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PCEHR Conformance Profile for PCEHR Prescription and Dispense View Clinical Documents

Version 1.2 - 9 October 2013

Approved for external use

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National E-Health Transition Authority Ltd
Level 25
56 Pitt Street
Sydney, NSW, 2000
Australia.
www.nehta.gov.au

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Document information

Key information

Owner	Manager eSolutions (Clinical Documents)
Contact for enquiries	NEHTA Help Centre t: 1300 901 001 e: help@nehta.gov.au

Version history

Version	Date	Comments
1.0	28 Feb 2013	First version
1.1	5 Apr 2013	The conformance level was changed from 3B to 3A.
1.2	9 Oct 2013	See Change Log in Appendix A

Table of contents

1 Introduction

1.1 Purpose

This document summarises the requirements for Producers and Consumers of Prescription and Dispense View clinical documents produced by the national PCEHR System.

This document lists the specific conformance requirements that are in addition to the *Common Conformance Profile for Clinical Documents* [NEHTA2013d]. These documents represent the complete conformance requirements for Producers and Consumers of Prescription and Dispense View clinical documents.

1.2 Scope

The scope of this conformance profile is the use of Prescription and Dispense View clinical documents in the context of the national PCEHR System.

1.3 Intended audience

The intended audience includes the following organisations:

- Healthcare providers;
- Vendors and developers of connecting systems; and
- Software test laboratories.

1.4 Contact details

Any comments or feedback should be sent to: help@nehta.gov.au.

2 Abbreviations and terminology

CDA	Clinical Document Architecture; an XML-based markup standard intended to specify the encoding, structure and semantics of clinical documents exchanged between health software systems.
clinical document	A digital file containing personal health information about an individual, containing unstructured (narrative) information and optionally structured (atomic) information.
clinical information system (CIS)	A system that deals with the collection, storage, retrieval, communication, and use of health related data, information and knowledge pertaining to subjects of care [AS5021]. The system may comprise one or more applications or components.
conformance	A measurement (by testing) of the adherence of an implementation to a specification or standard.
consumer	In this document 'Consumer' refers to a software system that has the role of being a consumer of Prescription and Dispense Views.
contracted service provider (CSP)	An entity that may offer health software as a service, and support access to the PCEHR system on behalf of healthcare organisations. A CSP provides under a contract with the healthcare provider organisation: a) information technology services relating to the PCEHR system; or b) health information management services relating the PCEHR system. (Section 5 *PCEHR Act 2012*.)
CSP	Contracted Service Provider
CSP system	A software system operated by a CSP that deals information and knowledge pertaining to subjects of care [AS5021]. The system may comprise one or more applications or components. A CSP system may perform some or all of the functions of a CIS.
healthcare consumer	A person who is the subject of care. (For the software system, see 'Consumer'.)
HL7	Health Level 7
MAY	When appearing in a conformance requirement, the verb **MAY** indicates an optional requirement.
PCEHR	personally controlled electronic health record
Producer	In this document 'Producer' refers to a software system that creates Prescription and Dispense Views.
registered consumer portal	A third-party[1] portal used by healthcare recipients to access information on the PCEHR System.
registered provider portal	A third-party[1] portal used by healthcare providers to access information on the PCEHR System.
registered repository	A third-party[1] repository used to store clinical documents and other clinical data that connects to the PCEHR system.
SHALL	When appearing in a conformance requirement, the verb **SHALL** indicates a mandatory requirement. Its negative form **SHALL NOT** indicates a prohibition
SHOULD	When appearing in a conformance requirement, the verb **SHOULD** indicates a recommendation. Its negative form **SHOULD NOT** indicates an option that is not recommended.

[1] Third-party refers to a software system developed independently of the national PCEHR System and intended to connect to the national PCEHR System.

3 Conformance requirements for Prescription and Dispense View

3.1 Introduction

This section describes the conformance requirements specific to Prescription and Dispense View clinical documents.

3.2 Relevant specifications

The detailed conformance requirements are listed in Table 3.1.

Specification	Notes
Prescription and Dispense View Structured Content Specification [NEHTA2013a]	Specifies the data elements and constrained values for a Prescription and Dispense View at a logical level.
Prescription and Dispense View CDA Implementation Guide [NEHTA2013b]	Specifies the mapping from the structured content specification into a Prescription and Dispense View document using an HL7 CDA structure.

Table 1: Specifications for Prescription and Dispense View

3.3 Conformance requirements for Producers

3.3.1 Objects of conformance

Prescription and Dispense View clinical documents **SHALL** only be produced by the national PCEHR system.

3.3.2 Conformance levels

Prescription and Dispense View clinical documents **SHALL** conform to the requirements for CDA Level 3A as defined in the *Common Conformance Profile for Clinical Documents* [NEHTA2013d].

3.3.3 Digital signature

Prescription and Dispense View documents **SHALL** be digitally signed by the PCEHR system.

3.4 Conformance requirements for Consumers

3.4.1 Objects of conformance

The objects of conformance are subject to the following requirements:

1. Prescription and Dispense View clinical documents **MAY** be consumed by:
   - clinical information systems;
   - CSP systems;
   - registered consumer portals; and
   - registered provider portals.

Note: National infrastructure of the PCEHR system will also be a Consumer of PCEHR Prescription and Dispense View clinical documents.

2. Prescription and Dispense View clinical documents **SHALL NOT** be consumed by:
    - registered repositories.

3.4.2 Clinical document rendering requirements

The following requirement applies to Consumers of Prescription and Dispense View clinical documents, and replaces requirement 3.5.1 (1) in the *Common Conformance Profile for Clinical Documents* [NEHTA2013d] only in the context of consuming the Prescription and Dispense View clinical documents:

1. When a Prescription and Dispense View clinical document is rendered, the rendering system **SHALL** either conform to the mandatory requirements in the *Prescription and Dispense View Presentation Guide* [NEHTA2013c] or to the mandatory requirements for rendering systems in the *CDA Rendering Specification: Clinical Documentation* [NEHTA2012].

Appendix A: Change log

This appendix lists the major changes and fixes applied to this document.

Changes from Version 1.1 (05 Apr 2013) to Version 1.2 (9 Oct 2013)

ID	Section	Change Detail	Rationale
1		The digital signature requirement was removed	Digital signature requirements are now in the Common Conformance Profile for Clinical Documents
2	App A	References were updated	

References

[AS5021] *AS 5021:2005 - The language of health concept representation, Standards Australia*, 2005.

[NEHTA2012] *CDA Rendering Specification: Clinical Documentation*, NEHTA, Version 1.0, 7 March 2012
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1094-2011/NEHTA-1199-2012

[NEHTA2013a] *PCEHR Prescription and Dispense View Structured Content Specification*, NEHTA, Version 1.0
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1361-2013/NEHTA-1126-2013

[NEHTA2013b] *PCEHR Prescription and Dispense View CDA Implementation Guide*, NEHTA, Version 1.0
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1361-2013/NEHTA-1127-2013

[NEHTA2013c] *Prescription and Dispense View Presentation Guide*, NEHTA, 26 June 2013, Version 1.0
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1361-2013/NEHTA-1359-2013

[NEHTA2013d] *Common Conformance Profile for Clinical Documents*, Version 1.4, NEHTA, 2013
http://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1094-2011/NEHTA-1446-2013