Sparked
Australian Patient Summary
Clinical Focus Group
(AU PS CFG)

Wednesday 30th October 2024

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.

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Agenda

Topic	Facilitator/Speaker
Welcome & introduction	Kate Ebrill
Purpose & scope of AU PS CFG • Draft TOR • IPS/Patient Summary Overview • Overview of AUCDI R2 – Patient Summary Component	Tor Bendle/Kylynn Loi
Overview of AU Patient Summary Technical Use Cases	Danielle Bancroft
Validate patient scenario for use cases	Kate/Kylynn/Tor
Nominate test data personas • Patient personas • Provider personas • Other personas/actors required?	Kate/Kylynn/Tor
Detailed use case requirements • Confirm workflow • Test data requirements • Any other considerations?	Kate/Kylynn/Tor
• Create additional scenario • Workflow requirements • Usability • Other Challenges	Kate/Kylynn/Tor/Shelley

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Introductions

- Who's in the AU PS CFG?

Purpose of AU Patient Summary Clinical Focus Group (AU PS CFG)

- The Sparked Australian Patient Summary Clinical Focus Group (AU PS CFG) is a **sub-group of the Sparked Clinical Design Group (CDG)**

- **Time limited** committee until 30 June 2025, subject to the Sparked Program requirements.

- Provide clinical support to enable to the development of AU Patient Summary within the Sparked program

AU PS CFG Scope

Clinical workflows and clinical scenarios

Development of testing data for Sparked AU Patient Summary FHIR IG Project Team, e.g.

Provide clinical input and insight to AU Patient Summary FHIR IG Project Team as required

Support AUCDI development as required by the Sparked CDG

Assist in developing materials to enable to the clinical education and understanding of Sparked AU Patient Summary (if required)

Testing personas/profiles from the Sparked test data.

Test data requirements

e.g. clinical histories, medications, procedures, problems/diagnosis, etc.

AU PS CFG – Out of Scope

- AUCDI data groups
  - > go to [Sparked CDG](#)

- AU Patient Summary FHIR Implementation Guide
  - > go to [AU Patient Summary FHIR IG Project Team](#)

- Broader policy discussions regarding reforms, implementation and development of an Australian Patient Summary not relevant to the Sparked Program

Inputs into the development of AU PS FHIR IG
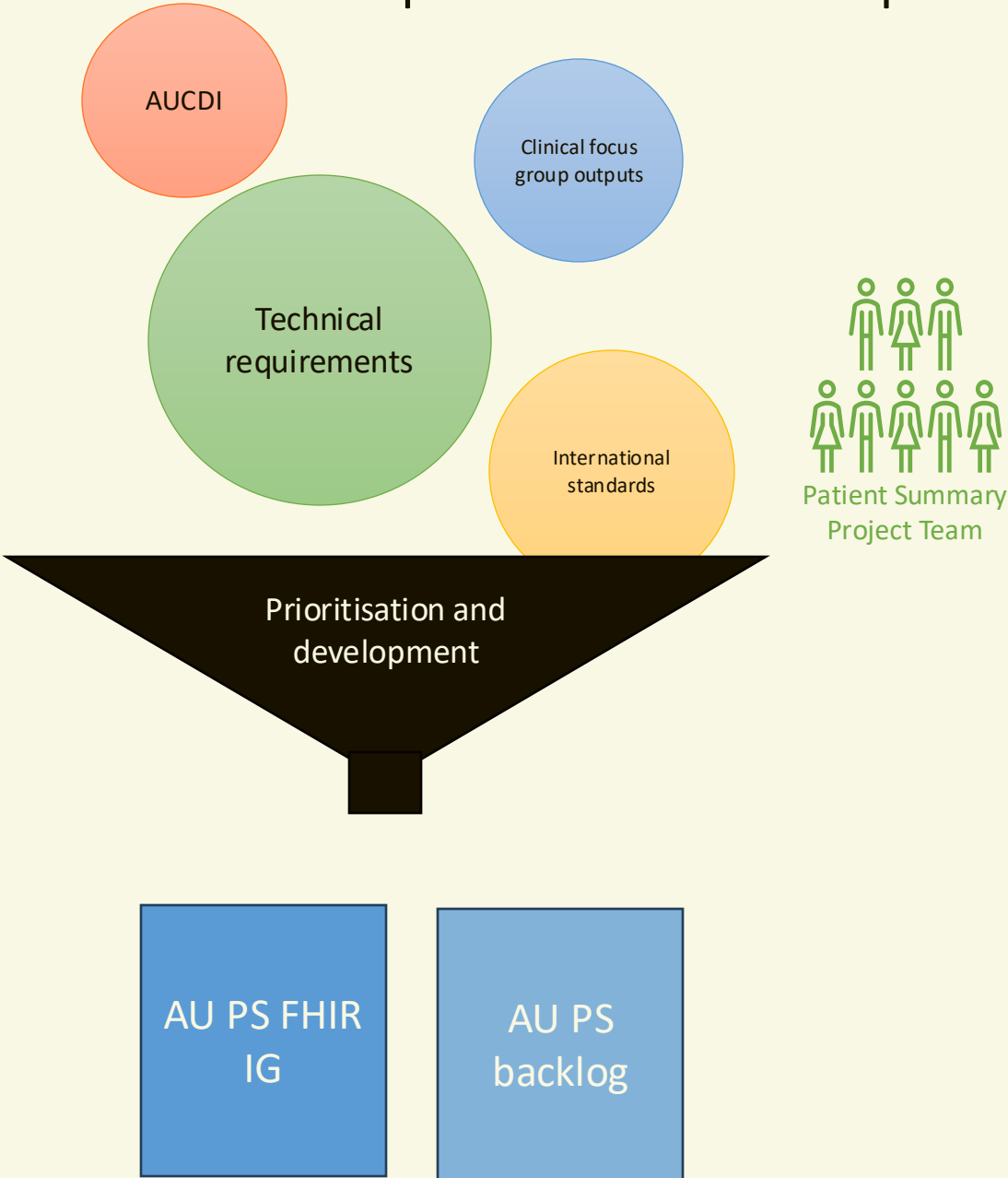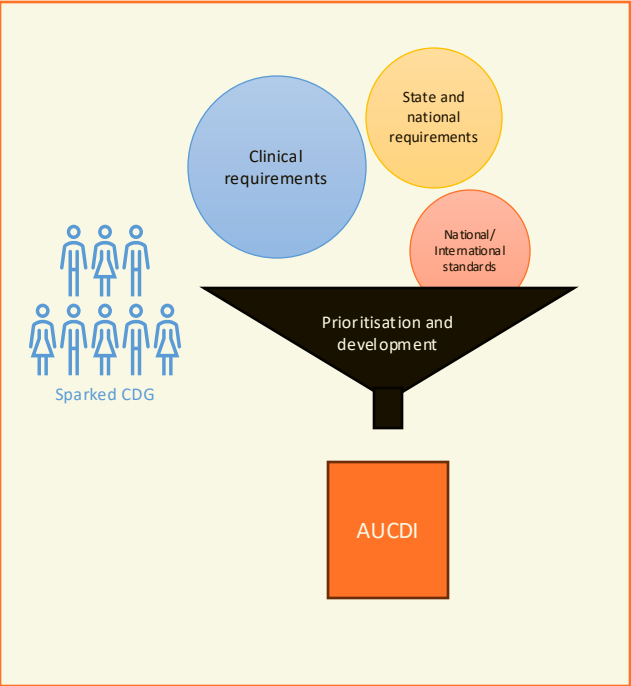
Website & Terms of Reference

- Resources:
- Sparked Australian Patient Summary page:
  - [Australian Patient Summary (AU PS) – Sparked](#)
- Sparked Australian Patient Summary Clinical Focus Group page:
  - [Sparked AU Patient Summary Clinical Focus Group – Sparked](#)
    - Outlines the Terms of Reference for the AU PS CFG
    - All AU PS CFG outputs will be posted here

Purpose of a Patient summary

A patient summary is a standardised collection of patient information. Rather than an entire patient health record, it is the necessary minimum and sufficient data to ensure safe patient care.
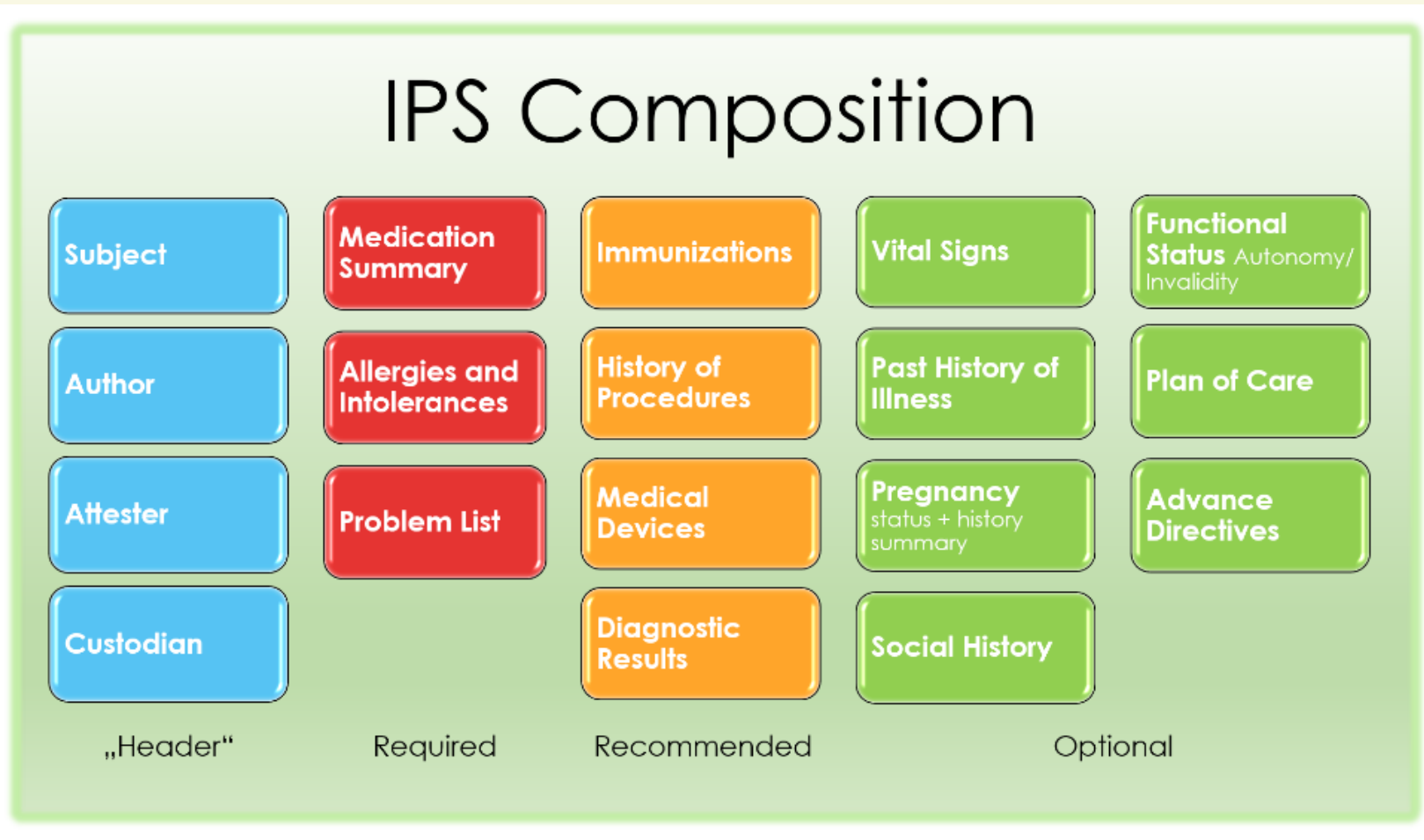
International Patient Summary – as a reference point

IPS Composition

"Header"	Required	Recommended	Recommended	Optional
Subject	Medication Summary	Immunizations	Vital Signs	Functional Status Autonomy/ Invalidity
Author	Allergies and Intolerances	History of Procedures	Past History of Illness	Plan of Care
Attester	Problem List	Medical Devices	Pregnancy status + history summary	Advance Directives
Custodian		Diagnostic Results	Social History	

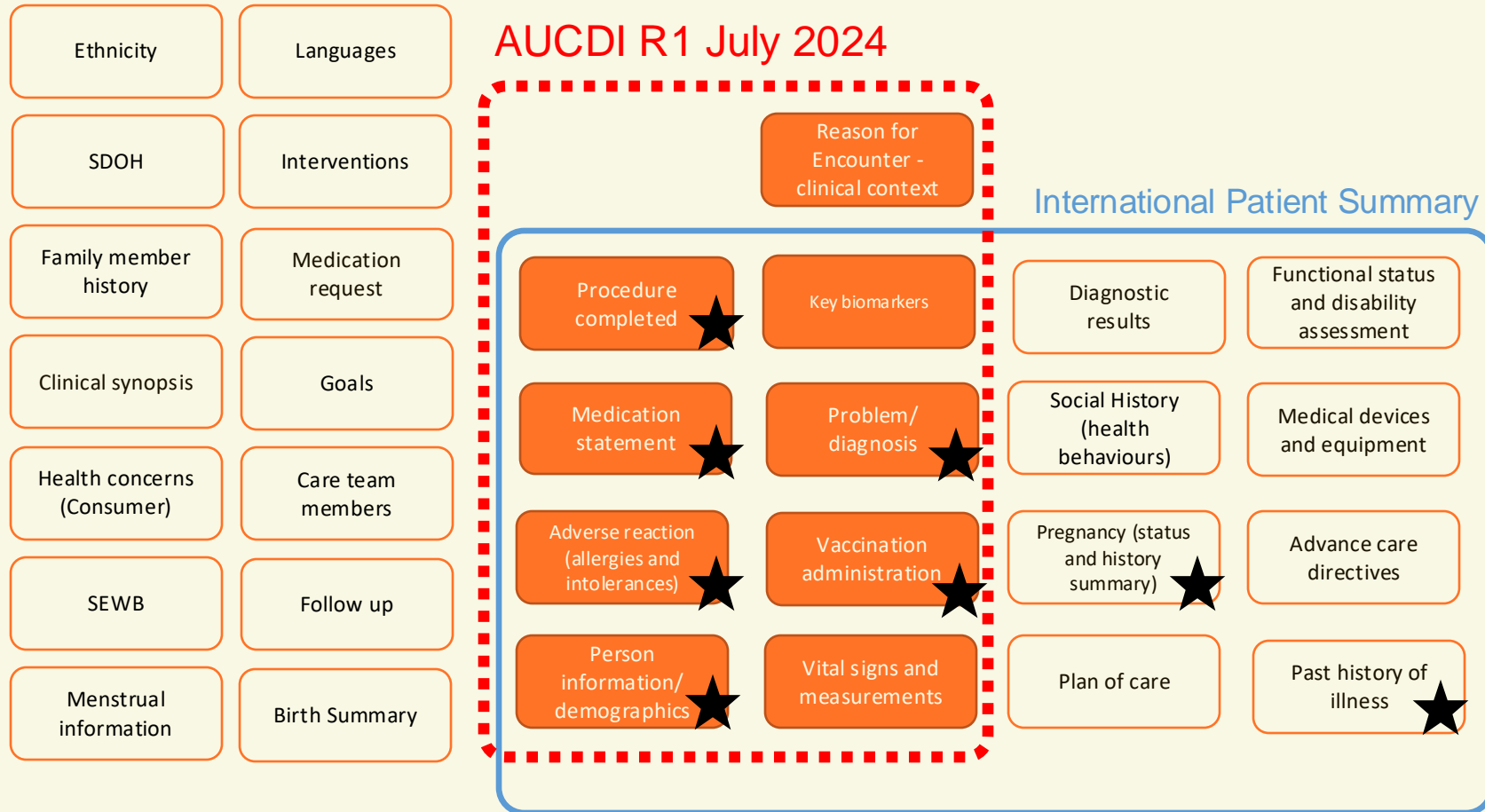Globally recognised patient summary standard.

The International Patient Summary (IPS) is a minimal and non-exhaustive set of basic clinical data of a patient, specialty-agnostic, condition-independent, but readily usable by all clinicians for the unscheduled (cross-border) patient care.
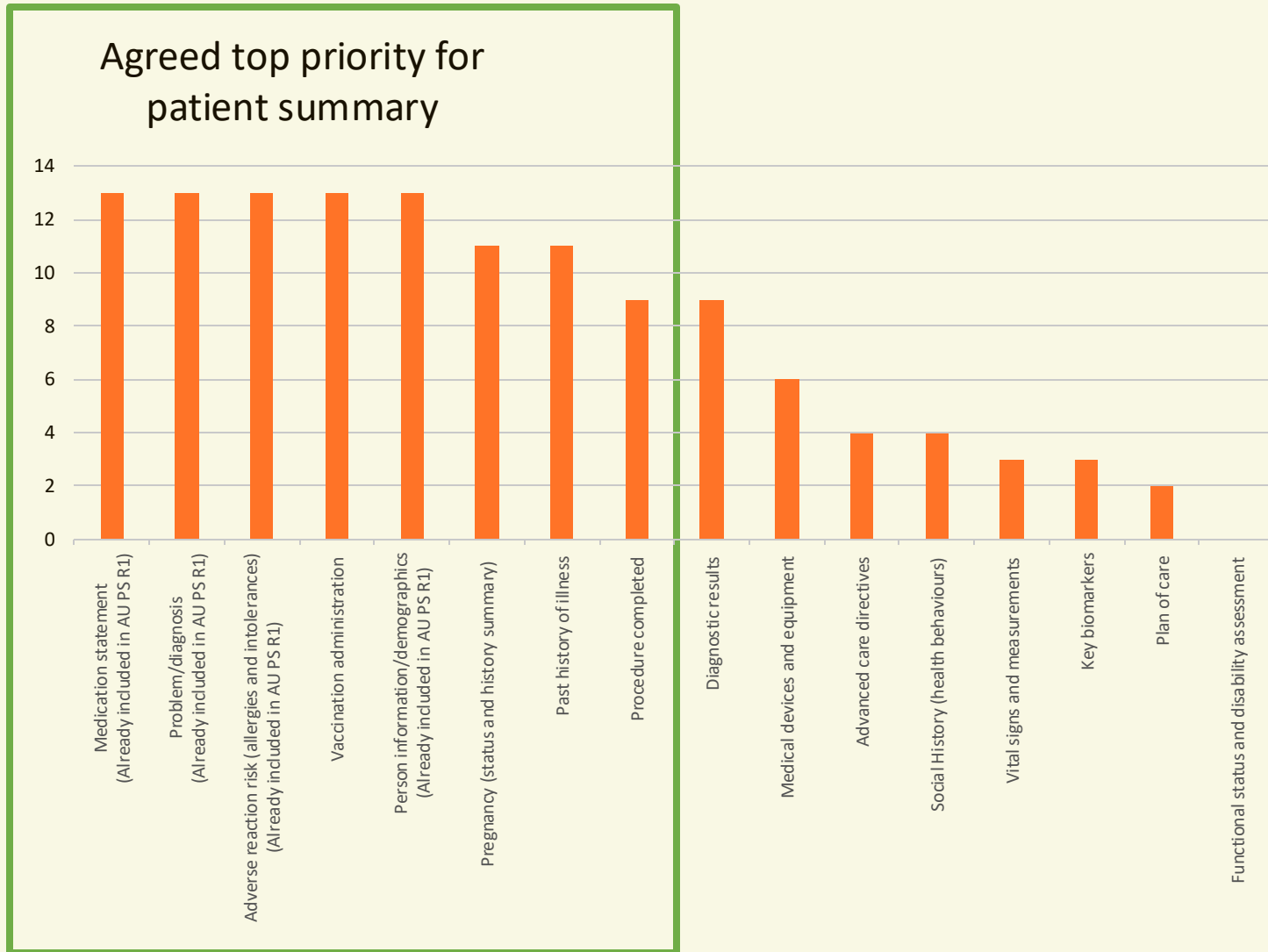https://international-patient-summary.net/

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Priorities for Patient Summary

Ethnicity	Languages
SDOH	Interventions
Family member history	Medication request
Clinical synopsis	Goals
Health concerns (Consumer)	Care team members
SEWB	Follow up
Menstrual information	Birth Summary

AUCDI R1 July 2024

Reason for Encounter - clinical context

International Patient Summary

Procedure completed ★	Key biomarkers
Medication statement ★	Problem/ diagnosis ★
Adverse reaction (allergies and intolerances) ★	Vaccination administration ★
Person information/ demographics ★	Vital signs and measurements

Diagnostic results	Functional status and disability assessment
Social History (health behaviours)	Medical devices and equipment
Pregnancy (status and history summary) ★	Advance care directives
Plan of care	Past history of illness ★

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Patient Summary Data Group Prioritisation

Agreed top priority for patient summary

	Data group	AU PS reqd	AUCDI R1
1	Medication statement	✔	✔
2	Problem/diagnosis	✔	✔
3	Adverse reaction risk (allergies and intolerances)	✔	✔
4	Vaccination administration		✔
5	Person information/demographics	✔	✔
6	Pregnancy (status and history summary)		
7	Past history of illness		?
8	Procedure completed		✔
9	Diagnostic results		
10	Medical devices and equipment		?
11	Advance care directives		
12	Social History (health behaviours)		?
13	Vital signs and measurements		
14	Key biomarkers		✔
15	Plan of care		
16	Functional status and disability assessment		

Diagnostic results to be deferred to TDG discussions

AUCDI Release 2 – at November 2024

Problem/Diagnosis
- Problem/diagnosis name
- Body site/laterality
- Onset of symptoms or signs
- Date/time of resolution
- Status
- Comment
- Last updated

Procedure completed
- Procedure name
- Body site/laterality
- Clinical indication
- Date performed
- Comment

Vaccination administered event
- Vaccine name
- Sequence number
- Date of Administration
- Comment

Adverse reaction risk summary
- Substance name
- Onset of first reaction
- Manifestation/s
- Severity of reaction
- Comment
- Last updated

Medication use statement
- Medication name
- Form
- Strength
- Route of administration
- Dose amount and timing
- Clinical indication
- Comment
- Date of assertion

Sex and Gender Summary
- Sex assigned at birth
- Gender identity
- Pronouns
- Last updated

Tobacco smoking summary
- Overall Status
- Last updated

Biomarkers*
- HDL
- LDL
- Total Cholesterol
- Triglycerides
- HbA1c
- eGFR
- uACR

Vital signs*
- Blood pressure
  - Systolic
  - Diastolic
- Pulse
  - Rate
- Body temperature
- Respiration
  - Rate

Measurements*
- Height/length
- Body weight
- Waist circumference

Encounter – clinical context
- Reason for encounter
- Modality

Last Menstrual Period assertion
- Date of onset
- Certainty
- Date of assertion

Estimated date of delivery summary
- EDD by cycle
- Date of ultrasound
- Gestation by scan
- EDD by ultrasound
- Last update

Pregnancy assertion
- Pregnancy assertion
- Justification
- Date of assertion

*Each Biomarker, Vital sign and Measurement has a date of measurement or date of observation

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What is new - AUCDI Release 2 – at Nov 2024

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Patient summary scope in context of AUCDI R2

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AUCDI Release 2 – New content for PS scope

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Overview
Patient Summary – Technical Use Cases

Patient Driven –

- Patient provides a unique link that identifies a patient summary in the source system. The patient can use this to access the summary themselves, or provide to a third party to access

Clinician Driven –

- A unique link that identifies a patient summary in a source system when requested by another clinician. For example, a clinician requests if a patient summary exists from the patient summary discovery system during an unplanned visit

Clinician Driven (as supplemental information) –

- A unique link that identifies a patient summary in a source system is embedded into an item sent from one clinician to another. For example, a link is embedded into a referral sent to a cardiologist.

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Patient Driven - Storyboard

PATIENT DRIVEN PATIENT SUMMARY

Patient Persona
Name: Jeramy Ezra Banks
Age: 73 years old
Occupation: Retired school teacher
Health Condition: Chronic heart disease (diagnosed 5 years ago)
Location: Lives in Sydney, Australia

01 Health Record Managment
Comfortable with basic technology, Jeramy uses a smartphone app to manage his healthcare records.

02 Interstate Travel
Jeramy travels interstate to Queensland for a holiday and to visit his grandchildren.

03 GP Visit
Feeling unwell, Jeramy books an appointment with a local GP and shares a QR code from his healthcare app to provide his health records.

04 Clinican Access
The clinician scans Jeramy's QR code into their system to retreive his patient summary.

05 Patient Summary Retrieval
The system retrieves Jeramy's summary in real-time from the originating GP's system.

06 Patient Consultation
The clinician uses the patient summary to provide appropriate care during the consultation.

Clinician Driven - Storyboard

CLINICIAN DRIVEN PATIENT SUMMARY

Clinician Persona

Name: Dr Ngoc Hickson

Background: Dr. HIckson works as an Emergency Medicine physician at a large metropolitan hospital in the emergency department, managing acute cases daily. The hospital uses a Health Information Exchange (HIE) system to access external patient records.

01 Hospital Admission
A patient is admitted to the hospital following a car accident, presenting with various injuries but is conscious and stable.

02 Patient Asessment
Dr. Hickson the emergency medicine specialist on duty, quickly assesses the patient for any serious injuries.

03 Hospital System Request
To make a swift and informed decision, Dr. Hickson requests the patient's medical history from the patient's GP using the hospital's HIE system.

04 Patient Summary Retrieval
After verifying patient consent, the system retrieves the patient summary.

05 Patient Summary Review
The patient summary provides Dr Hickson with information on chronic health conditions, allergies, and current medications.

06 Hospital Treatment
This allows Dr. Hickson to make informed decisions regarding the patient's treatment and ensures there are no complications from underlying health issues while treating the accident-related injuries.

Clinician Driven (Supplementary) Storyboard

CLINICIAN DRIVEN PATIENT SUMMARY (AS SUPPLEMENTAL INFORMATION)

Clinician Persona

Name: Ginger Burrows

Background: Dr Burrows works as a GP at a busy suburban clinic, handling a wide variety of cases daily. She is comfortable with technology and uses an integrated health records system to manage patient data and referrals.

01 Referral Creation
Dr Burrows has a patient with diabetes who hasn't responded well to initial treatment. She decides to refer the patient to an endocrinologist for further evaluation.

02 Patient Consent
Dr Burrows obtains consent from the patient to include a link in the referral that allows the specialist to access the patient's detailed summary.

03 Referral Sent
Dr Burrows sends the electronic referral to the endocrinologist.

04 Referral Received
The endocrinologist receives the referral and clicks on the link to access the patient summary.

05 Patient Summary Retrieval
The patient's summary is retrieved from Dr Burrows' practice management system.

06 Patient Consultation
The endocrinologist uses the patient summary to make informed decisions during the consultation.

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**Sparked
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Workshop**

Patient scenario & Testing personas

- Confirm 3 existing patient summary scenarios
- Confirm testing personas
  - Patient personas
    - Demographics
    - Location
  - Provider personas
    - Demographics
    - Location
- Considerations
  - Workflow requirements
  - Usability
  - Other challenges
- Additional scenario

PATIENT DRIVEN PATIENT SUMMARY

Patient Persona

Name: Jeramy Ezra Banks
Age: 73 years old
Occupation: Retired school teacher
Health Condition: Chronic heart disease (diagnosed 5 years ago)
Location: Lives in Sydney, Australia

Patient Driven

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Comfortable with basic technology, Jeramy uses a smartphone app to manage his healthcare records.

02 Interstate Travel
Jeramy travels interstate to Queensland for a holiday and to visit his grandchildren.

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04 Clinican Access
The clinician scans Jeramy's QR code into their system to retreive his patient summary.

05 Patient Summary Retrieval
The system retrieves Jeramy's summary in real-time from the originating GP's system.

06 Patient Consultation
The clinician uses the patient summary to provide appropriate care during the consultation.

Patient persona:
Jeramy Ezra Banks
Neither Aboriginal nor Torres Strait Islander origin
Male
DOB: 14 May 1951 (73 yo)
Location: NSW

General Practitioner persona:
Dr Abe Lowe
Location: NSW

General Practitioner persona:
Dr Wyatt Samuels
Location: QLD

Comments and feedback

- 3 – should be updated to "enable access to a patient summary from the usual GP system" – and 5 as well – call it usual GP system

- 3 – GP starts consult before Jeramy shows them the phone – GP conversation first

- 5 - …which includes information from a recent admission – make it feel less just all the GPs responsibility

- Closing the loop
  - what are the next steps – update PS (e.g. change of meds) → new QR code?
  - Need to focus on care and safety of care

Workflow Considerations

- If don't have a full EMR/paper based scenario, how do you access the PS?

- How to know if this is the latest? Versioning

- QR code/scan - could actually be just authorising someone to access – select a provider/clinician (or push to a provider)

- If it is pre-created – how often is a clinician expected to do this?
  - What about the actual patient data that is kept updated? Can this be reflected automatically/generated into the summary for some use cases?
    - Some data may require clinician curation?

- Can consumer preview info before they head off on travels? Check for completeness and talk to usual GP if things aren't there
  - Is it a point in time or real time?

- Consider when a consumer is unable to provide access (e.g. unconscious in an emergency situation)

- Provenance of information is important

- Can the summary be dynamic or does it stay as point in time (if QR code is for access to usual GP, then qld GP cannot update)
  - Dynamic – who owns' it, who is responsible for updating, maintaining. If dynamic – how are you reconciling from different sources (which is the most updated)

- Be careful that this doesn't slip into handover (Qld GP would usually write a note to the usual GP with any changes in care)

CLINICIAN DRIVEN PATIENT SUMMARY

Clinician Persona

Name: Dr Ngoc Hickson

Background: Dr. Hickson works as an Emergency Medicine physician at a large metropolitan hospital in the emergency department, managing acute cases daily. The hospital uses a Health Information Exchange (HIE) system to access external patient records.

01

Hospital Admission

A patient is admitted to the hospital following a car accident, presenting with various injuries but is conscious and stable.

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Patient Asessment

Dr. Hickson the emergency medicine specialist on duty, quickly assesses the patient for any serious injuries.

03

Hospital System Request

To make a swift and informed decision, Dr. Hickson requests the patient's medical history from the patient's GP using the hospital's HIE system.

04

Patient Summary Retrieval

After verifying patient consent, the system retrieves the patient summary.

05

Patient Summary Review

The patient summary provides Dr Hickson with information on chronic health conditions, allergies, and current medications.

06

Hospital Treatment

This allows Dr. Hickson to make informed decisions regarding the patient's treatment and ensures there are no complications from underlying health issues while treating the accident-related injuries.

Clinician Driven

Patient persona:
Charlotte Morris
Sex assigned at birth:
Female
Identifies as female
DOB: 11 Nov 1994 (19 yo)
Location: VIC

General ED physician persona:
Dr Ngoc Hickson
Location: VIC

Comments / feedback

- Does it need to be the doctor looking at PS? It could be the nurse/staff looking at the record simultaneously while dr is assessing
- delete "managing acute cases daily"
- 2 - remove "quickly"
- 2 – quickly assesses (not just serious injuries)
- Consider where ambulance intervenes? – ambulance might be accessing PS before patient arrives at the hospital
- 3 – refers to medical history rather than patient summary
- This could be a good example of a patient where patient is unable to talk - update "stable but unconscious" – ambulance notifies ED that there is incoming so clinician can review prior
- 5 – allergies, medications, date of last tetanus vaccination, pregnancy status - tease out what is most value here

- OVERALL feedback: Make sure font is large enough

Workflow Considerations

- Consent where patient is a minor? – add to backlog of scenarios that needs to be considered
  - What should be available on a shared data set (Family violence situation, carer scenario….)

CLINICIAN DRIVEN PATIENT SUMMARY (AS SUPPLEMENTAL INFORMATION)

Clinician Persona

Name: Ginger Burrows

Background: Dr Burrows works as a GP at a busy suburban clinic, handling a wide variety of cases daily. She is comfortable with technology and uses an integrated health records system to manage patient data and referrals.

Clinician Driven (Supplementary)

01

Referral Creation

Dr Burrows has a patient with diabetes who hasn't responded well to initial treatment. She decides to refer the patient to an endocrinologist for further evaluation.

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Patient Consent

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Referral Sent

Dr Burrows sends the electronic referral to the endocrinologist.

04

Referral Received

The endocrinologist receives the referral and clicks on the link to access the patient summary.

05

Patient Summary Retrieval

The patient's summary is retreived from Dr Burrows' practice management system.

06

Patient Consultation

The endocrinologist uses the patient summary to make informed decisions during the consultation.

Patient persona:
Joyce Johnson
DOB: 06 Feb 1985 (39 yo)
Location: NSW

General Practitioner persona:
Dr Ginger Burrows
Location: NSW

Specialist – Endocrinologist persona:
Dr Bryce Cruickshank
Location: NSW

Comments/feedback

- Nurse practitioner rather than 3 clinicians
- Consider changing scenario to a pregnant patient moving from specialist to GP in her first/second trimester – can incorporate a midwife
- Consider interstate travel and international travel, also refer from GP to a private provider who doesn't necessarily have access – highlight benefits of PS
- 1 – clinician have conversation with PS, also consent can fit in that box (currently already do this) and don't' need 2
- 4 – may not be endo who checks the referral, change to organization
- 5 and 6 – ps might be accessed twice – one for the triage process (if not enough info in the referral itself), and one for the consultation itself
- Swap 6 and 5 – consult starts first
- Are the rooms downloading something or just viewing?

Workflow Considerations

- When writing a referral – stating pt information at the time of the referral – but if there has been changed at the time has elapsed – medicolegal risks? Specialist has diff information to what GP initially provided (what influenced the GP at that point in time)
  - Sending PS at that point in time (as the referrer knows it)
  - Also a link to dynamic PS? – need to highlight differences
  - Will people click links?
- how does it interplay with MyHR SHS/other docs, HIE, etc.
- Consider a faxed/paper referral letter

Other considerations/comments

- further discussion may need to be had regarding collation of the information. Some information in the PS for example most recent vaccination status from the previous scenario, the vaccination could have been provided outside the GP Practice and may need to be visible. Other information such as allergies may not be present in the GP system (especially for patient with non-regular GPs) but in other healthcare settings.

Additional Patient Summary example

- What does that look like?

- Working through a scenario for transitions of care from Aged Care into Hospital and back out

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AGED CARE PATIENT SUMMARY

Persona

Name:

Background:

01

Scene 1

Text

02

Scene 2

Text

03

Scene 3

Text

04

Scene 4

Text

05

Scene 5

Text

06

Scene 6

Text

Detailed Requirements for the use cases

Volunteers to help build out and generate the test
data scenarios!

Next meetings

AU PS CFG Meeting 2

Date: 13th November 2024

Time: 12:00 – 2:00pm (AEST)/1:00 – 3:00pm (AEDT)

AU PS CFG Meeting 3

Date: 27th November 2024

Time: 12:00 – 2:00pm (AEST)/1:00 – 3:00 (AEDT)

Thank you!!