Sparked HL7 FHIR

Minutes – Clinical Focus Group Online Meeting 3

Meeting Details	
Date	6 December 2024
Time	11:00am – 1:00pm AEST (Brisbane)
Location	☒ Virtual

Meeting Overview	
Agenda Items	1. Welcome and Acknowledgement of Country 2. Sparked Website Update 3. Validation definition for 'Purpose of AU Patient Summary' 4. Consumer Journeys a. Update from AU PS FHIR IG Project b. Review feedback from AU PS FHIR IG Project 5. List of 'Hairy Questions'

Discussion Summary	
Sparked Website Update	*Website Update* • The Sparked website has undergone an update. All meeting minutes and materials pertaining to the Sparked AU Patient Summary Clinical Focus Group can be found under the 'quick links' section of the Sparked homepage
Validate Definition for 'Purpose of AU Patient Summary'	*Purpose of AU Patient Summary* • Proposed definition for the purpose of the AU patient summary. See meeting slides for full definition • Group discussion ○ Ensure it is made clear which elements are asserted and non-asserted, and have a definition of what these mean – inclusion of a glossary of terms and definitions ○ 'Sign-off' refers to information being reviewed and approved before it goes into the patient summary ○ Update language from non-asserted and asserted to 'with clinical review or verification at time of generation' and 'no clinical review or verification at time of generation' ○ What type of clinicians fall under 'clinical data' and where will patient summaries be generated – does this extend to naturopaths, physiotherapists etc? ○ Asserted is used in a different context within AUCDI – want to avoid confusion within the language

	○ Asserted and non-asserted was developed to show the potential future applications (e.g. the patient summary is reviewed by a clinician and included in a referral, or the patient summary is generated by pulling information from every source) ○ A note could be included in the non-asserted patient summaries to flag that it has been automatically generated ○ Further discussion around clinician verification is needed – verification may include the summary being signed off at the time of care or a clinician reviewing an overall summary. The subsequent impact on provenance of the patient summary also needs further clarity ○ Despite the data structure being identical, a patient summary that is produced by a clinician for a particular purpose at a point in time and a patient summary that is automatically generated may not be called the same thing, or an alternate/additional description to delineate the type of patient summary may be required. ○ The alternate purpose of the AU Patient Summary is to pinpoint the specific point in time when the information, both asserted and non-asserted, was either collected or curated to allow anyone accessing it to understand where the information has come from. ○ Two types of patient summaries are defined: real-time, automated summaries which are useful in emergency situations, and curated, clinician-reviewed summaries, similar to the shared health summary, that may more comprehensive, complete and included or used as part of a referral or handover. Over time, these summaries could flow into My Health Record to create a better derived patient summary view ○ Remove 'dynamic' as the patient summary is fundamentally a snapshot at a point in time using as up to date as possible information ○ The intent of R1 is provide patient summaries created at specific points in time, allowing updates as needed. Integrations with MyHealthRecord are beyond the scope of Release 1 ○ The current AU Patient Summary purpose definition is not constrained to R1 to allow for future use cases and implementations ○ Update the third dot point to say 'which **MAY** include asserted and non-asserted' ○ Answer the question of 'what is the purpose of a patient summary' in the title and then list the characteristics of the summary.

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<td>Patient Summary Consumer Journey’s Update and Review</td>
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Patient Summary FHIR IG Project Team

The interstate GP visit, emergency hospital attendance and referral to specialist and allied health patient journeys were selected as reference journeys by the patient summary FHIR IG Project Team

These were selected as they have reusable patterns with workflows that can be used across multiple settings and a proof of concept is achievable within a 12-month timeframe

Questions and Feedback

See slides for further information
Interstate GP Visit

Is it intended that the patient summary be shared by the consumer where possible? Is there a retrieval service where the GP can retrieve the most recent patient summary?

Not within the scope of these journeys to specify or define and has been added to the list of questions

‘Hairy questions’ boxes will be removed from the infographic and instead collated into a list of questions
Update wording to be more generic in step seven in the interstate GP visit patient journey as if a patient summary is dynamically derived, the suggested wording keeps it generic

The interstate GP cannot update the patient summary in the regular GP’s system however, they can provide details about new information (e.g. treatment, diagnosis)
CFG response - update language to “interstate GP provides an updated patient summary if required along with writing to Jeramy’s usual GP” as there may not be anything clinically relevant to add
The patient summary does not exist as a physical construct, it is a link to the data it can retrieve

Is the patient summary a shared record in the custody of a GP – where is the updated summary?

This question has been added to the ‘hairy question’ list for technical implementation discussion

Clarification around custodianship of the patient summary between clinicians

Proposed updated wording to step seven addresses this

Emergency Hospital Attendance

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- Feedback provided that this example should be updated to include a latex allergy as this is not uncommon and changes treatment plans
  - Generally, in an emergency situation you are going to assume any allergies listed in the patient summary are true
  - If the patient is conscious, they would be consulted regarding their allergies. Opioids are generally not tolerated very well, so if a patient was unconscious, it is unlikely they'd be administered. If a patient is unconscious and they have a recorded latex allergy, further caution would be taken
- It is unclear how medical staff would access a patient's summary when they are unconscious
  - This scenario assumes Charlotte's identity is known and a method of identification has not been specified as this can be done several different ways
- Would the patient summary be included in the paramedic/ED handover and is the ED requesting it an unnecessary additional step?
  - Need to further define whether a patient summary can be 'handed over'
  - There is a duty of care to be as informed as possible, therefore is information is available a care team member will access it
  - CFG feedback – leave wording as is, as this reflects current practise where multiple different clinicians may access the patient summary
  - Update wording in step 3. to say "the system retrieves the "most recent collated patient summary data" to be more generic
- Suggestion was made to change header 6 'hospital treatment' to something less controversial like 'supporting patient care', with wording around the additional information supporting clinical decision-making
  - Update wording to "minimising the risk of complications from underlying health conditions" to include things such as pregnancy, which is not a health issue
  - CFG feedback – leave header wording as is
- The story suggests the patient summary in step two is different to steps three, four and five

        - The patient summary may be accessed by multiple clinicians during the consumers health journey
- Referral Specialist and Allied Health
    - Update header to ‘referral to specialist and allied health’
    - Is the intent of the patient summary to have update and have one active version or to have many iterations
        - This aligns with our hairy question list and requires further discussion
    - Within the dietician consultation step, more generic phrasing to indicate that the dietician accesses the patient summary embedded in the referral – this change will also be made for the endocrinologist step
    - Why is a copy of the patient summary taken in step two?
        - The patient summary in step two may be retained as a copy to show the version of the patient summary used to triage the referral
        - When a referral is received, a clinician may want to have the patient summary at the time of the referral and the ability to draw a current state summary in addition – there is a single token within the referral however, there will be a technical workflow to allow for access of the latest patient summary
        - In step teo, remove the ‘hyperlink’ language to keep it more open-ended as we continue to define the technical implementations
    - Should the scenario be adjusted (or an additional scenario created) to show a new/updated patient summary is created within each clinician's system and shared amongst the care team
        - This has been added to the list of ‘hairy questions’ for further discussion
- Hospital to Aged Care Interstate Transfer
    - Hospital transfers to aged care are required to have discharge summary and this should include relevant information. It was noted that this is not believed to be a priority at this stage
    - Should steps four and five be combined together to avoid excluding all the health professionals involved in reviewing patient and discharge summaries
        - CFG feedback – leave as is, as pharmacy review is a specific step
    - Step five suggests that the previous GP is the gatekeeper of the patient summary. Perhaps both GPs discuss the patient summary that has been maintained by the previous GP. Step six suggests that patient summaries

	are moved between districts before being used in the new district ▪ This aligns with the intentions of the consumer journey scenario • Pre-operative Surgical Journey ○ The model of patient summary snapshots and currently described here is not in earlier journeys – this needs to be made clearer ▪ Remove 'snapshot' language in step two of this journey to align with previous discussions ▪ Update language in step two based on previous discussions to include 'curated patient summary at time of referral', to remove 'link' to keep it more generic, and update to 'requests the most up-to-date patient summary'
Hairy Questions	*Hairy Questions* • See slides for full list • Questions that require discussion and consideration outside of the AU Patient Summary CFG, and may include technical clarification, policy or guideline requirements, specific workflow/implementation requirements, or other items requiring further investigation or exposition • These questions can be passed on to relevant stakeholders for further discussion • Group discussion ○ Future meetings will discuss defining the hairy questions to specify the answers we want to achieve and their requirements ○ Consider rural and remote applications where there is no GP on site within the 'only view PS or are they updating the record?' hairy question ○ These questions are being taken into DoHAC to work on across departments and agencies to start developing answers ○ Further discussion is needed around legal implications and responsibilities for the patient summary ○ Further determination regarding the patient's interaction with the patient summary
Upcoming Meetings	*Upcoming Meetings* • Monthly AU PS CFG meetings to be established running from January – June 2025 • Further information will be sent out about this

Actions			
ID	**Description**	**Responsible**	**Due**
2024126-1	Send through any 'hairy questions' you may have to sparked@csiro.au	All AU PS CFG members	N/A
2024126-2	Continue to reconcile what Jai and Jeremy have been seeing in discussions within the AU PS CFG and continue adding things to this reconciliation	JS, JD	N/A
2024126-3	Provide a spreadsheet of the hairy questions to the AU PS CFG with relevant highlights about technical and clinical group responsibility	Sparked Team	31/01/25

Attendance

1. Adrian Gilliland
2. Averil Tam
3. Chris Moy
4. Danielle Bancroft
5. Darrell Duncan
6. Heather Leslie
7. Jai Dacey
8. Janney Wale
9. Jeremy Sullivan
10. Kate Ebrill
11. Kylynn Loi
12. Liz Keen
13. Nyree Taylor
14. Oliver Frank
15. Olivia Carter
16. Sarah Pearson
17. Tor Bendle

Apologies

1.	Paris Majot
2.	Shawn Francis
3.	Jacqui Rhodes
4.	Belinda Hammond
5.	Todd Miller
6.	Alvin Marcello
7.	Talat Uppal
8.	Charlotte Howard
9.	Srinivasa Murthy
10.	Kath Feely