eDischarge Summary v1.5
Release Note

nehta eHealth

Digitally signed by National E-Health Transition Authority Ltd
Date: 2013.10.18 14:48:09 +11'00'

9 October 2013

Approved for external information

Summary

EP-1429:2013 eDischarge Summary v1.5

Release rationale

This release of the eDischarge Summary end product introduces updates to the conformance profile for eDischarge 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-0050/ PCEHR-853	Updated display names for Mode of Separation	New conformance requirement added for Mode of Separation display names to be used
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-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-1438:2013	*eDischarge Summary - Release Note*	1.5
NEHTA-1448:2013	*eDischarge Summary - PCEHR Conformance Profile*	1.5

No change

Identifier	Name	Version
NEHTA-0965:2011	*eDischarge Summary – Structured Document Template*	3.3
NEHTA-0962-2012	*eDischarge Summary – P2P Delivery Technical Service Specifications*	1.3
NEHTA-0961:2011	*eDischarge Summary - Core Information Components*	1.1.12
NEHTA-0960:2012	*eDischarge Summary - CDA Implementation Guide*	3.4
NEHTA-1151:2010	*eDischarge Summary - Business Requirements Specification*	1.1
NEHTA-1279:2013	*eDischarge Summary - FAQ Speciality in eDischarge Summary*	1.1

Removed

None

Scope

The scope of the eDischarge 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-0050/ PCEHR-853

The *eDischarge Summary - Structured Document Template v3.3* lists separation mode values and descriptions. The descriptions have been found not to be clinically appropriate as display names for their corresponding values.

A new set of display names has now been provided.

CCB-0116

The change request introduces the temporary and limited relaxation of the mandatory requirement to include HPI-Is for a number of additional document types. A similar relaxation

had already been applied to eDischarge Summary documents with release 1.4 of the eDischarge Summary end product.

This release introduces additional conformance requirements for local identifiers that need to be included in an eDischarge Summary document wherever an HPI-I has been omitted.

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 added 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 *eDischarge Summary - PCEHR Conformance Profile v1.4*. With version 1.5 of the *eDischarge Summary - PCEHR Conformance Profile*, this conformance requirement has been removed.

Known issues

None known

Support

This release will be supported for two years from the date of publication.

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

Future releases

Increased uptake and implementation of the specifications provided as part of this end product are expected to result in the need to further update and improve these specifications. Any such updates will be managed through the joint change control process operated by DOHA.

Some of the changes introduced to the conformance profile with this release for the CCB-0116 change request are temporary and will need to be removed after the expiration of the HPI-I relaxation requirement. This will result in the need to update the conformance profile again. The current expiration date for the HPI-I relaxation is 30 June 2014, however this date is still under review by DoHA and likely to be extended.

In addition to changes managed through the joint change control process, NEHTA may provide supplementary implementation guidance for the specifications of this end product. Such information will be added to the end product as additional and/or updated product components and published as an incremental release of the end product (version identifier 1.5.x).

Previous releases

EP-1152:2012 eDischarge Summary v1.4

Release note: NEHTA-0964:2012, August 2012

Version update

It has been identified that jurisdictions and lead implementation sites have difficulty in obtaining Healthcare Provider Individual-Identifiers (HPI-I.s) for their providers. An updated version of the Conformance Profile document is being released to address this issue. Note the updated version of this document contains no material changes.

Background to this release

Jurisdictions raised the issue of the steps they would have to go through to implement the HPI-I.s into the Discharge Summary. A series of workshops, facilitated by the NCAP and attended by jurisdictions, DoHA and NEHTA concluded that by relaxing the conformance requirement of a mandatory HPI-I on discharge summaries, that jurisdictions would then be able to build the necessary infrastructure to send discharges to the Personally Controlled Health Record (PCEHR).

Release rationale

For a number of reasons, adoption of HPI-I in clinical settings remains low and especially so in jurisdictional clinical systems. It has become apparent that these difficulties with obtaining and verifying individual provider identifiers would lead to problems in meeting this requirement and, as a consequence, a loss of clinical information being presented to the PCEHR System.

While these difficulties are in the process of being addressed, in the interim in order to optimise the early benefits of the PCEHR System, a temporary relaxation of the mandatory HPI-I requirement will be allowed.

Note that this temporary relaxation applies to the HPI-I of any healthcare providers included in a eDischarge Summary (author, nominated primary healthcare provider, responsible healthcare provider at time of discharge etc.).

The implication of this decision is that the validation requirements are relaxed so that identifiers other than HPI-I's can be included. The required changes to schematron libraries to allow optional HPI-I.s for all healthcare providers are included in the CDA Validator v1.12 available via limited release for further details please send an email to nehtasupport@nehta.gov.au. There is no change to any of the specifications.

The ramification of this temporary relaxation in requirements has been examined and is considered as not posing any significant risk to Clinical Safety, System Utility or future benefits.

It is noted that while the requirement of a HPI-I is relaxed, there remains a mandatory requirement for a Provider Identifier of some nature. This identifier may be an identifier supplied by the healthcare facility associated with the individual provider. It may be of any form (e.g. Numeric, Alpha-Numeric, etc). The identifier must be unique to the facility, for example a concatenation of the local identifier linked with an object identifier (OID) derived from the facility.s HPI-O or ABN.

Scope

The scope of this release is constrained to the „eDischarge Summary Conformance Profile for Clinical Documents – v1.4.

These eDischarge Summary specifications include requirements for the generation, distribution and receipt of discharge summaries for admitted patients, primarily from hospitals to general practitioners, but allowing the same content to be sent to other relevant recipients. The information may be used by the nominated primary provider to update their local record and the PCEHR.

The *PCEHR Concept of Operations* states that the PCEHR System will support collection of discharge summaries. When a healthcare provider creates a Discharge Summary, it will be sent directly to the intended recipient, as per current practices, and a copy of the Discharge Summary may also be sent to the PCEHR System.

Stakeholders

The following stakeholders have been involved in the development and testing of this Solution Bundle:

- 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
- Standards Australia.

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:

- eDischarge Summary Schematron Libraries
- eDischarge Summary Clinical Document Test Data
- eDischarge 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.

Support

For further support or to provide feedback, please email the NEHTA Service Desk at nehtasupport@nehta.gov.au or phone on 1300 901 001.

Future releases

These specifications will soon be implemented in a clinical setting. While NEHTA has consulted extensively with clinical, consumer, government and vendor stakeholders on the specifications over past years, implementation will provide new feedback on the use and suitability of the specifications within a clinical workflow. NEHTA has established feedback mechanisms from known implementations in lead eHealth Implementation sites. NEHTA requests any other implementers involved in using software built to the specifications in a clinical setting to contact the NEHTA Service Desk.

Updated versions of specifications will be scheduled for release (post–July 2012 and tied into the release of the Standards Australia publications where this is applicable) and may be required to address additional lessons learnt through implementations, to provide new features or enhancements and respond to advice from the vendor and standards community engagement.

Any changes to planned release cycles will comply with criteria for specification release as set out in the NEHTA Specifications and Standards Plan, as agreed with industry stakeholders and published in 2011.

Solution bundle content

Logical Service and Structured Content Specification

Title	Status
Core Information Components v1.1.2	(unchanged)
Structured Document Template v3.3	(unchanged)
P2P Logical Service Specification v1.1 ○ (Common logical interface specification for point to point connection. Located in "Common Specifications Folder".)	(unchanged)

Technical Services Specification

Title	Status
eDischarge Summary CDA Implementation Guide v3.4	(unchanged)
eDischarge Summary P2P Technical Service Specification v1.3	(unchanged)
CDA Rendering Specification v1.0 ○ (Common message rendering specification. Located in "Common Specifications Folder".)	(unchanged)
P2P Technical Services Specification (TSS) Document Delivery v1.1 ○ (Common endpoint interface specification for point to point connection. Located in "Common Specifications Folder".)	(unchanged)
Clinical Package v1.0 ○ (This specification defines a clinical package as a logical model of the data it contains. This model can be profiled to create data models for specific clinical data. 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
eDischarge Summary Conformance Profile for Clinical Documents – v1.4	(replaces v1.3)
Conformance Profile for Clinical Documents – Common v1.3 ○ (Located in "Common Specifications Folder".)	(unchanged)

Clarifications

(Refers to *eDischarge Summary CDA Implementation Guide v3.4*.)

Clinical

Nil.

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 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
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).

Mapping error in imaging examination report/result group/anatomical location

The mapping for "Anatomical Location" in "Imaging Examination Result Group" is incorrect – it is attached to the individual results rather than the group of results by virtue of the context: `entryRelationship[im_res_gp]/organizer/component[ind_im_res]/observation/targetSiteCode` (should not use `ind_im_res` in the context). This will be fixed in future versions of the specification, and this mapping should not be used. Please consult NEHTA if the use of this data element is required.

SNOMED CT-AU version issues

This specification uses some SNOMED CT-AU 1 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.[1]

Representation of Diagnostic Reports

The new industry practice, which aligns with IT-14 standards currently in preparation, is to send multiple different formats for diagnostic service reports (e.g. PDF, RTF, XHTML). Each report contains the same content, but the renderer can choose the format that they are best able to support when showing the content (depending on platform and tools available). This is what is intended when the definition of the Test Result Representation includes the remark:

> "Multiple formats are allowed but they must be semantically equivalent".

The cardinality of the Test result Representation is [0..1] in this specification, and therefore precludes sending multiple formats. This issue will be addressed in a future release. The same issue applies to the Examination Report Representation, though its definition does not include a "multiple formats" note.

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

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
eDischarge Summary v1.4	August 2012	Update
eDischarge Summary v1.3	May 2012	Update
eDischarge Summary v1.1	August 2010	Update
eDischarge Summary v1.0	July 2009	Initial Release

Publication date: 9 October 2013

Contact for enquiries
Telephone: 1300 901 001 or email: help@nehta.gov.au

Disclaimer
The National E-Health Transition Authority Ltd (NEHTA) makes the information and other material ('Information') in this document available in good faith but without any representation or warranty as to its accuracy or completeness. NEHTA cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

Copyright © 2013 National E-Health Transition Authority Ltd
This document contains information which is protected by copyright. All Rights Reserved. No part of this work may be reproduced or used in any form or by any means—graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems—without the permission of NEHTA. All copies of this document must include the copyright and other information contained on this page.