

## AU Patient Summary Clinical Focus Group Online Meeting 1

Meeting Details	
<b>Date</b>	30 October 2024
<b>Time</b>	10:00 – 12:00 AEST (Brisbane)
<b>Location</b>	<input checked="" type="checkbox"/> Virtual

Meeting Overview	
<b>Agenda Items</b>	<ol style="list-style-type: none"> <li>1. Welcome and Acknowledgement of country</li> <li>2. Purpose and scope of AU PS CFG               <ol style="list-style-type: none"> <li>i. Draft TOR</li> <li>ii. IPS/Patient Summary Overview</li> <li>iii. Overview of AU CDI R2 – Patient Summary Component</li> </ol> </li> <li>3. Overview of AU Patient Summary Technical Use Cases</li> <li>4. Validate patient test scenario for use cases</li> <li>5. Nominate test data personas               <ol style="list-style-type: none"> <li>i. Patient personas</li> <li>ii. Provider personas</li> <li>iii. Other personas/actors required</li> </ol> </li> <li>6. Detailed use case requirements               <ol style="list-style-type: none"> <li>i. Confirm workflow</li> <li>ii. Test data requirements</li> <li>iii. Any other considerations?</li> <li>iv. Create additional scenario</li> <li>v. Workflow requirements</li> <li>vi. Usability</li> <li>vii. Other challenges</li> </ol> </li> </ol>

Discussion Summary	
<b>Introduction to the AU Patient Summary CFG</b>	<p><i>Introduction</i></p> <ul style="list-style-type: none"> <li>• The Sparked AU Patient Summary Clinical Focus Group (AU PS CFG) is a sub-group of the Sparked Clinical Design Group (CDG) and was developed to discuss the clinical scenarios and workflows for the AU Patient Summary</li> <li>• Outputs from the AU PS CFG will be fed into the Sparked Australian Core Data for Interoperability (AU CDI) for patient summary, AU Patient Summary FHIR IG Project Team, and the backlog</li> <li>• The AU PS CFG will run until June 2025, as required by the Sparked program</li> </ul>

	<p><i>Patient Summary Definition</i></p> <ul style="list-style-type: none"> <li>• The purpose of the patient summary should include the necessary minimum sufficient data to ensure safe, quality and efficient patient care</li> <li>• Group Discussion <ul style="list-style-type: none"> <li>○ The patient summary can be considered a collection of information about the patient’s health and healthcare</li> <li>○ It is not a static record and movability with the patient should be considered</li> <li>○ Consideration was given to data not just following the patient, it should be accessible by anyone who’s providing healthcare to the patient. Also, consideration was given to how it should be accessed.</li> <li>○ Further definition of who can access and edit is required</li> </ul> </li> </ul> <p><i>Existing Patient Summary Work</i></p> <ul style="list-style-type: none"> <li>• The CDG have worked through the highest priority data for patient summary AUCDI R2</li> </ul> <p><i>Patient Summary Technical Use Cases</i></p> <ul style="list-style-type: none"> <li>• The three technical use cases for the AU Patient Summary include patient driven, clinician driven, and clinician driven (as supplemental information)</li> <li>• Group Discussion <ul style="list-style-type: none"> <li>○ The patient summary is real-time updated information that supports the patient wherever they are throughout the healthcare system</li> <li>○ When updating a patient summary from V1 upon admission to V2 upon discharge, we want the patient to have V2 as their source of truth</li> <li>○ We need to ensure a clinician accurately knows that different versions of a patient’s patient summary exist, and which one is the most updated to utilise</li> <li>○ Persistent consent is important to consider if the patient summary is being regularly updated.</li> <li>○ The patient should have an opportunity to view what is shared before it is accessed by a healthcare provider</li> </ul> </li> </ul>
<p><b>Patient Scenario &amp; Testing Personas</b></p>	<p><i>Patient Scenarios</i></p> <ul style="list-style-type: none"> <li>• Discussion with the AU PS CFG to ensure patient scenarios make sense from a clinical perspective</li> </ul> <p><i>Patient Driven Patient Summary</i></p> <ul style="list-style-type: none"> <li>• 73-year-old Jeramy Banks who travelled interstate and sought medical care whilst away from his regular GP</li> <li>• Group discussion <ul style="list-style-type: none"> <li>○ At this stage, we are not focusing on the technical solution for accessing the patient summary in a paper-based facility</li> <li>○ Language updates recommended in some of the patient scenario phases</li> </ul> </li> </ul>

- When a health practitioner scans a patient's QR code<sup>1</sup>, they are accessing a pre-created document. For some use cases, this summary is drawn from existing entries in their health record and for others it is curated by the health practitioner.
- Allowing a patient to view their patient summary, for example prior to travel, allows for the patient to ensure their information is accurate and up to date
- In the case where the patient cannot interact with the health team (e.g. unconscious), a solution to access their information either through My Health Record or their patient summary is needed
- Rearrange sequence to commence the consult before accessing the patient summary via QR code<sup>2</sup> on smartphone
- Add reference to this scenario that the patient has a regular GP
- Need more focus on the safety of the care and information that's received in this scenario
- This scenario shows the GP as being responsible for the patient summary and instead the language in #5 should be updated to say the patient information originates from the original/regular GP
- This scenario needs an additional step that shows closure of the interaction
- Editing the patient summary, if it is generated from the original GP's records, may be challenging for remote (in this instance interstate) health practitioners. Work is still being undertaken to determine how to make them dynamic, or if they must remain static
- If the patient summary is a static record that is versioned and updated, who owns this and how do practitioners know which is the most up to date?
- The conversation is balancing both current state and future needs
- The patient summary is a way to capture patient data and produce a standardised, consistent output

#### *Clinician Driven Patient Summary*

- A patient presents to the hospital following a motor vehicle accident and is conscious and stable. To make an informed medical decision, Dr Hickson uses their hospital's HIE system to access the patient's patient summary

<sup>1</sup> 'QR code' is an example for the purposes of the storyboard and should not be taken as a technical specification or requirement

<sup>2</sup> 'QR code' is an example for the purposes of the storyboard and should not be taken as a technical specification or requirement

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- Group Discussion
    - #3 should include that authorised clinical staff in the ED can make the patient summary enquiry while the doctor is completing the assessment
    - Language updates in the scenario
    - Increase the font size for patient scenarios
    - Change the patient's status from conscious to unconscious to allow for more diverse scenarios
    - As a specialist in the ED, the patient summary may be reviewed whilst the patient is enroute (e.g. in an ambulance)
    - #5 requires more discussion around what a clinician may consider important information about the patient, including allergies, medications, pregnancy status, and vaccination
    - Suggestion raised for a scenario with the involvement of a minor and the consent implications it has. This scenario will be added to a backlog of scenarios to explore as the AU patient summary is developed
    - Additional scenario including what should be available on a shared data set in a family violence situation shall also be added to a backlog of scenarios to explore as the AU patient summary is developed

*Clinician Driven Patient Summary (As Supplemental Information)*

- Dr Burrows refers a diabetic patient to an endocrinologist for specialised treatment. She obtains consent from the patient to include a link which provides access to their detailed patient summary in the referral. The endocrinologist then accesses this patient summary and can use it to make informed decisions during the clinical consult with the patient
  - Group Discussion
    - Include other practitioners in these scenarios (e.g. nurse practitioner) to diversify the clinical streams
    - The patient summary would be in the same referral bundle; however, it is a separate thing to the referral and would link to an updated patient summary so that it reflects any changes from the initial consult to seeing the referred clinician
    - If there are changes to the patient's treatment from the point of referral to when they see the other clinician, it needs to be ensured that the other clinician is viewing an up-to-date patient summary instead of only the referral notes to make an informed decision
    - If the patient summary is continually updating, can we capture what informed a clinician's decision at that point in time when the decision was made to refer the patient?
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	<ul style="list-style-type: none"> <li>○ Future state benefits of the patient summary include being able to view patient’s information where systems are not connected and how it may replace a shared health summary</li> <li>○ In #1 ‘referral creation’, update to identify there is a conversation between the patient rather than just a decision made by the GP. Patient consent could be added in this step</li> <li>○ Consider changing this scenario to a pregnant patient transitioning between services (e.g. specialist to GP)</li> <li>○ The partnership between public and private providers (e.g., GPs and private hospitals) require accessible patient information as some private providers do not have access to full hospital records but can access My Health Record</li> <li>○ It may not be the specialist who accesses every referral that comes into the system, and the patient summary may be accessed during triage and consultation processes</li> <li>○ The specialist may not view the referral and patient summary prior to seeing the patient, and this should be reflected within the workflow diagram</li> </ul>
<p><b>Upcoming meetings and next steps</b></p>	<p><i>Additional Patient Summary example</i></p> <ul style="list-style-type: none"> <li>● Working through a scenario for transitions of care from Aged Care into Hospital and back out</li> <li>● Detailed requirements for use cases - If you have clinical scenarios, including those that have data in it that can be reference to assist in the creation of patient summary test data, please share with the Sparked team. Including examples of existing summary documents, case studies or screenshots, etc.</li> <li>● Sparked team will rehash an update based on meeting discussions and send it back to CFG members for review. This will also help create a backlog of clinical scenarios</li> </ul> <p><i>Next meetings</i></p> <ul style="list-style-type: none"> <li>● Meeting #2: 13 Nov 12pm - 2pm AEST / 1pm - 3pm AEDT</li> <li>● Meeting #3: 27 Nov 12pm - 2pm AEST / 1pm - 3pm AEDT</li> <li>● AU Patient Summary FHIR IG Project Team will begin their scoping around 15 November</li> <li>● Next F2F CDG meeting 20/21 November in Melbourne</li> </ul> <p><i>Feedback</i></p> <ul style="list-style-type: none"> <li>● Feedback from the CDG regarding the data for AU Patient Summary has been incorporated into the AUCDI R2 draft. The AUCDI R2 Patient Summary draft shall be released via the CDG. There will be a public comment period to receive feedback from the community.</li> </ul>

Decisions			
ID	Description	Status	Comments
20241030-1D	Update clinician driven patient summary to show that the patient is unconscious but stable	Agreed	

Actions			
ID	Description	Responsible	Due
20241030-1	Update clinician driven patient summary patient scenario to show that the patient is unconscious but stable	Sparked Team	13/11/2024
20241030-2	De-identify and share standardised patient discharge summary with Sparked	Sarah Pearson, Sparked Team	13/11/2024
20241030-3	Share any example patient summaries or clinical case studies to <a href="mailto:Sparked@csiro.au">Sparked@csiro.au</a>	All AU PS CFG members	13/11/2024

## Attendees List

Averil Tam
Charlotte Howard
Danielle Bancroft
Darrell Duncan
Jacqui Rhodes
Jai Dacey
Janney Wale
Kate Ebrill
Kath Feely
Khika Withnell
Kylynn Loi
Liz Keen
Madison Black
Michael Hosking
Oliver Frank
Olivia Carter
Paris Majot
Sarah Pearson
Shelley Behen
Talat Upal
Tor Bendle