nehta

Shared Health Summary
Release Note v1.4.5

31 December 2014
Approved for external information

EP-1981:2014 Shared Health Summary v1.4.5

Release rationale

This incremental release of the Shared Health Summary end product introduces an updated version of the *Shared Health Summary - PCEHR Usability Recommendations*.

This version of *Shared Health Summary - PCEHR Usability Recommendations* provides additional guidance for the pre-selection of items for inclusion in Shared Health Summary documents (new recommendation SHS.21) and minor clarifications.

The updated *Shared Health Summary - PCEHR Usability Recommendations* aligns with updated versions of the *Event Summary - PCEHR Usability Recommendations*[1] and *Common – Clinical Document - PCEHR Usability Recommendations*[2]. Together, these three documents represent the result of the Clinical Usability Programme (CUP) Release 3.

The PCEHR Usability Recommendations have been developed by NEHTA in consultation with key general practice peak bodies to improve the user experience of general practice software products. Vendors of clinical information systems used outside of general practice settings are encouraged to consider the extent to which these recommendations are applicable to their software products.

Package inclusions

New

None

Updated (supersedes previous version)

Identifier	Name
NEHTA-1980:2014	*Shared Health Summary - Release Note v1.4.5* (this document)
NEHTA-1922:2015	*Shared Health Summary – PCEHR Usability Recommendations v1.2*

No change

Identifier	Name
NEHTA-0988:2012	*Shared Health Summary - CDA Implementation Guide v1.3*
NEHTA-1125:2012	*Shared Health Summary - FAQ Clarification of Medical History v1.0*
NEHTA-0990:2011	*Shared Health Summary - Information Requirements v1.0*

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[1] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1961-2014/NEHTA-1921-2014
[2] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1962-2014/NEHTA-1923-2014

Identifier	Name
NEHTA-1452:2013	*Shared Health Summary - PCEHR Conformance Profile v1.5*
NEHTA-0997:2011	*Shared Health Summary - Structured Content Specification v1.1*
NEHTA-1778:2014	*Shared Health Summary – Template Package Library v1.4*

Stakeholders

The following stakeholders have been involved in the development of this release:

- Commonwealth Department of Health
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Medical Association (AMA)
- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Australian Primary Health Care Nurses Association (APNA)
- Improvement Foundation (Australia) (IF)
- Royal Australian College of General Practitioners (RACGP)
- Australian Association of Practice Management Ltd (AAPM)

Audience

- Implementers of clinical systems producing or consuming Shared Health Summary clinical documents
- Senior managers and policy makers, clinical experts, health information managers, IT operations and support teams, and system integrators
- Technical and non-technical readers

Known issues

None known

Support

For further support or to provide feedback, please email help@nehta.gov.au

Future releases

Further changes may occur from time to time in accordance with customer feedback or changes to source information. Supplementary guidance may also be provided from time to time based on implementation experience from vendors.

Previous releases

EP-1752:2014 Shared Health Summary v1.4.4

Release note: NEHTA-1779:2014, 18 August 2014

Release rationale

This incremental release of the Shared Health Summary end product introduces the *Template Package Library* as a new product component. The version of the Template Package Library included in *this* version of the end product contains all template packages available for the Shared Health Summary document type at the time of publication.

Of those template packages, the following are aligned with the most recent PCEHR Conformance Profile for Shared Health Summary documents that is contained in version 1.4 of the Shared Health Summary end product[3]:

Document type variant	Conformance level	Template package ID
HPIIRelaxed	3A	1.2.36.1.2001.1006.1.16565.4
HPIIRelaxed	3B	1.2.36.1.2001.1006.1.16565.5
default	3A	1.2.36.1.2001.1006.1.16565.6
default	3B	1.2.36.1.2001.1006.1.16565.7

Future versions of the Template Package Library will only contain template package aligned with the most recent version of the PCEHR Conformance Profile.

The full list of published template packages can be found in the *Template Package Directory*[4] published as part of the *Common – Clinical Document v1.1.3*[5] end product.

This end product has a dependency on *Clinical Documents - Common Conformance Profile v1.4*[6] published as part of the *Common – Clinical Document v1.1*[7] end product.

Package inclusions

New

Identifier	Name
NEHTA-1778:2014	*Shared Health Summary – Template Package Library v1.4*

Updated (supersedes previous version)

Identifier	Name
NEHTA-1779:2014	*Shared Health Summary - Release Note v1.4.4* (this document)

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[3] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1432-2013
[4] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1754-2014/NEHTA-1738-2014
[5] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1754-2014
[6] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1457-2013/NEHTA-1446-2013
[7] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1457-2013

No change

Identifier	Name
NEHTA-0988:2012	*Shared Health Summary - CDA Implementation Guide v1.3*
NEHTA-1125:2012	*Shared Health Summary - FAQ Clarification of Medical History v1.0*
NEHTA-0990:2011	*Shared Health Summary - Information Requirements v1.0*
NEHTA-1452:2013	*Shared Health Summary - PCEHR Conformance Profile v1.5*
NEHTA-1563:2014	*Shared Health Summary – PCEHR Usability Recommendations v1.1*
NEHTA-0997:2011	*Shared Health Summary - Structured Content Specification v1.1*

Scope

The scope of the Shared Health Summary end product has not been changed as part of this release.

Stakeholders

The updates performed for this incremental release of the end product did not warrant any stakeholder consultations.

Audience

- Implementers of clinical systems producing or consuming Shared Health Summary clinical documents
- Senior managers and policy makers, clinical experts, health information managers, IT operations and support teams, and system integrators
- Technical and non-technical readers

Known issues

None known

EP-1591:2014 Shared Health Summary v1.4.3

Release note: NEHTA-1593:2014, 5 May 2014

Release rationale

This incremental release of the Shared Health Summary end product introduces *Shared Health Summary – PCEHR Usability Recommendations*. This new product component replaces the *Supplementary Guidance for Implementers* product component introduced with the previous version of this end product.

The *PCEHR Usability Recommendations* document contains implementation guidance previously published in *Supplementary Guidance for Implementers*. The new format "usability recommendations" makes it easier for implementers to assess whether their software conforms to the guidance.

PCEHR *usability recommendations* are not part of PCEHR *conformance requirements*. Only the latter are used as the basis for conformance assessments performed as a prerequisite to PCEHR system integration. PCEHR usability recommendations can be used by implementers to perform usability assessments on a voluntary basis, for example, with the aim of providing their users with a consistently high level of usability.

PCEHR usability recommendations provided with this release also contain additional guidance for implementers developed as part of NEHTA's Clinical Usability Program (CUP) Release 2.

Please refer to the Capabilities section for more details.

This end product has a dependency on: NEHTA-1446:2013 *Clinical Documents - Common Conformance Profile v1.4* (part of EP-1457:2013 Common – Clinical Document v1.1).

Package inclusions

New

Identifier	Name
NEHTA-1563:2014	*Shared Health Summary – PCEHR Usability Recommendations v1.1*

Updated (supersedes previous version)

Identifier	Name
NEHTA-1593:2014	*Shared Health Summary - Release Note v1.4.3*

Archived

Identifier	Name
NEHTA-1538:2013	*Shared Health Summary – Supplementary Guidance for Implementers v1.0.1*

No change

Identifier	Name
NEHTA-0988:2012	*Shared Health Summary - CDA Implementation Guide v1.3*
NEHTA-1125:2012	*Shared Health Summary - FAQ Clarification of Medical History v1.0*
NEHTA-0990:2011	*Shared Health Summary - Information Requirements v1.0*

Identifier	Name
NEHTA-1452:2013	*Shared Health Summary - PCEHR Conformance Profile v1.5*
NEHTA-0997:2011	*Shared Health Summary - Structured Content Specification v1.1*

Scope

The scope of the Shared Health Summary end product has not been changed as part of this release.

Stakeholders

Stakeholder groups involved in the development of this release include:

- Commonwealth Department of Health
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Medical Association (AMA)
- Australian Medicare Local Alliance (AMLA)
- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Australian Primary Health Care Nurses Association (APNA)
- Improvement Foundation (Australia) (IF)
- Royal Australian College of General Practitioners (RACGP)

Audience

- Implementers of clinical systems producing or consuming Shared Health Summary clinical documents
- Senior managers and policy makers, clinical experts, health information managers, IT operations and support teams, and system integrators
- Technical and non-technical readers

Known issues

None known

Capabilities

CUP Release 2

CUP Release 2 has been focused on resolving key usability issues with clinical information systems used by general practitioners. The usability recommendations provided as part of this release represent the outcomes of several workshops with clinical consultation groups.

Information related to Shared Health Summary documents is documented in the new product component *Shared Health Summary – PCEHR Usability Recommendations v1.1*, which replaces the document created for CUP Release 1 (*Shared Health Summary – Supplementary Guidance for Implementers v1.0.1*).

Note that additional usability recommendations resulting from CUP Release 2 have been released in a separate document, *Clinical Documents – PCEHR Usability Recommendations v1.1,* which is part of the Common – Clinical Document v1.1.2 end product.

EP-1536:2013 Shared Health Summary v1.4.2

Release note: NEHTA-1537:2013, 14 November 2013

Release rationale

This incremental release of the Shared Health Summary end product updates supplementary guidance for the implementation of Shared Health Summary documents, representing a key outcome of NEHTA's Clinical Usability Program (CUP) Release 1.

CUP Release 1 has been focused on resolving key usability issues with clinical information systems used by general practitioners. The guidance provided as part of this release represents the outcomes of several workshops with clinical consultation groups. Note that additional guidance resulting from CUP Release 1 is released as updates to other specification products, namely Common – Clinical Document v1.1.1 and PCEHR B2B Gateway Services.

This update of supplementary guidance is limited to the rephrasing of the information to be displayed by clinical systems prior to the submission of a Shared Health Summary document. The updated wording is based on guidance from the Commonwealth Department of Health.

Package inclusions

New

None

Updated (supersedes previous version)

Identifier	Name	Version
NEHTA-1537:2013	*Shared Health Summary - Release Note*	1.4.2
NEHTA-1538:2013	*Shared Health Summary – Supplementary Guidance for Implementers*	1.0.1

No change

Identifier	Name	Version
NEHTA-0988:2012	*Shared Health Summary - CDA Implementation Guide*	1.3
NEHTA-0997:2011	*Shared Health Summary - Structured Content Specification*	1.1
NEHTA-0990:2011	*Shared Health Summary - Information Requirements*	1.0
NEHTA-1125:2012	*Shared Health Summary - FAQ Clarification of Medical History*	1.0
NEHTA-1452:2013	*Shared Health Summary - PCEHR Conformance Profile*	1.5

Removed

None

Scope

The scope of the Shared Health Summary end product has not been changed as part of this release.

This end product has a dependency on: NEHTA-1446:2013 *Clinical Documents - Common Conformance Profile v1.4*[8].

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[8] https://www.nehta.gov.au/implementation-resources/clinical-documents/EP-1477-2013/NEHTA-1446-2013

Stakeholders

Stakeholder groups involved in the development of this release include:

- Commonwealth Department of Health
- Commonwealth Department of Human Services
- ACRRM
- AMA
- AMSANT
- APNA
- RACGP

Audience

- Implementers of clinical systems producing or consuming Shared Health Summary clinical documents
- Senior managers and policy makers, clinical experts, health information managers, IT operations and support teams, and system integrators
- Technical and non-technical readers

Known issues

None known

EP-1478:2013 Shared Health Summary v1.4.1

Release note: NEHTA-1479:2013, 25 October 2013

Release rationale

This incremental release of the Shared Health Summary end product introduces supplementary guidance for the implementation of Shared Health Summary documents, representing a key outcome of NEHTA's Clinical Usability Program (CUP) Release 1.

CUP Release 1 has been focused on resolving key usability issues with clinical information systems used by general practitioners. The guidance provided as part of this release represents the outcomes of several workshops with clinical consultation groups. Note that additional guidance resulting from CUP Release 1 is released as updates to other specification products, namely Common – Clinical Document v1.1.1 and PCEHR B2B Interface.

This end product has a dependency on: NEHTA-1446:2013 *Clinical Documents - Common Conformance Profile v1.4* (part of EP-1457:2013 Common – Clinical Document v1.1).

Package inclusions

New

Identifier	Name	Version
NEHTA-1474:2013	*Shared Health Summary – Supplementary Guidance for Implementers*	1.0

Updated (supersedes previous version)

Identifier	Name	Version
NEHTA-1479:2013	*Shared Health Summary - Release Note*	1.4.1

No change

Identifier	Name	Version
NEHTA-0988:2012	*Shared Health Summary - CDA Implementation Guide*	1.3
NEHTA-0997:2011	*Shared Health Summary - Structured Content Specification*	1.1
NEHTA-0990:2011	*Shared Health Summary - Information Requirements*	1.0
NEHTA-1125:2012	*Shared Health Summary - FAQ Clarification of Medical History*	1.0
NEHTA-1452:2013	*Shared Health Summary - PCEHR Conformance Profile*	1.5

Removed

None

Scope

The scope of the Shared Health Summary end product has not been changed as part of this release.

Stakeholders

Stakeholder groups involved in the development of this release include:

- Commonwealth Department of Health

- Commonwealth Department of Human Services
- ACRRM
- AMA
- AMSANT
- APNA
- RACGP

Audience

- Implementers of clinical systems producing or consuming Shared Health Summary clinical documents
- Senior managers and policy makers, clinical experts, health information managers, IT operations and support teams, and system integrators
- Technical and non-technical readers

Known issues

None known

EP-1432:2013 Shared Health Summary v1.4

Release note: NEHTA-1441:2013, 09 October 2013

Release rationale

This release of the Shared Health Summary end product introduces updates to the conformance profile for Shared Health Summary documents, as mandated by the following approved change requests.

More detailed information about the referenced change requests is provided in the Capabilities section of this document and can be accessed by following the provided hyperlinks.

Change Request ID	Change request title	Impact on this release
CCB-0116	Relaxation of the mandatory use of HPI-Is in uploaded documents	New conformance requirement added for inclusion of local identifier in case of HPI-I omission
CCB-0202	SHS – "Not Asked"	All provided exclusion statements must now the value "none known".
CCB-0222	Support for CSP Certificates in CDA Documents	Removed conformance requirements for digital signatures.
		This requirement has been replaced with an expanded conformance requirement in the *Clinical Documents - Common Conformance Profile v1.4*.

This end product has a dependency on: NEHTA-1446:2013 *Clinical Documents - Common Conformance Profile v1.4* (part of EP-1457:2013 Common – Clinical Document v1.1)

Package inclusions

New

None

Updated (supersedes previous version)

Identifier	Name	Version
NEHTA-1441:2013	*Shared Health Summary - Release Note*	1.4
NEHTA-1452:2013	*Shared Health Summary - PCEHR Conformance Profile*	1.5

No change

Identifier	Name	Version
NEHTA-0988:2012	*Shared Health Summary - CDA Implementation Guide*	1.3
NEHTA-0997:2011	*Shared Health Summary - Structured Content Specification*	1.1
NEHTA-0990:2011	*Shared Health Summary - Information Requirements*	1.0
NEHTA-1125:2012	*Shared Health Summary - FAQ Clarification of Medical History*	1.0

Removed

None

Scope

The scope of the Shared Health Summary end product has not been changed as part of this release.

Stakeholders

The following stakeholders have been involved in the development of this release:

- DOHA
- Accenture
- CCA Governance Group

Audience

- Implementers of clinical systems producing or consuming eDischarge Summary clinical documents
- Senior managers and policy makers, clinical experts, health information managers, IT operations and support teams, and system integrators
- Technical and non-technical readers

Capabilities

The following sections provide additional details for each of the change requests addressed in this release.

CCB-0116

The change request introduces the temporary and limited relaxation of the mandatory requirement to include HPI-Is for a number of clinical document types, including Shared Health Summary documents. It also introduces additional conformance requirements for local identifiers that need to be included in a Shared Health Summary document wherever an HPI-I has been omitted.

CCB-0202

The *Shared Health Summary - Structured Content Specification v1.1* lists three allowed values for exclusion statements for *Adverse Reactions*, *Medications (Medication Orders)*, *Past and Current Medical History (Medical History)* and *Immunisations*. The allowed values for exclusion statements have now been restricted to "none known" and "none supplied" as the only allowed values.

Additional conformance requirements have been introduced for authoring systems of Shared Health Summary documents. These requirements clarify the conditions under which exclusion statements are appropriate.

CCB-0222

The change request introduces support for digital signatures created with CSP digital certificates for all types of clinical documents. New conformance requirements have been introduced in the *Clinical Documents - Common Conformance Profile v1.4*.

These new conformance requirements expand on and replace the conformance requirement for digital signatures in the *Shared Health Summary - PCEHR Conformance Profile v1.4*. With version 1.5 of the *Shared Health Summary - PCEHR Conformance Profile*, this conformance requirement has been removed.

Known issues

None known

EP-1074:2012 Shared Health Summary v1.3

Release note: NEHTA-1076:2012, 10 September 2012

Version Update

An updated version of the Shared Health Summary Conformance Profile is being released to ensure authorised healthcare providers conform with the following section of the PCEHR Act [COM2012a].

Healthcare providers who are not nominated healthcare providers are not authorised to author or upload a shared health summary [COM2012a].

The PCEHR Act [COM2012b] defines nominated healthcare provider. An individual that is a nominated healthcare provider must be registered by a registration authority with one of the following occupations within the meaning of the National Law:

- Medical practitioner
- Registered nurse; or
- Aboriginal health practitioner, Torres Strait Islander health practitioner or Aboriginal and Torres Strait Islander health practitioner.

Introduction

The Shared Health Summary is a clinical document sourced from the individual's current Nominated Provider, which contains key pieces of information about an individual's health status, and is useful to a wide range of healthcare providers for delivery of care.

The Shared Health Summary provides a clinically-reviewed summary of an individual's healthcare status. This is particularly beneficial to secondary or downstream providers such as after-hours providers, Specialists, Dentists, and Allied Health, as it provides information about allergies, medicines, medical history and immunisations. It is particularly of value when the individual is out of their usual healthcare setting.

In current clinical practice, health summaries are incorporated into referrals, for example, to Specialists. The PCEHR Shared Health Summary provides the same sort of information, but is available to a wider audience of health professionals, and to the individual.

The Shared Health Summary will be created and uploaded by a Healthcare Provider designated by the individual. This Nominated Provider will probably be the individual's General Practitioner; however, they could be other medical practitioners, registered nurses or Aboriginal healthcare workers.

The Shared Health Summary is an important source of information for populating an individual's PCEHR. The fields within a Shared Health Summary are congruent with the RACGP standards for health summaries. This will enable easy extraction of Shared Health Summaries from local clinical systems into the PCEHR. A health summary is created and updated in the Nominated Provider's clinical system. It is then uploaded into the PCEHR. The Shared Health

Summary package forms part of the foundational set of specifications to support the development of an individual's Personally Controlled Health Record.

Background to this release

This amendment of the Shared health Summary Conformance Profile relates to additional conformance points required to ensure shared health summaries are only uploaded by authorised healthcare providers to align with the PCEHR Act.

Scope

The Shared Health Summary provides a clinically-reviewed summary of an individual's healthcare.

The solution bundle of Shared Health Summary specifications include requirements for the generation and distribution of shared health summaries for patients, primarily from general practitioners, but potentially from other nominated primary healthcare providers.

Stakeholders

The following stakeholders have been involved in the development (and testing) of this release:

- Continuity of Care Reference Group (NEHTA stakeholders)
- Clinical Terminology and Information (NEHTA)
- Compliance, Conformance and Accreditation (NEHTA)
- Reference Platform (NEHTA)
- Implementations (NEHTA)
- Vendors participating in Lead eHealth Implementation sites.

Audience

The intended audience of this document includes:

- Early adopter hospital networks, Lead eHealth Implementation sites and jurisdictional health departments in the process of planning, implementing or upgrading discharge summary systems.
- Software vendors developing discharge summary system products.
- Early adopter GP desktop software vendors.
- Senior managers and policy makers, clinical experts, Health Information Managers, IT operations and support teams, and system integrators.
- Technical and non-technical readers.

Additions

The following products are associated with this Solution Bundle release to assist vendors to build and test the new messaging capability:

- Shared Health Summary Schematron Libraries
- Shared Health Summary Clinical Document Test Data
- Shared Health Summary CDA Library – Sample Code
- CDA Validator
- CDA Rendering Specification.

These additional products (except for CDA Rendering Specification) are initially available as a limited release to enable a small group to test them before being generally available to the broader vendor community. For further details on access to this limited release please send an email to nehtasupport@nehta.gov.au.

Changes

Refer to the "Change Log" located at the back of each specification. This itemises all changes between specification versions.

Removals

None.

Solution Bundle Content

Structured Content Specification

Title	Status
Information Requirements v1.0	(unchanged)
Structured Content Specification v1.1	(unchanged)

Technical Services Specification

Title	Status
Shared Health Summary CDA Implementation Guide v1.3	(replaces v1.2)
CDA Rendering Specification v1.0 　○ (Common message rendering specification. Located in "Common Specifications Folder".)	(unchanged)
CDA Package v1.0 　○ (Common logical model for bundling of clinical documents with referenced attachments. Located in "Common Specifications Folder".)	(unchanged)

eHealth Conformance profile

Title	Status
Shared Health Summary Conformance Profile for Clinical Documents v1.4	(replaces v1.3)
Conformance Profile for Clinical Documents – Common v1.3 　○ (Located in "Common Specifications Folder".)	(replaces v1.2)

Clarifications

(Refers to *Shared Health Summary CDA Implementation Guide v1.3*)

Clinical

Medical History

A number of NEHTA clinical content specifications (Structured Content Specifications – SCS) contain an information component known as Medical History (also known as "Current and Past Medical History").

NEHTA specifications on Referral, Specialist Letter and Shared Health Summary contain an information component known as Medical History (also known as "Current and Past Medical History"). Clinically speaking, Medical History in the Discharge Summary is represented by Primary Problem/Diagnosis, Co-Morbidity and Clinical Interventions.

Structuring Medical History Clinical Information Model

The Medical History information structure contains two distinct categories:

- *Problem/Diagnosis* and *Procedure* to meet information capturing and persistence requirements of acute care/hospital sector; or

- Uncategorised *Other Medical History Item* to meet information capturing and viewing requirements of primary care/general practice sector.

The design intent is for software vendors to design for the first two data categories:

- *Problem/Diagnosis* and

- *Procedure*.

The constraint for use is to use EITHER "*Problem/Diagnosis*" and "*Procedure*" OR "*Other Medical History Item*", but NOT both.

These categorisations are technical design decisions and do not impose any rendering constraints on the clinical desktop applications used by healthcare providers. These items can be rendered using screen names in accordance to the preferences of individual healthcare providers or the healthcare sector.

It is also acknowledged that the technical name "*Other Medical History Item*" can be misinterpreted during technical implementation as relatively unimportant medical history items. For clinical safety reasons, it was decided that this technical name will be changed to "*uncategorised medical history*" and include a clear definition and description of this item in the next release.

Processing of Medical History Data by Local Clinical Systems

The different *Medical History* information structures may create information reconciliation challenges for importing clinical systems when attempting to extract and load medical history information from the eDischarge Summary or Shared Health Summary, etc. into local databases with different information structures. Uncategorised Medical History items, if encoded in SNOMED CT[9] codes, can be algorithmically analysed, categorised using the SNOMED CT codes and stored as Problem/Diagnosis or Procedure items accordingly. Unencoded items will require manual processing before they can be incorporated into local databases.

For clinical safety reasons, linkage must be maintained between extracted data that are stored in local databases and the source Medical History data from the downloaded CDA document which should also be persisted in its entirety.

Please note that duplicate medical history entries may result if uncategorised Medical History data are extracted and incorporated into local system databases without undergoing algorithmic or manual reconciliation processes.

Technical

"NullFlavour Attributes"

It has been brought to NEHTA's attention that, for certain items with cardinality [1..n], the CDA Implementation Guides are unclear regarding whether a "NullFlavour" attribute may be used in place of providing proper data. A clarifying release note will be published in April 2012 following consultation with stakeholders, providing this information for each affected item and schematrons will be updated accordingly.

Representing fully structured addresses

The Structured Content Specifications use the address model defined in the participation specification and that is based on the address models defined in AS 5017 and 4846. These

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[9] IHTSDO®, SNOMED® and SNOMED CT® are registered trademarks of the International Health Terminology Standards Development Organisation.

divide a real world address into a highly structured address that is consistent with the official Australia Post database (called the PAF). AS 5017 has 17 fields for address. Most implementations (in and outside health) do not collect this many fields. The norm is between 1-3 lines of text, followed by suburb, state, postcode, and country, though systems vary wildly. The HI Service address type uses a full AS 5017 structure.

Because of this, the NEHTA address model for Australian addresses (as defined in the Participation Specification) has the following fields:

- Unstructured Address Line [0..*]
- STRUCTURED ADDRESS LINE [0..1]
- Suburb/Town/Locality [0..1]
- State/Territory [0..1]
- Postcode [0..1]
- Delivery Point Identifier [0..1].

And the Structured Address line in turn has the following elements:

- Unit Type
- Unit Number
- Address Site Name
- Level Type
- Level Number
- Street Number
- Lot Number
- Street Name
- Street Type
- Street Suffix
- Postal Delivery Type
- Postal Delivery Number.

All have cardinality [0..1]. For definitions of these, consult AS 5017.

So an address can either contain multiple unstructured lines; or can populate the structured fields. If both are populated, they should agree.

Issues will be encountered when any of the address types in either HL7 v2 or CDA are used. For CDA, the address type is AD from the v3 data types R1. This doesn't have the same finely granulated fields as AS 5017, and as a consequence, the mapping cannot be a round trip 1:1 mapping. Therefore, an address fully structured as above cannot be (per AS 5017) represented in the CDA document, and still be able to identify the parts. This table summarises the mappings:

Field Name	Address Element Name
Unstructured Address Line	StreetAddressLine
STRUCTURED ADDRESS LINE:	
Unit Type	unitType
Unit Number	unitID

Field Name	Address Element Name
Address Site Name	additionalLocator
Level Type	additionalLocator
Level Number	additionalLocator
Street Number	houseNumber
Lot Number	additionalLocator
Street Name	streetName
Street Type	streetNameType
Street Suffix	direction
Postal Delivery Type	deliveryAddressLine
Postal Delivery Number	deliveryAddressLine
Suburb/Town/Locality	city
State/Territory	state
Postcode	postalCode
Delivery Point Identifier	additionalLocator

As a consequence of this, in the CDA document, it is not possible to distinguish the difference between Address Site Name, Level Type, Level Number, Lot Number, and the Delivery Point Identifier, and between Postal Delivery Type and Postal Delivery Number. In practice, most systems use the simple address model, and will be unaffected by this. Systems that use a fully specified address per AS 5017, or that endeavour to match addresses against the PAF will need to continue to use special matching algorithms/software to overcome the CDA limitations here (as would already be required to overcome v2 limitations).

Any system that populates the structured address should also populate one or more unstructured address lines too.

Representing MRNs and other identifiers

This specification provides a code element on ex:asEntityIdentifier that may be used to indicate the type of an identifier for non-national identifiers such as IHI, HPI-I, HPI-O. However in this version, the specification does not specify a value set that should be used in the code element. This will be addressed in a future version. The HL7 v2 table 0203 is a candidate for interim use (see http://www.healthintersections.com.au/?p=721 for examples).

SNOMED CT-AU version issues

This specification uses some SNOMED CT-AU codes for identifying sections and entries, and identifies these as being taken from a particular SNOMED CT-AU release. Future specifications will clarify whether implementations are required to identify this particular version or any other in the CDA documents. In addition, the specification may contain example fragments using older releases of either SNOMED CT or SNOMED CT-AU. These older versions of SNOMED CT and SNOMED CT-AU should not be in use in Australia: these examples will be fixed in a future release. The syntax of the codeSystemVersion attributes may be affected by ongoing IHTSDO deliberations about how to represent SNOMED CT versions.

Conformance Criteria

The Common Conformance Profile for Clinical Documents defines five levels of conformance for clinical documents. These are levels 1A, 1B, 2, 3A and 3B, where 3B is the highest. A minimum level of conformance applies to clinical documents sent to the PCEHR System. The minimum level for a specific type of clinical document is specified in the associated PCEHR Conformance Profile. Documents sent to the PCEHR System that do not meet the minimum level of conformance will be automatically rejected. For most document types the minimum level of conformance is 1A but for some document types the minimum conformance level is 3A. NEHTA welcomes feedback about the minimum level of conformance from early adopters of the PCEHR System. There is an opportunity to adjust the minimum conformance level based on this feedback.

Release history

Version	Date	Comment
Shared Health Summary v1.2	22 May 2012	PCEHR Re-Release
Shared Health Summary v1.1	02 December 2011	PCEHR Release