstrual period – more specific

- ‘Normal’?

- What is the definition of normal?
- Is that too limiting/semantically loaded?



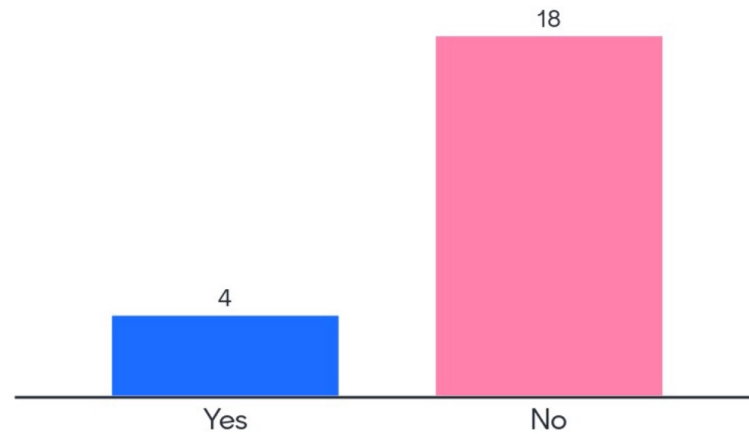
# AUCDI R2+: Last menstrual period (LMP)



‘Date of onset (LMP)’ definition: “Date of onset of menstrual bleeding.”

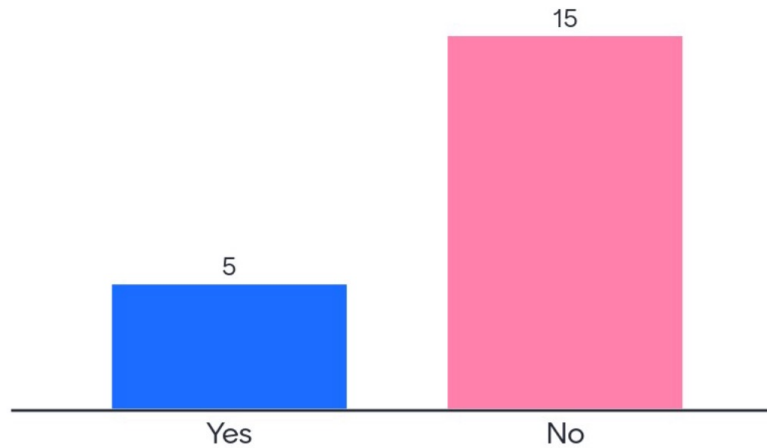


Do we want LMP in AUeReqDI for pathology?



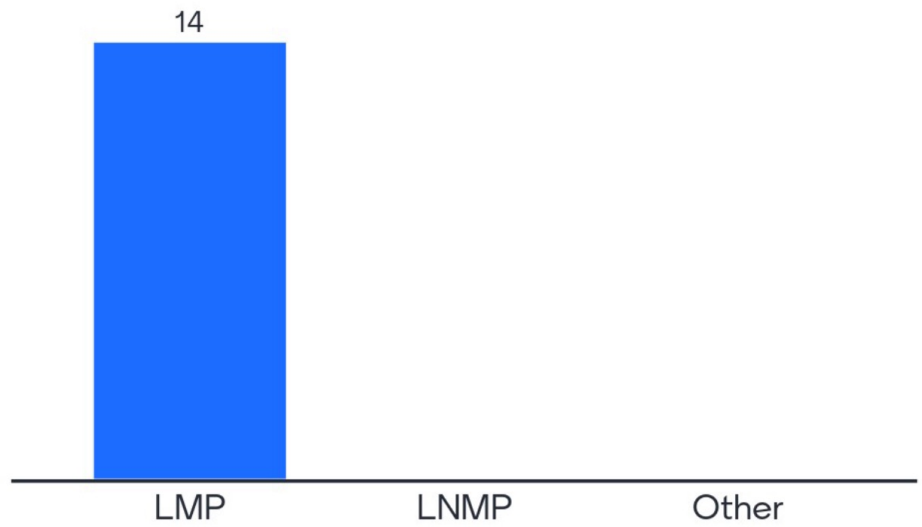


Do we want LMP information in AUeReqDI for radiology?





## How should it be represented?





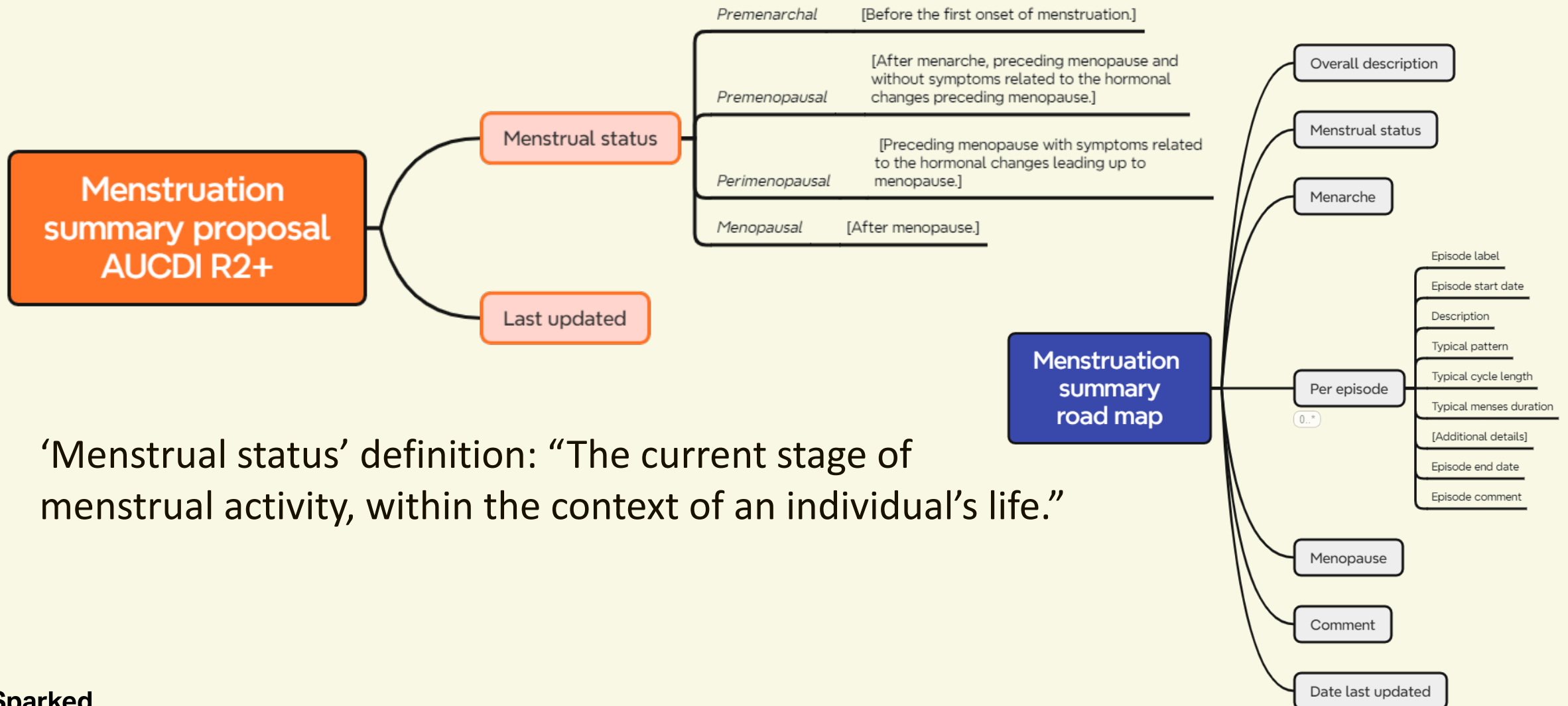
# eRequesting: Postmenopausal screening

<i>Fasting</i>	<input type="checkbox"/>
<i>Non Fasting</i>	<input type="checkbox"/>
<i>Pregnant</i>	<input type="checkbox"/>
<i>Horm Therapy</i>	<input type="checkbox"/>
<i>LNMP</i>	<input type="checkbox"/>
<i>EDC</i>	<input type="checkbox"/>
<u><i>Cervical Cytology</i></u>	
<u>Site</u> <i>Cervix</i>	<input type="checkbox"/>
<i>Vaginal Vault</i>	<input type="checkbox"/>
<i>Endometrium</i>	<input type="checkbox"/>
<i>Other</i>	<input type="checkbox"/>
<i>Post Natal</i>	<input type="checkbox"/>
<i>Post Menopausal</i>	<input checked="" type="checkbox"/>
<i>Radio Therapy</i>	<input type="checkbox"/>
<i>IUCD</i>	<input type="checkbox"/>
<i>Abnormal Bleeding</i>	<input type="checkbox"/>
<u><i>Appearance Benign of Cervix</i></u>	<input type="checkbox"/>
<i>Suspicious</i>	<input type="checkbox"/>

	Lab1	Lab2	Lab3	Lab4	Lab5	Lab6	Imaging1	Imaging 2
Post menopause				[X]				

- Current representation:
  - Boolean (True only) – single tickbox/‘X’
- Related concepts – should we screen for these too?
  - Premenarchal
  - Premenopausal
  - Perimenopausal
- \*Pre\*menopausal
  - Neutral way to flag this person is biologically female/may be pregnant
  - If combined with no ‘Current pregnancy status’ recorded...
    - Implies not pregnant without having to assert it?

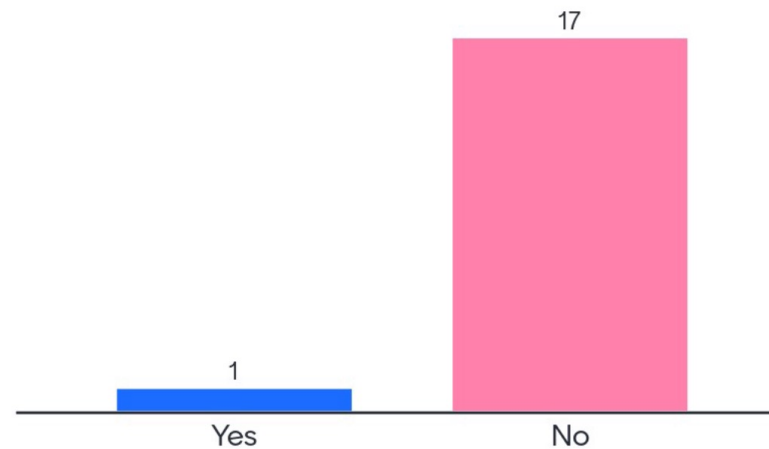
# AUCDI R2+: Menstruation summary data group



‘Menstrual status’ definition: “The current stage of menstrual activity, within the context of an individual’s life.”

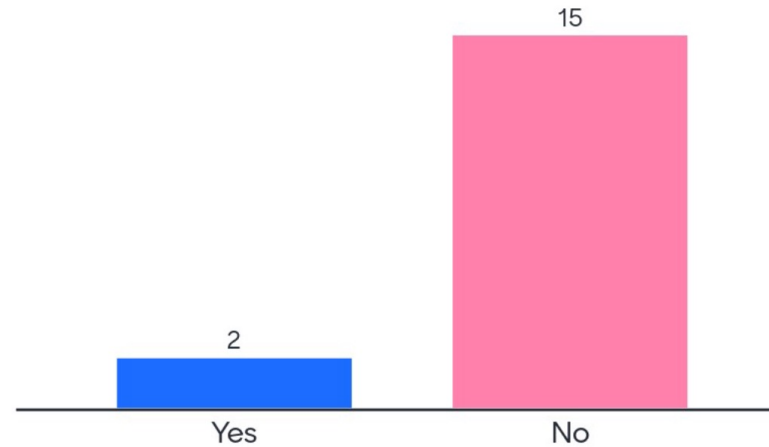


Do we want perimenopausal information in AUeReqDI for pathology?





Do we want perimenopausal information in AUeReqDI for radiology?







# eRequesting: Medical device screening

- Clinical safety issue
  - Imaging risk
  - Potential for recalls
- No standardisation
  - Ad hoc in imaging forms
  - Ad hoc in clinical systems at best
  - ?Standardised value set
- Representation
  - Boolean (True/False) – ‘Yes’ or ‘No’ options
  - Is ‘No’ necessary?

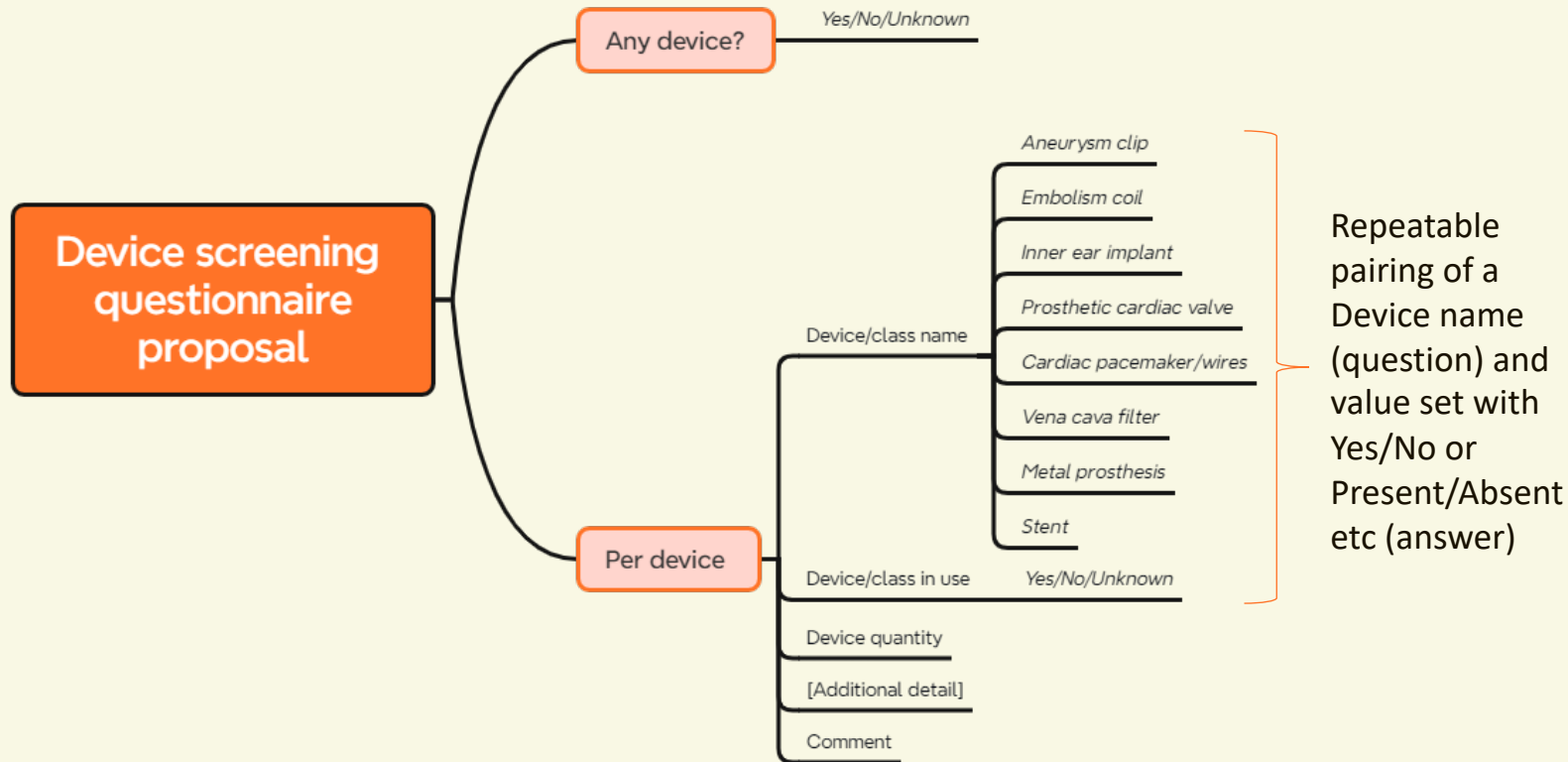
## Obligatory MRI questionnaire

Aneurysm clip	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Embolisation coils	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Inner ear implant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Neuro/biostimulator	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart surgery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Prosthetic cardiac valves	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cardiac pacemaker/wires	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vena cava filter	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Programmable shunt	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Metal prosthesis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Penetrating eye injury ever	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Stent	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Requires sedation/pain relief	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Requires GA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Claustrophobia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Able to lie flat	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



# Screening questionnaire pattern?



Can we standardise screening questionnaires?

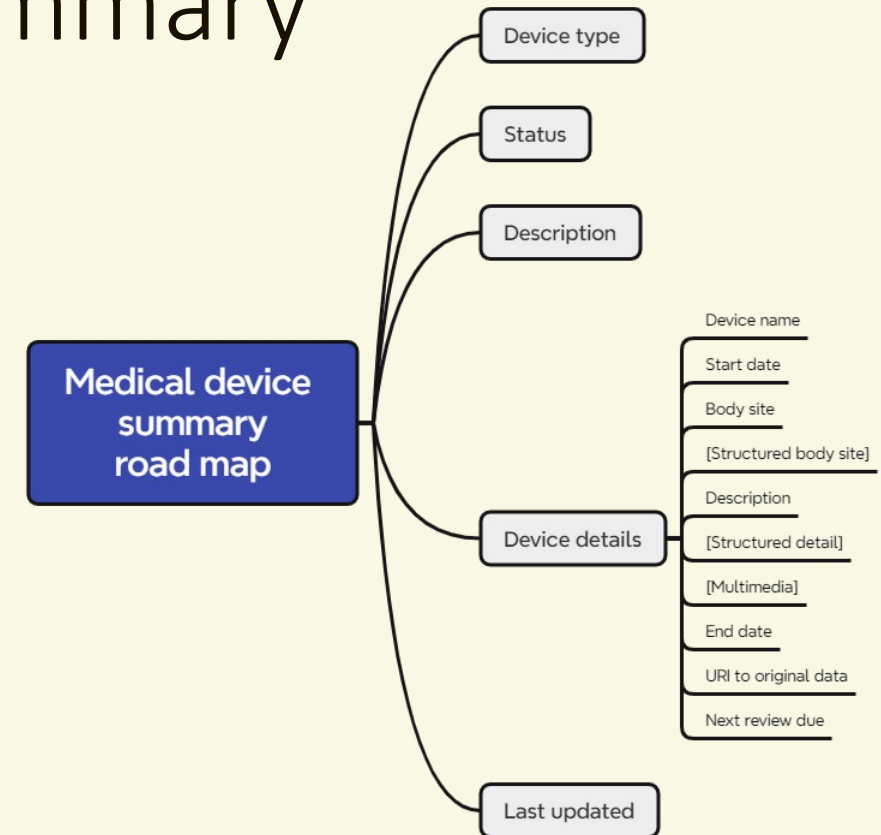
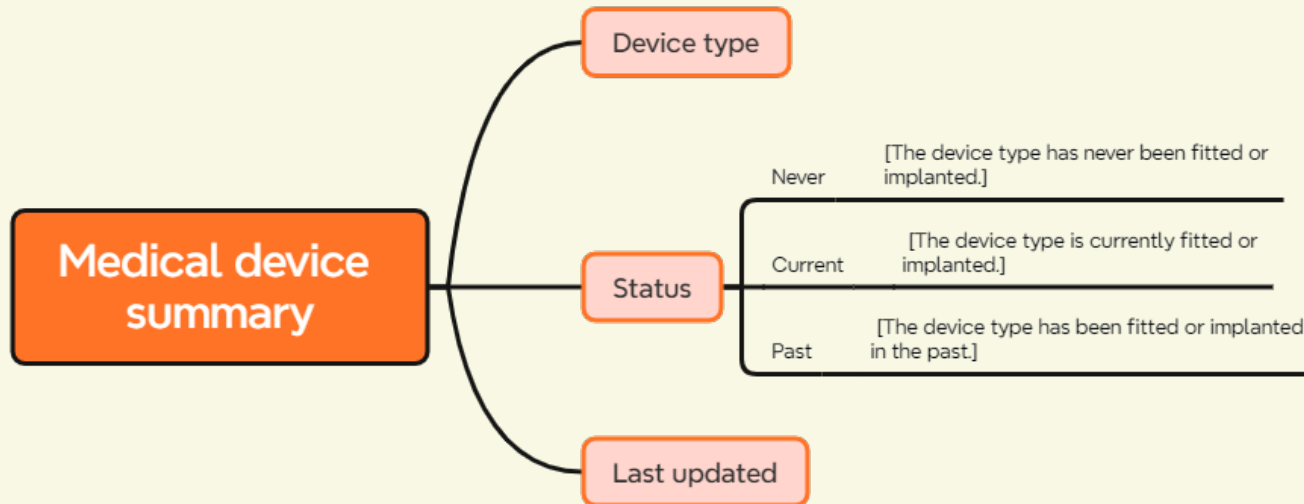
- Any?
- Specific

Swap out 'device' for:

- Adverse reaction
- Medication
- Symptom
- Diagnosis
- Procedure
- Management
- Diagnostic investigation
- Exposure
- Family History
- Physical activity
- Travel

Think of this as a 'Device screening' snapshot at a point in time.

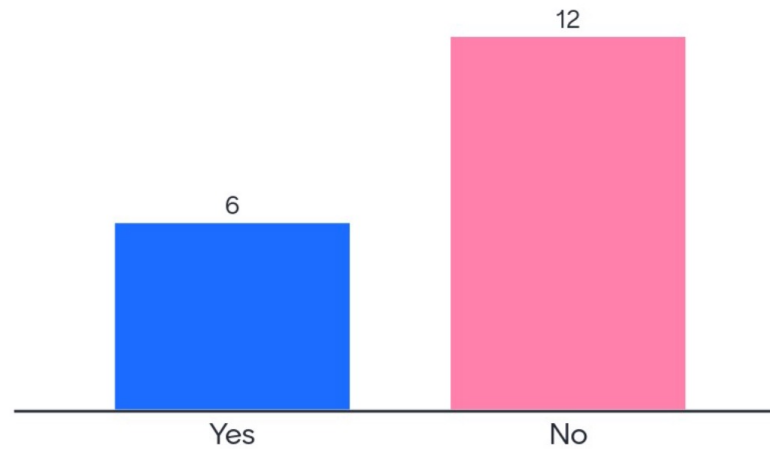
# AUCDI R2+: Medical device summary



Think of this as a persistent status/record of medical device classes/types and/or specific devices, with details about a specific device recordable.

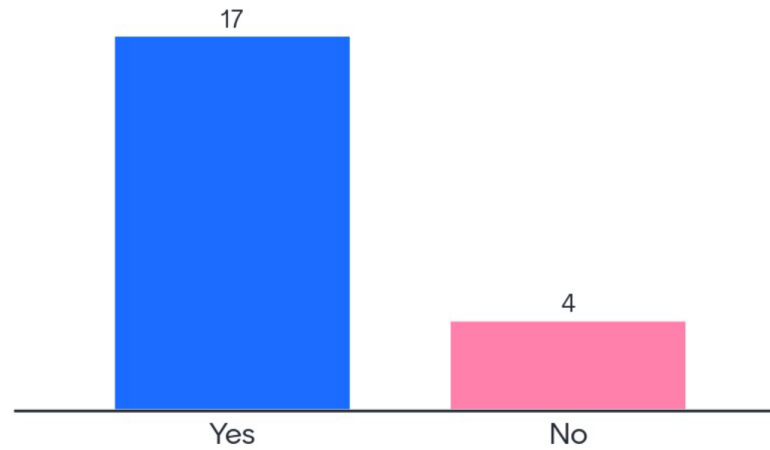


Do we want medical device information in AUeReqDI for pathology?



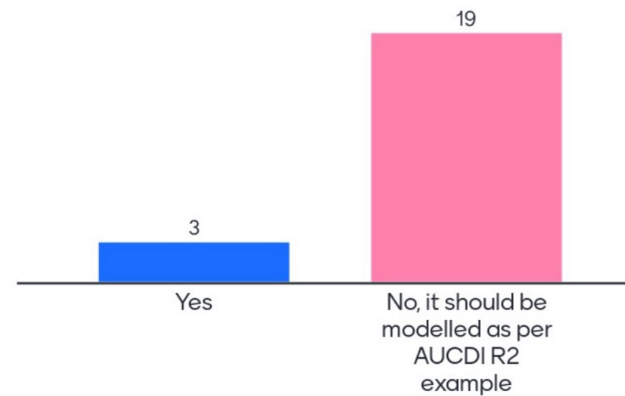


Do we want medical device information in AUeReqDI for radiology?





Do we agree with proposed approach of screening questionnaire for medical device information?





# Service request

- Generic clinical request
  - Including versions specific for Laboratory test requests and Imaging examination requests
- For discussion in the April 23 online CDG meeting



# Timelines

- Draft for Community review – Mid May
- Publish R1 - October



# AUCDI R1 Draft for Comment Update

- Closed 8<sup>th</sup> March – Super big thank you to everyone who has taken the time to read the AUCDI R1
- Number of response received: 38
- Requests for deadline extension: 3



# AUCDI R1 Draft for Comment Update

- Received feedback from:
  - Clinical peak bodies
  - Medical colleges
  - Government
  - Software vendors
  - Health or care providers
  - Consumer advocacy
  - University/academic
- Mix of individual and group submissions





# Next steps

- Slides and minutes of this meeting will be posted on Sparked CDG confluence page
  - Please provide feedback by commenting on confluence (you will need a PUMA account) or by emailing [fhir@csiro.au](mailto:fhir@csiro.au)



# Upcoming items

- Upcoming online meetings
  - 17 April – out of session meeting Sex and eRequesting (1 hour)
  - 23 April – regular meeting - Service request (eReqDI) focus
- Next face to face meeting
  - 15 May and 16 May - Sydney

The background is a solid orange color. There are six white rounded rectangular shapes scattered across the left and top-left areas of the slide. These shapes vary in size and orientation, some being more vertical and others more horizontal. The text 'Thank you' and 'See you next time!' is positioned on the right side of the slide.

Thank you

See you next time!