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

Friday 6th December 2024

Acknowledgement of Country

We acknowledge the Traditional Custodians of the land on which we all gather today, the Turrbal & Jagera people

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

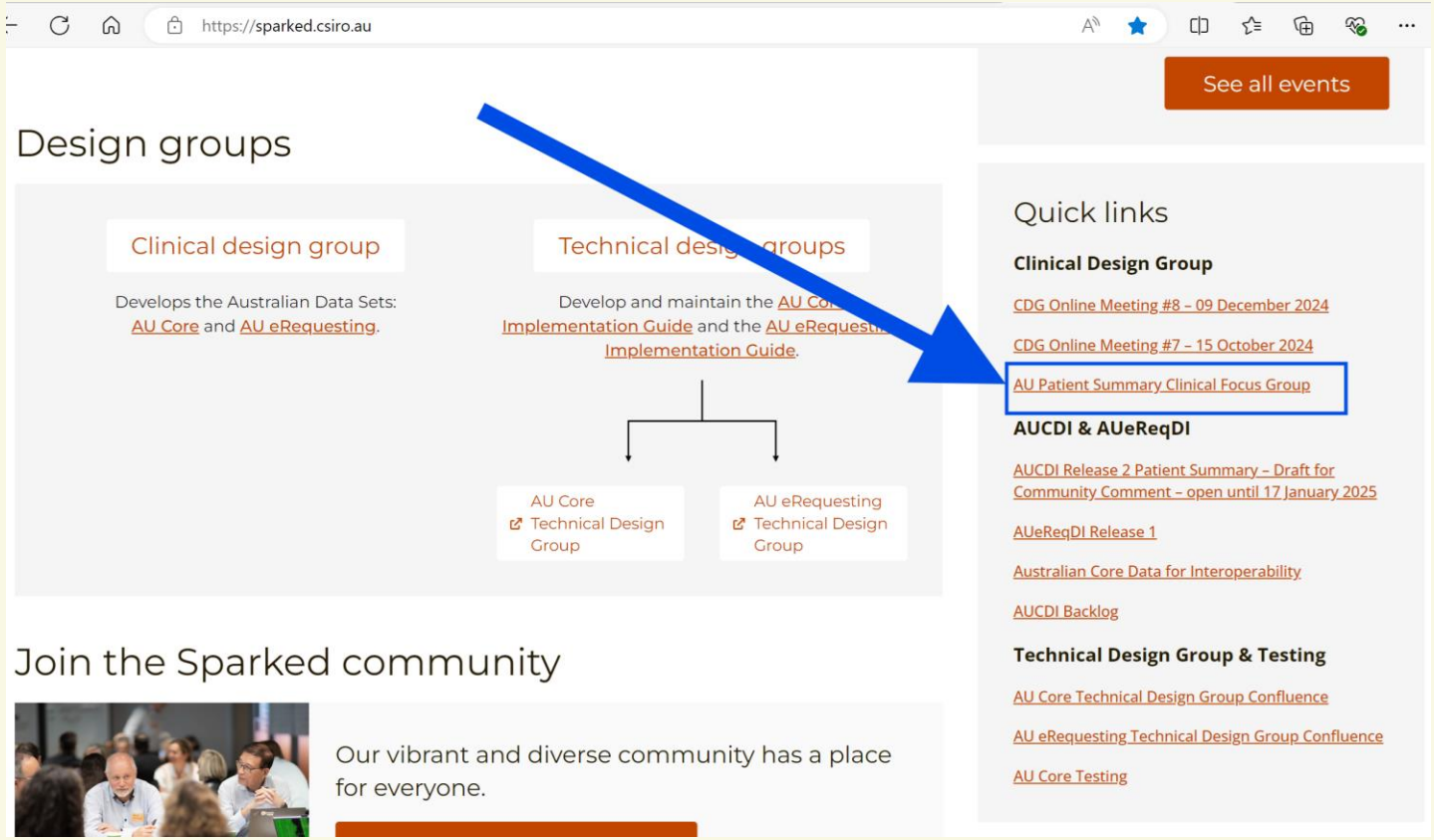
Item	Topic
01	Welcome
02	Sparked Website Update
02	Validate definition for ‘Purpose of AU Patient Summary’
03	Consumer Journeys • Update from AU PS FHIR IG Project • Review feedback from AU PS FHIR IG Project
04	List of ‘Hairy Questions’

Sparked HL7 FHIR

Reminder that this meeting is being recorded

Sparked Website Updated

- Link moved to ‘Quick Links’ section
- AU PS CFG Minutes have been published here



Sparked HL7 FHIR

‘Purpose of Patient Summary’ Definition

Purpose of Patient summary - Previous

Original:

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.

Updated:

A Patient Summary is a standardised collection of information about a consumer's health and healthcare. Rather than an entire health record, it is the minimum sufficient data to facilitate safe, quality and efficient care.

The AU Patient Summary will be a dynamic, interoperable set of clinical data. It will be as up to date as possible, following the consumer on their healthcare journey, providing the consumer and their healthcare providers with timely and current access to relevant health information.

The AU Patient Summary will be conformant to the International Patient Summary Standard, which ensures it can support consumers access to their up-to-date summary and enable transitions of care within Australia. Importantly, this also provides a future pathway for consumers to share their healthcare information when travelling internationally

Purpose of Patient summary - FEEDBACK

- “necessary” - remove
- “ensure” - a summary can’t ensure, but can facilitate/support
- Consider provenance/versioning
- “real-time” – is there something so absolute? As up to date as possible
- “portable”, “available or accessible” rather than “following”
- Move transitions of care into second para – facilitate/improve continuity of care

Purpose of AU Patient summary - Updated

Patient Summary is a standardised collection of an individual's health information and healthcare. Rather than an entire health record, it is the minimum sufficient data to facilitate safe, quality and efficient care.

The AU Patient Summary will:

- Be an interoperable set of clinical data.
- Be dynamic and as up to date as possible based on available information sources.
- Be a snapshot at a point in time which includes both asserted and non-asserted information.
- Be portable and accessible to the individual and their healthcare providers.
- Support individuals on their healthcare journey.
- Support all transitions of care.

The AU Patient Summary will be conformant to the International Patient Summary Standard. Importantly, this provides a future pathway for individuals to share their healthcare information when travelling internationally.

Purpose of AU Patient summary - v.03 Draft

Patient Summary is a standardised collection of an individual's health information and healthcare. Rather than an entire health record, it is the minimum sufficient data to facilitate safe, quality and efficient care.

The AU Patient Summary will:

- Be an interoperable set of clinical data.
- Be dynamic and as up to date as possible based on available information sources.
- Be a snapshot at a point in time which includes both asserted and non-asserted information.
- Be portable and accessible to the individual and their healthcare providers.
- Support individuals on their healthcare journey.
- Support all transitions of care.

The AU Patient Summary will be conformant to the International Patient Summary Standard. Importantly, this provides a future pathway for individuals to share their healthcare information when travelling internationally.

Additional Considerations

1. Defining ‘asserted and non-asserted’? E.g.

Asserted information:

Entered, retrieved or pulled in from existing data, may be copied or derived, with clinical sign-off or verification

Non-asserted information:

Retrieved or pulled in from existing data, may be copied or derived, with no clinical sign-off or verification

OR

2. Change to wording required?

3. Other changes required?

feedback

- To we need to make it visible what data elements have been asserted vs non-asserted (not necessarily for the definition)
  - Key will be whether data will have link to source- but that does not have to be in the definition and will be more of a standards issue
  - There seems to be two issues- whether asserted by a clinician at the time of origin of the data- or whether the actual data is signed off on at the time f creation of the final PS. These are quite different things. And link to source data would be ideal
    - Non-asserted, asserted at point of origin, asserted as signed off/signed off

- 'Sign-off' –
  - "Clinical review or verification at the time of generation of the patient summary"
- What does "clinical" mean? – HAIRY QN
- Update dot pt 3 which **MAY** include asserted and non-asserted
- "Identify a point in time" rather than "be a point in time"
- Point in time snapshot taken off systems" - remove dynamic? – but need to consider HIE, myHR use case
- Slide is more than the purpose –
  - split out characteristics and the way we evolve things
  - Can call out current limitations? And where we are going…different use cases – curated/generated dynamically…

Patient Summary Consumer Journey's Update & Review

Update from AU Patient Summary FHIR IG Project

- 3 Journeys selected and endorsed as the reference journeys for Patient Summary FHIR IG development:
  - Interstate GP Visit
  - Emergency Hospital Attendance
  - Referral to Specialist & Allied Health
- PS FHIR IG Project feedback has been provided via Confluence: [AU Patient Summary R1 Consumer Journeys - HL7 Australia — FHIR Work Group - Confluence]

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HL7 FHIR

Interstate GP Visit

Patient

Jeramy Ezra Banks

DOB: 14 May 1951 (73yo)

Hairy Question

- **How is the link provided? Via token, record locator service**
- **Is this a snapshot or dynamically derived?**

1. Health Record Management

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

2. Interstate Travel

Jeramy travels interstate to Queensland for a holiday. Jeramy checks that his patient summary has been updated by his usual GP following a recent admission to hospital prior to travelling.

3. GP Visit

Feeling unwell, Jeramy books an appointment with a Queensland GP.

4. Begin GP Consultation

During GP consultation, Jeramy provides access to his updated patient summary

5. Patient Summary Retrieval

The GP retrieves Jeramy's up to date patient summary from his usual GP.

6. Continue GP Consultation

The GP uses the patient summary to support care decisions during the consultation.

7. Patient Summary Update

The interstate GP updates Jeramy's patient summary along with writing to Jeramy's usual GP.

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Feedback from AU PS FHIR IG Project

- Interstate GP Visit

Feedback	Proposed Response/Update
It is great to see a consumer who has thought through ensuring his patient summary was up to date and ready to share. Is it intended that the patient summary be shared by the consumer where possible? Or is there to be a retrieval service where the GP can retrieve the most recently patient summary.	These journeys are indicative of where/how a patient summary may be used in a consumer's health journey. The specific technical implementation requirements and mechanism for access/retrieval etc are not within the scope of these journeys to specify or define Question added to the list of 'Hairy Questions'

Feedback from AU PS FHIR IG Project

- Interstate GP Visit

Feedback	Proposed Response/Update
SO: Perhaps technical solutions and implementation details in the "Hairy Question" could be separated from these consumer journey infographics which helps keep the focus on the value and outcomes of health info exchange rather than the mechanics. **In "7. Patient Summary Update", consider "Jeramy's patient summary is updated and accessible by Jeramy's usual GP". Reason: If PS is dynamically derived, would the interstate GP directly updated the PS? Suggested wording keeps it generic.**	'Hairy questions' have been collated and removed from the consumer journey maps **Current Step 7:** **The interstate GP updates Jeramy's patient summary along with writing to Jeramy's usual GP.** **Updated wording?** **Along with writing to Jeramy's usual GP, the interstate GP confirms Jeramy's patient summary is updated.**

CFG feedback

- Suggestion - The interstate GP provides an updated patient summary if required along with writing to Jeramy's usual GP

- HAIRY QNS – where is the updated summary? Which system? Etc, consider implications of dynamic patient summary

Feedback from AU PS FHIR IG Project

- Interstate GP Visit

Feedback	Proposed Response/Update
RTO: Step 2 suggests that Jeramy's patient summary (PS) is a shared thing updated by his usual GP. Step 5 suggests that his PS manages access to it. Step 7 suggests the interstate GP can update the PS without writing to the usual GP. I think there is confusion about whether a PS is a shared thing, in the custody of a GP, or is a snapshot of one of the first two. Steps 2 and 5 suggest that at step 5 there is no need to go through the usual GP. 	Current Step 2 Jeramy travels interstate to Queensland for a holiday. Jeramy checks that his patient summary has been updated by his usual GP following a recent admission to hospital prior to travelling. Current Step 5 The GP retrieves Jeramy's up to date patient summary from his usual GP. Current Step 7 The interstate GP updates Jeramy's patient summary along with writing to Jeramy's usual GP. Note: wording may have been updated as per previous slide The specific technical implementation requirements and mechanism for updating are not within the scope of these journeys to specify or define It may be possible that a Patient Summary can be updated without the interstate GP writing to the original GP.

Feedback from AU PS FHIR IG Project

- Interstate GP Visit

Feedback	Proposed Response/Update
HF: Agree with RTO, this reads like the PS has shared custodianship allowing it to be updated (replaced) by any other clinician. If this is explicitly intended, then another scenario should be considered where in 7 a new PS is created in interstate GP's system and directed back towards the original GP for there review and import into their system. 	Current Step 7 The interstate GP updates Jeramy's patient summary along with writing to Jeramy's usual GP. Note: wording may have been updated as per previous slide The specific technical implementation requirements and mechanism for updating are not within the scope of these journeys to specify or define

Emergency Hospital Attendance

Patient

Charlotte Morris

DOB: 11 Nov 1994 (30yo)

1. Ambulance Attendance

Charlotte is taken to hospital via ambulance following a car accident. Presenting with various injuries, Charlotte is stable but unconscious

2. Ambulance Transfer

Ambulance staff access Charlotte's patient summary and note that Charlotte has an allergy to opioids.

3. Hospital System Request

During handover, the ED Multidisciplinary Team (MDT) is alerted to the opioid allergy and also requests the patient summary from Charlotte's usual GP.

4. Patient Summary Retrieval

The system retrieves the patient summary from the individuals usual GP.

5. Patient Summary Review

Dr Hickson and the MDT review the patient summary to see information on allergies, pregnancy status, vaccinations status, current medications and other health information.

6. Hospital Treatment

This allows Dr Hickson to treat the accident-related injuries while minimising the risk of complications from underlying health issues.

Hairy Questions

- **Is the PS auto generated or manually curated?**
- **What is the step between sending a request and receiving a PS?**
- **How do ambulance services access patient summary?**
- **How does this process work if you are requesting after hours?**

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Feedback from AU PS FHIR IG Project

- Emergency Hospital Attendance

Feedback	Proposed Response/Update
True allergies (hives, bronchospasm, oral swelling, anaphylaxis) to opioids are uncommon. Usually the “allergy” to opioids are minor common side effects like itching, constipation, nausea and may be less likely to impact ambulance care in the scenario of a road trauma. I suggest we add a true latex allergy that has given this patient anaphylaxis in the past, as that is not uncommon, can be plausibly severe, and will change what the ambulance officers and the ED staff do.	Update or add allergy to ‘latex’ – change Step 2 & Step 3

CFG response: Agree to add latex (AUCDI R1?)

Feedback from AU PS FHIR IG Project

- Emergency Hospital Attendance

Feedback	Proposed Response/Update
This one is unclear as to how they access a patient's summary when unconscious, an assumption would be that they know the details of the patient and that is not outlined in the scenario. Ambulance would provide a summary with what they know at handover if they have accessed the patient's summary why would ED then request the same patient summary seems like an additional step not needed, could it not be part of the handover.	This scenario assumes that Charlotte's identity is known. The method of identification has not been specified as this may be done a number of ways at the scene of the accident. Current Step 3: During handover, the ED Multidisciplinary Team (MDT) is alerted to the opioid allergy and also requests the patient summary from Charlotte's usual GP. Change/Updated wording required? This reflects current practice – duty of care

Update 3 – also requests the most recent collated patient summary data (could be from multiple sources)
Or "collated from the most recent patient summary data"

Hairy qn – can a patient summary be handed over?

Feedback from AU PS FHIR IG Project

- Emergency Hospital Attendance

Feedback	Proposed Response/Update
SO: Assessment, acute interventions, and supportive care happen whether or not a patient summary is available. Suggest changing "6. Hospital Treatment" to something less controversial like "Supporting Patient Care" with wording around the additional information supporting clinical decision making etc.	Current: 6. Hospital Treatment This allows Dr Hickson to treat the accident-related injuries while minimising the risk of complications from underlying health issues. Changes/Updated wording required?

Update 6. underlying health issues to underlying health conditions
No other changes

Feedback from AU PS FHIR IG Project

- Emergency Hospital Attendance

Feedback	Proposed Response/Update
RTO: This story suggests that the patient summary in step 2 is different to the one in steps 3, 4 and 5.	This scenario aligns with the 'Clinician driven' technical use case where the Patient Summary is being accessed directly by a clinician. This demonstrates that the Patient Summary may be accessed by different clinicians during a consumer's health journey.

Referral Specialist & Allied Health

Patient

Joyce Johnson

DOB: 06 Feb 1985 (39yo)

Hairy Questions

- **Only view PS or are they updating the record?**
- **Is it the PS at time of referral or most recent if there is a delay or a change made?**
- **Where are the patient summaries coming from? E.g. usual GP?**
- **How does the dietitian see the updated medication dose?**

1. Referral Creation

Dr Burrows' shares care of Joyce, who is pregnant and has recently been diagnosed with gestational diabetes. Dr Burrows decides to send electronic referrals to an endocrinologist and a dietitian for further evaluation & support.

2. Referral Received

Each health care provider receives a referral, which contains a link to the patient summary. The practice nurse or dietitian opens their referral and retrieves the patient summary.

3. Referral Triaged

Using the information in the electronic referral and the current patient summary from Dr Burrows, each health care provider triages their referral.

4. Endocrinologist Consultation

During the consultation, the endocrinologist clicks the link embedded in their referral to view and confirm the current patient summary, including current medications and relevant medical history. The endocrinologist decides to increase Joyce's insulin dose.

5. Patient Summary Update

The endocrinologist writes a letter to update Joyce's usual GP and her midwife. The endocrinologist also updates Joyce's patient summary to include the increase to her insulin dose.

6. Dietitian Consultation

During the consultation, the dietitian clicks the link embedded in their referral to view and confirm the current patient summary, which has been updated with the increased dosage.

7. Patient Summary Update

The dietitian updates the patient summary and writes a letter to update Joyce's usual GP and midwife.

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Feedback from AU PS FHIR IG Project

- Referral to Specialist & Allied Health

Feedback	Proposed Response/Update
Unclear whether the patient summary is static or a live document that is updated and previous version may not be available. Is it the intent to update and only have one patient summary active or to have many iterations that are date stamped?	This question has been added to the list of 'Hairy Questions' that require discussion and consideration outside the AU PS CFG to enable an AU Patient Summary

Feedback from AU PS FHIR IG Project

- Referral to Specialist & Allied Health

Feedback	Proposed Response/Update
SO: In "6. Dietician Consultation" perhaps "dietician clicks link embedded in the referral" could be replaced with more generic phrasing to convey that the dietician can view the updated PS to confirm/validate it.	Current Step 6: During the consultation, the **dietitian clicks the link embedded** in their referral to view and confirm the current patient summary, which has been updated with the increased dosage. Updated wording: During the consultation, the **dietitian accesses the patient summary** embedded in their referral to view and confirm the current patient summary, which has been updated with the increased dosage. *Note – if updated wording is agreed for '4. Endocrinologist Consultation' shall also be updated*

CFG: update to accesses

Feedback from AU PS FHIR IG Project

- Referral to Specialist & Allied Health

Feedback	Proposed Response/Update
RTO: Why is a copy of the PS is taken in step 2? All other steps use the link that provides access to the latest version of the PS. Step 3 suggests that the PS is current, which might be different to the copy taken in step 2. In step 4 the copy taken is step 2 is ignored.	Current Step 2: Each health care provider receives a referral, which contains a link to the patient summary. The practice nurse or dietitian opens their referral and retrieves the patient summary. Current Step 3: Using the information in the electronic referral and the current patient summary from Dr Burrows, each health care provider triages their referral. The Patient Summary retrieved in Step 2 may be retained as a copy to show the version of the patient summary used to triage the referral. Subsequent steps access the latest 'current' version of the patient summary to refer to at the time of the consultation.

2 – patient summary generated at time of referral
Allows access to (don't want to constrain the technical solution) – also in step 4
3 – latest patient summary

Call out 2 is curated, step 4 is generated?

Feedback from AU PS FHIR IG Project

- Referral to Specialist & Allied Health

Feedback	Proposed Response/Update
HF: Agree that this reads like the PS has shared custodianship allowing it to be updated (replaced) by any other clinician. If this is explicitly intended, and given that each clinician will have their own clinical systems, in which system does this shared PS reside and how does it integrate back into the individual clinician's systems? Should the scenario be adjusted (or a new scenario created) where new/updated PS is created in each clinician's system and shared with the other members of the care team, perhaps through notifications or specific correspondence so that it can be review, and optionally, changes imported into their individual systems. Perhaps this is getting too technical, but a distinction between a shared custodianship PS and individual clinician maintained PS needs to be clearly understood.	The specific technical implementation requirements and mechanism for updating/sharing are not within the scope of these journeys to specify or define Question added to 'Hairy Questions' 

Feedback from AU PS FHIR IG Project

- Referral to Specialist & Allied Health

Feedback	Proposed Response/Update
Regarding: Referral Specialist & Allied Health Hairy Question #2 - "Is it the PS at time of referral or most recent if there is a delay or change made?" Would this use case require PS to be at the time of referral given its nature of acting as supplementary information? If the PS is changed after the triage process has occurred, it could contain information that may alter the triaged priority/allocated resources etc.? Referral systems usually don't allow changes to submitted referral details, or if they do, they usually trigger an alert/additional process to review the changed information. I'm not sure that these systems could handle supplementary information attached as an embedded link, which they would also be able to determine if a change was made. And even if they could detect a change, it may also lead to false positives, as irrelevant changes are being made to the PS. Another case for it being at the time of referral is for auditing etc. Auditors for appropriateness of referral triage etc. would need to know the referral details at the time of triage. Otherwise, there could be an option to select the "version" at the time of referral versus "current", but that could also introduce some additional complexities?	As per previous slide The Patient Summary retrieved in Step 2 may be retained as a copy to show the version of the patient summary used to triage the referral. Subsequent steps access the latest 'current' version of the patient summary to refer to at the time of the consultation. The specific technical implementation requirements and mechanism for versioning are not within the scope of these journeys to specify or define. This question has been added to the collated list of Hairy Questions 

Hospital to Aged Care Interstate Transfer

Patient

Eleanore Nielsen

DOB: 12 Apr 1945 (79yo)

1. Patient Discharge

Eleanore is preparing for discharge from the hospital following a hip fracture. No longer able to live in her own home in NSW, Eleanore will be going to an aged care facility in Canberra close to where her daughter lives.

2. Information Handover

Hospital staff update Eleanore's patient summary and discharge information, which will be transferred to her new aged care facility.

3. Aged Care Arrival

Eleanore arrives at the new aged care facility, greeted by the staff who already have her relevant health information on hand.

4. Pharmacy Review

The aged care pharmacist reviews and reconciles Eleanore's current medications.

5. GP Consultation at Aged Care Facility

During the consultation with Eleanore and her daughter, Eleanore's new GP requests her patient summary from her previous GP. They review the hospital discharge summary and patient summary from the previous GP to reconcile her medication and care requirements, confirming her patient summary information is correct and up to date.

6. Provide Patient Care

Eleanore's updated patient information is available to the healthcare providers in her new local area, including her new pharmacy when dispensing her medications.

Hairy Questions

- **PS from usual GP & discharge summary --is there a combined PS??**
- **Where is the data? Is it with the patient, clinic or is it sitting in space?**

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Feedback from AU PS FHIR IG Project

- Hospital to Aged Care Interstate Transfer

Feedback	Proposed Response/Update
Hospital transfers back to Aged Care are required to have a Discharge Summary and this should include relevant information. I don't believe this one should be a priority.	Noted

Feedback from AU PS FHIR IG Project

- Hospital to Aged Care Interstate Transfer

Feedback	Proposed Response/Update
SO: Perhaps 4 and 5 could be combined so we don't leave out all the health professionals involved in reviewing the patient summary and discharge summary. Also it may better convey that medication reconciliation and review, optimising medication management and quality use of medicines is a multi-disciplinary activity.	Current Step 4: The aged care pharmacist reviews and reconciles Eleanore's current medications. Current Step 5: During the consultation with Eleanore and her daughter, Eleanore's new GP requests her patient summary from her previous GP. They review the hospital discharge summary and patient summary from the previous GP to reconcile her medication and care requirements, confirming her patient summary information is correct and up to date. Changes/Updated required?

Retain as is

Feedback from AU PS FHIR IG Project

- Hospital to Aged Care Interstate Transfer

Feedback	Proposed Response/Update
RTO: Step 5 suggests that the previous GP is the gatekeeper to the PS. Perhaps both GPs discuss the PS independent PS that has been maintained by the previous GP. Step 6 suggests that PSs are moved from district to district before being used in the new district.	Current Step 5: During the consultation with Eleanore and her daughter, Eleanore's new GP requests her patient summary from her previous GP. They review the hospital discharge summary and patient summary from the previous GP to reconcile her medication and care requirements, confirming her patient summary information is correct and up to date. Current Step 6: Eleanore's updated patient information is available to the healthcare providers in her new local area, including her new pharmacy when dispensing her medications. This aligns with the intentions of the Consumer Journey scenario

Pre-operative Surgical Journey

Patient

Tristan Simpson

DOB: 27 Sep 1950 (74yo)

Hairy Questions

- **Should a referral always contain both a snapshot at the time of referring and a link to the most up to date?**

1. Initial Consultation

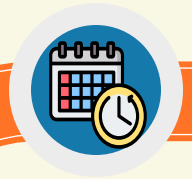
Tristan has been experiencing gradually worsening vision, particularly trouble with reading and seeing clearly at night. After assessing Tristan, the optometrist suspects cataracts and decides to refer Tristan to an ophthalmologist for further evaluation.

2. Referral

The ophthalmologist's rooms receive the referral, which contains a link to the snapshot patient summary at time of referral. The ophthalmologist requests an up-to-date patient summary from the patient's usual GP.

3. Patient Consultation

The ophthalmologist performs a comprehensive eye assessment and determines a diagnosis of cataracts. After discussing his treatment options, the ophthalmologist schedules Tristan for a pre-operative assessment with a nurse to ensure Tristan is ready for surgery.



4. Pre-operative Assessment Delayed

Tristan's initial pre-operative assessment is delayed and is rescheduled to a later date. In the meantime, Tristan has to be started on anti-coagulants due to a diagnosis of arrythmia.

5. Pre-operative Assessment

The pre-operative team accesses the Tristan's snapshot patient summary that was created at time of referral and the current updated patient summary. From the current patient summary, the team identify that Tristan has now been started on anti-coagulant medication.

6. Ready for surgery

The pre-operative team prioritises and schedules a telehealth call with Tristan to confirm the details that have changed and to advise Tristan to cease his anti-coagulants 48hrs prior to surgery. A surgical date is set for removal of cataracts.

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Feedback from AU PS FHIR IG Project

- Pre-operative Surgical Journey

Feedback	Proposed Response/Update
RTO: the model of PS snapshots and current described here is not one I guessed in earlier journeys. Make it clearer somehow.	Remove 'snapshot' Current Step 2: The ophthalmologist's rooms receive the referral, which contains a link to **the snapshot patient** summary at time of referral. The ophthalmologist requests an up-to-date patient summary from the patient's usual GP. Updated wording? The ophthalmologist's rooms receive the referral, which contains a link to **the patient summary created** at time of referral. The ophthalmologist requests an up-to-date patient summary from the patient's usual GP. Current Step 5: The pre-operative team accesses **the snapshot patient summary** that was created at time of referral and the current updated patient summary. From the current patient summary, the team identify that Tristan has now been started on anti-coagulant medication. Updated wording? The pre-operative team accesses **the patient summary** that was created at time of referral and the current updated patient summary. From the current patient summary, the team identify that Tristan has now been started on anti-coagulant medication.
Step 2 – align wording to what we used for Charlotte re up-to-date patient summary	

Note – curated patient summary, agree with changes

Hairy Questions

- Questions that require discussion and consideration outside of the AU Patient Summary Clinical Focus Group.
- Questions may include technical clarification, policy or guideline requirements, specific workflow/implementation requirements, or other items requiring further investigation or exposition

Hairy Questions



Question	Related journey
How is the link provided? Via token, record locator service	Interstate GP Visit
Is this a snapshot or dynamically derived?	Interstate GP Visit
Is the PS auto generated or manually curated?	Interstate GP Visit
What is the step between sending a request and receiving a PS?	Emergency Hospital Attendance
How do ambulance services access patient summary?	Emergency Hospital Attendance
How does this process work if you are requesting after hours?	Emergency Hospital Attendance
Only view PS or are they updating the record? Consider rural and remote where no GP on site – there is a need to provide equitable and timely care – allied health need to be able to update…	Referral to Specialist & Allied Health

Hairy Questions




Question	Related Journey
Is it the PS at time of referral or most recent if there is a delay or a change made?	Referral to Specialist & Allied Health
Where are the patient summaries coming from? E.g. usual GP?	Referral to Specialist & Allied Health
How does the dietitian see the updated medication dose?	Referral to Specialist & Allied Health
PS from usual GP & discharge summary --is there a combined PS??	Hospital to Aged Care Interstate Transfer
Where is the data? Is it with the patient, clinic or is it sitting in space?	Hospital to Aged Care Interstate Transfer

Hairy Questions





Question	Related Journey
Should a referral always contain both a snapshot at the time of referring and a link to the most up to date?	Pre-operative Surgical Journey
Is it intended that the patient summary be shared by the consumer where possible? Or is there to be a retrieval service where the GP can retrieve the most recent patient summary.	Interstate GP Visit – AU PS FHIR IG Project Feedback
Is it the intent to update and only have one patient summary active or to have many iterations that are date stamped?	Referral to Specialist & Allied Health – AU PS FHIR IG Project Feedback
How do auditors know the referral details at the time of triage in order to be able to assess for appropriateness of referral triage?	Referral to Specialist & Allied Health – AU PS FHIR IG Project Feedback
Could there be an option to select the "version" at the time of referral versus "current”?	Referral to Specialist & Allied Health – AU PS FHIR IG Project Feedback

Hairy Questions





Question	Related Journey
How is a distinction made between a shared custodianship PS and individual clinician-maintained PS?	Referral to Specialist & Allied Health – AU PS FHIR IG Project Feedback
Which system is used to update/access the patient summary during the Aged Care intake, is this the Aged Care system, the GP system, both? Can the patient summary support the challenge of maintaining data across both systems?	Aged Care Interstate Transfer

CFG MEETING additional Hairy Questions

Question	Related Journey
Is there a record of who accessed a PS and when? **PRIVACY!**	
Who is responsible for the PS – where is the legal responsibility?	
Patient interactions with this – needs to be defined?	

Future Meetings

- Monthly AU PS CFG meetings to be established
- Jan – Jun 2025

Thank you!!