



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
1	Welcome
2	Update to 'Purpose of AU Patient Summary' summary definition & characteristics
3	Patient Summary Consumer Journeys updates
4	Referral to Specialist & Allied Health: PS FHIR IG Project Questions
5	Test data development
6	Upcoming events and next PS CFG meeting









Purpose of Patient summary - Previous

Original: - v0.1

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: - v0.2

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 AU Patient summary - Previous



Updated: - v0.3

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 - v0.5

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

The AU Patient Summary will support the consumer on their healthcare journey providing the consumer and their healthcare providers with timely and current access to relevant health information. It will enable individuals to share their healthcare information when travelling (including internationally).



Characteristics of AU Patient Summary – v0.5

The AU Patient Summary will:

- Be an interoperable set of clinical data.
- Will contain as up to date information as possible based on available sources at a point in time.
- May be either an asserted or non-asserted patient summary
- May include asserted and non-asserted information.
- Will be portable and accessible to the individual and their healthcare providers.
- Will support individuals on their healthcare journey.
- Will support all transitions of care.
- Will be conformant to the International Patient Summary Standard.



Patient Summary - Definitions



Asserted information:

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

Non-asserted information:

Entered, retrieved or pulled in from existing data, may be copied or derived, with <u>no</u> clinical verification

Asserted patient summary:

A summary containing both asserted or non-asserted information, with clinical verification

Non-asserted patient summary:

A summary containing both asserted or non-asserted information, with <u>no</u> clinical verification

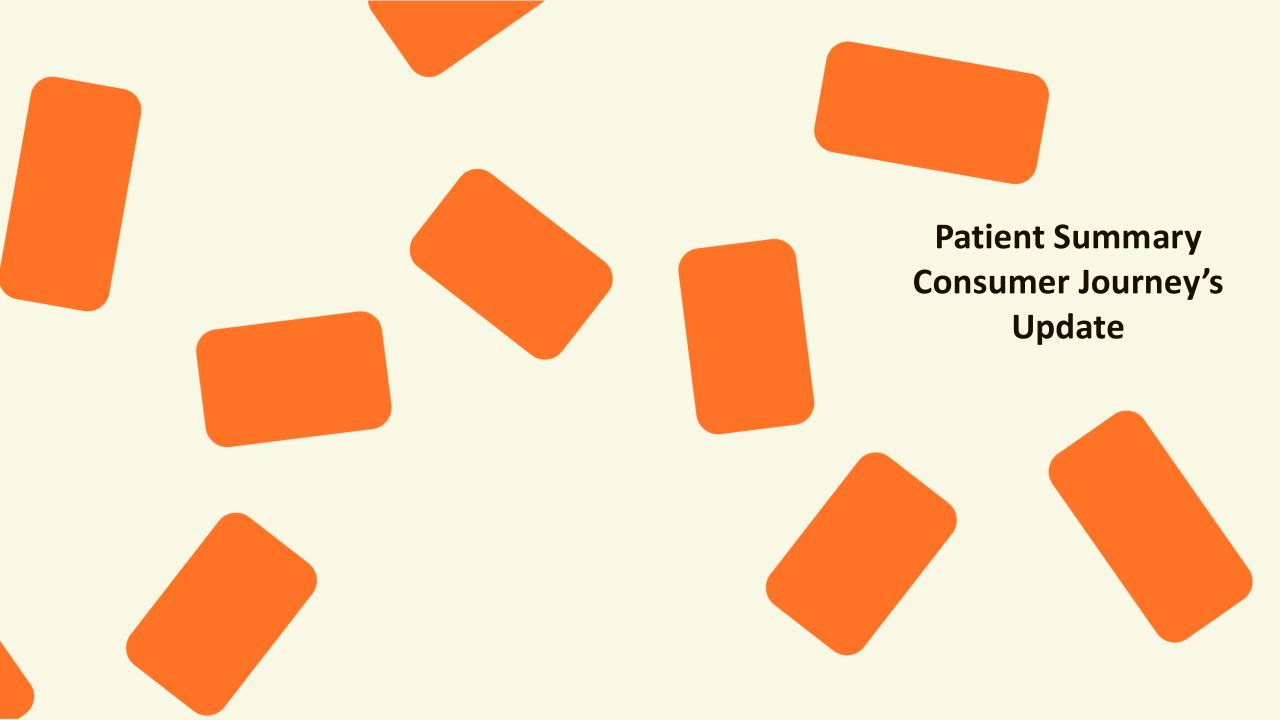




CFG - Feedback

- Purpose
 - Internationally applies when travelling anywhere
 - Replace sentence with "It will enable individuals to share their healthcare information when travelling (including internationally)"
 - Facilitate or support facilitation of? or just 'supports' safe and quality.... (in the purpose definition)
- Remove sign off? clinical verification, clinical oversight
- Curation be careful using this word
- A summary containing both asserted or non-asserted summary information, with clinical sign-off or verification
 - Does the non-asserted information now become asserted?
 - Information Needs to be linked to source data
 - When it was verified etc. (at the time it was created, or when received and validated with patient)
- Dates when it was supplied





Interstate GP Visit

Patient

Jeramy Ezra Banks

DOB: 14 May 1951 (73yo)

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.



Feeling unwell, Jeramy books an appointment with a

5. Patient Summary Retrieval

4. Begin GP Consultation

During GP consultation, Jeramy

provides access to his updated

patient summary

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 provides an updated patient summary, if required, along with writing to Jeramy's usual GP.





















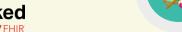














Emergency Hospital Attendance

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



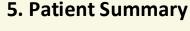
2. Ambulance Transfer

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



3. Hospital System Request

During handover, the ED Multidisciplinary Team (MDT) is alerted to Charlotte's opioid and latex allergies and also requests the most recent collated patient summary data.



Review

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



4. Patient Summary Retrieval

The system retrieves the patient summary from Charlotte's usual GP.



the ED MDT to treat the accident-related injuries while minimising the risk of complications from underlying health conditions.







Referral to Specialist & Allied Health

Patient

Joyce Johnson

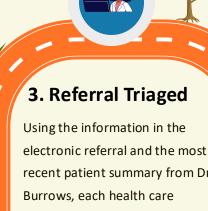
DOB: 06 Feb 1985 (39yo)

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.



Each health care provider receives a referral, which allows access to the patient summary at time of referral. The practice nurse or dietitian opens their referral and retrieves the patient summary.



electronic referral and the most recent patient summary from Dr provider triages their referral.

5. Patient **Summary Update**

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

Step 1 – need to remove from Dr Burrows' #2 - second last line, "the" can be deleted 17/2 - done

6. Dietitian Consultation

During the consultation, the dietitian accesses the patient summary embedded in their referral to view and confirm the most recent patient summary, which has been updated with the increased dosage.

4. Endocrinologist Consultation

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

7. Patient Summary **Update**

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

Hospital to Aged Care Interstate Transfer

3. Aged Care Arrival

Eleanore arrives at the

new aged care facility,

health information on

hand.

greeted by the staff who

already have her relevant

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

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

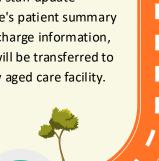
6. Provide Patient Care

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

4. Pharmacy Review

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







Pre-operative Surgical Journey

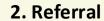
Patient

Tristan Simpson

DOB: 27 Sep 1950 (74yo)

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.



The ophthalmologist's rooms receive the referral, which allows access to the patient summary at time of referral. The ophthalmologist requests the most recent patient summary from the Tristan's usual GP.



Step 4 - missing an "h" in arrhythm 17/2 - done

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 anticoagulants 48hrs prior to surgery.

A surgical date is set to remove Tristan's cataracts.

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.

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 preoperative assessment with a nurse to ensure Tristan is ready for surgery.

5. Pre-operative Assessment

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

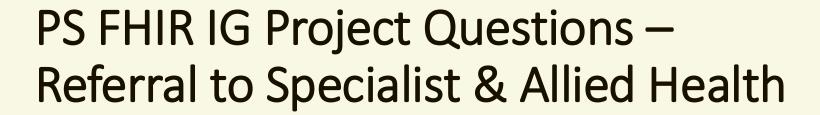


CFG feedback/questions

Who is allowed to create a patient summary??









Key Considerations:

- Should a patient summary be curated by a clinician or automatically generated at certain points?
- What are the implications?
 - Are there particular context where one is preferred?
 - Also clarifying where multiple patient summaries may be accessed



Referral to Specialist & Allied Health

Patient

Joyce Johnson

DOB: 06 Feb 1985 (39yo)

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.



Each health care provider receives a referral, which allows access to the patient summary at time of referral. 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 most recent patient summary from Dr Burrows, each health care provider triages their referral.

5. PatientSummary Update

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



During the consultation, the dietitian accesses the patient summary embedded in their referral to view and confirm the most recent patient summary, which has been updated with the increased dosage.



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

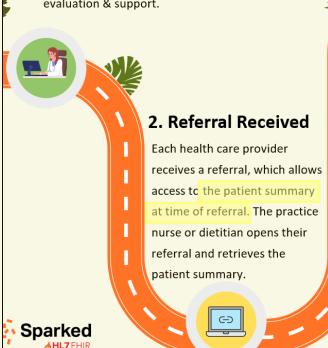
7. Patient Summary Update

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

Step 1 & 2

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.



Patient Summary created by Dr Burrows - machine generated & curated?

RECOMMENDATION – All should be supported

Туре	Preference ?	Implications/Considerations	Additional technical clarifications/questions?
Machine generated – 1 source of truth e.g. GP Patient Summary		Could also be provided – urgent situations	
Machine generated – 1 source of truth & verified, e.g. GP Patient Summary	Preferred/ expected	Does require clinician time/fit into clinical workflow Include reason why the referral has been sent – otherwise service provider needs to go back if there isn't enough information Medicolegal requirements if transferring care to specialist - Single source of truth can be missing info – how do we manage where information is not necessarily kept up to date	
Machine generated – multiple sources, e.g. MyHR, HIE, etc.		Can provide a more complete picture This could be used as an additional source	Always need to get back to source of truth when coming from multiple sources





Step 1, 2 & 3

1. Referral Creation

Sparked

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.



Each health care provider receives a referral, which allows access to the patient summary at time of referral. The practice nurse or dietitian opens their referral and retrieves the patient summary.



Is this the same Patient Summary?

Preference?	Implications/Considerations	Additonal technical clarifications/questions?
Yes		
No Updated version? If updated – auto generated?		

3. Referral Triaged

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

Feedback:

Assume same PS in steps 1,2 and 3

Note: sometimes there is a significant time elapsed and events may have occurred in the mean time

Embedded – accesses the patient summary created at the time of referral to view and confirm...



Step 4

Or is there only 1 which links to the lastest regardless?

3 levels – 1 at point in time, latest from GP, 1 generated from multiple sources/latest

4. Endocrinologist Consultation

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

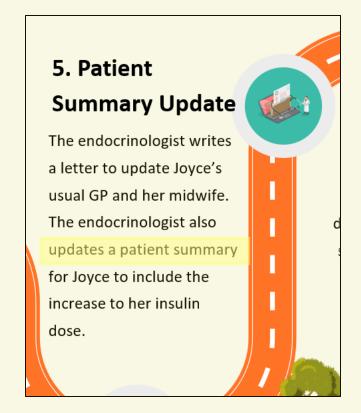
Two patient summaries being looked at/accessed here?

- Assumed that the 'PS embedded in referral' is the same as previous steps
- 'Most recent'
 - Is this the same as embedded
 - Is this an updated patient summary?
 - If updated
 - During another encounter in the interim?
 - Other?

PS	Preference?	Implications/Considerations	Additional technical clarifications/questions?
First (embedded)	This is the PS created at time of referral	Important that it is info at the time of referral, even if time has elapsed Needs to understand why the question was asked It leasd to a caveat that the summary contains information for a specific source but information may not be current if the patient has accessed a	



Step 5



Assuming the endocrinologist is creating a new patient summary....

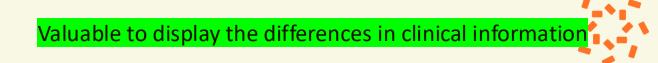
Endocrinologist patient summary - machine generated or curated?

Туре	Preference?	Implications/Considerations	Additional technical clarifications/questions?
Machine generated – 1 source of truth e.g. Specialist Patient Summary			
Machine generated – 1 source of truth & verified, e.g Specialist Patient Summary		Patient summary from endo may be different to what is in GP, different focus - whole new summary may not be created Critical to know the updated dose Current workflow specialists write a letter/reply	
Machine generated – multiple sources, e.g. MyHR, HIE, etc.			

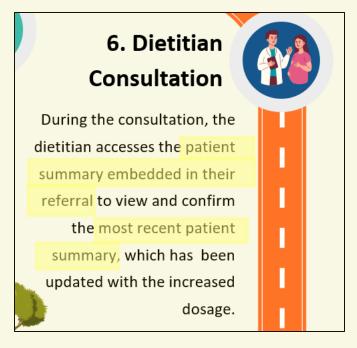
Is the endocrinologist updating patient summary? Their patient summary will contain different information – how

Sparked Encounter summary fit in?

Need to know what has changed



Step 6



Two patient summaries being looked at/accessed here?

- 'patient summary embedded in their referral'
- 'most recent patient summary'

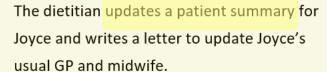
**Assumption is that the 'most recent' is the PS created in Step 5

PS	Preference?	Implications/Considerations	Additonal technical clarifications/questions?
First (embedded)			
Second (new/updated) e.g. MyHR or HIE for the latest version of a compiled			



Step 7

7. Patient Summary Update



Write a letter, then update patient summary (order of actions)



Assuming the dietitian is creating a new patient summary....

Should the dietitian patient summary be machine generated or curated?

Туре	Preferenc e?	Implications/Considerations	Additonal technical clarifications/questions?
Machine generated – 1 source of truth e.g. GP Patient Summary			
Machine generated – 1 source of truth & verified, e.g. GP Patient Summary			
Machine generated – multiple sources, e.g. MyHR, HIE, etc.			







Test Personas involved (Actors)

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

Endocrinologist Practice Nurse:

Abbie Fraser

Location: NSW

Dietitian:

Nelson Henderson

Location: SA

*note: in the test data we currently do not have any

dietitians located in NSW.



PS Test Data: Referral to Sp

Specifically for the Joyce Johnson's Patient Sun the beginning of the journey

What is a 'reasonable' amount of data you would wa

In principle: everything – more rather less but in letter since pregnant include abdo related things e.g. bowel surgery (appendix)

Consider privacy/consent

Section	
Problem/Diagnosis	6 months, 2 years, everything?
Procedure Completed	
Vaccination administered event	
Adverse reaction risk summary	
Medication use statement	
Sex and Gender Summary	Most recent?
Last Menstrual Period assertion	
Pregnancy assertion	
Estimated date of delivery summary	
Additional sections	





Patient Summary - Medication information

Specifically for the Joyce Johnson's Patient Summary created by Dr Ginger Burrows at the beginning of the journey

Is it a list of current medications they're taking?
Is it a list of their current prescriptions?
Both?
Active, inactive, ceased or discontinued?

Other considerations?

Different requirements for different contexts?

Ceased medications - important but not an easy way to do it No structured way to note why ceased Don't usually include past meds

Non prescribed med – difficult to do in systems

Current medication statement/list
The past meds will include all
antibiotics and short term meds
depending on how the provider uses
the functionality





Future Meetings

- First Wednesday of the month
 - Wednesday 5th March (12:00pm 2:00pm AEST/1:00pm 3:00pm AEDT)
 - Wednesday 2nd April (12:00pm 2:00pm AEST/1:00pm 3:00pm AEDT)
 - Wednesday 7th May (13:30pm 15:30pm)
 - Wednesday 4th June (12:00pm 2:00pm)



Upcoming Events 2025

Feb 25

- **12**th Sparked Webinar
- **18**th Sparked Leadership Evening (Adelaide)
- 19th Sparked CDG F2F (Adelaide)
- 20th Sparked TDG F2F (Adelaide)

Mar 25

- 18th 20th Trans-Tasman Symposium & HL7 Au FHIR Connectathon (Sydney)
- 27th Sparked Webinar

Apr 25

• 16th – Sparked CDG (Online)













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













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



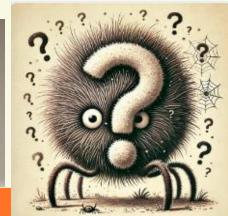
Hairy Questions











(Question	Related Journey
t	Should a referral always contain both a snapshot at the time of referring and a link to the most up to late?	Pre-operative Surgical Journey
t	s it intended that the patient summary be shared by the consumer where possible? Or is there to be a setrieval service where the GP can retrieve the most secent patient summary.	Interstate GP Visit – AU PS FHIR IG Project Feedback
S	s it the intent to update and only have one patient summary active or to have many iterations that are late stamped?	Referral to Specialist & Allied Health – AU PS FHIR IG Project Feedback
C	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
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?	

