



HIPS
Module Guide (UI)

17 April 2020 7.3

Approved for external use

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Acknowledgements

Council of Australian Governments

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.

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1 Introduction

1.1 Purpose

The purpose of this document is to provide a detailed view of the design of the HIPS-UI Web module that supports participating organisations integrating with the My Health Record system.

The intended use of this document is to help implementers understand the modules of the HIPS-UI Web product, and the user-oriented functions they provide.

1.2 Scope

This document describes the high-level architectural module and functional makeup of the HIPS-UI Web module. For details of other HIPS modules such as HIPS-Core, consult the document corresponding to that module.

1.3 Assumptions

This document assumes a high-level understanding of health information systems and the terminology used.

2 Product & Module Overview

The HIPS suite consists of the following products:

- **HIPS-Core:** A middleware and communications solution to enable a Clinical Information System (CIS), Laboratory Information System (LIS), Radiology Information System (RIS) and/or Patient Administration System (PAS) to interact with the My Health Record system. The solution can interface with the above systems, often via an Integration Engine or Enterprise Service Bus (ESB), to receive HL7 messages for patient and episode information and IHI lookups, and to receive multiple levels and types of clinical documents from clinical systems for upload to the My Health Record system.
- **HIPS-UI:** An extension of the core services provided by the HIPS-Core product, providing a web-based user interface for fulfilling common interaction requirements with the My Health Record system, including features such as My Health Record Viewing, Level 1A Discharge Summary Uploads, Viewing and Removing documents uploaded to a My Health Record, Consent Withdrawal, Hidden Record Disclosure, Newborn IHI Registration and Assisted Registration to create a My Health Record, Local Provider HPI-I Management, and Patient IHI Reconciliation.

The HIPS-UI has the following key features to support healthcare facilities integrating with My Health Record:

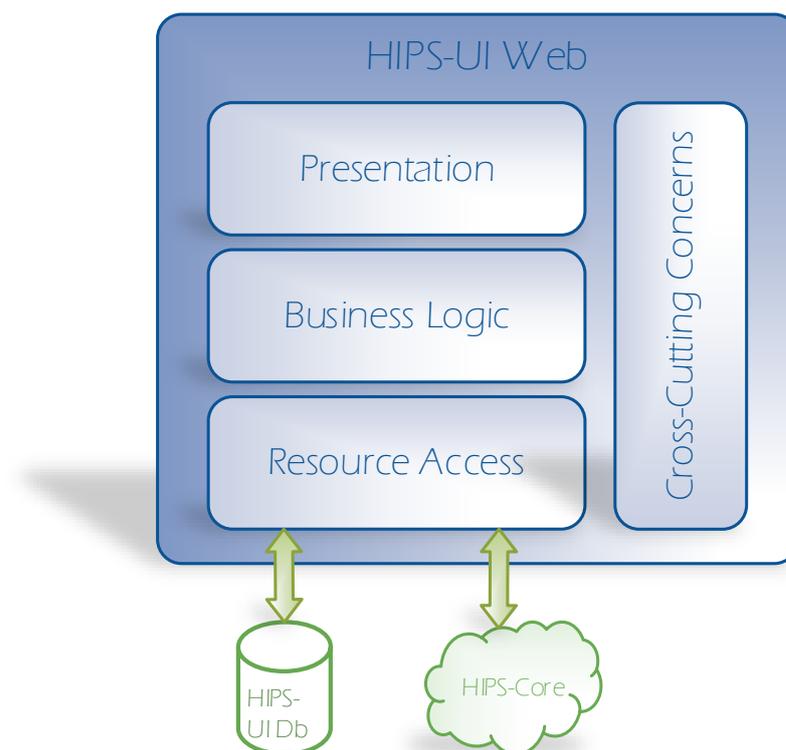
- **Patient IHI Reconciliation**, providing a list of current patients whose IHI was not found using automated searches with the current demographic data from the PAS, duplicate patient records and other IHI alerts. Administrative staff may use this list to identify patients whose demographic information may have been entered incorrectly and confirm their legal name, sex, date of birth, address and Medicare card or DVA file numbers and make corrections in the PAS or, if enabled by the organisation, directly in HIPS UI.
- **Consent Management**, providing a data-entry form to capture the withdrawal of consent to upload documents for an episode of care to the My Health Record. This information will be captured in the HIPS database and HIPS will prevent the upload of documents for that episode of care if consent has been withdrawn. HIPS does not handle withdrawal of consent for non-episodic documents such as HL7 ORU messages containing pathology and diagnostic imaging reports.
- **Disclosure of Hidden Record**, providing a data-entry form to capture the disclosure of the existence of a My Health Record whose existence was not automatically flagged on registration or episode creation due to the restricted access settings applied to the record by the consumer.
- **Viewing and Removal of Uploaded Documents**, providing a capability to select a clinical document that has been uploaded to the My Health Record by the organisation using HIPS, view the document, record the reason why the document must be removed from the My Health Record, submit the request to HIPS to remove the document, and verify that the document has been removed successfully.
- **View My Health Record** feature consists of the following sub-features:

- **Patient List** provides a searchable list of current or recent patients with a My Health Record, a Lookup by MRN form to find any patient known to HIPS, and the ability for each user to maintain a personal list of patients under their care by pinning or unpinning patients. It allows selection of a patient to view the documents and views available in their My Health Record via the “Patient Summary” screen. For facilities whose PAS is not integrated with HIPS, this screen also allows the manual registration and update of patient records for viewing their My Health Record.
- **Patient Summary** provides access to the Health Record Overview, Medicare Overview and the Pathology, Diagnostic Imaging and Prescription/Dispense views and the list of Other Documents as components of the screen, as well as a link to Gain Access.
- **Health Record Overview** provides information from the shared health summary and a list of recent documents for the selected patient filtered according to the user’s preferences.
- **Medicare Overview** provides a combined view of the Medicare benefits, pharmaceutical benefits, organ donation decisions and immunisation records for the selected patient.
- **Pathology Report View** provides a list of pathology reports for the selected patient.
- **Diagnostic Imaging Report View** provides a list of imaging reports for the patient.
- **Prescription Dispense View** provides a combined view of the prescription and dispense history for the selected patient.
- **Medicines View** provides combined medicines information from recent prescription and dispense records, PBS claims, shared health summary, discharge summary, event summaries, specialist letters, e-Referral notes and the patient’s personal health summary.
- **Other Documents** provides a searchable list of documents available in the selected patient’s My Health Record.
- **Document View** is accessed when a document is selected in a view or list. It provides a rendered view of the selected document’s contents.
- **My Health Record Access Check & Gain Access** checks the current access to the selected patient’s My Health Record and if required enables the user to gain access to the selected patient’s My Health Record either (a) without code; (b) with code or (c) emergency access.
- **Local Provider Management**, providing an interface to maintain a list of local providers, including the ability to create, update, activate or deactivate, maintain a mapping to the local identifiers used to identify the provider in each facility, and to look up and validate the HPI-I for each provider.

3 Architectural Detail

3.1 Architecture Overview

The HIPS-UI Web product is architected as a layered web application built with Microsoft technologies, illustrated below.



The layers in the application architecture are:

Layer	Description
Presentation	Provides a web browser based graphical user interface with which users of the application interact.
Business Logic	Encapsulates the business rules, validation, and business processes for the application.
Resource Access	Provides access to external resources such as databases and web services.
Cross-Cutting Concerns	Supports elements of the application architecture that are common requirements across application layers and tiers.
Resources	External resources such as databases and web services with which the application interacts.

The HIPS-UI Web product is built upon the following technology platform:

Role	Technology
Core	
Presentation	ASP.NET MVC 4.0 HTML 5.0 CSS 3.0 Javascript, JSON Bootstrap DataTables jQuery
Business Logic	.NET Framework 4.5.1
Resource Access	Entity Framework 6.1 (database) WCF 4.5 (web services)
Cross-Cutting Concerns	
Configuration	System.Configuration
Security	Active Directory MVC Authorization
Exception Management	IIS 7 Error Handling
Logging & Instrumentation	ELMAH.MVC
Caching	System.Runtime.Caching.MemoryCache
Validation	System.ComponentModel.DataAnnotations
Object Mapping	AutoMapper
Dependency Injection	Ninject
Shared Logic	.NET Framework 4.5.1
Object Serialization	Json.NET

3.2 Functions & Navigation

Navigation is done either through the HIPS-UI menu or direct via the embedded pages. Section 3.3 describes the embedded pages.

3.2.1 Home

The “Home” screen is the entry point into the HIPS-UI Web product. It provides “Healthcare Identifiers”, “My Health Record Registration”, “Clinical Documentation”, “Patient” and “Administration” menu items. Menus and items are only shown if the user is authorised for the feature.

The screenshot shows the HIPS-UI Home page. At the top, there is a navigation bar with the following items: Home, Healthcare Identifiers, My Health Record Registration, Clinical Documentation, Patient, and Administration. A user profile picture is visible in the top right corner, with the text "Logged in as hips test1 on behalf of All Facilities Select Facility".

Callouts provide the following information:

- Home:** Facility logo picture from the Logo column of the Hospital table in the HIPS Core database. The logo and the Home menu below both link to the home screen.
- Healthcare Identifiers:** “Healthcare Identifiers” menu includes Patients Without IHI, HPI-I Search, Local Providers and Overridden Demographics.
- My Health Record Registration:** “My Health Record Registration” menu allows access to Register Current Patients, New Adult, New Child and Disclose Hidden Record.
- Clinical Documentation:** “Clinical Documentation” menu includes View My Health Record, Withdraw Consent, View and Remove Uploaded Documents and Discharge Summary.
- Patient:** “Patient” menu includes Advanced Search.
- Administration:** “Administration” menu includes Unlock Users.
- User profile picture:** User profile picture from Active Directory. Menu includes User Preferences for Health Record Overview and the Log Out button.

Below the navigation bar, there are shortcut links for the following categories:

- Healthcare Identifiers**
 - [IHI Reconciliation](#)
 - [HPI-I Identifier Search](#)
 - [HPI-I Demographic Search](#)
 - [Local Providers](#)
 - [Overridden Demographics](#)
- My Health Record Registration**
 - [Register Current Patients](#)
 - [Register New Adult](#)
 - [Register New Child](#)
 - [Disclose Hidden Record](#)
- Clinical Documentation**
 - [View My Health Record](#)
 - [Withdraw Consent](#)
 - [View and Remove Uploaded Documents](#)
 - [Discharge Summary](#)
- Patient**
 - [Advanced Search](#)
- Administration**
 - [Unlock Users](#)

At the bottom right, there is a logo for "My Health Record" with the text "Privacy Policy | Version 7.3.0". A callout indicates: "Public version number. Tooltip displays internal version number."

3.2.2 View My Health Record - Patient List

The annotated image below illustrates the functional design for the “View My Health Record” screen accessed via the “Clinical Documentation” menu item on the “Home” screen.

Lookup by MRN: * **Hospital: ***

Patients at All Facilities

Episode Types: Inpatient Emergency Outpatient Pre-admit

Search:

Showing 1 to 10 of 22 entries

Name	Date of Birth	Episode Type	Location	MRN	IHI
BALLARD, RODNEY	18-May-1993	Inpatient	REH:MED::	000000115	8003 8081 6672 7826
BANKS, KENT	27-Mar-1969	Outpatient	REH:MED::	000000134	8003 8088 3339 5361
BATCHELOR, HARRIETTE	28-Jul-1988	Outpatient	REH:MED::	000000127	8003 8085 0006 2237
BATES, ARRABELLA	26-Dec-1977	Inpatient	REH:MED::	000000137	8003 8083 3339 5192
BISHOP, LANE	26-Jan-1998	Outpatient	REH:MED::	000000132	8003 8088 6672 7847
BOSWELL, VINCE	22-Feb-1989	Inpatient	REH:MED::	000000111	8003 8088 3335 4913
BOYER, SILAS	17-Feb-1975	Outpatient	REH:MED::	000000131	8003 8081 6672 7867
BRAY, MARCIE	19-Nov-1975	Emergency	REH:MED::	000000118	8003 8083 3339 5176
BYRD, ION	20-Apr-1972	Emergency	REH:MED::	000000119	8003 8083 3339 5184
CANNON, KAMAHL	15-Apr-1993	Outpatient	REH:MED::	000000126	8003 8088 3339 5338

Showing 1 to 10 of 22 entries

Title to be "Patients at <Facility Name>".

Results to display: Name, Date of Birth, Episode Type, Location (Ward, Room, Bed), MRN, IHI.

Sorting of results (asc / desc). Default sort: Name, Date of Birth.

Results contain current and pinned patients who have a valid IHI and a My Health Record. Results **do not** contain patients with IHI alerts other than duplicates.

Definition of "current" to allow for configurable window of recent and future episodes – e.g. not discharged, or discharged within x days of current date, x days after service or x days prior to admission.

Summary of matching results.

To search for a patient by MRN, insert the patient's MRN in the MRN textbox and select a facility then click on the Lookup/Register button.

Select "Show My Pinned Patients" to view your pinned patients only.
Select "Show All Current Patients" to view all current patients.

Show/hide Episode Type by selecting the Episode Type.

Filtering based on partial match of contents of any text-based column in results.

"View Patient Summary" button displays "Patient Summary" screen for selected patient.

Select ☆ to pin a patient and ★ to unpin a patient.

Ability to navigate to the MyHealth Record page by clicking on the patient's name

Display format for IHI: nnnn nnnn nnnn nnnn

Paging of results. Page size: 10.

3.2.3 Lookup By MRN

In the View My Health Record page, users can enter the patient’s MRN in the MRN textbox and click on the “Lookup” button at the top of the grid. This will find any patient known to HIPS, even if they have no episodes of care. If the currently selected Facility is “All Facilities” then a specific facility must be selected from a drop-down box before clicking “Lookup”.

If a patient is found via the Lookup by MRN then the patient details are displayed.

If the patient has a valid IHI then the View My Health Record button is displayed. A valid IHI is either “Active” with no alerts or has an alert type of “Duplicate IHI” or “Duplicate Patient”.

Manual Registration of Patients

The Lookup by MRN form has additional features for manual registration of patients in HIPS UI if the healthcare facility is configured as a facility whose PAS is not integrated with HIPS. The “Lookup” button text changes to “Lookup/Register” to indicate the availability of this function.

If no patient could be found with the specified MRN against a healthcare facility that has registration enabled, a Register button will be displayed. The user can select the Register button to register a new patient.

If a patient is found via the Lookup by MRN against a healthcare facility that has registration enabled but the patient does not have a valid IHI then the View My Health Record button is not displayed but an Update Registration button will be displayed.

🔍 Patients at Royal Expose Hospital

i There is no registered patient with this MRN. Select Register button to register a new patient.

Lookup by MRN: *

Hospital: *

Royal Expose Hospital (DHSIT)
▼

No episode type filters have been applied.

Select Register button to register a new patient.

3.2.4 Register/Update Patient

The Register Patient form allows a user to register a new patient into HIPS after the patient has been registered in the PAS at the healthcare facility. The Update Patient allows a user to update existing patient registration details in HIPS after they have been updated in the PAS.

Register Patient at Royal Expose Hospital
× Close

📌 Patient is successfully saved.

📌 My Health Record found

Patient Details

Family Name *

Given Name(s) *

Sex *

Date of Birth *

Individual Identifier *

Medicare Number

DVA File Number

MRN

IHI **IHI Status** **Record Status**

View My Health Record
× Close

IHI details will appear after patient is saved.

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3.2.4.1 Correcting a patient registered in HIPS UI on the wrong MRN

The HIPS UI patient registration process allows users to specify the MRN and patient details. It is possible that a user may mistype the MRN and so incorrectly register a patient with another patient's MRN. This will initially succeed, and the user will view the My Health Record of their patient without issue.

Sometime later, another user may attempt to find their patient in HIPS UI using their valid MRN but will be presented with details of the incorrect patient. The user may attempt to update the patient details in HIPS UI, however the new details will conflict with the patient's assigned IHI and will cause a demographic mismatch, and the patient's My Health Record will no longer be viewable through HIPS UI.

Currently the only way to resolve this issue is to raise a support request and escalate it to a HIPS system administrator.

In this scenario it is important that the patient is not deleted as this would remove mandatory audit records. The system administrator will need to make a manual database change to clear the patient's IHI, IHI Status and IHI Last Validated in the [hips].[PatientMasterIhi] table and then return to HIPS UI to update the patient with the correct patient details. Clearing the IHI can be achieved by executing the following SQL statement, replacing <MRN> with the padded MRN of the manually registered patient and <Hospital> with the name of the healthcare facility:

```
UPDATE [hips].[PatientMasterIhi]
SET Ihi = null,
    IhiStatusId = -1,
    DateLastValidated = '1900-01-01 00:00:00.000'
WHERE PatientMasterId = (
    SELECT PatientMasterId FROM [hips].[HospitalPatient]
    WHERE MRN = '<MRN>'
    AND HospitalId = (
        SELECT HospitalId FROM [hips].[Hospital]
        WHERE Name = '<Hospital>'))
```

Once the IHI has been removed, the patient can be updated using HIPS UI with the correct patient's details provided. This will trigger HIPS to look up the IHI using the new details and assign the new IHI to the patient record without a demographic mismatch.

3.2.1 Advanced Search

Advanced search allows a user to search for patients and episodes using a range of criteria. Search results are displayed for any matching patients and episodes, with individual search results providing a set of actions applicable to that result (dependent on user authorisation).

Page Title

Search criteria: Hospital, Given Names, Surname, Sex, MRN, IHI, Enterprise ID, Medicare Number, DVA Number, Date of Birth, Episode Type, Status, Ward, In Hospital?, With Valid IHI?, With MyHR?

Criteria

Hospital
All Facilities

Given Name(s)
KENT

Family Name

Sex
Not Specified

MRN

IHI

Enterprise ID

Medicare Number

DVA Number

Date of Birth (DD/MM/YYYY)

Episode Type
Not Specified

Status
Not Specified

Ward/Department

In Hospital?
Not Specified

With Valid IHI?
Not Specified

With MyHR?
Not Specified

Search

Executes search.

Results

Sorting of results. Default sort: Name, Date of Birth.

Showing 1 to 4 of 4 entries

Name	Date of Birth	Episode Type	Hospital	MRN	IHI	Location	Actions
Banks, Kent	26-Mar-1969	Registered	Royal Chamonix Hospital	00000001	8003 6088 3339 5361	::	[Icons]
Start Date: N/A End Date: N/A Admission Reason: N/A Responsible Provider: N/A							
BANKS, KENT	26-Mar-1969	Pinned	Royal Chamonix Hospital	000001234	8003 6088 3339 5361 (Duplicate Patient)	::	[Icons]
BANKS, KENT	26-Mar-1969	Registered	Royal Chamonix Hospital	000001235	8003 6088 3339 5361 (Duplicate Patient)	::	[Icons]
Start Date: N/A End Date: N/A Admission Reason: N/A Responsible Provider: N/A							
BANKS, KENT	26-Mar-1969	Registered	Royal Chamonix Hospital	000001238	8003 6088 3339 5361 (Duplicate Patient)	::	[Icons]

Showing 1 to 4 of 4 entries

Hidden episode details.

Expanded episode details.

Summary of matching results.

Paging of results. Page size: 10

Actions:

- Consent
- Disclosure
- Enter Discharge Summary
- View My Health Record
- View and Remove Uploaded Documents

3.2.1.1 Full-Text indexing of Given name

HIPS supports the optional use of a full text index when searching for patients by given name. This enables users to use any given name in the HIPS UI Advanced Search given name field to find patients with multiple given names. This functionality can be enabled if the SQL Server Database Engine optional component “Full-Text Search” is installed.

The default function of the Given name search requires users to enter all the patient’s given names as they are stored in the database to find a successful match. Enabling the Full-Text Search allows users to enter any of the patient’s names and find a match.

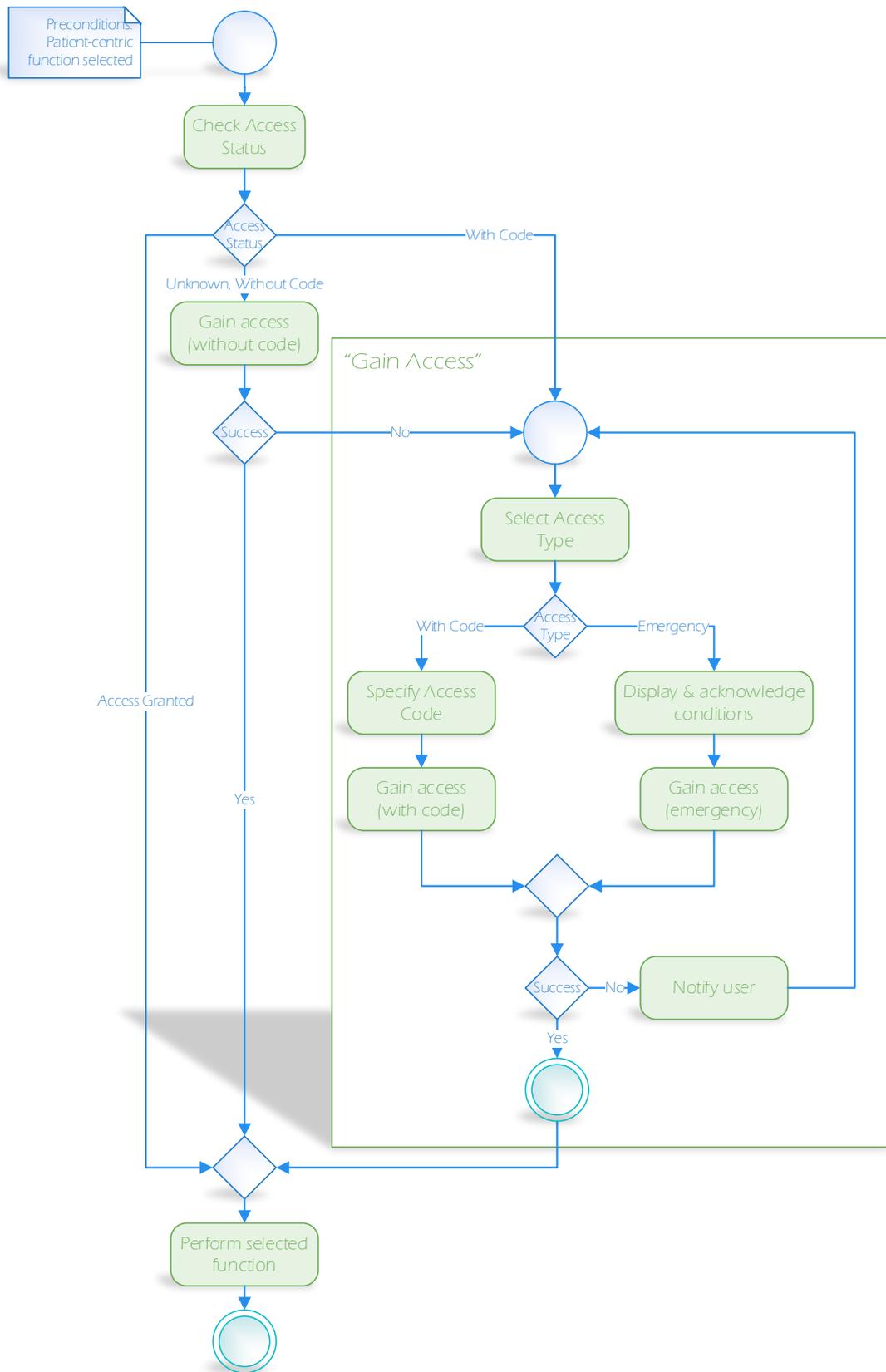
3.2.2 My Health Record Access Check & Gain Access

The “My Health Record Access Check & Gain Access” capability enforces only appropriately authorised access to patient information available within the My Health Record system. It does this by providing two key components:

The “My Health Record Access Check” is used to protect any patient-centric function or capability where interaction with the My Health Record system for that patient is required. It ensures that a check is made for the access of the current HPI-O (via the selected hospital) and takes steps to prevent a user at that HPI-O from accessing information in a patient’s My Health Record without appropriate access if required.

The “Gain Access” screen supports a user explicitly requesting access to a patient’s My Health Record, either through the “with code” or “emergency” gain access functions supported by the My Health Record system.

The diagram below illustrates the logical activities required to support the My Health Record Access Check & Gain Access capability:



The key activities and decisions are:

Activity / Decision	Description	Notes
Check Access Status	Checks the status of access for the current HPI-O (via the selected hospital) to a patient's My Health Record.	Via HIPS-Core service PCEHRService.IsPcehrAdvertised
Access Status = "Access Granted"	The HPI-O already has access to the patient's My Health Record, so proceed directly to the originally selected patient-centric function.	
Access Status = "Unknown" or "Without Code"	The access status is either unknown or the HPI-O does not already have access to the patient's My Health Record, but the My Health Record system has indicated that access can be gained without code.	In either case, attempt to gain access without code.
Gain access (without code)	Automatically gain access to the patient's My Health Record without a code.	Via HIPS-Core service PCEHRService.GainAccessWithoutCode
Success	For gain access (without code). In the case of success, proceed to the originally selected patient-centric function. In the case of failure, redirect to the "Gain Access" container to attempt to explicitly gain access through another access mechanism.	
Access Status = "With Code"	The HPI-O does not already have access to the patient's My Health Record, and the My Health Record system has indicated that access can be gained with a code if required.	
"Gain Access"	Logical container that is executed as part of the overall "My Health Record Access Check" when the patient's access status is "With Code", when access cannot be obtained automatically, or when a user explicitly navigates to the "Gain Access" screen.	
Select Access Type	Provides options for gaining access to the patient's My Health Record using "with code" or "emergency".	
Access Type = "With Code"	The user chooses to enter an access code provided by the patient to gain access to their My Health Record.	Must conform to "CIS Connecting to the PCEHR System" conformance requirement 019048 "Ability to submit provider access consent codes (PACC or PACCX)".

Specify Access Code	The user enters the access code provided by the patient.	
Gain access (with code)	Gain access to the patient’s My Health Record using the access code provided by the patient.	Via the HIPS-Core service PCEHRService.GainAccessWithCode
Access Type = “Emergency”	The user chooses to request emergency access to the patient’s My Health Record.	Must conform to “CIS Connecting to the PCEHR System” conformance requirement 019116 “Conditions of emergency access”.
Display & acknowledge conditions	Display the conditions specified as part of conformance requirement 019116 and ensure they are acknowledged by the user.	
Gain access (emergency)	Gain emergency access to the patient’s My Health Record.	Via the HIPS-Core service PCEHRService.GainAccessEmergency
Success	<p>For gain access (with code) or gain access (emergency).</p> <p>In the case of success, proceed to the originally selected patient-centric function.</p> <p>In the case of failure, notify the user of the failure condition then redirect to the start of the “Gain Access” container to allow retry.</p>	

The annotated image below illustrates the functional design for the “Gain Access” screen accessed via the “Gain Access” button on the “Patient Summary” screen for a selected patient.

Ability to navigate back to "Patient List" or "Patient Summary" screens

Title to be "Gain Access for <Patient Name>".

Section for gaining access "with code". Supports "CIS Connecting to the PCEHR System" conformance requirement 019048.

Explanatory text.

Field for entering access code.

Required conditions. Supports "CIS Connecting to the PCEHR System" conformance requirement 019116.

"I understand..." button acknowledges conditions and attempts to gain "emergency" access. A confirmation dialog will be prompt.

Display reason for being redirected (if relevant). Display error information (not shown).

"Submit Code" button attempts to gain access "with code" using the access code specified.

Section for gaining "emergency" access.

Upon successfully gaining access, automatically redirect to originally selected function or screen. Upon failure, redisplay screen including error information.

1. In standalone view if access is granted, it goes back to the standalone patient summary, viewing the My Health Record of the selected patient.
2. In standalone view if you don't have access to the record, it goes back to the patient list.
3. In embedded view if access is granted, it goes back to the embedded patient summary, viewing the My Health Record of the selected patient.
4. In embedded view if you don't have access to the record, there is no screen to go back to, so the button is hidden.

A popup to confirm emergency access.

Gain Emergency Access to patient's My Health Record

You are attempting to gain emergency access to a patient's My Health Record.

Organisational Policy
This is a policy to gain emergency access.

Organisation is able configure the text to display their relevant My Health Record policy relating to emergency access.
Note: Organisational Policy section will be hidden when no policy is configured.

Select "Proceed with Emergency Access" button to confirm gain

Proceed with Emergency Access

Cancel

Select "Cancel" button to close the popup.

3.2.3 Health Record Overview

The annotated image below illustrates the “Health Record Overview” tab which is served as the home screen of the patient summary of the selected patient.

Back button returns to the patient list. Hidden in embedded mode.

Displays the current patient's name, DOB, MRN and facility. If the MRN format matches a UUID or partial UUID format, the IHI is displayed in its place.

“Update Registration” button is displayed in standalone mode for facilities whose PAS is not integrated with HIPS. It opens a modal popup to update patient details.

“Change Access” button opens the “Change Access” screen to enter an access code or assert emergency access.

Select ☆ to pin a patient and ★ to unpin a patient.

Health Record Overview Medicare Pathology Imaging Prescription & Dispense Medicines Others Advance Care

Health Record Overview **Advance Care Information is available**

My Health Record incompleteness statement

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

Expandable section that shows available documents since the most recent Shared Health Summary.

Expandable section that shows information from the latest Shared Health Summary

“Advance Care Information is available” button displays if the patient has an Advance Care Directive Custodian, Advance Care Planning Document or Goals of Care Document, and switches to the Advance Care tab. The colours and font weight of this button are configurable.

Expandable section that shows all Shared Health Summary documents.

Expandable section that shows available documents from the last 12 months.

Documents available on the My Health Record since the last Shared Health Summary	4 Items
Shared Health Summary 03-Dec-2019 11:28	
All Shared Health Summary documents	53 Items
Documents available on the My Health Record in the last 12 months	135 Items

The styles for the button "Advance Care Information is available" may be customised to match the Advance Care Planning Australia website by configuring the background and border colour to '#68b4b3' and font weight to 'bold' in the hipsui.Setting table:

←
Banks, Kent 27-Mar-1969 MRN: 00000841 (RCH)

☰ Update Registration

🔒 Change Access

★

Health Record Overview

Medicare

Pathology

Imaging

Prescription & Dispense

Medicines

Others

Advance Care

Advance Care Information is available

Health Record Overview

i This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

➔ Documents available on the My Health Record since the last Shared Health Summary	1 Item
➔ Shared Health Summary 05-Feb-2020 16:12	
➔ All Shared Health Summary documents	70 Items
➔ Documents available on the My Health Record in the last 12 months	138 Items

24 of 153

for external use

17 April 2020

The annotated images below show the details of expanded sections for Health Record Overview.

Health Record Overview

Advance Care Information is available

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

- Documents available on the My Health Record since the last Shared Health Summary **5 Items**
- Shared Health Summary 13-Oct-2019 13:13
- All Shared Health Summary documents **91 Items**
- Documents available on the My Health Record in the last 12 months **266 Items**

No filters have been applied.



Show Event Summaries Only (with Clinical Synopsis if available)

Search: D46

First Previous 1 Next Last

Showing 1 to 2 of 2 entries (filtered from 17 total entries)

Document Date	Document Type	Author Name	Author Role	Organisation Name	
30-Apr-2019	Event Summary	Dr. Good Environment	Intensive Care Specialist	DHSITESTORGD46	 
20-Mar-2019	Event Summary	Dr. Good Environment	Intensive Care Specialist	DHSITESTORGD46	 
Document Date	Document Type	Author Name	Author Role	Organisation Name	

Showing 1 to 2 of 2 entries (filtered from 17 total entries)

First Previous 1 Next Last

Details about applied filters such as excluded document types or user time preferences

User can search through the tables for any keyword within the columns

Expand button: only displayed for Event Summary document types, when clicked will expand the row below to display the Clinical Synopsis.

Filter icon and button shows a filter has been applied and text to explain what the filter is. The filter is based on the user preferences.

Selecting this checkbox makes the table show only event summaries.

View documents button is displayed for all documents, when clicked will open the CDA source document rendered using the Agency generic style sheet.

New document icon shows the document is new based on user preferences settings.

Health Record Overview

Documents available on the My Health Record since the last Shared Health Summary 1 Item

Shared Health Summary 08-Nov-2018 12:23

Author Name	Organisation Name	Address	Phone	Email
Kylie Hudson	DHSITESTORGD49	105 Rocklands Drive, TIWI NT 0810	(08) 8922 8888	Not provided

Allergies and Adverse Reactions No Items

No supplied allergies or adverse reaction information available

Medicines 1 Item

Medication	Directions	Clinical Indication	Comment
Ethinylestradiol 30mcg + Levonorgestrel 150mcg	1 Tablet In The Morning Qualifier: Start: 2015-09-09 End: Ceased:		

Current and Past Medical History No Items

Description	Onset	Resolved	Comment
Problem Diagnosis No Items			
No supplied problem diagnoses available			
Procedure No Items			
No supplied procedure information available			
Other No Items			
No other Clinical History information available			

Immunisations 3 Items

Administered	Vaccine name	Sequence
2015-10-05	ADT	1
2004-07-29	Cholera	2
2015-09-09	Cholera	1

All Shared Health Summary documents 7 Items

Documents available on the My Health Record in the last 12 months 7 Items

Shared Health Summary section shows the date and time of the latest version.

Expandable details about Allergies and Adverse Reactions, Medicines, Current and Past Medical History and Immunisations

Sorting icon that can sort the table based on the selected column header

Number of items included in each section.

3.2.4 Medicare Overview

The annotated image below illustrates the functional design for the “Medicare Overview” tab on the “Patient Summary” page.

The screenshot shows the Medicare Overview page for Kent Banks. The page includes a navigation bar with tabs for Health Record Overview, Medicare, Pathology, Imaging, Prescription & Dispense, Medicines, Others, and Advance Care. The Medicare tab is selected. The page displays a date range filter (From: 10/12/2017, To: 10/12/2019) and a View button. A notification indicates the view was downloaded from the My Health Record system on 10-Dec-2019. The main content area is titled "Medicare Overview - From: 10-Dec-2017 to 10-Dec-2019" and includes patient information (KENT BANKS, DoB 27 Mar 1969, SEX Male, IHI 8003 6088 3339 5361). The page is divided into several sections: Prescription Information - PBS and RPBS, Australian Immunisation Register - AIR, Australian Organ Donor Register Decision Information, Medicare Services - MBS and DVA Items, and Administrative Details. The Administrative Details section includes Patient and Author information, Clinical Document Details, and Completion Code.

Annotations:

- Tab button is “Medicare”. Title is “Medicare Overview”.
- Date and time when the view was downloaded from the My Health Record system.
- The “Medicare Overview” view is a CDA document, rendered within the tab using the Agency’s generic CDA style sheet.
- Links to documents open a modal popup that retrieves the target document from the My Health Record system and renders the document using the Agency’s generic CDA style sheet.
- The Print button prints the current view page.
- Date Range: The PBS and MBS items in the Medicare Overview are between the selected “From” and “To” dates. The user can modify the date range and select the View button to load the view with a new date range.
- Information about Pharmaceutical Benefits Scheme (PBS) claims, with a link to the source document for each claim.
- Information from the Australian Immunisation Register (AIR), with a link to the source document for each immunisation.
- Information from the Australian Organ Donor Register (AODR), with a link to the AODR source document.
- Information about Medicare (MBS) and Department of Veterans’ Affairs (DVA) benefits claims, with a link to the source document for each claim.
- Administrative Details section shows the details related to the patient, author and clinical document.

3.2.5 Pathology Report View

The annotated image below illustrates the functional design for the “Pathology Report View” tab on the “Patient Summary” page.

The screenshot shows the 'Pathology Report View' interface for a patient named Banks, Kent (MRN: 000000841). The interface includes a navigation bar with tabs for Health Record Overview, Medicare, Pathology, Imaging, Prescription & Dispense, Medicines, Others, and Advance Care. The 'Pathology' tab is selected. At the top right, there are buttons for 'Update Registration', 'Print', and 'Change Access', along with a star icon. A yellow callout points to the 'Print' button, stating: 'Print button prints the pathology report view.'

Below the navigation bar, there is a section titled 'Pathology Report View' with a warning message: 'This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.' Below this, there are filters for 'From' (10/12/2017) and 'To' (10/12/2019) dates, a 'View' button, and a 'Group results by Organisation' checkbox. A yellow callout points to this checkbox, stating: 'When the “Group results by Organisation” checkbox is not selected, the pathology results are ordered by Specimen Collection Date with the most recent at the top.'

A search bar is located below the filters, with a 'Search' button and a 'Type to search...' placeholder. A yellow callout points to it, stating: 'Search box searches the table and shows the matching rows.' Below the search bar, there are pagination controls: 'Showing 1 to 10 of 110 entries', 'First', 'Previous', '1', '2', '3', '4', '5', '...', '11', 'Next', 'Last'.

The main content is a table with the following columns: Specimen Collection, Report Date, Pathology Organisation, Requesting Organisation, Pathology Discipline, and Test Result Name. The table contains 11 rows of data. A yellow callout points to the table, stating: 'Selecting a column header sorts the results by the selected column. Selecting again switches between ascending and descending order.'

Each row in the table has a blue document icon button in the rightmost column. A yellow callout points to these buttons, stating: 'Each row of the table has a button to open the pathology report containing the test result displayed on that row. If a document contains multiple test results, multiple rows will open the same document. When clicked it will open the source document in a modal popup, and render it using the Agency's generic CDA stylesheet.'

The annotated image below illustrates the “Pathology Report View” tab on the “Patient Summary” page grouped by pathology organisation.

← Banks, Kent 27-Mar-1969 MRN: 000000841 (REH) Update Registration Print Change Access ★

Health Record Overview Medicare **Pathology** Imaging Prescription & Dispense Medicines Others Advance Care

Pathology Report View

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

From * 10/12/2017 To 10/12/2019 View Group results by Organisation

Search:

Showing 1 to 110 of 110 entries

Specimen Collection	Report Date	Requesting Organisation	Pathology Discipline	Test Result Name	
ABC Pathology					69 items
ORU Pathology					41 items
Specimen Collection	Report Date	Requesting Organisation	Pathology Discipline	Test Result Name	

Showing 1 to 110 of 110 entries

The “Group results by Organisation” checkbox groups the pathology results by the organisation that performed each pathology test.

Expandable sections for each pathology organisation show the number of items included in each section.

When grouped by organisation, all entries are shown, without paging.

3.2.6 Diagnostic Imaging Report View

The annotated image bellow illustrates the functional design for the “Diagnostic Imaging Report View” tab on the “Patient Summary” page.

Annotations:

- Tab button is “Imaging”. Title is “Diagnostic Imaging Report View”.
- The user can modify the “From” Date and select View to include results from reports with older Report Dates.
- The Search box searches the table and shows the corresponding rows.
- The user can select column headers to sort the results.
- The Print button prints the table of diagnostic imaging examination results.
- When the “Group results by Organisation” checkbox is not ticked, the results are listed in order of Imaging Date, with the most recent at the top.
- Each row of the table has a button to open the diagnostic imaging report containing the test result displayed on that row. If a document contains multiple test results, multiple rows will open the same document. When clicked it will open the source document in a modal popup, and render it using the Agency’s generic CDA stylesheet.

Imaging Date	Organisation	Examination	Modality	Anatomical Region	Anatomical Location	Laterality
27-Mar-2019	ADT Hospital	X-ray of right ankle	CR		NoInformation	
27-Mar-2019	ADT Hospital	Joint Ultrasound	US		NoInformation	
27-Mar-2019	ADT Hospital	CT Scan of Right Foot	CT Scan		NoInformation	
27-Mar-2019	ADT Hospital	Joint Ultrasound	US		NoInformation	
27-Mar-2019	ADT Hospital	X-ray of right ankle	CR		NoInformation	
27-Mar-2019	ADT Hospital	CT Scan of Right Foot	CT Scan		NoInformation	
27-Mar-2019	ADT Hospital	X-ray of right ankle	CR		NoInformation	
27-Mar-2019	ADT Hospital	CT Scan of Right Foot	CT Scan		NoInformation	
27-Mar-2019	ADT Hospital	Joint Ultrasound	US		NoInformation	
27-Mar-2019	ADT Hospital	CT Scan of Right Foot	CT Scan		NoInformation	

The annotated image below illustrates the functional design for the “Diagnostic Imaging Report View” tab grouped by Imaging Organisation.

Diagnostic Imaging Report View

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

From * 10/12/2017 To 10/12/2019 View Group results by Organisation

Search: Type to search...

Showing 1 to 311 of 311 entries

Imaging Date	Examination	Modality	Anatomical Region	Anatomical Location	Laterality	
ADT Hospital						75 items
DHSITESTORGD46						38 items
DHSITESTORGD47						198 items
Imaging Date	Examination	Modality	Anatomical Region	Anatomical Location	Laterality	

Showing 1 to 311 of 311 entries

Annotations:

- Expandable section for each diagnostic imaging organisation which expands to show the imaging examination results from that organisation.
- When grouped by organisation, all entries are shown, without paging.
- The “Group results by Organisation” checkbox groups the imaging examination results by the imaging organisations.
- Each section shows the number of items included in that section.

3.2.7 Prescription Dispense View

The annotated image below illustrates the functional design for the “Prescription Dispense View” component of the “Patient Summary” screen for a specific patient.

Annotations:

- “Prescription & Dispense View”**: Points to the active tab in the navigation menu.
- Result view can be updated by selected dates.**: Points to the date range selector (From: 20/06/2017 To: 20/06/2019).
- Display date & time document was downloaded from My Health Record System.**: Points to the notification: “Downloaded from the My Health Record system on 20-Jun-2019 13:14+09:30.”
- Clicking header rows expands and contract nested detail rows.**: Points to the expandable rows in the prescription table.
- Administrative Details section which shows the details related to patient, author and clinical document details.**: Points to the administrative and clinical details sections.
- Drop-down selector refreshes the document to group by different field properties supported by Agency XSLT. These fields are “Prescription” (Default), “Generic Name”, “PBS Item Code”, and “Brand Name”**: Points to the “Group By” dropdown menu.
- Display warnings (if any) returned from My Health Record System (not shown).**: Points to the “START” warning: “This view is not a complete record of the individual’s medicines information.”
- Document links redirect the browser to view the requested document.**: Points to the document ID in the clinical details section.

3.2.8 Medicines View

The annotated image below illustrates the functional design for the “Medicines View” component of the “Patient Summary” screen for a specific patient.

The following are known issues of the Medicines View:

- The links for sorting the medicines open an HTML attachment, containing a pre-rendered Medicines View using a different stylesheet to that which HIPS UI uses for rendering clinical documents.
- The links for opening included documents open an HTML attachment in modal window, containing a pre-rendered clinical document using a different stylesheet to that which HIPS UI uses for rendering clinical documents.
- The logo image for included documents is not included in the Medicines View, which results in broken logo images in documents.

Faust, Jeff 20-Dec-1975 MRN: 000000019 (RCH)

User Preference Log Out

Print Change Access

Health Record Overview Medicare Overview Pathology Diagnostic Imaging Prescription & Dispense **Medicines** Other

Medicines View

Downloaded from the My Health Record system on 1-Aug-2019 16:50+09:30.

Available medicines in this My Health Record - sorted by Date
 1 Aug 2019
 JANINE FROST DoB 20 Dec 1975 (43y) SEX Female IHI 8003 6086 6670 8904
 START OF DOCUMENT

My Health Record

No medicines are available in this My Health Record

To assist you to find medicines related information in this patient's My Health Record, previews are provided of medicines related information in documents (where available) with links to the source documents where more detailed information can be obtained.
Important: Some documents do not allow for a preview of medicines or allergies and adverse reactions information, and should be opened by the links provided. This view should not be wholly relied upon as a complete record of medicines or allergies and adverse reactions information.

View generated on 01-Aug-2019 17:20

ADMINISTRATIVE DETAILS			
Patient		Author	
Name	JANINE FROST	Device Name	My Health Record
Sex	Female	Clinical Document Details	
Indigenous Status	Neither Aboriginal nor Torres Strait Islander origin	Document Type	Medicines View
Date of Birth	20 Dec 1975 (43y)	Creation Date/Time	1 Aug 2019 17:20+1000
IHI	8003 6086 6670 8904	Date/Time Attested	Not Provided
Address	14 KAMAHL CCT, BLENHEIM ROAD, NSW, 2113	Document ID	2.25.11225241337980665603974
		Document Version	1
		Completion Code	Final

END OF DOCUMENT

The "Medicines" tab has a heading of "Medicines View"

An informational message displays the date & time the view document was downloaded from the My Health Record system.

The tab initially loads the Medicines View document rendered using the Agency generic CDA stylesheet.

When no medicines are available, there are no links that can be clicked inside the view.

Print button appears when user selects the Medicines tab. This button opens the browser print controls to print the contents of the currently displayed view.

When medicines are available, the view is initially sorted by Date and contains the following sections:

- Allergies and Adverse Reactions
- Medicines Preview
- Providers referenced by documents in this view
- Click for Help and Keyboard Shortcuts
- Administrative Observations

Available medicines in this My Health Record - sorted by Date
30 Jun 2019

KENI BANKS DOB 27 Mar 1969 (50y) SEX Male IHL 8003 6088 3339 5361

START OF DOCUMENT

My Health Record

Available medicines in this My Health Record - sorted by Date

To assist you to find medicines related information in this patient's My Health Record, providers are provided of medicines related information in documents (where available) with links to the source documents where more detailed information can be obtained. Important: Some documents do not allow for a preview of medicines or allergies and adverse reactions information, and should be opened by the links provided. This view should not be relied upon as a complete record of medicines or allergies and adverse reactions information.

View generated on 20-Jun-2019 13:29 for medicines, allergy and adverse reactions found in this record.

Allergies and Adverse Reactions

Reactions
Penicillin allergy, Prozac allergy, Contrast media, Morphine, Tramadol, Alcolac, Milk, Oxazepam, Panadol, Penicillin, Prozac, Allergy to peanuts, Alcolac - (chemical substance), Contact dermatitis due to nickel, Dystonic tremor from Oxazepam, Milk intolerance food (products)

Medicines Preview

20-Apr-2019 to 01-May-2019 (7 weeks ago)

Shared Health Summary

01-May-2019 (7 weeks ago)

Author: Own
Own organisation
tel: 0499999999

Discharge Summary

01-May-2019 (7 weeks ago)

Author: Own
Own organisation

More recent than the Shared Health Summary

[<] Back to top [>] Next [>] Last [Help]

Source/Author	Date	Substance/Agent	Manufacture(s)
Shared Health Summary by Own Organisation	01-May-2019 (7 weeks ago)	Prozac allergy	Amygdala, Urethra, Bath (products)
Shared Health Summary by Own Org	02-Feb-2016 (3 years ago)	Oxazepam	Dystonic tremor
Shared Health Summary by SVT Test	06-May-2018 (4 years ago)	Dystonic tremor from Oxazepam	Dystonic tremor

End of list view - All available Allergies and Adverse Reactions

Back to top - Ctrl + Home

Allergies and Adverse Reactions

Reactions
Penicillin allergy, Prozac allergy, Contrast media, Morphine, Tramadol, Alcolac, Milk, Oxazepam, Panadol, Penicillin, Prozac, Allergy to peanuts, Alcolac - (chemical substance), Contact dermatitis due to nickel, Dystonic tremor from Oxazepam, Milk intolerance food (products)

Medicines Preview

20-Apr-2019 to 01-May-2019 (7 weeks ago)

Shared Health Summary

01-May-2019 (7 weeks ago)

Author: Own
Own organisation
tel: 0499999999

Discharge Summary

01-May-2019 (7 weeks ago)

Author: Own
Own organisation

More recent than the Shared Health Summary

[<] Back to top [Ctrl] Home [Ctrl] Preview [Home]

Medicines Preview - Latest documents, prescriptions with no later dispense - 30 Apr 2019 to 01 May 2019 (7 weeks ago)

Source/Author	Date	Medicine - Active Ingredient(s)	Medicine - Brand	Dose/Directions
Shared Health Summary by Own Organisation	01-May-2019 (7 weeks ago)	Shared Health Summary	The document does not allow for a preview of medicines information. Click here to view the source document.	
Event Summary by Own Organisation	01-May-2019 (7 weeks ago)	Event Summary	The document does not allow for a preview of medicines information. Click here to view the source document.	
Diagnosis Summary by Own Organisation	01-May-2019 (7 weeks ago)	Diagnosis Summary	Calcitriol 100 mg capsule; hard, 60 capsules	Take one capsule, Oral, twice daily
			LEARNIT Lactinon 120 mg capsule; hard, 30 capsules (Fluorim Optimal End Therapy)	Take one capsule, Oral, twice daily
Shared Health Summary by Own Organisation	01-May-2019 (7 weeks ago)	Shared Health Summary	Citalopram (Celexa) 10mg tablet	One tablet daily for Depressive disorder
			Metformin hydrochloride 500mg tablet	One tablet twice daily for NIDDM - Non-insulin dependent diabetes mellitus
Prescription Record by Own Organisation	20-Apr-2019 (7 weeks ago)	Prescription Record	Amoxicillin 50 mg tablets, 30 tablets 50 mg	One tablet daily for Hypertension

There may be some medicines older than the Shared Health Summary. These medicines do NOT appear in the Ingredient sorted Medicines Preview.

End of list view - Medicines Preview - Latest documents, prescriptions with no later dispense.

Back to top - Ctrl + Home

Administrative Observations

Providers referenced by documents in this view

Name	Details	Contact Details
Dr. Susan Brown	DHSITESTOR0047	tel: 0499999999
Latest reference in Shared Health Summary on 01-May-2019 (7 weeks ago)		
Dr. Susan Brown	SVT Test	tel: 0499999999
Latest reference in Shared Health Summary on 06-Mar-2016 (3 years ago)		
Dr. David Linnemann	DHSITESTOR0047	tel: 0499999999
Latest reference in Event Summary on 01-May-2019 (7 weeks ago)		
Dr Max Lake	DHSITESTOR0047	
Latest reference in Prescription Record on 20-Apr-2019 (7 weeks ago)		

[Click for Help](#)

Keyboard shortcuts:
Backspace or Alt left arrow to go back to the last link.
Ctrl + Home go to top of document.
Back to top

The 'Specialist Letter', 'Event Summary', 'Discharge Summary' and 'Shared Health Summary' links load pre-rendered documents from HTML attachments in a modal popup.

The 'Medicine - Active Ingredient(s)' link loads a sorted view from the 'MedicinesSorted.html' HTML attachment, replacing the rendered CDA document inside the current tab.

The 'Click for Help' link loads the 'MedsViewHelp.pdf' PDF attachment in a modal popup.

Available medicines in this My Health Record - sorted by Medicines

1 Aug 2019

ALEXANDER DUNCAN DoB 5 May 2009 (10y) SEX Male IHI 8003 6034 5679 9528

START OF DOCUMENT

After clicking on the 'Medicine - Active Ingredients' link, the 'MedicinesSorted.html' attachment appears as shown here.

My Health Record

Available medicines in this My Health Record - sorted by Medicines

To assist you to find medicines related information in this patient's My Health Record, previews are provided of medicines related information in documents (where available) with links to the source documents where more detailed information can be obtained.

Important: Some documents do not allow for a preview of medicines or allergies and adverse reactions information, and should be opened by the links provided. This view should not be wholly relied upon as a complete record of medicines or allergies and adverse reactions information.

View generated on 01-Aug-2019 17:32 for medicines, allergy and adverse reactions found in this record.

Allergies and Adverse Reactions
No information found

[Medicines Preview](#)
30-May-2017 to 13-Dec-2018
(8 months ago)

No Shared Health Summary found

Click here for [Discharge Summary](#)
30-May-2017 (2 years ago)
Author: UNK IAN IAN
[Tes Health Service291](#)

The 'Discharge Summary' link loads a pre-rendered document from an HTML attachment in a modal popup.

[\[Back to top\]](#)

[\[Help\]](#)

Medicines Preview - sorted alphabetically by active ingredient.
30-May-2017 to 13-Dec-2018 (8 months ago)

There may be some medicines older than the Discharge Summary. These medicines do NOT appear in the ingredient sorted Medicines Preview.

Source/Author	Medicine - Active Ingredient(s)	Medicine - Brand	Dose/Directions	Date
Dispense Record by MEDTESTORGSB31	FENTANYL	FENTORA OR-DISTABS 100mcg(as citrate)	Place	13-Dec-2018 (8 months ago) (1 dispense)
Dispense Record by MEDTESTORGSB31	MORPHINE HCL TRIHYDRATE	MORPHINE (JUNO) AMP 50mg/5mL	Dose is unavailable	13-Dec-2018 (8 months ago) (1 dispense)
Dispense Record by MEDTESTORGSB31	OXYCODONE	OXYCONTIN NEW-FORM CR-TAB 10mg	Swallow whole	13-Dec-2018 (8 months ago) (1 dispense)
Discharge Summary by Tes Health Service291	This document does not allow for a preview of medicines information. Click here to view the source document.			30-May-2017 (2 years ago)

The 'Date' link loads a sorted view from the 'DateSorted.html' HTML attachment, replacing the 'MedicinesSorted.html' HTML attachment inside the current tab.

The 'Discharge Summary' link loads a pre-rendered document from an HTML attachment in a modal popup.

Discharge Summary medicines match this colour

There may be some medicines older than the Discharge Summary. These medicines do NOT appear in the ingredient sorted Medicines Preview.

The 'here' link loads a pre-rendered document from an HTML attachment in a modal popup.

End of Section - Medicines Preview

Screenshot of a Discharge Summary document displayed in a modal window from an HTML attachment of a Medicines View document.

The date and time downloaded will be the same as the Medicines View as it was downloaded within that same CDA package.

Links to PDF and TIFF attachments display the linked file within the modal window.

Downloading document for Ballard, Rodney 18-May-1993 MRN: 000000111 (RCH) [Share] [Print] [Close]

Downloaded from the My Health Record system on 1-Aug-2019 17:45+09:30.

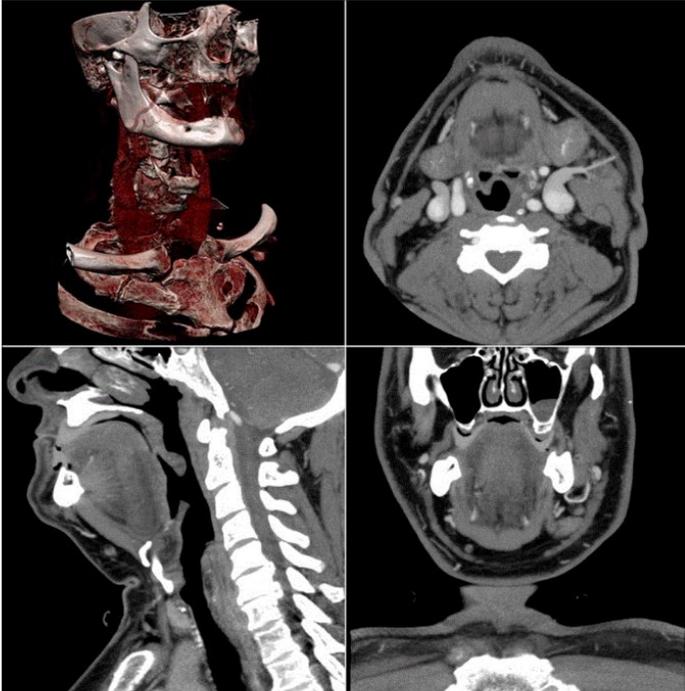
Discharge Summary
1 Aug 2019
RODNEY BALLARD DoB 18 May 1993 (26y*) SEX Male IHI 8003 6081 6672 7826 MRN 000000001

START OF DOCUMENT

DHSITESTORGD47
Author Ms Parala Ciboti (General Medical Practitioner)
Discharge To Other Hospital

Attached Content

[Discharge Summary](#)
[Asthma Fact Sheet PDF](#)
[Neck CT Scan TIFF](#)



Neck CT Scan GIF

logo

The logo image is broken due to a known issue with the My Health Record system not including the logo images from embedded clinical documents.

3.2.9 Other Documents

The annotated image below illustrates the functional design for the “Other Documents” tab of the “Patient Summary” page.

Banks, Kent 27-Mar-1969 MRN: 000000841 (REH) Update Registration Change Access ★

Health Record Overview | Medicare | Pathology | Imaging | Prescription & Dispense | Medicines | **Others** | Advance Care

Other Documents

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

From * 10/12/2017 To * 10/12/2019 View

Search: Type to search...

Showing 1 to 126 of 126 entries

Creation Date	Organisation	Author	Service Start	Service End	
Diagnostic Imaging Overview					
Discharge Summary					
10-Oct-2019	Tes Health Service314	Penington, Beth	10-Oct-2019	10-Oct-2019	
04-Oct-2019	Tes Health Service314	Penington, Beth	04-Oct-2019	04-Oct-2019	
24-Sep-2019	DHSITESTORGD47	Test, Test	23-Sep-2019	24-Sep-2019	
13-Sep-2019	Tes Health Service314	KORZEP, Homer	13-Sep-2019	13-Sep-2019	
04-Jun-2018	DHSITESTORGD46	GRIGNON, ADRIAN	31-May-2018	07-Jun-2018	
Event Summary					
Pathology Overview					
Creation Date	Organisation	Author	Service Start	Service End	

Showing 1 to 126 of 126 entries

Title is “Other Documents”

Tab button is “Others”.

Entering a search term in the Search box filters the table below and shows the corresponding rows.

The date range can be adjusted by selecting a different “From” and “To” date and selecting the View button.

The documents are grouped by document type, using document type code description, not document class code description.

Selecting a column sorts the documents within each group by the selected column.

Each row has a button to open the document. When clicked it will open a modal popup, retrieve the document from the My Health Record and render the document using the Agency generic stylesheet.

3.2.10 Advance Care Information

The annotated image below illustrates the functional design for the “Advance Care Information” tab on the “Patient Summary” page.

The screenshot shows the 'Advance Care Information' tab selected in a patient summary interface for 'BALLARD, RODNEY 18-May-1993 MRN: 000544679 (RCH)'. The interface includes a navigation bar with tabs for 'Health Record Overview', 'Medicare', 'Pathology', 'Imaging', 'Prescription & Dispense', 'Medicines', 'Others', and 'Advance Care'. A search bar and a 'Group documents by type' toggle are also visible. A table lists document types such as 'Advance Care Directive Custodian Record', 'Advance Care Planning Document', and 'Goals of Care Document'. Annotations explain the tab label, search results, document grouping, and modal links.

Annotations:

- Tab button is “Advance Care”.
- Title is “Advance Care Information”
- Group documents by type is enabled by default. Sites can configure the default to be enabled or disabled.
- Documents are listed in reverse chronological order within alphabetical groups.
- Document Type groups uses document type code description, not document class code description. This allows the user to differentiate Goals of Care Documents from Advance Care Planning Documents.
- Document links open a modal popup to view the requested document.

The annotated image below shows the “Advance Care Information” tab when the “Group documents by type” checkbox is unticked.

Ballard, Rodney 18-May-1993 MRN: 000000525 (REH) Change Access ☆

Health Record Overview Medicare Pathology Imaging Prescription & Dispense Medicines Others **Advance Care**

Advance Care Information Group documents by type

This is not a complete view of the individual's health information. For more information about the individual's health record or data, please consult the individual or other healthcare professional as needed.

Q Search: Type to search...

Showing 1 to 10 of 10 entries

Document Type	Creation Date	Organisation	Author	
Goals of Care Document	10-Feb-2020	DHSITESTORGD47	Doctor, HPI-I Enforced	
Advance Care Planning Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Enforced	
Advance Care Planning Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Relaxed	
Goals of Care Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Enforced	
Goals of Care Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Relaxed	
Goals of Care Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Enforced	
Advance Care Planning Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Relaxed	
Goals of Care Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Relaxed	
Advance Care Planning Document	07-Jan-2020	DHSITESTORGD47	Doctor, HPI-I Enforced	
Advance Care Directive Custodian Record	01-Nov-2019	National Consumer Portal	BALLARD, RODNEY	
Document Type	Creation Date	Organisation	Author	

Showing 1 to 10 of 10 entries

Title is “Advance Care Information”

Tab button is “Advance Care”.

Group documents by type is enabled by default. Sites can configure the default to be enabled or disabled.

Document Type column uses document type code description, not document class code description. This allows the user to differentiate Goals of Care Documents from Advance Care Planning Documents.

Documents are listed in reverse chronological order.

Document links open a modal popup to view the requested document.

3.2.11 Document View

The annotated image below illustrates the functional design for the “Document View” screen accessed via a “View Document” button in the Health Record Overview, Pathology, Imaging and Others tabs, or from a document link in the Medicare Overview or Prescription & Dispense tabs.

The screenshot shows a web interface for a 'Discharge Summary for LEE, Shaun 15-Mar-1979 Male 000MOV001'. The document content includes patient details, hospital information (Royal Darwin Hospital), author information (Dr Adrian Grignon), and a list of recipients. The interface features a top navigation bar with 'Share', 'Print', and 'Close' buttons, and a light blue header indicating the document was downloaded from the My Health Record system on 8-Jul-2016 at 16:10:09:30. A large yellow callout points to a warning area below the document content.

Annotations:

- Display as modal “pop-up” when a document is selected.
- Title to be “<Document Type> for <Patient Name> <DOB> <Sex> <MRN>”.
- Display date & time document was downloaded from the My Health Record system.
- Display document contents as HTML generated from the XML source using the Generic Clinical Document Style Sheet.
- “Close” button closes modal pop-up.
- “Print” button displays separate window containing a printable view of the document (standalone) or print dialog (embedded).
- “Share” button provides URL for other users to view this document (standalone only)
- If document includes an embedded organisation logo image it will display here.
- Document may include inline PNG or JPG images and links to PDF or TIFF attachments. Links will open in the frame, replacing the displayed document.
- Display warnings associated with document (not shown here). For demographic mismatch warnings, format as (example): “This document and the local patient record have a Different Sex and Different DOB and Different Family Name”.

3.2.12 User Preferences

The annotated image below illustrates the functional design for the “User Preferences” screen accessed via the “User Logo” item on the “Home” screen.

Title to be “User Preferences”.

⚙️ User Preferences

Users can select which Episode Types they prefer to initially display on the Patient List for the View My Health Record function.

Patient List Episode Types Display

You can set your Episode Types filter on the Patient Lists for View My Health Record:

- Inpatient
- Emergency
- Outpatient
- Pre-admit

Health Record Overview

You can set your User Preferences to customise how the Health Record Overview is displayed:

New Documents

The ⓘ icon will appear next to New Documents, which are:

- Since patient's last visit
- Since last SHS uploaded by your organisation
- In the past months.

The “In the past N months” option requires a valid number of months as input.

Document Filter

When the Document Filter ▼ is applied to the Health Record Overview, only ⓘ New Documents will be displayed, and only for the following selected document types:

- Advance Care Planning Document
- Discharge Summary
- eReferral
- Event Summary
- Personal Health Summary
- Specialist Letter

Users can select which document types are shown in the Health Record Overview when the document filter is applied.

Reset to Default Save Cancel

The “Reset to Default” button resets the user preferences to default values.

The “Save” button saves the user preferences.

The “Cancel” button cancels the current unsaved modifications.

3.2.13 Register Current Patients

The annotated image below illustrates the functional design for the “Register Current Patients” screen accessed via the “Register Current Patients” menu item. This screen is for selecting a patient to create an IHI for newborn babies less than 14 days old, and do not have an IHI or to perform Assisted Registration to create a My Health Record for patients over 14 days old.

Title to be “Register Current Patients”.

Search: Type to search...

Sorting of results (ascending and descending). Default sort: Name

Results to display: Name, Date of Birth, Location (Ward : Room : Bed), IHI (groups of 4 digits)

Results contain current patients who:
 a) have a valid IHI but do not have a My Health Record, or
 b) are newborn babies less than 14 days old, and do not have an IHI.

Filtering based on partial match of contents of any text-based column in results.

“Register” button appears for patients over 14 years old who have a valid IHI. This button displays the “Patient Registration” screen for the selected patient.

“Register as Dependant” button appears for patients under 18 years old who have a valid IHI. This button displays the “Dependant Patient Registration” screen for the selected patient.

“Create IHI” button appears for patients under 14 days old who have no IHI. This button displays the “Create Newborn IHI” screen for the selected patient.

Paging of results. Page size: 10.

Name	Date of Birth	Episode Type	Location	IHI	Actions
BRAY, MARCIE	19-Nov-1975	Inpatient	MED:R34:B34	8003 6083 3339 5176	
FOSTER, ARAM	22-Jul-1997	Inpatient	MED:R18:B18	8003 6080 0006 2802	
Foster, Baby of Helen	03-Jun-2019	Inpatient	J11:B:1	8003 6080 0022 5839	
FRAZIER, BRIGID	24-Jul-1966	Inpatient	MED:R26:B26	8003 6080 0006 2810	
FREEMAN, DIMITY	18-Sep-1972	Inpatient	MED:R8:B8	8003 6081 6672 7875	
HARPER, JAMES	15-Apr-1975	Inpatient	MED:R44:B44	8003 6081 6672 7834	
Popi, Baby of Adele	03-Jun-2019	Inpatient	M18:B:1		
Wanda, Baby of Jean	03-Jun-2019	Inpatient	G06:C:5		
Yui, Baby of Popo	03-Jun-2019	Inpatient	M18:B:1		

3.2.14 Adult Patient Registration

The annotated image below illustrates the functional design for the “Register Patient” screen accessed via the “Register” button on the “Register Current Patients” screen for a selected patient who is at least 14 years of age. The patient will be registered as an individual with no authorised representative.

Title to be “Register Patient”.



Register Patient

Displays the selected patient’s details:
Name, sex, date of birth, Medicare card number or DVA File Number.

Family Name *
BANGSUND

Given Name *
KATHY

Sex
Female

Date of Birth *
06/01/1954

Medicare Card Number
6885536891

Is the individual of Aboriginal or Torres Strait Islander origin? *

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Not Stated

Allow selection of the indigenous status of the patient.

Allows selection of which information will be accessible in the My Health Record System.

Accessing Medicare Information via the My Health Record System (Optional)

Medicare information will not be accessible via the My Health Record system, **UNLESS** the individual chooses the following:

All Medicare Information will be available

OR, only the following types of Medicare information which the individual nominates will be accessible via the My Health Record system:

Medicare Benefits Schedule (MBS)
 AND details of any past claims for Medicare Benefits

Pharmaceutical Benefits Scheme (PBS)
 AND details of any past claims for Pharmaceutical

Australian Organ Donor Register (AODR)

Australian Childhood Immunisation Register (ACIR)

Allows selection of the identity verification method used.

Application Form and Assertions

Identity Verification Method *

Please Select...
▼

Identity Verification Code Delivery

To access the individual's digital health record online, the individual will need an Identity Verification Code (IVC). No IVC will be issued during registration UNLESS the individual chooses ONE of the following options to select their preferred method for receiving the IVC. The user/operator is responsible for ensuring the accuracy of IVC delivery address submitted via the application.

Allows the entry of the IVC code delivery method for the patient.

Display the IVC

Send the IVC by SMS to:

Send the IVC by Email to:

Do not retrieve the IVC

Collection of the patient's acceptance of the terms and conditions.

Apply to Register

The individual declares that the information in this application is correct and any supporting evidence submitted by the individual is correct. The individual consents to records containing their health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in the individual's care, subject to any express advice the individual gives to their healthcare providers not to upload a particular record, a specified class of records, or any records.

Send the My Health Record registration to HIPS for processing.

[Submit Application](#)

3.2.15 Dependant Patient Registration

The annotated image below illustrates the functional design for the “Register Patient as Dependant” screen accessed via the “Register as Dependant” button on the “Current Patients” screen for a selected patient who is under 18 years of age. The patient will be registered with a parent or legal guardian as their authorised representative.

NOTE: We are aware that some sites have a practice of entering the mother's Medicare number on the newborn's record in their Patient Administration System. This practice is incompatible with Assisted Registration because the My Health Record system will return an error that there is no relationship known to Medicare between the adult and child. Instead, sites should omit the Medicare number on the newborn's record in their Patient Administration System until the correct Medicare number for the child has been advised.

Title to be "Register Patient as Dependant".

 Register Patient as Dependant

Display the selected patient's details:
Name, sex, date of birth, Medicare card number.

Applicant's Details

Family Name *

DREA

Given Name *

KENNETH

Sex

Male

Date of Birth *

23/01/1999

Medicare Card Number

2530160161

Is the individual of Aboriginal or Torres Strait Islander origin? *

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Not Stated

Allow selection of the indigenous status of the patient.

Allow entry of the authorised representative's family name, given name, sex and date of birth. The representative must be at least 14 years older than the dependant.

Parent or Legal Guardian Representative

Family Name *

Family Name

Given Name *

Given Name

Sex *

Please Select... 

Date of Birth *



Individual Identifier *

Medicare Card Number

Allow entry of the authorised representative's Medicare card number and IRN.

Accessing Medicare Information via the My Health Record System (Optional)

Medicare information will not be accessible via the My Health Record system, **UNLESS** the individual chooses the following:

- All Medicare Information will be available

OR, only the following types of Medicare information which the individual nominates will be accessible via the My Health Record system:

- Medicare Benefits Schedule (MBS)
 - AND details of any past claims for Medicare Benefits
- Pharmaceutical Benefits Scheme (PBS)
 - AND details of any past claims for Pharmaceutical
- Australian Organ Donor Register (AODR)
- Australian Childhood Immunisation Register (ACIR)

Allow selection of which information will be accessible in the new My Health Record.

Application Form and Assertions

Identity Verification Method *

Please Select... ▼

Allow selection of the identity verification method used.

Identity Verification Code Delivery

To access the dependant's digital health record online, the authorised representative will need an Identity Verification Code (IVC). No IVC will be issued during registration **UNLESS** the authorised representative chooses **ONE** of the following options to select their preferred method for receiving the IVC. The user/operator is responsible for ensuring the accuracy of IVC delivery address submitted via the application.

- Display the IVC
- Send the IVC by SMS to:
- Send the IVC by Email to:
- Do not retrieve the IVC

Allow the entry of a delivery method for an IVC that the authorised representative can use to access the dependant's My Health Record online.

Apply to Register

- The authorised representative declares that the information in this application is correct and any supporting evidence submitted by the authorised representative is correct.

The authorised representative declares that they have parental responsibility for the dependant.

The authorised representative consents to records containing the dependant's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in the dependant's care, subject to any express advice the dependant or their authorised representatives give to their healthcare providers not to upload a particular record, a specified class of records, or any records.

Collect the authorised representative's declaration of parental responsibility and consent for the dependant's health information to be uploaded to the My Health Record.

Allow healthcare provider organisation to support assertion of parental responsibility.

Support for Assertion of Parental Responsibility

- The healthcare provider organisation supports the authorised representative's assertion of parental responsibility for the dependant.

Send the My Health Record registration to HIPS for processing.

3.2.16 New Applicant Registration

The annotated image below illustrates the functional design for the “New Applicant” screen accessed via the “Register New Adult” button on the “Home” screen. This screen is based on the “Adult Patient Registration” screen with additional fields as required.

Title to be “Register New Adult”.

Register New Adult

Applicant's Details

Family Name *

Given Name *

Sex *

Date of Birth *

Is the individual of Aboriginal or Torres Strait Islander origin? *

No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Aboriginal and Torres Strait Islander
 Not Stated

Individual Identifier *

Medicare Card Number

DVA File Number

Accessing Medicare Information via the My Health Record System (Optional)

Medicare information will not be accessible via the My Health Record system, **UNLESS** the individual chooses the following:

All Medicare Information will be available

OR, only the following types of Medicare information which the individual nominates will be accessible via the My Health Record system:

Medicare Benefits Schedule (MBS)

AND details of any past claims for Medicare Benefits

Pharmaceutical Benefits Scheme (PBS)

AND details of any past claims for Pharmaceutical

Australian Organ Donor Register (AODR)

Australian Childhood Immunisation Register (ACIR)

Collection of the person's details: Name, Sex, Date of Birth, Medicare Number with IRN or DVA file number.

Allow selection of the indigenous status of the person.

Allow selection of which information will be accessible in the new My Health Record.

Application Form and Assertions

Allows selection of the identity verification method used.

Identity Verification Method *

Please Select... 

Identity Verification Code Delivery

To access the individual's digital health record online, the individual will need an Identity Verification Code (IVC). No IVC will be issued during registration UNLESS the individual chooses ONE of the following options to select their preferred method for receiving the IVC. The user/operator is responsible for ensuring the accuracy of IVC delivery address submitted via the application.

Allows the entry of the IVC code delivery method for the person.

Display the IVC

Send the IVC by SMS to:

Send the IVC by Email to:

Do not retrieve the IVC

Collection of the person's acceptance of the terms and conditions and consent for their health information to be uploaded to the My Health Record.

Apply to Register

- The individual declares that the information in this application is correct and any supporting evidence submitted by the individual is correct. The individual consents to records containing their health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in the individual's care, subject to any express advice the individual gives to their healthcare providers not to upload a particular record, a specified class of records, or any records.

Send the My Health Record registration to HIPS for processing.

3.2.17 New Dependant Registration

The annotated image below illustrates the functional design for the “New Dependant Registration” screen accessed via the “Register New Child” button on the “Home” screen.

Register New Child

Applicant's Details

Family Name *
Family Name

Given Name *
Given Name

Sex *
Please Select...

Date of Birth *

Is the individual of Aboriginal or Torres Strait Islander origin? *

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Not Stated

Individual Identifier *

Medicare Card Number

Allow entry of the dependant's Medicare card number and IRN.

Title to be "Register New Child".

Collection of the dependant's details: Family Name, Given Name, Sex and Date of Birth.

Allow selection of the indigenous status of the dependant.

Allow entry of the authorised representative's family name, given name, sex and date of birth. The representative must be at least 14 years older than the dependant.

Parent or Legal Guardian Representative

Family Name *

Given Name *

Sex *

Date of Birth *



Individual Identifier *

Medicare Card Number

Allow entry of the authorised representative's Medicare card number and IRN.

Accessing Medicare Information via the My Health Record System (Optional)

Medicare information will not be accessible via the My Health Record system, **UNLESS** the individual chooses the following:

- All Medicare Information will be available

OR, only the following types of Medicare information which the individual nominates will be accessible via the My Health Record system:

- Medicare Benefits Schedule (MBS)
 - AND details of any past claims for Medicare Benefits
- Pharmaceutical Benefits Scheme (PBS)
 - AND details of any past claims for Pharmaceutical
- Australian Organ Donor Register (AODR)
- Australian Childhood Immunisation Register (ACIR)

Allow selection of which information will be accessible in the new My Health Record.

Application Form and Assertions

Identity Verification Method *

Please Select... ▼

Allow selection of the identity verification method used.

Identity Verification Code Delivery

To access the dependant's digital health record online, the authorised representative will need an Identity Verification Code (IVC). No IVC will be issued during registration **UNLESS** the authorised representative chooses **ONE** of the following options to select their preferred method for receiving the IVC. The user/operator is responsible for ensuring the accuracy of IVC delivery address submitted via the application.

- Display the IVC
- Send the IVC by SMS to:
- Send the IVC by Email to:
- Do not retrieve the IVC

Allow the entry of a delivery method for an IVC that the authorised representative can use to access the dependant's My Health Record online.

Apply to Register

- The authorised representative declares that the information in this application is correct and any supporting evidence submitted by the authorised representative is correct.

The authorised representative declares that they have parental responsibility for the dependant.

The authorised representative consents to records containing the dependant's health information being uploaded to the My Health Record system by registered healthcare provider organisations involved in the dependant's care, subject to any express advice the dependant or their authorised representatives give to their healthcare providers not to upload a particular record, a specified class of records, or any records.

Collect the authorised representative's declaration of parental responsibility and consent for the dependant's health information to be uploaded to the My Health Record.

Allow healthcare provider organisation to support assertion of parental responsibility.

Support for Assertion of Parental Responsibility

- The healthcare provider organisation supports the authorised representative's assertion of parental responsibility for the dependant.

Send the My Health Record registration to HIPS for processing.

Registration Response

For a successful response the “Registration Response” screen will display.

PCEHR Assisted Registration

Confirmation of successful registration.

PCEHR Registration Successful

The PCEHR Assisted Registration was successful.

Your IVC code is **PnfQ93D** and it expires on **16/01/2014**

IVC code for the patient if requested to be displayed.

For an unsuccessful registration an error message will display:

Displays the reason for the unsuccessful registration.

- Medicare Number must be a valid Medicare Card Number.

3.2.18 Create Newborn IHI

The annotated image below illustrates the functional design for the “Create Newborn IHI” screen accessed via the “Create Newborn IHI” button on the “Register Current Patients” screen.

Create IHI for Popi, Baby of Adele, MRN 000000451 (Royal Chamonix Hospital)

Newborn Details

For your information, specific values for the given name need to be used for unnamed and multiple birth scenarios, and should be in accordance with Australian Standard AS 5017-2006 Health Care Client Identification. Newborns whose parents have not yet given them a name are to be populated with newborn names with the full description (e.g. “Baby of Susan” or “Twin 2 of Mary”) in the first given name field. Newborns whose parents have given them a name are to be populated as legal names with the first name in the first given name field and the middle names in the second given name field.

List of newborn name title which contains default options like Master, Miss & Ms. (Optional field)

Title
Please Select...

Family Name *
Popi

First Given Name *
Baby of Adele

Suffix
Please Select...

Name Usage *
Newborn name

Date Of Birth *
03/06/2019

Sex *
Male

Important information about newborn naming standard.

Select this to indicate the newborn only has single name. Given names will be disable and “Family Name” will be changed to “Name”.

Only One Name

Second Given Name
Second Given Name

Date Of Birth Accuracy *
Day, month and year are accurate

List of newborn name suffix. (Optional field)

List of newborn name usage:
“Newborn name” - Temporary name which must be in specific format like “Baby of XXX” or “Twin 1 of XXX”.
“Registered name” - An actual name for the newborn. (mandatory field)

Electronic Communication Methods

Input for telephone number, mobile or email. The value will be validated according to the selected communication medium.

Details *

Communication Medium *

Communication Usage *

Preferred

Select the checkbox to indicate the specific electronic communication method is the preferred method. (Only one method can be selected)

Select this button to add more electronic communication method.

Details *

Communication Medium *

Communication Usage *

Preferred

Select this button to remove an electronic communication method.

Add Contact

Address

Address Purpose *

List of address purpose. It will set to "Residential" when a residential address is assigned to the newborn. Otherwise, "Please Select" will be selected.
Note
 International Address must set to "Residential (Permanent)".

Australian Unstructured Street Address

Select the checkbox to set Address Type to "Australian Unstructured Street Address" and show appropriate fields. (The system only uses the current selected address type)

Address Line 1 *

Address Line 2

Suburb * **Postcode ***

State *

"Australian Unstructured Street Address" input fields.

International Address

International Address

Select the checkbox to set Address Type to "International Address" and show appropriate fields. (The system only uses the current selected address type)

Address Line *

State / Province * Postcode *

Country *

Please Select...

"International Address" input fields.

Deceased

Select the checkbox to indicate the newborn is deceased and shows relevant fields.

Date Of Death *

Date Of Death Accuracy

Day, month and year are accurate

Source Of Death Notification

Healthcare Provider

Multiple Birth

Select the checkbox to indicate the newborn is one of multiple birth and shows relevant fields.

Birth Plurality

Not Stated

Birth Order

Not Stated

List of birth plurality like Twins, Triplets, Quadruplets, Quintuplets & Sextuplets.

List of birth order to indicate the sequence of multiple birth.

Mother or Primary Carer Details

Title
Please Select... ▾

Family Name *
Family Name Only One Name

First Given Name * **Second Given Name**

Suffix
Please Select... ▾

Mother's Medical Record Number
Mother's MRN

Father Details

Title
Please Select... ▾

Family Name *
Family Name Only One Name

First Given Name * **Second Given Name**

Suffix
Please Select... ▾

Acknowledgement

Please confirm that your organisation has informed the parent that it intends to send the newborn's information to DHS (as the HI Service Operator) in order to request an IHI for the newborn. This information may be part of the admission consent form. You must give the parent the opportunity to indicate that they do not wish this to occur. You should let the parent know that if an IHI is not created now, it will be created as part of their child's enrollment in Medicare.

[Create Newborn IHI](#)

Select the checkbox to enable Mother or Primary Carer Details and shows relevant fields.

Select the checkbox to enable Father Details and shows relevant fields.

Select this checkbox to indicate the Mother/Primary carer only has one name. This option will change Family Name to Name and disable Given Names.

Mother's MRN in the hospital. (Optional field)

The parent must be informed with the intention to send the newborn's information to DHS and the Acknowledgement checkbox must be selected to proceed.

Select "Create Newborn IHI" button to submit the request to HI service. A change confirmation modal will be shown if one of the following fields is modified: *Family Name, First Given Name, Second Given Name, DOB, Sex, Electronic Communication Methods, Address or Date of Death*

Confirm Information

i The following information has been amended for submission to the Healthcare Identifier Service. This information will not replace the demographic information recorded for this patient in your local systems. Please confirm this is intended or select CLOSE to re-enter. If confirmed as correct, you may need to update the patient administration system which is the source of the information.

	HIPS Registered Details	Entered Details
Family Name	Kahn	Kohl
Date of Birth	10-Jun-2019	12-Jun-2019

Confirm × Close

Select "Confirm" button to submit the request.

Select "Close" button to edit the information.

i It is important to record the IHI on the last page of the FA101 form (if the person is eligible for Medicare enrolment). This is an important record to protect data quality and avoid creation of duplicates in the HI Service. The parent must be provided with the information about the verified IHI, including the demographic details used in the request. Select Print button to print a copy of this information.

Important information for the parent of the newborn.

IHI Details

IHI Number	Record Status	IHI Status
8003 6086 6689 1908	Verified	Active

IHI Number created for the newborn.
Active status – Green Colour
Non-active status – Red colour

3.2.19 IHI Reconciliation

3.2.19.1 Description

'IHI Reconciliation' is a data integrity function allowing users to list patients who are unexpectedly missing an IHI or patients whose IHI is currently unusable because of an outstanding alert and currently an inpatient at, or recently discharged from, a selected hospital. A report of these patients can subsequently be generated for manual investigation.

3.2.19.2 Process Overview

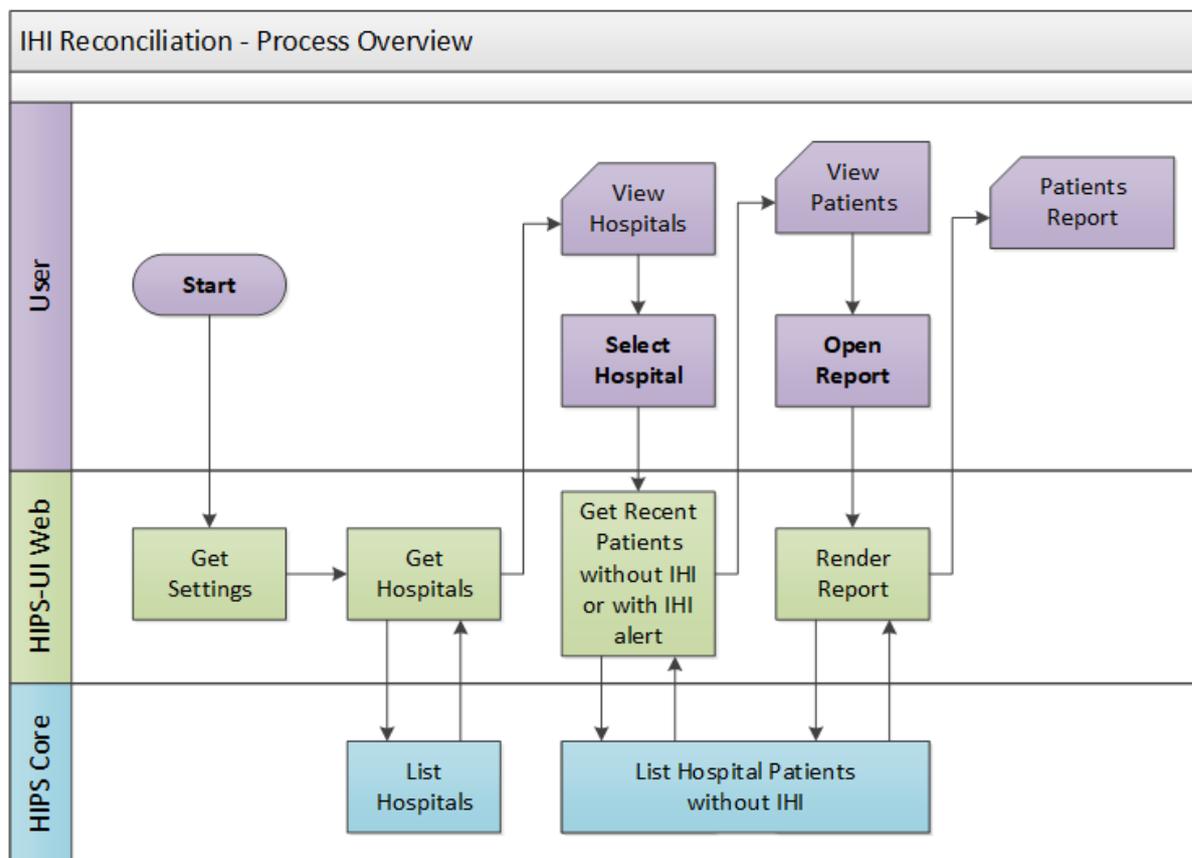


Figure 1 – Patients Without IHI – Process Overview

3.2.19.3 Process Detail

Activity / Decision	Description	Detail / Notes
Prerequisites	User logged in to the HIPS-UI Web application with appropriate security access.	Valid security details are required to login.
Start	User requests the 'Patients Without IHI' page.	Located under Data Integrity > Patients Without IHI.
Get Settings	HIPS-UI Web loads configuration settings.	Gets HIPS-UI Web configuration settings from the <i>Settings</i> table of the <i>HIPS-WebDataStore</i> database. Retrieves from cache if present and stores in cache after retrieval.

Activity / Decision	Description	Detail / Notes
Get Hospitals	HIPS-UI Web gets a list of all hospitals in HIPS that are enabled for web administration.	<p>Gets a list of all hospitals from the <i>ListHospitals</i> method of the HIPS <i>ReferenceService</i> web service.</p> <p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Filters the hospital list to only include hospitals that have a code in the <i>DefaultHospitalCodeSystem</i> code system.</p> <p>Retrieves from cache if present and stores in cache after retrieval.</p>
List Hospitals	HIPS-Core returns a list of all hospitals in HIPS.	<p>Represents the <i>ListHospitals</i> method of the <i>ReferenceService</i> web service.</p> <p>Returns all <i>Hospitals</i> in HIPS.</p> <p><i>Hospital</i> records include at least the following information:</p> <ul style="list-style-type: none"> Hospital Name Hospital ID HPI-O HPI-O Name Hospital Codes and Code Systems
View Hospitals	User receives a hospital selection screen.	
Select Hospital	User requests the 'Patients Without IHI' page for a selected hospital.	<p>User request includes the following field(s):</p> <ul style="list-style-type: none"> Hospital Code
Get Recent Patients without IHI or IHI is currently unusable because of an outstanding alert	HIPS-UI Web gets a list of patients unexpectedly missing an IHI or IHI is currently unusable because of an outstanding alert and who are currently an inpatient at, or recently discharged from, the selected hospital.	<p>Refers to loaded configuration settings to determine <i>PatientsWithoutIhiDaysDischarged</i> and <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets a list of patients from the <i>ListPatientsWithoutIhi</i> method of the HIPS <i>PcehrService</i> web service using:</p> <ul style="list-style-type: none"> The Selected Hospital (Code, <i>DefaultHospitalCodeSystem</i>) The <i>PatientsWithoutIhiDaysDischarged</i> value to determine how many days of recently discharged patients are returned <p>Retrieves from cache if present and stores in cache after retrieval.</p>
List Hospital Patients without IHI or IHI is currently unusable because of an outstanding alert	HIPS-Core returns a list of patients unexpectedly missing an IHI or IHI is currently unusable because of an outstanding alert and currently at, or recently discharged from, the specified hospital.	<p>Represents the <i>ListPatientsWithoutIhi</i> method of the <i>PcehrService</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> Hospital Code and Code System Discharge Days number indicating how many days into the past to include discharged patients from <p>Resolves the <i>HospitalId</i> for the provided hospital details.</p> <p>Determines the <i>MinimumDischargeDate</i> by subtracting the provided Discharge Days from the current date and time.</p> <p>Returns patient data for each <i>HospitalPatient</i> in HIPS who meets the following criteria:</p>

Activity / Decision	Description	Detail / Notes
		<p>Associated with the Identified Hospital HospitalId matches the provided HospitalId. No valid IHI assigned PatientMaster/PatientMasterIhi/Ihi field is null or empty. IHI Status is not Service Unavailable PatientMaster/PatientMasterIhi/IhiStatusId is either null or a value other than '103' Currently inpatient at the selected hospital or discharged from the hospital within a configured number of days The most recent Episode for the HospitalPatient has a DischargeDate that is either null or after the MinimumDischargeDate. PatientMaster/DateOfBirth is more than one month ago (e.g. before 1/2/2014 12:23:00 if now is 1/3/2014 12:23:00). Medicare Number is not in the HIPS Medicare Number Exclusions list PatientMaster/MedicareNumber is not present in the MedicareNumber field of the MedicareExclusion table. Most recent episode has not had a completed IHI investigation The most recent Episode for the HospitalPatient does not have a true IhiInvestigationComplete value. Patient data to include the following information (as available): Patient Name Date of Birth Sex MRN Medicare Card Number and IRN DVA File Number Location (Ward, Room, and Bed) of the patient's most recent episode at the selected hospital</p>
View Patients	User receives a screen displaying the Patients Without IHI, Duplicate Patients & Other Alerts data for the selected hospital.	See View Patients .
Open Report	User requests the 'Patients Without IHI', 'Duplicate Patients' or 'Other Alerts' report for a selected hospital.	User request includes the following field(s): Hospital Code
Render Report	Report display for printing the 'Patients Without IHI', 'Duplicate Patients' or 'Other Alerts'.	The report will open as a new window and display the data without pagination (thus a continuous page), the user will then be able to print the report using the standard print functionality of the web browser.

Activity / Decision	Description	Detail / Notes
Patients Report	User receives a report displaying the requested Patients Without IHI data.	See View Patients Report .

3.2.19.4 Web User Interfaces

IHI Reconciliation Patient List

The Patient List page shows a sortable list of the current and recent patients at a selected hospital who do not have an IHI (and are expected to have one) or IHI is currently unusable because of an outstanding alert in three categories:

- a) 'Patients Without IHI' whose IHI has not been found and aged over 1 month old,

IHI Reconciliation at Royal Chamonix Hospital

Print Report based on the tab selected.

Errors and feedback to be displayed on top.

Toggle to show the patients grouped by the Ward and Room components of their current location.

Search bar to filter across all columns (except actions)

Sortable columns. Default sort Location & Name ASC.

Select to perform patient's demographics update and other IHI reconciliation actions.

Paging of results
Page size: 10.

The Lookup button searches for a current patient with the entered MRN across all 3 tabs. Unlike the Lookup by MRN on other screens, it does not find patients who are not current patients.

Data to display (as available):

- MRN
- Location (Ward:Room:Bed) of current / most recent episode at the selected hospital.
- Name
- Sex
- Date of Birth
- Medicare Number
- DVA File Number

Summary of matching results.

Showing 1 to 1 of 1 entries

MRN	Location	Name	Sex	Date of Birth	Medicare Number	DVA Number	Actions
000000201	:	EVERETT, BERNHARDT	Female	23-Feb-1968	2951 05150 1 (2)		

Showing 1 to 1 of 1 entries

Lookup by MRN: *

MRN

b) 'Duplicate Patients' who have a duplicate patient or duplicate IHI alert. (Patient's IHI column is shown in this tab)

Data to display (as available):

- MRN
- Location (Ward:Room:Bed) of current / most recent episode at the selected hospital.
- Name
- Sex
- Date of Birth
- Medicare Number
- DVA File Number
- IHI

Errors and feedback to be displayed on top.

Search bar to filter across all columns (except actions)

Print Report based on the tab selected.

Toggle to show/hide Group by Location.

Sortable columns. Default sort Location & Name ASC.

Select to see short instruction text and select the icon will show a long instruction text.

Summary of matching results.

Paging of results Page size: 10.

The Lookup button searches for a current patient with the entered MRN across all 3 tabs. Unlike the Lookup by MRN on other screens, it does not find patients who are not current patients.

MRN	Location	Name	Sex	Date of Birth	Medicare Number	DVA Number	IHI	IHI Status
217012202	M10::	BOWDEN, LEONARDO	Male	17-Oct-1983	2951 05123 1		8003 6088 3339 5304	Duplicate IHI
217013302	M10::	BOWDEN, LEONARDO	Male	17-Oct-1983	2951 05123 1		8003 6088 3339 5304	Duplicate Patient
000000134	M10:A:	BATES, ARRABELLA	Female	26-Dec-1977	2951 05248 1		8003 6083 3339 5192	Duplicate Patient
000000114	M10:I:	BYRD, ION	Male	20-Apr-1972	2951 05141 1		8003 6083 3339 5184	Duplicate IHI

c) 'Other Alerts' listing patients having an IHI status other than Active, or another unresolved IHI alert: demographic mismatch, Medicare/DVA change mismatch, Address change mismatch or merge conflict. The IHI status or alert type is shown in the IHI Status column.

Data to display (as available):

- MRN
- Location (Ward:Room:Bed) of current / most recent episode at the selected hospital.
- Name
- Sex
- Date of Birth
- Medicare Number
- DVA File Number
- IHI Status

Other Alerts

Search: Type to search...

Showing 1 to 5 of 5 entries

MRN	Location	Name	Sex	Date of Birth	Medicare Number	DVA Number	IHI Status	Actions
00000264	D06:A:	Richardson, Terry	Male	15-Jan-1948	4950 32449 1		Deceased	
217011102	M10::	CANNON, KAMAHL	Male	15-Apr-1993	2951 05196 1 (3)		Demographic Mismatch	
200000842	M10::	Kinney, Digby	Male	15-Aug-2000	5950 11515 1		Expired	
000002220	M10:A:	BATES, ARRABELLA	Female	26-Dec-1977	2951 05248 1		Demographic Mismatch	
00000524	M10:I:	JACK, HOBBS	Male	18-Nov-1967	2951 05220 1		Medicare or DVA Number Mismatch	

Showing 1 to 5 of 5 entries

Lookup by MRN: *

MRN

The Lookup button searches for a current patient with the entered MRN across all 3 tabs. Unlike the Lookup by MRN on other screens, it does not find patients who are not current patients.

IHI Reconciliation Report

The image below shows the IHI Reconciliation Report, which presents a report of the current and recent patients at a selected healthcare facility who do not have an IHI (and are expected to have one) or whose IHI is currently unusable because of an outstanding alert. The report is generated when the user clicks on the “Print” button and the contents are based on the current tab selected (Patients Without IHI, Duplicate Patients & Other Alerts).

3/1/2019 Other Alerts - HIPS UI

Showing 1 to 2 of 2 entries

MRN	Name	Sex	Date of Birth	Medicare Number	DVA Number	IHI Status
D06:B						
000000662	Kinney, Digby	Male	15-Aug-2000	5950 11515 1		Expired
D06:A						
000000661	Richardson, Terry	Male	14-Jan-1948	4950 32449 1		Deceased

Showing 1 to 2 of 2 entries

IHI Reconciliation Check Demographics

The image below shows the “IHI Reconciliation – Check Demographics” screen that appears when the user selects the action button on the ‘Patients without IHI’ tab to perform IHI reconciliation actions for a patient whose IHI was not found. The user can make minor changes to the patient demographics and attempt to search for the IHI using the new demographic information. The user can record the progress of their investigation into the missing IHI and mark the investigation complete if unable to reconcile, which will remove the patient from the list of patients without IHI.

BOWDEN, LEONARDO 17-Oct-1983 Male 000000111

IHI Reconciliation - Check Demographics

<p>Family Name * BOWDEN</p> <p>Given Name * LEONARDO</p> <p>Date of Birth * 17/10/1983</p>	<p>Sex * Male</p> <p>Medicare Number 9951051231</p> <p>IRN </p> <p>DVA Number </p>
---	--

[Search IHI](#)

Investigation Notes - In Progress

Check Medical System/s
 Have you checked the details are correct in relevant medical systems (PAS, EMPI etc)?

Check Case Notes
 Have you checked the details are the same as those in the Case Notes?

Check with the Patient/Carer *
 Have you checked with the patient or their guardian/carer?

Unable to Reconcile
 Have you undertaken reconciliation investigation and are unable to update demographics and find IHI?

[Save](#)

To avoid overriding one patient with a completely different patient's demographic information, users can change the Name and Sex, or they can change the Medicare and DVA, but they cannot change the Name/Sex as well as the Medicare/DVA.

Displays the current patient's name, dob, sex, and MRN. **Note** – if the MRN format matches a UUID or partial UUID format, the IHI will be displayed in its place.

The search IHI button performs an ad-hoc search without updating the demographic information from the PAS. If successful, the modified Medicare number, IRN, DVA number and Date of Birth are stored as an override in the *PatientMasterOverride* table. These overrides remain in place until the same value is received from the PAS.

The modified name and sex are stored as Registered details in the *PatientMasterIhi* table.

The HIPS system administrator can customise which investigation notes are shown via the HIPS Core database table *puma.IhiCheckList*

If all the check boxes are ticked, or the checkbox is ticked for an item in *IhiCheckList* that has *MarkForInstantRemoval* true, then the episode is marked as having IHI investigation complete and the episode will no longer appear in the list of Patients Without IHI.

The asterisk is shown for items in *IhiCheckList* where *AreNotesMandatory* is true.

The notes text area is grey and disabled for items in *IhiCheckList* where *AllowNotes* is false.

Patients with Overridden Demographics Report

The image below shows the Overridden Demographics Report, which presents a report of the patient demographic overrides currently in place in the HIPS database. Overrides are stored after successful ad-hoc IHI searches performed on the “IHI Reconciliation Check Demographics” screen. The report is generated when the user clicks on the “Overridden Demographics” item in the “Healthcare Identifiers” menu.

Patients with Overridden Demographics Print

Search: First Previous **1** Next Last

Showing 1 to 1 of 1 entries

			Current PAS/CIS Data				Change required for IHI Reconciliation			
MRN	Family Name	Given Names	Date of Birth	Medicare Number	IRN	DVA Number	Date of Birth	Medicare Number	IRN	DVA Number
000000111	BOWDEN	LEONARDO	17-Oct-1983	9951 05123 1				2951 05123 1	1	

Showing 1 to 1 of 1 entries First Previous **1** Next Last

The Print button is automatically invoked when the page loads.

The modified Medicare number, IRN, DVA number and Date of Birth are stored as an override in the *PatientMasterOverride* table. These overrides remain in place until the same value is received from the PAS.

Reset IHI

The image below shows the “Reset IHI” screen that appears when the user selects the action button on the ‘Other Alerts’ tab to perform reset IHI action for a patient whose has IHI Status - Demographic Mismatch, Medicare/DVA Change Mismatch, Address Change Mismatch or Merge Conflict. IHI will be reset immediately if there is no uploaded document found for the selected patient. Otherwise, HIPS will perform the following actions:

1. If there is no other patient master with an MRN in the same facility with the same IHI then find the demographics that were originally used to find the IHI (not the current demographics which are in mismatch) and display an error message as follows:- *"There are uploaded documents on this MRN, which HIPS needs to move to another MRN having the same IHI (XXXX XXXX XXXX XXXX) before resetting the IHI on this patient record. Currently there is no other MRN having the same IHI. Before resetting the IHI on this patient record, you need to register the patient with this IHI on another MRN. The demographics for this IHI are Name: XXXXX XXXXX, Sex: XXXXXX, DOB: XX-XXX-XXXX, Medicare: XXXXXXXXXXX X, DVA: XXXXXX, IHI: XXXX XXXX XXXX XXXX"*
2. If there is more than one other patient master with an MRN in the same facility with the same IHI, then find the **active** MRN on each patient master, which is the one with the most recent episode, or else the most recently modified MRN. Display an error message as follows:- *"There are uploaded documents on this MRN which HIPS needs to move to another MRN having the same IHI before resetting the IHI on this patient record. Currently there is more than one other MRN having the same IHI. You will need to merge the patients with this IHI on MRNs XXXXXX and YYYYYY before resetting the IHI on this patient record."*
3. Otherwise, there is exactly one other patient master with an MRN in the same facility. Find the **active** MRN from the same facility on that patient master, which is the one with the most recent episode, or else the most recently modified MRN. Display a confirmation message as follows:- *" There are uploaded documents on MRN XXXXXX, which HIPS needs to move to another MRN having the same IHI before resetting the IHI on this patient record. Resetting the IHI on MRN XXXXXX will move all episodes and uploaded documents to MRN YYYYYY which has the same IHI. This move of episodes will occur before the IHI is reset for MRN XXXXXX. "* A list of episodes belonging to the patient will be displayed in a table.
4. If the user confirms, move the episodes from this MRN onto the active MRN from the same facility on the other patient master.

Remark

If the IHI Status for the patient is not 'Active' after reset and there is no episode linked to the patient, the patient will not appear in 'IHI Reconciliation' page after the IHI has been reset.

Reset IHI for Patient

Patient Details For IHI Reset (MRN 217011102)

Patient demographics	Name	CANNON, KAMAHL	Medicare Number	2951 05196 1 (3)
	Sex	Male	DVA Number	
	Date of Birth	15-Apr-1993	IHI Number	8003 6088 3339 5304
	Facility	Royal Chamonix Hospital	MRN	217011102

Administer Request

Reference Notes *

Notes to reset IHI.

Confirmation checkbox. **Confirm Reset IHI**
 Please confirm that you wish to reset the patient IHI for CANNON, KAMAHL (MRN 217011102).

Perform reset IHI **Cancel reset IHI and go back to IHI Reconciliation page.**

No other patient master with an MRN in the same facility with the same IHI

When a patient has had a document uploaded to the MHR but the wrong MRN has been used and therefore the IHI needs to be reset to another patient, the IHI can be reset if there is another MRN with the same IHI available to move the episode and document to. If no such MRN exists, this will trigger an error condition as shown in the screen shot below.

Reset IHI for Patient

 There are uploaded documents on this MRN, which HIPS needs to move to another MRN having the same IHI (8003 6085 0006 2229) before resetting the IHI on this patient record. Currently there is no other MRN having the same IHI. Before resetting the IHI on this patient record, you need to register the patient with this IHI on another MRN. The demographics for this IHI are Name: BERNHARDT EVERETT, Sex: Male, DOB: 24-Feb-1968, Medicare: 2951051501, IHI: 8003 6085 0006 2229 [Origin: HIPS]

Patient Details For IHI Reset (MRN 00000220)

Name	BATES, ARRABELLA	Medicare Number	2951 05248 1
Sex	Female	DVA Number	
Date of Birth	26-Dec-1977	IHI Number	8003 6085 0006 2229
Facility	Royal Chamonix Hospital	MRN	00000220

Administer Request

Reference Notes *

Nobody

Confirm Reset IHI

Please confirm that you wish to reset the patient IHI for BATES, ARRABELLA (MRN 00000220).

Reset IHI

Cancel and Go Back

More than one other patient master with an MRN in the same facility with the same IHI

In the case where there are more than one MRN to move episodes and documents to which have the same IHI, an error message will be displayed as shown in the screen shot below. These patient MRNs will need to be merged before the reset IHI can occur.

Reset IHI for Patient

There are uploaded documents on this MRN which HIPS needs to move to another MRN having the same IHI before resetting the IHI on this patient record. Currently there is more than one other MRN having the same IHI. You will need to merge the patients with this IHI on MRNs 217012202 and 217013302 before resetting the IHI on this patient record. [Origin: HIPS]

Patient Details For IHI Reset (MRN 217011102)

Name	CANNON, KAMAHL	Medicare Number	2951 05196 1 (3)
Sex	Male	DVA Number	
Date of Birth	15-Apr-1993	IHI Number	8003 6088 3339 5304
Facility	Royal Chamonix Hospital	MRN	217011102

Administer Request

Reference Notes *

More than one

Confirm Reset IHI

Please confirm that you wish to reset the patient IHI for CANNON, KAMAHL (MRN 217011102).

Exactly one other patient master with an MRN in the same facility

Where a MRN has been used to upload a document to MHR, a patient MRN with the same IHI must be available to move the episode(s) and document(s) to. HIPS provides a warning message so that the user can check that the updates that will occur are correct for the patient MRNs involved in the IHI reset, as shown in the screen shot below.

Reset IHI for Patient

⚠ There are uploaded documents on MRN 00000524, which HIPS needs to move to another MRN having the same IHI before resetting the IHI on this patient record. Resetting the IHI on MRN 00000524 will move all episodes and uploaded documents to MRN 00000114 which has the same IHI. This move of episodes will occur before the IHI is reset for MRN 00000524. [Origin: HIPS]

i Please check the patient details are correctly assigned to the MRNs.

Patient Details For IHI Reset (MRN 00000524)

Name	JACK, HOBBS	Medicare Number	2951 05220 1
Sex	Male	DVA Number	
Date of Birth	18-Nov-1967	IHI Number	8003 6083 3339 5184
Facility	Royal Chamonix Hospital	MRN	00000524

Patient Details To Retain Episodes (MRN 00000114)

Name	BYRD, ION	Medicare Number	2951 05141 1
Sex	Male	DVA Number	
Date of Birth	20-Apr-1972	IHI Number	8003 6083 3339 5184
Facility	Royal Chamonix Hospital	MRN	00000114

Episodes To Move From MRN 00000524 to MRN 00000114

Q Search:

First Previous **1** Next Last

Showing 1 to 2 of 2 entries

Visit Number	Type	Date
02001020	Inpatient	24-Oct-2019
46c2d44c-200c-4a58-a9f9-6a183a28141f	Imaging Upload	01-Nov-2019

Showing 1 to 2 of 2 entries

First Previous **1** Next Last

I authorise HIPS to move the above episodes and any document uploaded for these episodes.

Administer Request

Reference Notes *

One MRN

Confirm Reset IHI

Please confirm that you wish to reset the patient IHI for JACK, HOBBS (MRN 00000524).

Patient demographics for patient to Reset.

Patient demographics for patient to retain episodes.

Episodes to move

Authorise HIPS to move episodes.

IHI Reset Result Page For Standard Reset

After an IHI reset has been completed, HIPS UI will show messages as noted in the screen shot below.

Reset IHI for Patient

 The IHI record has been reset successfully for BATES, ARRABELLA (MRN 000000134).

BATES, ARRABELLA (MRN 000000134)

IHI Details

IHI Number	Record Status	IHI Status
8003 6083 3339 5192	Verified	Active

IHI Reset Result Page For Move Episodes

After an IHI reset has been completed and episodes have been moved, HIPS UI will show messages as noted in the screen shot below.

Reset IHI for Patient

 The IHI record has been reset successfully for BATES, ARRABELLA (MRN 000000134).

 Episodes have been moved successfully and IHI has been revalidated successfully for BANKS, KENT (MRN 000000444).

BATES, ARRABELLA (MRN 000000134)

IHI Details

IHI Number	Record Status	IHI Status
8003 6083 3339 5192	Verified	Active

BANKS, KENT (MRN 000000444)

IHI Details

IHI Number	Record Status	IHI Status
8003 6088 3339 5361	Verified	Active

3.2.20 Disclose Hidden My Health Record

3.2.20.1 Description

‘Disclose Hidden My Health Record’ is a consent management function allowing users to record explicit disclosure (or rescind disclosure) of a patient’s My Health Record status to a specified healthcare provider organisation.

Some patients elect to keep their My Health Record hidden (not advertised) by default. Healthcare provider organisations that would like to access My Health Records for these non-advertised patients (e.g. to upload a document) must have the My Health Record’s existence disclosed by the patient.

The associated capacity to rescind disclosure is required for those circumstances where a patient changes their mind, or a user operator makes a mistake.

If a patient wishes to disclose their My Health Record (or rescind disclosure) before HIPS receives the patient information from the PAS, a HIPS-UI Web user can pre-register the patient into HIPS for the purpose of recording the disclosure.

3.2.20.2 Process Overview

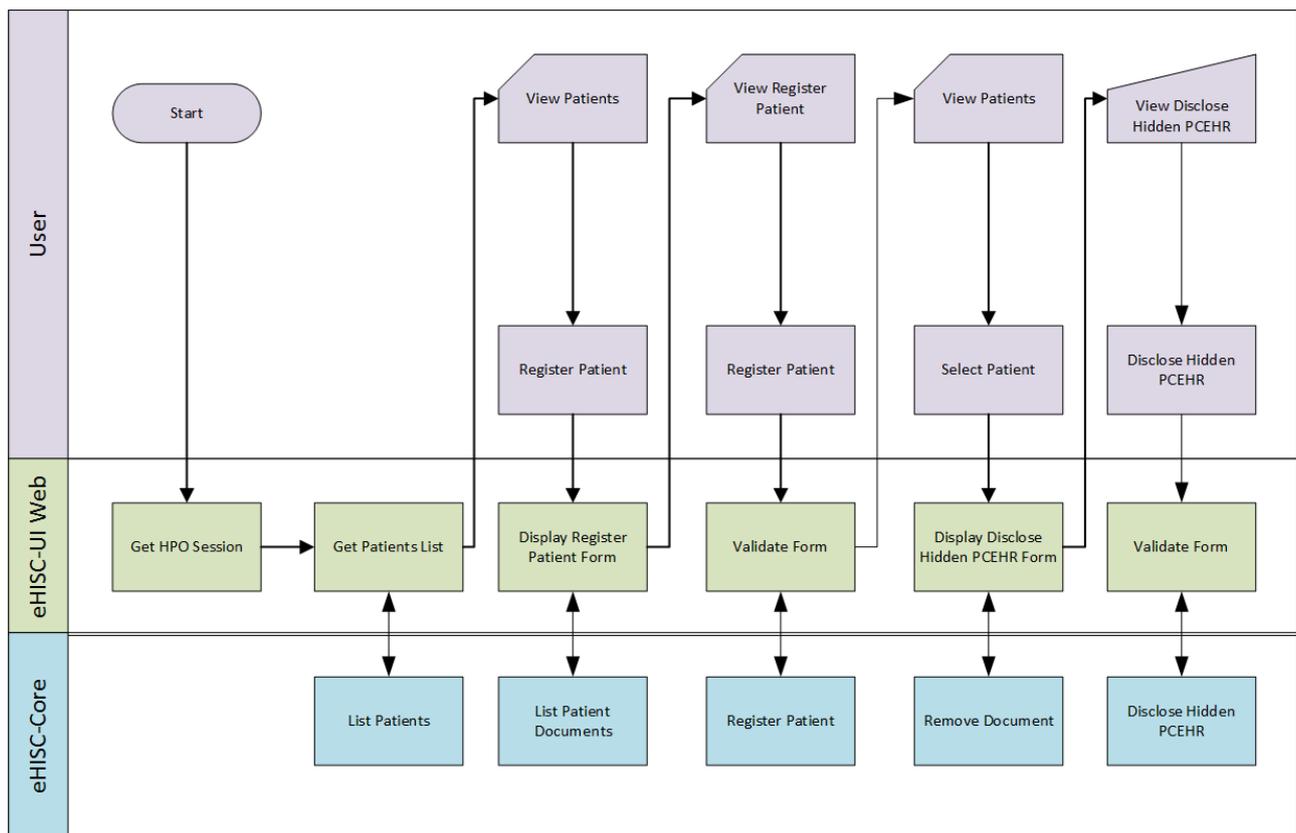


Figure 2 – Disclose hidden My Health Record – Process Overview

3.2.20.3 Process Detail

Activity / Decision	Description	Detail / Notes
Prerequisites	User logged in to the HIPS-UI Web application with appropriate security access.	Valid security details are required to login.

Activity / Decision	Description	Detail / Notes
	User has selected a healthcare facility.	The controller will redirect to the Select Facility page if the session does not contain a healthcare facility selection.
Start	User requests the 'Disclose Hidden My Health Record' page.	Located under Patient Registration > Disclose Hidden Record.
Get Settings	HIPS-UI Web loads configuration settings.	Gets HIPS-UI Web configuration settings from the <i>Settings</i> table of the <i>HIPSWebDataStore</i> database. Retrieves from cache if present and stores in cache after retrieval.
Get Patients List	HIPS-UI Web displays all currently admitted patients, patients recently discharged, and patients with recent non-inpatient episodes.	Refers to loaded configuration settings to determine <i>DiscloseHiddenRootFacilityCode</i> , <i>DiscloseHiddenPcehrDaysDischarged</i> , <i>DiscloseHiddenPcehrDaysAfterService</i> and <i>DefaultHospitalCodeSystem</i> . Gets a list of patients from the <i>ListAdmittedPatients</i> method of the HIPS <i>PatientServiceV4</i> web service using: <ul style="list-style-type: none"> • The selected healthcare facility (Code, <i>DefaultHospitalCodeSystem</i>) • The disclosure facility code (<i>DiscloseHiddenRootFacilityCode</i>) to specify which facility the disclosure status should be retrieved from. • The <i>DiscloseHiddenPcehrDaysDischarged</i> value to determine how many days of recently discharged patients are returned • The <i>DiscloseHiddenPcehrDaysAfterService</i> value to determine how many days after the non-inpatient episode start date a Patient is returned. Retrieves from cache if present and stores in cache after retrieval.

Activity / Decision	Description	Detail / Notes
List Hospital Patients	<p>HIPS-Core returns a list of all patients (IHI and My Health Record not required) currently admitted at, recently discharged from, or recently serviced by the specified facility. The patient list indicates if the patient’s My Health Record was found, not found or disclosed.</p>	<p>Represents the <i>ListAdmittedPatients</i> method of the <i>PatientServiceV4</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> • Facility Code System • Current Facility Code • Disclosure Facility Code (optional) • Discharge Days number indicating how many days into the past to include discharged inpatients from • Service Days number, for episode types where the patient will not be discharged (including outpatient and emergency episodes) indicates the number of days into the past to include patients after the episode start date. <p>Resolves the <i>Hospital</i> for the provided current facility and disclosure facility codes and code system.</p> <p>Determines the <i>MinimumDischargeDate</i> by subtracting the provided Discharge Days from the current date and time.</p> <p>Determines the <i>MinimumServiceDate</i> by subtracting the provided Service Days from the current date (not time).</p> <p>Returns patient data for each <i>HospitalPatient</i> and <i>EpisodeType</i> in HIPS that is associated with the Current Facility and meets the following criteria:</p> <ul style="list-style-type: none"> • Current inpatient where <i>DischargeDate</i> is null, or • Inpatient discharged after the <i>MinimumDischargeDate</i>, or • Non-inpatient episode where <i>AdmissionDate</i> is after the <i>MinimumServiceDate</i>. <p>Patient data to include the following information (as available):</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • MRN • Location (Ward, Room, and Bed) of the patient’s most recent episode of each type at the selected hospital • My Health Record participation status, determined using the IHI status from the Current Facility, the <i>PcehrAdvertised</i> flag from the Current Facility and the <i>PcehrDisclosed</i> flag from the Disclosure Facility if specified, otherwise from the Current Facility.

Activity / Decision	Description	Detail / Notes
View Patients	User receives a screen displaying the patient list for the selected HPO facility.	<p>The View Patients page is a list of all currently admitted, recently discharged or recently serviced Patients that meet the criteria of number of days after service or number of days after discharge.</p> <p>The user may choose to use the MRN Lookup to attempt to find the Patient they are searching for. The MRN Lookup simply searches for a patient with the matching MRN for the selected HPO facility and ignores the episode dates.</p> <p>If the Patient does not exist within the selected HPO facility the user has the option to Register a Patient. The Register Patient button is not displayed until the user has performed an MRN Lookup and the Patient has not been found.</p> <p>My Health Record Participation Status is displayed as follows: "Not Found" for "NoValidIhi" or "PcehrNotAdvertised" "Found" for "PcehrAdvertised" "Disclosed" for "RequestedUpload"</p>
Register Patient	User clicks the <i>Register</i> button to register a new patient into the selected HPO facility.	
Register Patient	HIPS-UI Web validates the form contents.	<p>Validate the Register Patient form contents:</p> <ul style="list-style-type: none"> A Family Name has been entered A Sex has been selected A valid Date of Birth has been entered An MRN has been entered for the selected HPO facility. <p>Optional information:</p> <ul style="list-style-type: none"> Given Name(s) Either a valid Medicare Care Number or DVA File Number <p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i></p>

Activity / Decision	Description	Detail / Notes
Register Patient	HIPS-Core receives the input and registers a new Patient in the selected HPO facility.	<p>Represents the <i>RegisterPatient</i> method of the <i>PatientService</i> web service.</p> <p>Receives the following input:</p> <p>MRN object: MRN, Hospital Code and Code System</p> <p>Demographic object: Family Name, Given Name, Sex Date of Birth Medicare or DVA</p> <p>Returns either a successful response if Register Patient action was successful, otherwise returns failure with an error message.</p>
Register Patient Response	HIPS-UI Web receives and handles the register patient response.	<p>Receive the response message from the <i>RegisterPatient</i> method.</p> <p>If successful close the Register Patient page and display the Disclose Hidden My Health Record page.</p> <p>If unsuccessful display a detailed error message to the user.</p>
Select Patient	User selects a patient to disclose a Hidden My Health Record or remove the disclosure for a Patient.	<p>User request includes the following field(s):</p> <p>Hospital Code Patient MRN</p>
Get My Health Record Disclosure	HIPS-UI Web gets the My Health Record Disclosure for the selected patient to determine if they have already disclosed their My Health Record.	<p>Gets the My Health Record Disclosure Status for the selected patient using the <i>GetPatientDisclosureDetails</i> method of the HIPS <i>ConsentService</i> web service using: The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>)</p> <p>Results are not cached.</p>
Get My Health Record Disclosure	HIPS-Core gets the My Health Record Disclosure Status and last audit note for the specified patient.	<p>Represents the <i>GetPatientDisclosureDetails</i> method of the <i>PatientService</i> web service.</p> <p>Returns the My Health Record Disclosure Status for the specified patient.</p> <p>Receives the following input: Patient MRN and associated Hospital Code and Code System</p> <p>Returns at least the following information: My Health Record Disclosure Status and latest audit note if they have been disclosed before.</p>

Activity / Decision	Description	Detail / Notes
Disclose Form	User receives the disclosure or rescind disclosure form as appropriate.	Patients who have not explicitly disclosed their My Health Record (status is 'NoValidIhi', 'PcehrNotAdvertised', or 'PcehrAdvertised') receive a form allowing them to disclose their My Health Record. This form requires a notes field and confirmation. Patients who have previously explicitly disclosed their My Health Record (status is 'RequestedUpload') receive a form allowing them to rescind their My Health Record disclosure. This form requires a notes field and confirmation.
Update Disclosure	User completes the Change Disclosure Form (either to Disclose or Rescind Disclosure) and submits the form.	User request includes the following field(s): Hospital Code Patient MRN Notes Confirmation of Disclosure or Rescind Disclosure Intended Disclosure State (i.e. true to disclose, false to rescind)
Set My Health Record Disclosure	HIPS-UI Web records the new disclosure value in HIPS.	Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Records the Patient's My Health Record Disclosure state (disclosed or rescinded) for the selected patient using the <i>RecordDisclosure</i> method of the HIPS <i>ConsentService</i> web service using: The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Intended Disclosure State (i.e. true to disclose, false to rescind) Notes converted to bytes using UTF-8 encoding Invalidate cached patient lists after change in disclosure.
Record Disclosure	HIPS-Core records the new disclosure status.	Represents the <i>RecordDisclosure</i> method of the <i>ConsentService</i> web service. Updates the 'PcehrDisclosed' flag for the specified patient's <i>HealthProviderOrganisationPatient</i> record. Receives the following input: Patient MRN and associated Hospital Code and Code System Intended Disclosure State (i.e. true to disclose, false to rescind) Audit Information (Notes as byte array)
View Result	The User receives a page (updated form) indicating the patient has now successfully disclosed or rescinded disclosure.	As cached list results are invalidated, if the user returns to the list page, they will see correct updated data about the patient's disclosure.

3.2.20.4 Web User Interfaces

When the user performs a Lookup by MRN and the patient is not found, the Register button appears. This button opens the following modal dialog that allows the user to register the patient into HIPS, in order to record the patient’s disclosure of a hidden My Health Record.

Register New Patient at Royal Chamonix Hospital × Close

Patient Details

Family Name*

Individual Identifier

Medicare Card Number

Given Name(s)

DVA File Number

Sex *

Select... ▾

Date of Birth*

MRN*

Register × Close

Title includes selected healthcare facility name.

 In the Patient Details section, each of the following fields are required (mandatory):

- Family Name
- Sex: drop down of Sex choices
- Date of Birth: date picker

 The following fields are optional:

- Given Names
- Medicare Care Number, IRN and DVA Number

MRN is populated with the MRN used in the Lookup by MRN and not editable.

 Action buttons:

- Register: validates data entered and invokes the RegisterPatient method of PatientService.
- Close: cancels out of form and returns to the Patient List.

Disclose My Health Record

The Disclose My Health Record form allows users to record when a patient chooses to disclose the existence of their My Health Record if they have not yet done so for the healthcare provider organisation of the selected healthcare facility.

Link to navigate back to patients list.

- Data to display (as available):
- Name + (MRN)
 - Date of Birth
 - Hospital
 - Location (Ward:Room:Bed) for current/most recent episode

Notes is required. Maximum length 5000 characters.

Confirmation required.

"Disclose My Health Record" marks the patient as having disclosed their My Health Record to the healthcare provider organisation, Feedback of the success of this operation is displayed. Repeat submission is disabled until feedback is received and only permitted if the submission was unsuccessful.

[Patients](#)

Disclose Digital Health Record Existence

Patient Details

Patient	SMITH, JANE (SJ123456)
Date of Birth	26/04/1980
Hospital	Royal NEHTA Hospital
Location	Ward1:Room2:Bed3

Administer Request

Reference Notes

Confirm Digital Health Record Disclosure

Please confirm that the patient wishes to disclose their digital health record

[Disclose Digital Health Record](#)

Errors and feedback to be displayed on top of page.

Title to be "Disclose My Health Record Existence"

Confirmation text and submit button to refer to "Disclose My Health Record"

3.2.21 Withdraw Consent

3.2.21.1 Description

'Withdraw Consent' is a consent management function allowing users to record a patient's intention to withdraw document upload consent (or reinstate withdrawn consent) for documents relating to a single episode at a hospital, this prevents documents being uploaded for a specified episode for patients with an advertised or disclosed My Health Record.

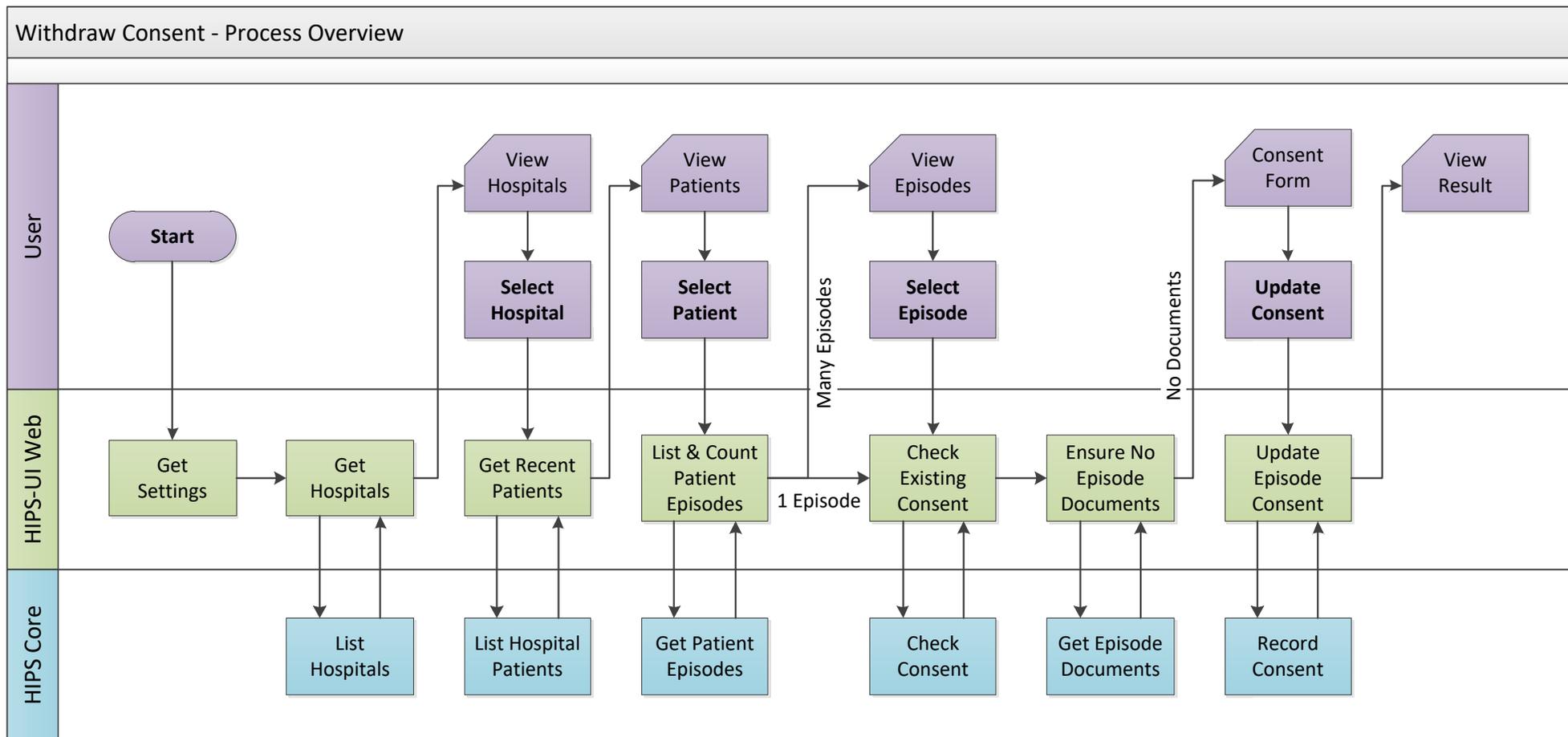
Consent cannot be withdrawn if documents have already been uploaded until those documents are removed.

The associated capacity to reinstate withdrawn consent is required for those circumstances where a patient changes their mind, or a user operator makes a mistake.

As patients can change the advertisement or disclosure of their My Health Record at any time, but may want to withdraw consent in advance, no associated My Health Record or IHI is required in HIPS to withdraw (or reinstate) consent.

This function does not apply to consent withdrawal for pathology and imaging reports that are uploaded through the *UploadOrRemovePathology* or *UploadOrRemoveImaging* interfaces because these are not related to a specified episode but instead create a new stub episode for each report.

3.2.21.2 Process Overview



3.2.21.3 Process Detail

Activity / Decision	Description	Detail / Notes
Prerequisites	User logged in to the HIPS-UI Web application with appropriate security access.	Valid security details are required to login.
Start	User requests the 'Withdraw Consent' page.	Located under Consent Management > Withdraw Consent.
Get Settings	HIPS-UI Web loads configuration settings.	Gets HIPS-UI Web configuration settings from the <i>Settings</i> table of the <i>HIPSWebDataStore</i> database. Retrieves from cache if present and stores in cache after retrieval.
Get Hospitals	HIPS-UI Web gets a list of all hospitals in HIPS that are enabled for web administration.	Gets a list of all hospitals from the <i>ListHospitals</i> method of the HIPS <i>ReferenceService</i> web service. Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Filters the hospital list to only include hospitals that have a code in the <i>DefaultHospitalCodeSystem</i> code system. Retrieves from cache if present and stores in cache after retrieval.
List Hospitals	HIPS-Core returns a list of all hospitals in HIPS.	Represents the <i>ListHospitals</i> method of the <i>ReferenceService</i> web service. Returns all <i>Hospitals</i> in HIPS. <i>Hospital</i> records include at least the following information: Hospital Name Hospital ID HPI-O HPI-O Name Hospital Codes and Code Systems
View Hospitals	User receives a hospital selection screen.	
Select Hospital	User requests the 'Withdraw Consent' page for a selected hospital.	User request includes the following field(s): Hospital Code
Get Recent Patients	HIPS-UI Web gets a list of patients (IHI and My Health Record are not required) who are currently an inpatient at, or recently discharged from, the selected hospital.	Refers to loaded configuration settings to determine <i>WithdrawConsentDaysDischarged</i> and <i>DefaultHospitalCodeSystem</i> . Gets a list of patients from the <i>ListAdmittedPatients</i> method of the HIPS <i>PatientServiceV4</i> web service using: The Selected Hospital (Code, <i>DefaultHospitalCodeSystem</i>) The <i>WithdrawConsentDaysDischarged</i> value to determine how many days of recently discharged patients are returned Retrieves from cache if present and stores in cache after retrieval.

Activity / Decision	Description	Detail / Notes
List Patients	HIPS-Core returns a list of current, recent and future patients at the specified healthcare facility.	<p>Represents the <i>ListAdmittedPatients</i> method of the <i>PatientServiceV4</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> • Facility Code and Code System • <i>Days Discharged</i> number indicating how many days into the past to include discharged patients • <i>Days After Service</i> number indicating how many days into the past to include non-inpatient episodes • <i>Days Before Pre-Admit</i> number indicating how many days into the future to include pre-admit episodes <p>Resolves the <i>HospitalId</i> for the provided hospital details.</p> <p>Determines the <i>DischargeDateCutoff</i> by subtracting the provided Discharge Days from the current date and time.</p> <p>Determines the <i>DaysAfterServiceCutoff</i> by subtracting the provided Days After Service from the start of today.</p> <p>Determines the <i>DaysBeforePreAdmitCutoff</i> by adding the provided Days Before Pre-Admit to the start of tomorrow.</p> <p>Returns patient data for each <i>HospitalPatient</i> and <i>EpisodeType</i> in HIPS who is associated with the identified <i>Hospital</i> and meets the following criteria:</p> <ul style="list-style-type: none"> • Current inpatient at the facility, or • Inpatient who was discharged from the facility after <i>DischargeDateCutoff</i>, or • Outpatient, same-day patient or emergency episode either today or between <i>DaysAfterServiceCutoff</i> and today, or • Pre-admit episode between tomorrow and <i>DaysBeforePreAdmitCutoff</i>. <p>Patient data to include at least the following information (as available):</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • MRN • Episode Type <p>Location (Ward, Room, and Bed) of the patient's most current episode of each type. The most current is where the AdmissionDate is closest to now.</p>
View Patients	User receives a screen displaying the patient list for the selected hospital.	
Select Patient	User selects a patient to change the upload consent for.	<p>User request includes the following field(s):</p> <p>Hospital Code</p> <p>Patient MRN</p>

Activity / Decision	Description	Detail / Notes
List & Count Patient Episodes	<p>HIPS-UI Web gets a list of all episodes (current and historical) at the current hospital for the specified patient.</p> <p>HIPS-UI Web determines whether episode selection is necessary by counting whether there is more than one episode for the patient at the hospital.</p>	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets a list of patient episodes from the <i>ListPatientEpisodesInHospital</i> method of the HIPS <i>PatientService</i> web service using:</p> <p>The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>)</p> <p>Results are not cached.</p> <p>The HIPS-UI retrieves the number of episodes for the patient at the hospital from the <i>ListAdmittedPatients</i> response.</p> <p>If there is more than one episode an episode selection screen is presented (“View Episodes”).</p> <p>Otherwise the current episode is assumed to be the episode to withdraw consent for and the (withdraw/reinstate) consent form is presented (“View Change Consent Form”).</p>
Get Patient Episodes	<p>HIPS-Core gets all episodes (current and historical) for the specified patient and hospital.</p>	<p>Represents the <i>ListPatientEpisodesInHospital</i> method of the <i>PatientService</i> web service.</p> <p>Returns all <i>Episode</i> records for the indicated patient and hospital.</p> <p>Receives the following input:</p> <p>Patient MRN and associated Hospital Code and Code System</p> <p>Returns at least the following information:</p> <p>Admission Date/Time</p> <p>Admission Reason</p> <p>Responsible Provider</p> <p>Episode Consent Status (Unknown, NoConsentRecorded, WithdrewConsent)</p>
View Episodes	<p>User receives a screen displaying the patient’s episodes at a hospital.</p>	<p>Requires more than one episode present (otherwise skips to Consent Form for the single episode).</p> <p>Consent is withdrawn if episode consent status is “WithdrewConsent”, otherwise it is indicated as not withdrawn.</p>
Select Episode	<p>User selects a patient’s episode to change the upload consent for.</p>	<p>User request includes the following field(s):</p> <p>Hospital Code</p> <p>Patient MRN</p> <p>SourceSystemEpisodeId</p>

Activity / Decision	Description	Detail / Notes
Check Existing Consent	HIPS-UI Web gets the upload consent for the selected patient episode to determine if they have already withdrawn upload consent.	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets the upload consent for the selected patient using the <i>ListPatientEpisodesInHospital</i> method of the HIPS <i>PatientService</i> web service using:</p> <p>The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Episode Admission Date/Time Results are not cached.</p>
Check Consent	HIPS-Core gets the upload consent for the specified patient episode.	<p>Represents the <i>ListPatientEpisodesInHospital</i> method of the <i>patientService</i> web service.</p> <p>Returns the upload consent for the specified patient episode.</p> <p>Receives the following input:</p> <p>Patient MRN and associated Hospital Code and Code System Episode Admission Date/Time Returns at least the following information: Episode Consent Status (Unknown, NoConsentRecorded, WithdrewConsent)</p>
Ensure No Episode Documents	HIPS-UI Web gets a list of documents uploaded for the selected patient episode.	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets the list of uploaded documents for the selected patient episode using the <i>ListUploadedDocuments</i> method of the HIPS <i>PcehrService</i> web service using:</p> <p>The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Episode Admission Date/Time Results are not cached.</p>
Get Episode Documents	HIPS-Core gets the list of documents uploaded via HIPS to the My Health Record system for the selected patient episode.	<p>Represents the <i>ListUploadedDocuments</i> method of the <i>PcehrService</i> web service.</p> <p>Returns a list of documents uploaded via HIPS to the My Health Record system for the specified patient episode.</p> <p>Receives the following input:</p> <p>Patient MRN and associated Hospital Code and Code System Episode Admission Date/Time Returns at least the following information for each document associated with the episode: Document ID</p>

Activity / Decision	Description	Detail / Notes
Consent Form	User receives the withdraw or reinstate consent form as appropriate.	<p>Patients who have not withdrawn consent for the indicated episode (status is 'Unknown' or 'NoConsentRecorded') receive a form allowing them to withdraw consent. This form requires a notes field and confirmation.</p> <p>This form presents an error if documents have already been uploaded for the indicated episode that prevents withdrawing consent until those documents are removed. See Consent Form (Withdraw Consent).</p> <p>Patients who have previously withdrawn consent for the indicated episode (status is 'WithdrewConsent') receive a form allowing them to reinstate upload consent for the indicated episode. This form requires a notes field and confirmation.</p>
Update Consent	User completes the Change Consent Form (either to Withdraw or Reinstate Consent) and submits the form.	<p>User request includes the following field(s):</p> <ul style="list-style-type: none"> Hospital Code Patient MRN Notes Confirmation of Withdraw or Reinstate Consent Intended Withdraw Consent State (i.e. true to withdraw, false to reinstate)
Update Episode Consent	HIPS-UI Web records the new consent value in HIPS for the indicated episode.	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Records the Patient's Withdraw Consent state (withdrawn or reinstated) for the selected patient episode using the <i>RecordConsent</i> method of the HIPS <i>ConsentService</i> web service using:</p> <ul style="list-style-type: none"> The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Intended Withdraw Consent State (i.e. true to withdraw, false to reinstate) Notes converted to bytes using UTF8 encoding Results are not cached.
Record Consent	HIPS-Core records the new withdraw consent status for the indicated episode.	<p>Represents the <i>RecordConsent</i> method of the <i>ConsentService</i> web service.</p> <p>Updates the <i>ConsentWithdrawn</i> flag for the specified patient <i>Episode</i> record.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> Patient MRN and associated Hospital Code and Code System Episode Admission Date/Time Intended Withdraw Consent State (i.e. true to withdraw, false to reinstate) Audit Information (Notes as byte array)
View Result	The User receives an updated form indicating the patient has now successfully withdrawn or reinstated consent.	As list results are invalidated in the cache, if the user returns to the list page they will see correct updated data about the patient's consent.

3.2.21.4 Web User Interfaces

View Patients

View Patients screen allows the user to select which patient has withdrawn consent to upload documents to their My Health Record, either by filtering current/recent/future patients or searching by MRN.

Search bar to filter across all columns (except actions)

Sortable columns. Default sort Name ASC.

Data to display one row for each Episode Type for current or recent episodes:

- Name
- Date of Birth
- Episode Type
- Location (Ward:Room:Bed) of latest episode of the type
- MRN

Data is cached so refreshing the page does not refresh the data live. Cache is invalidated when withdrawal is completed.

Summary of matching results.

Errors and feedback to be displayed on top of page.

Paging of results Page size: 10.

Clicking the button "Review Consent" for a patient shows a list of episodes that the selected patient has had at the current healthcare facility (see View Episodes screen).

Lookup by MRN allows exact search for any patient who is known to HIPS and registered in the selected facility. MRN is automatically padded with the configured number of zeros. If a result is found, the list of episodes for that patient are displayed. Otherwise an error is displayed.

Name	Date of Birth	Episode Type	Location	MRN	Actions
HIRSCH, JEANETTE	19-Sep-1980	Inpatient	1::	101101122323	[Review Consent]
FELDMAN, FREDA	27-Aug-2012	Inpatient	Discharged	000004400	[Review Consent]
BRAY, MARCIE	19-Nov-1975	Emergency	Ward Number:Room:Bed	000000118	[Review Consent]
BYRD, ION	20-Apr-1972	Emergency	Ward Number:Room:Bed	000000119	[Review Consent]
EVERETT, BERNHARDT	24-Feb-1968	Emergency	Ward Number:Room:Bed	000000120	[Review Consent]
HARPER, JAMES	15-Apr-1975	Emergency	Ward Number:Room:Bed	000000121	[Review Consent]
HEATH, LYDIA	16-Mar-1981	Emergency	Ward Number:Room:Bed	000000122	[Review Consent]
BALLARD, RODNEY	18-May-1993	Inpatient	Ward Number:Room:Bed	000000115	[Review Consent]
BATES, ARRABELLA	26-Dec-1977	Inpatient	Ward Number:Room:Bed	000000137	[Review Consent]
BETTE, BARNEY	01-Jan-1982	Inpatient	Ward Number:Room:Bed	000000141	[Review Consent]

View Episodes

View Episodes screen lists episodes for the selected patient, for which the user can record a withdrawal of consent to upload documents to the My Health Record.

Link to go back to Patient List

Title is "Episodes at (Facility Name) for (Patient Name)"

Search bar to filter across all columns (except actions)

Errors and feedback to be displayed on top of page.

Sortable columns. Default sort Admitted and Discharged ascending.

Data to display:

- Admission Date/Time
- Discharge Date/Time or "(None)"
- Admission Reason
- Responsible Provider
- Consent Withdrawn

Summary of matching results.

Action Buttons:

- Withdraw Consent if consent is not currently withdrawn.
- Reinstate Consent if consent is currently withdrawn.

Both go to the Consent Form which will display appropriately depending on existing Consent.

Paging of results
Page size: 10.

Q Episodes at Royal Chamonix Hospital for BOSWELL, BOBBY TABLES

Showing 1 to 3 of 3 entries

Admitted	Discharged	Admission Reason	Responsible Provider	Consent Withdrawn	Actions
03-May-2019 01:02	03-May-2019 03:00	Emergency chest pain	Dr Emergency Doctor	No	
03-May-2019 06:45	03-May-2019 09:30	Admission for Surgery	Dr Admitting Doctor	Yes	
03-May-2019 11:15	(None)	Follow-up appointment	Dr Outpatient Doctor	No	

Showing 1 to 3 of 3 entries

Consent Form (Withdraw Consent)

The Withdraw Consent form allows users to withdraw consent if they have not yet withdrawn consent for the specified episode.

Data to display (as available):

- Name + (MRN)
- Date of Birth
- Hospital
- Location (Ward:Room:Bed)
- Admission Date/Time
- Discharge Date/Time
- Responsible Provider
- Admission Reason

Notes is required. Maximum length 5000 characters.

Confirmation required.

"Withdraw Consent" marks the current episode as consent withdrawn in HIPS. Feedback of the success of this operation is displayed. Repeat submission is disabled until feedback is received and only permitted if the submission was unsuccessful.

Title to be "Withdraw Consent for Episode"

Errors and feedback to be displayed on top of page.

Null fields (e.g. not discharged yet) to display "(None)"

Confirmation text and submit button to refer to "Withdraw Consent"

Form Content:

Withdraw Consent for Episode

Patient Details

Patient	BANGSUND, KATHY (000190757)	Responsible Provider	Dr. Adrian GRIGNON Jr.
Date of Birth	06/01/1954	Admission Reason	Sore Foot
Hospital	Royal Chamonix Hospital	Admission Date	18/02/2016 10:46:30
Location	W4:R11:	Discharge Date	(None)

Administer Request

Reference Notes

Confirm Withdraw Consent

Please confirm that the patient wishes to withdraw consent to upload documents to their digital health record for the indicated episode.

Withdraw Consent

Reinstate Consent for Episode

ⓘ The patient has already withdrawn consent to upload documents for this episode (notes below).
Please complete the form below if you are sure you would like to reinstate consent.

Withdraw Consent Notes:
Patient requested withdrawal of consent.

Patient Details	
Patient	BANGSUND, KATHY (000190757)
Date of Birth	06/01/1954
Hospital	Royal Chamonix Hospital
Location	W4:R11:
Responsible Provider	Dr. Adrian GRIGNON Jr.
Admission Reason	Sore Foot
Admission Date	18/02/2016 10:46:30
Discharge Date	(None)

Administer Request

Reference Notes

Confirm Reinstate Consent

Please confirm that you want to reinstate uploads to the digital health record for the indicated episode.

[Reinstate Consent](#)

Data to display (as available):

- Name + (MRN)
- Date of Birth
- Hospital
- Location (Ward:Room:Bed)
- Admission Date/Time
- Discharge Date/Time
- Responsible Provider
- Admission Reason

Title to be "Reinstate Consent for Episode"

Errors and feedback to be displayed on top of page.

Page to start with warning indicating that the current patient has previously withdrawn consent and include the Notes from the withdrawal.

Notes is required. Maximum length 5000 characters.

Confirmation required.

Null fields (e.g. not discharged yet) to display "(None)"

Confirmation text and submit button to refer to "Reinstate Consent"

"Reinstate Consent" marks the current episode as no longer consent withdrawn in HIPS. Feedback of the success of this operation is displayed. Repeat submission is disabled until feedback is received and only permitted if the submission was unsuccessful.

3.2.22 View and Remove Uploaded Documents

3.2.22.1 Description

'View and Remove Uploaded Documents' is a document management function allowing users to select a patient, and then to list and view documents that have been uploaded by their healthcare facility to the patient's My Health Record and where necessary remove uploaded documents from the My Health Record.

This functionality can be required in a number of scenarios:

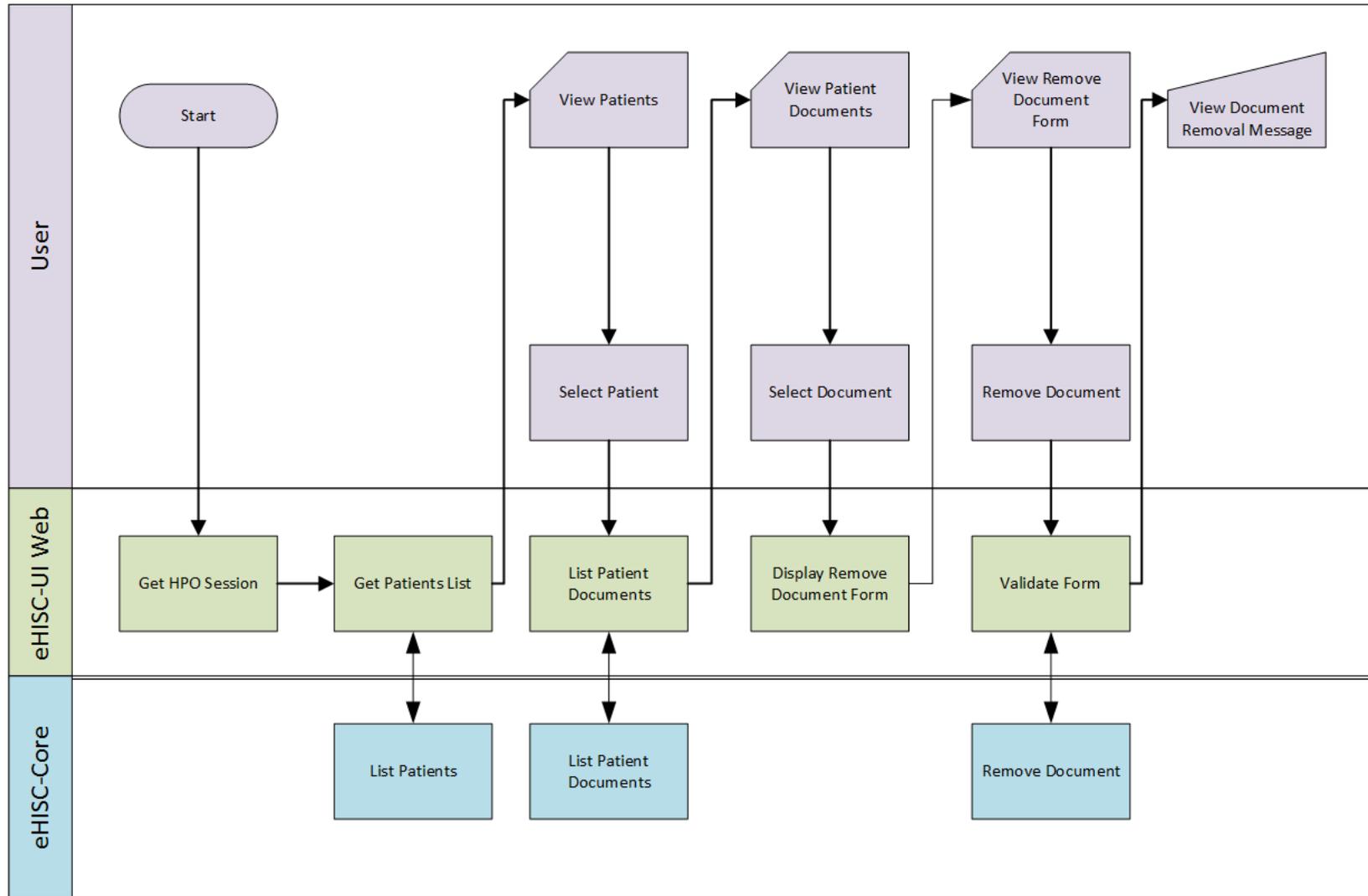
- Obtaining confirmation that a document was successfully uploaded, without viewing the patient's full My Health Record.
- A document was uploaded for the wrong individual (reason 'Incorrect Identity').
- A document was uploaded after the patient had signed a consent withdrawal, however the consent withdrawal has not yet been actioned within HIPS (reason 'Withdrawn').
- A patient forgot to ask a document not be uploaded and has requested the document be removed (reason 'Withdrawn'). This scenario is less likely as patients should do this themselves using the client portal.
- Information in a document is incorrect and clinical staff need to remove it prior to a corrected version being uploaded rather than superseding (reason 'Withdrawn').

Users are able to select a patient from a list of current, recent or pinned patients. Users can also find any registered patients via their MRN at the current facility or via their IHI.

Only documents uploaded via the current instance of HIPS for the indicated patient at the selected facility will be displayed. Prior to removal, documents can be viewed to see the contents of the document as originally uploaded, unless the document has been purged from the HIPS database. If the document has been purged, limited metadata is available, and removal is still possible.

Removal of documents requires a chosen reason and notes describing the reason for removal.

3.2.22.2 Process Overview



3.2.22.3 Process Detail

Activity / Decision	Description	Detail / Notes
Prerequisites	User logged in to the HIPS-UI Web application with appropriate security access.	Valid security details are required to login.
	User has selected the healthcare provider organisation facility that uploaded the document.	The controller will redirect to the Select Facility page if the session does not contain a healthcare facility selection.
Start	User requests the 'View and Remove Uploaded Documents' page.	Located under Clinical Documentation > View and Remove Uploaded Documents.
Get Settings	HIPS-UI Web loads configuration settings.	Gets HIPS-UI Web configuration settings from the <i>Settings</i> table of the <i>HIPSWebDataStore</i> database. Retrieves from cache if present and stores in cache after retrieval.
Get Patients List	HIPS-UI Web displays all patients pinned by the current user, currently admitted patients, patients recently discharged, and patients with recent outpatient, same day patient and emergency episodes.	Refers to loaded configuration settings to determine <i>RemoveDocumentDaysDischarged</i> , <i>RemoveDocumentDaysAfterService</i> and <i>DefaultHospitalCodeSystem</i> . Gets a list of patients from the <i>ListAdmittedPatients</i> method of the HIPS <i>PatientServiceV4</i> web service using: <ul style="list-style-type: none"> The selected healthcare facility (Code, <i>DefaultHospitalCodeSystem</i>) The <i>RemoveDocumentDaysDischarged</i> value to determine how many days after the discharge date patients are returned for inpatient episodes. The <i>RemoveDocumentDaysAfterService</i> value to determine how many days after the episode start date patients are returned for outpatient, same day patient and emergency episodes. Retrieves from cache if present and stores in cache after retrieval. Gets a list of patients from the <i>ListPinnedPatients</i> method of the HIPS <i>PatientServiceV4</i> web service using: <ul style="list-style-type: none"> The selected healthcare facility (Code, <i>DefaultHospitalCodeSystem</i>) The current user identity (Domain, Login) Retrieves from cache if present and stores in cache after retrieval.

Activity / Decision	Description	Detail / Notes
List Hospital Patients	<p>HIPS-Core returns a list of patients with current or recent episodes at the specified facility. The patient list indicates if the patient has a My Health Record.</p>	<p>Represents the <i>ListAdmittedPatients</i> method of the <i>PatientServiceV4</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> • Facility Code and Code System • Discharge Days number indicating how many days after the episode end date to include inpatients. • Service Days number, for episode types where the patient may not be discharged (outpatient, same day patient and emergency episodes) indicates the number of days after the episode start date to include patients. <p>Resolves the <i>HospitalId</i> for the provided facility details.</p> <p>Determines the <i>MinimumDischargeDate</i> by subtracting the provided Discharge Days from the current date and time.</p> <p>Determines the <i>MinimumServiceDate</i> by subtracting the provided Service Days from the current date.</p> <p>Returns patient data for each <i>HospitalPatient</i> and <i>EpisodeType</i> in HIPS that is associated with the identified facility and meets the following criteria:</p> <ul style="list-style-type: none"> • Current inpatient at the facility, or • Inpatient discharged from the facility where the <i>DischargeDate</i> is after the <i>MinimumDischargeDate</i>, or • Recent outpatient, same day patient or emergency episode at the facility where the <i>AdmissionDate</i> is after the <i>MinimumServiceDate</i>. <p>Patient data to include the following information (as available):</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • MRN • Location (Ward, Room, and Bed) of the patient’s most current episode of each type. The most current episode is the one whose <i>AdmissionDate</i> is closest to now. • My Health Record participation status

Activity / Decision	Description	Detail / Notes
List Pinned Patients	HIPS-Core returns a list of patients at the specified facility who have been pinned by the current user.	<p>Represents the <i>ListPinnedPatients</i> method of the <i>PatientServiceV4</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> • Facility Code and Code System • User Name, Login and Domain <p>Resolves the <i>HospitalId</i> for the provided facility details.</p> <p>Returns patient data for each <i>PatientMaster</i> in HIPS that is associated with the identified facility and is pinned by the identified user.</p> <p>Patient data to include the following information (as available):</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • MRN • My Health Record participation status
View Patients	User receives a screen displaying the patient list for the selected hospital.	
Select Patient	User selects a patient to view or remove a document from.	<p>If the Patient the user is looking for is not in the list the user may:</p> <p>Use the “Lookup by MRN” field on the Patient List page to select the patient.</p> <p>Use the “Lookup by IHI” field on the Patient List page to select the patient.</p> <p>User request includes the following field(s):</p> <p>Hospital Code</p> <p>Patient MRN or Patient IHI</p>
List Patient Documents	HIPS-UI Web displays a list of locally updated documents for the selected Patient and Hospital.	<p>Refers to loaded configuration settings to determine if <i>DefaultRemoveDocumentTab</i> is either “General”, “Pathology” or “DiagnosticImaging”.</p> <p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets a list of uploaded documents from:</p> <p>The <i>ListUploadedGeneralDocuments</i> method of the HIPS <i>DocumentService</i> web service</p> <p>The <i>ListUploadedPathologyReports</i> method of the HIPS <i>DocumentService</i> web service</p> <p>The <i>ListUploadedDiagnosticImagingReports</i> method of the HIPS <i>DocumentService</i> web service</p> <p>using:</p> <p>The User, Patient Identifier (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>), IHI</p> <p>Results are cached and may be refreshed by user actions.</p>

Activity / Decision	Description	Detail / Notes
List Patient Documents	<p>HIPS-Core returns a list of</p> <ul style="list-style-type: none"> Pathology reports Diagnostic imaging reports All other documents uploaded for the specified patient or any patient record with the specified IHI. 	<p>Represents the ListUploadedGeneralDocuments, ListUploadedPathologyReports and ListUploadedDiagnosticImagingReports methods of the DocumentService web service.</p> <p>Returns all locally stored successfully uploaded documents for the indicated patient and hospital, or the indicated IHI and hospital (refer to the <i>PathologyReport</i>, <i>DiagnosticImagingReport</i>, <i>ClinicalDocument</i>, <i>ClinicalDocumentStatus</i>, and <i>ClinicalDocumentVersion</i> tables).</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> User, Patient Identifier (MRN and associated Hospital Code and Code System), IHI (optional) <p>Returns at least the following information:</p> <ul style="list-style-type: none"> Associated Episode Admission Date/Time Associated Episode Discharge Date/Time Responsible Provider Name Status (Uploaded, Pending Remove, Removed, Failed Remove) Document ID Document Type <p>For Pathology Reports, also the Report ID, Specimen Collection Date/Time, Report Date/Time, Department List and Test Result Name List.</p> <p>For Diagnostic Imaging Reports, also the Accession ID, Imaging Date/Time, Report Date/Time, Modality List and Examination List.</p>
View Patient Document List	<p>User receives a screen displaying the patient's documents at the current healthcare facility.</p>	
Select Document to Remove	<p>User selects the document to remove for the selected Patient.</p>	<p>User request includes the following field(s):</p> <ul style="list-style-type: none"> Hospital Code Patient MRN Document ID
Display Remove Document Form	<p>HIPS-UI Web displays the remove document modal for the selected document.</p>	<p>If the document is uploaded to an episode that is not an inpatient episode:</p> <ul style="list-style-type: none"> Change "Hospital" to "Facility" Change "Admission Reason" to "Service" Change "Admission Date" to "Service Date" Hide "Discharge Date" <p>If the document is a pathology report:</p> <ul style="list-style-type: none"> Display the Report ID, Specimen Collection Date/Time, Report Date/Time, Department List and Test Result Name List. <p>If the document is a diagnostic imaging report:</p> <ul style="list-style-type: none"> Display the Accession ID, Imaging Date/Time, Report Date/Time, Modality List and Examination List.

Activity / Decision	Description	Detail / Notes
View Remove Document Form	User receives the remove document form for the selected document.	
View and Remove Uploaded Documents	User completes and submits the remove document form.	User request includes the following field(s): Hospital Code Patient MRN Document ID Reason Notes Confirmation of Removal
View and Remove Uploaded Documents	HIPS-UI Web submits a request to remove an uploaded document from the My Health Record system.	Refers to loaded configuration settings to determine DefaultHospitalCodeSystem. Submits a request to remove an uploaded document from the My Health Record using the <i>Remove</i> method of the HIPS <i>PcehrService</i> web service using: The Selected Patient (MRN, Hospital Code, DefaultHospitalCodeSystem) Document Set ID, Admission Date/Time, Removal Reason, Audit Notes
Remove My Health Record Document	HIPS-Core adds the Remove Document action onto the HIPS queue.	Represents the <i>Remove</i> method of the <i>PcehrService</i> web service. Enqueues an operation to remove a document from the My Health Record. Receives the following input: User, Patient Identifier (MRN and associated Hospital Code and Code System), Document Set ID, Admission Date/Time, Removal Reason, Audit Notes
View Result	The User receives an updated form page indicating the patient has now successfully placed a request to remove the document.	The user can click the Refresh button to refresh the document list and display the latest document state. The row that was previously selected remains highlighted with a coloured border to avoid mistaking which row was actioned.

3.2.22.4 Web User Interfaces

View Patients

View Patients screen allows the user to select a patient, either by filtering current/recent/pinned patients or searching by MRN or IHI.

Data to display (as available):

- Name
- Date of Birth
- MRN

Search bar to filter across all columns (except actions).

Errors and feedback to be displayed on top of page.

Clickable "View Uploaded Documents" button shows the documents that have been uploaded by the current healthcare facility for the selected patient ('Document List').

Sortable columns. Default sort Name ASC.

Name	Date of Birth	MRN	Actions
CANNON, KAMAHL	15-Apr-1993	000000226	

Summary of matching results.

Lookup by MRN: *

MRN

Lookup by IHI: *

IHI

Lookup by MRN allows search by MRN for any patient known to HIPS. The entered value is automatically padded with zeros based on the configured MRN length. If a result is found, the documents for that patient are displayed. Otherwise an error is displayed.

Lookup by IHI allows exact search on IHI across all time. If result found that patient is selected. Otherwise an error is displayed. If multiple records have the same IHI a warning is displayed and reports from all patient records having the entered IHI are listed.

Paging of results
Page size: 10.

Document List – General Tab

The General tab displays a list of documents, except pathology or imaging reports, uploaded by the selected facility for the selected patient.

Title is "Documents Uploaded by (Facility Name) for (Patient Name)"

Data to display:

- Document Type
- Admission Date/Time
- Discharge Date/Time or "(None)"
- Responsible Provider
- Status

Search bar to filter across all columns (except actions).

Refresh button to reload the document list with updated status.

Errors and feedback to be displayed on top of page.

Clickable "View" opens the document for viewing ('View Document'). Clicking "Remove" opens the document removal form ('Remove Document').

Sortable columns. Default sort Name ASC.

Summary of matching results.

**Paging of results
Page size: 10.**

Refresh button to reload the document list with updated status.

Errors and feedback to be displayed on top of page.

Clickable "View" opens the document for viewing ('View Document'). Clicking "Remove" opens the document removal form ('Remove Document').

**Paging of results
Page size: 10.**

Document List – Pathology Tab

The Pathology tab displays a list of pathology reports uploaded by the selected facility for the selected patient.

The screenshot shows a web interface for viewing pathology reports. At the top, there are navigation tabs: Home, Healthcare Identifiers, My Health Record Registration, and Clinical Documentation. Below this is a breadcrumb trail: Patients > Documents Uploaded by Royal Chamonix Hospital for CANNON, KAMAHL. A search bar is present with a 'Refresh' button. The main content area is titled 'Pathology Report View' and includes a search input field and pagination controls (First, Previous, 1, 2, 3, 4, 5, Next, Last). A table displays a list of reports with columns for Report ID, Specimen Collection, Report Date, Department, Test Result Name, Status, and Actions. The table shows 5 entries, with the first one expanded to show details. Callout boxes provide additional information: 'Title to be "Documents Uploaded by (Facility Name) for (Patient Name)"', 'Data to display: Report ID, Specimen Collection, Report Date, Department, Test Result Name, Status', 'Sortable columns. Default sort on Report Date, descending.', 'Search bar to filter across all columns (except actions).', 'Refresh button to reload the document list with updated status.', 'Errors and feedback to be displayed on top of page.', 'Clicking "View" opens the document for viewing ("View Document"). Clicking "Remove" opens the document removal form ("Remove Document").', and 'Paging of results Page size: 5.'

Document List – Diagnostic Imaging Tab

The Diagnostic Imaging tab displays a list of diagnostic imaging reports uploaded by the selected facility for the selected patient.

Annotations:

- Title to be "Documents Uploaded by (Facility Name) for (Patient Name)":** Documents Uploaded by Royal Chamonix Hospital for CANNON, KAMAHL
- Refresh button to reload the document list with updated status:** Refresh button
- Data to display:**
 - Accession ID
 - Imaging Date
 - Report Date
 - Modality Examination
 - Status
- Search bar to filter across all columns (except actions):** Search bar
- Errors and feedback to be displayed on top of page:** Error/Feedback area
- Sortable columns. Default sort on Report Date, descending:** Accession ID, Imaging Date, Report Date, Modality Examination, Status, Actions
- Clicking "View" opens the document for viewing ('View Document'). Clicking "Remove" opens the document removal form ('Remove Document').** View and Remove icons
- Paging of results Page size: 5:** First, Previous, 1, 2, 3, 4, 5, 6, Next, Last
- Summary of matching results:** Showing 1 to 5 of 27 entries

Accession ID	Imaging Date	Report Date	Modality Examination	Status	Actions
18-00020000902-979-2	23 Jul 2018 21:36:16+0930	26 Jul 2018 18:36:16+1000	CR X-ray of right ankle	Uploaded	
18-00020000901-978-2	23 Jul 2018 21:35:46+0930	25 Jul 2018 19:35:46+1000	CR, US X-ray of right ankle, Joint Ultrasound	Uploaded	
18-00020000900-977-1	23 Jul 2018 21:35:16+0930	25 Jun 2018 20:35:16+1000	CR, US, CT Scan X-ray of right ankle, Joint Ultrasound, CT Scan of Rig...	Uploaded	
18-00020000898-975-2	23 Jul 2018 21:34:16+0930	24 Jun 2018 22:34:16+1000	CR, US X-ray of right ankle, Joint Ultrasound	Uploaded	
18-00020000899-976-2	23 Jul 2018 21:34:46+0930	24 Jun 2018 21:34:46+1000	CR X-ray of right ankle	Uploaded	

Remove Documents – General Document

Remove Documents screen is displayed as a modal and allows removal from the My Health Record of a document the current healthcare facility uploaded.

The screenshot shows a modal window titled "Remove [Report Type] for GIBBS, GEORGE". The modal is divided into several sections:

- Modal Title:** Remove [Document Type] for [Patient Name]
- Patient Details section:**
 - Patient Name & MRN
 - Date of Birth
 - Hospital or Facility
 - Document Type
 - Responsible Provider
 - Admission Reason or Service
 - Admission Date or Service Date
 - Discharge Date
- Administer Request:**
 - Removal Reason:**
 - Incorrect Identity
 - Withdrawn
 - Reference Notes:** Text area for user to enter Removal Reason description.
- Confirmation checkbox:** Please confirm that you want to remove the patient's clinical document from their National eHealth Record (PCEHR).
- Remove Document button:** triggers the Remove Document operation to be added to the HIPS queue for processing.

Remove Documents – Pathology Report

Remove Document screen is displayed as a modal and allows removal from the My Health Record system of a pathology report that the current healthcare facility uploaded.

The screenshot shows a modal window titled "Remove eHealth Pathology Report for CANNON, KAMAHL". The modal is divided into several sections:

- Patient Details section:**
 - Patient Name & MRN
 - Date of Birth
 - Hospital or Facility
 - Document Type
- Report Details section:**
 - Report ID
 - Specimen Collection Date
 - Report Date
 - Department List
 - Test Result Name List (no truncation)
- Administer Request section:**
 - Removal Reason:**
 - Incorrect Identity
 - Withdrawn
 - Reference Notes:** A text area for the user to enter a description of the removal reason.
 - Confirm Remove Clinical Document:**
 - Please confirm that you want to remove the patient's clinical document from their digital health record.
 - Remove Document button:** A blue button that triggers the removal operation.

Additional callouts include:

- Modal Title:** Remove [Document Type] for [Patient Name]
- Confirmation checkbox:** Points to the "Confirm Remove Clinical Document" section.

Remove Documents – Diagnostic Imaging Report

Remove Document screen is displayed as a modal and allows removal from the My Health Record system of a diagnostic imaging report that the current healthcare facility uploaded.

Modal Title: Remove [Document Type] for [Patient Name]

Patient Details section:

- Patient Name & MRN
- Date of Birth
- Hospital or Facility
- Document Type

Report Details section:

- Accession ID
- Imaging Date
- Report Date
- Modality List
- Examination List (no truncation)

Removal Reason:

- Incorrect Identity
- Withdrawn

Confirmation checkbox

Remove Document button: triggers the Remove Document operation to be added to the HIPS queue for processing.

Reference Notes: Text area for user to enter Removal Reason description.

Modal Content:

Remove eHealth Diagnostic Imaging Report for CANNON, KAMAHL [Close]

Patient Details

Patient: CANNON, KAMAHL (00000226)
 Date of Birth: 15 Apr 1993
 Facility: Royal Chamonix Hospital
 Document Type: eHealth Diagnostic Imaging Report

Report Details

Accession ID: 18-0020000900-977-1
 Imaging Date: 23 Jul 2018 21:35:16+0930
 Report Date: 25 Jun 2018 20:35:16+1000
 Modality: CR, US, CT Scan
 Examination: X-ray of right ankle, Joint Ultrasound, CT Scan of Right Foot

Administer Request

Removal Reason
 Incorrect Identity
 Withdrawn

Reference Notes
 [Text area for user to enter Removal Reason description]

Confirm Remove Clinical Document
 Please confirm that you want to remove the patient's clinical document from their digital health record.

[Remove Document] [Close]

3.2.23 Upload PDF Discharge Summary

3.2.23.1 Description

'Upload PDF Discharge Summary' is a clinical documentation function allowing users to take a PDF file containing a discharge summary document and upload it to a patient's My Health Record.

3.2.23.2 Process Overview

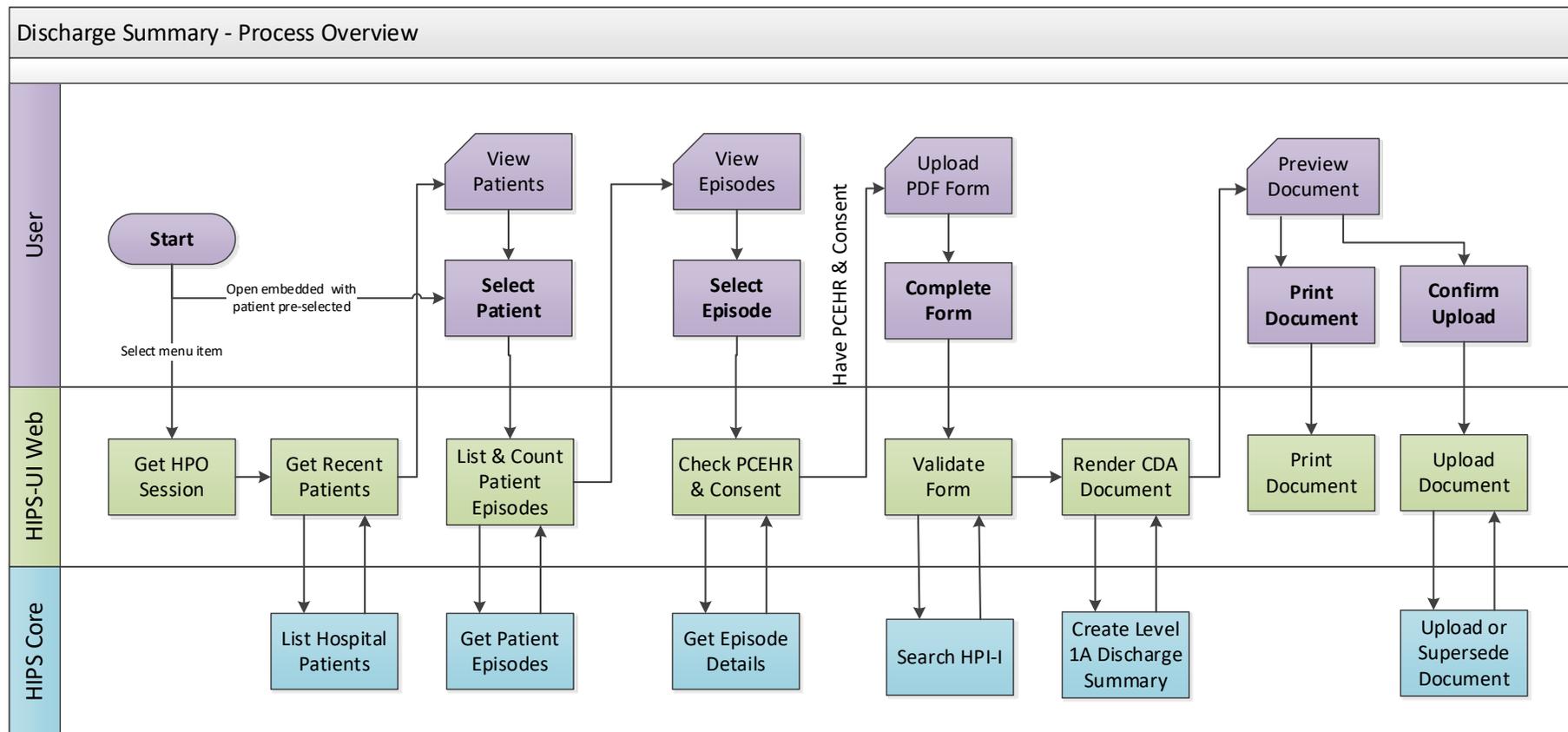


Figure 3 – Discharge Summary – Process Overview

3.2.23.3 Process Detail

Activity / Decision	Description	Detail / Notes
Prerequisites	User logged in to the HIPS-UI Web application with appropriate security access.	Valid security details are required to login.
	User has selected a hospital OR hospital code supplied in the embedded URL format.	Hospital code specified in URL will be resolved using 'DefaultHospitalCodeSystem' setting and set the hospital selection for the session. The controller will redirect to the Select HPO page if the session does not contain a hospital selection.
Start	User requests the 'Discharge Summary' page. OR External system links to embedded version with patient pre-selected.	A menu item for this feature will be located under Clinical Documentation > Discharge Summary. The embedded process skips to step "Select Patient".
Get HPO Session - Settings	HIPS-UI Web loads configuration settings.	Gets HIPS-UI Web configuration settings from the <i>Settings</i> table of the <i>HIPSWebDataStore</i> database. Retrieves from cache if present and stores in cache after retrieval.
Get Recent Patients	HIPS-UI Web gets a list of patients (IHI and My Health Record are not required) who are currently an inpatient at, or recently discharged from, the selected hospital.	Refers to loaded configuration settings to determine <i>DischargeSummaryPatientListDaysDischarged</i> and <i>DefaultHospitalCodeSystem</i> . Gets a list of patients from the <i>ListAdmittedPatients</i> method of the HIPS <i>PatientService</i> web service using: The Selected Hospital (Code, <i>DefaultHospitalCodeSystem</i>) The <i>DischargeSummaryPatientList DaysDischarged</i> value to determine how many days of recently discharged patients are returned Results are not cached.

Activity / Decision	Description	Detail / Notes
List Current and Recent Patients	HIPS-Core returns a list of patients currently at, or recently discharged from, the specified facility. The patient list indicates if the patient has a My Health Record.	<p>Represents the <i>ListAdmittedPatients</i> method of the <i>PatientService</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> Facility Code and Code System Discharge Days number indicating how many days into the past to include discharged patients from <p>Resolves the <i>HospitalId</i> for the provided facility details.</p> <p>Determines the <i>MinimumDischargeDate</i> by subtracting the provided Discharge Days from the current date and time.</p> <p>Returns patient data for each <i>HospitalPatient</i> in HIPS who meets the following criteria:</p> <ul style="list-style-type: none"> • Associated with the identified facility • HospitalId matches the provided HospitalId. • Currently inpatient at the selected hospital or discharged from the hospital within a configured number of days • The most recent <i>Episode</i> for the <i>HospitalPatient</i> has a <i>DischargeDate</i> that is either null or after the <i>MinimumDischargeDate</i>. <p>Patient data to include the following information (as available):</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • MRN • Location (Ward, Room, and Bed) of the patient’s most recent episode at the selected hospital • My Health Record participation status
List Pinned Patients	HIPS-Core returns a list of patients in the specified facility who have been pinned by the specified user. The patient list indicates if the patient has a My Health Record.	<p>Represents the <i>ListPinnedPatients</i> method of the <i>PatientServiceV4</i> web service.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> • Hospital Code and Code System • User Name, Login and Domain <p>Resolves the <i>HospitalId</i> for the provided hospital details.</p> <p>Returns patient data for each <i>PatientMaster</i> in HIPS who meets the following criteria:</p> <ul style="list-style-type: none"> • Associated with the identified facility • Currently pinned by the provided user. <p>Patient data to include the following information (as available):</p> <ul style="list-style-type: none"> • Patient Name • Date of Birth • MRN • My Health Record participation status

Activity / Decision	Description	Detail / Notes
View Patients	User receives a screen displaying the patient list for the selected facility.	See view patients screen. There will not be an embedded version of this screen.
Select Patient	User selects a patient to upload or supersede a document. OR External system links to embedded version of this page.	Request includes the following fields: Hospital Code Patient MRN or Hospital Code Registered Enterprise Patient ID
List & Count Patient Episodes	HIPS-UI Web gets a list of all episodes (current and historical) at the current facility for the specified patient, up to a configured number of days in the past (typically 365 days, one year is sufficient).	Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Gets a list of patient episodes from the ListPatientEpisodesInHospital method of the HIPS PatientService web service using: The Selected Patient (PatientId, Hospital Code, DefaultHospitalCodeSystem) Retrieving the DischargeSummaryEpisodeDaysAfterService and DischargeSummaryEpisodeDaysAfterService setting to display the Uploaded Discharge Summary document for the configured number of days after service for the admitted patients with Emergency episode type by using episodeRepositoryV3. The DischargeSummaryEpisodeList DaysDischarged value to determine how many days of recently discharged episodes are returned Include Documents setting which defines if the method should return information about previously uploaded documents Document Code value which limits the type of documents returned by the method. Results are not cached. An episode selection screen is presented ("View Episodes").

Activity / Decision	Description	Detail / Notes
Get Patient Episodes	HIPS-Core gets all episodes (current and historical) for the specified patient and hospital.	<p>Represents the ListPatientEpisodesInHospital method of the PatientService web service.</p> <p>Returns all Episode records for the indicated patient and hospital.</p> <p>Receives the following input:</p> <ul style="list-style-type: none"> Patient PatientId, statePatientId and associated Hospital Code and Code System Days Discharged value. Days After Service value. Include Documents setting. Document Code value <p>Returns at least the following information:</p> <ul style="list-style-type: none"> Admission Date/Time Discharge Date/Time Admission Reason Responsible Provider Consent Withdrawn Document Status (None, Uploaded, Removed) HasPcehr SourceSystemEpisodeId SourceSystemSetId
View Episodes	User receives a screen displaying the patient's episodes at a hospital.	See view episodes screen.
Select Episode	User selects a patient's episode to upload or supersede the discharge summary for.	<p>Request includes the following fields:</p> <ul style="list-style-type: none"> Hospital Code Patient MRN SourceSystemEpisodeId <p>OR</p> <ul style="list-style-type: none"> Hospital Code Registered Enterprise Patient ID SourceSystemEpisodeId

Activity / Decision	Description	Detail / Notes
<p>Check My Health Record & Consent (including Get Episode Details)</p>	<p>HIPS-UI Web gets the details of the episode.</p>	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>, <i>DischargeSummaryAuthor</i> and <i>DischargeSummaryRHP</i>.</p> <p>Gets the list of values for Clinical Specialty from the <i>ClinicalSpecialty</i> table of the <i>HIPSWebDataStore</i> database.</p> <p>Gets the details for the selected patient episode using the <i>GetEpisodeDetails</i> method of the HIPS <i>PatientService</i> web service using:</p> <p>The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Source System Episode ID</p> <p>Returns at least the following information:</p> <p>Admission Date/Time Discharge Date/Time Admission Reason Responsible Provider Name and ID Discharge Summary Status (None, Uploaded, Removed)</p>
<p>Get Episode Details</p>	<p>HIPS-Core gets details for the selected patient episode.</p>	<p>Represents the <i>GetEpisodeDetails</i> method of the <i>PatientService</i> web service.</p> <p>Returns details of the specified patient episode.</p> <p>Receives the following input:</p> <p>Patient MRN and associated Hospital Code and Code System Source System Episode ID</p> <p>Returns at least the following information for each document associated with the episode:</p> <p>Document ID Document Type Document Status (Uploaded / Removed)</p>
<p>Upload PDF Form</p>	<p>User receives the upload form showing upload or supersede as appropriate.</p>	<p>For patient episodes that have no discharge summary uploaded, the user receives a form allowing them to upload a PDF discharge summary.</p> <p>For patient episodes that have a discharge summary uploaded (status is Uploaded or Removed), the user receives a form allowing them to select another PDF to supersede the discharge summary for the indicated episode.</p> <p>Author and RHP are pre-populated with current user or the responsible provider of the episode, depending on <i>DischargeSummaryAuthor</i> and <i>DischargeSummaryRHP</i> settings.</p> <p>These forms require metadata and confirmation.</p>

Activity / Decision	Description	Detail / Notes
Complete Form	User completes the Upload PDF Discharge Summary form (either to Upload or Supersede) and submits the form.	User request includes the following field(s): Discharge Date/Time (Can be set as date only value by ticking the Date Only Discharge Date checkbox) Hospital Code MRN or Registered Enterprise Patient ID Source System Episode ID Document Author (ID, names, HPI-I) Responsible Health Professional at Time of Discharge (ID, names, HPI-I) Attached file names and contents (Body PDF, Images, Logo) Document Status Mode of Separation Clinical Specialty Date and Time of Completion Confirmation of intent to upload
Validate Form (Upload PDF)	HIPS-UI Web validates the form contents.	Validates the form contents. The HPI-I of the Author and Responsible Health Professional are only required if the Discharge Summary Document Format Code is set to "Enforced". Validates the HPI-I of the Author and Responsible Health Professional (if entered) using the <i>HpiiValidation</i> method of the HIPS <i>HpiiService</i> web service using: HPI-I number Family Name Given Name Results are not cached.

Activity / Decision	Description	Detail / Notes
Render CDA Document	HIPS-UI Web creates a CDA wrapper for the PDF discharge summary document and renders it for viewing.	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets a CDA wrapper for the document from the <i>CreateDischargeSummaryLevel1A</i> method of the HIPS <i>CdaService</i> web service using:</p> <p>The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>)</p> <p>Admission and Discharge Date/Time (Discharge Date/Time can be date only)</p> <p>Document Author (ID, names, HPI-I)</p> <p>Responsible Health Professional at Time of Discharge (ID, names, HPI-I)</p> <p>Attached file names and contents (Body PDF, Images, Logo)</p> <p>Document Status</p> <p>Mode of Separation</p> <p>Clinical Specialty</p> <p>Date and Time of Completion</p> <p>Stores in cache after creation, using these keys:</p> <p>Hospital Code</p> <p>Patient MRN</p> <p>Document Set ID</p> <p>Document ID</p> <p>Rendering leverages and extends existing My Health Record system Web Viewer functionality to render the document CDA package using the Agency stylesheet.</p>
Create Level 1A Discharge Summary	HIPS-Core creates a CDA wrapper for the PDF document.	<p>Represents the <i>CreateDischargeSummaryLevel1A</i> method of the <i>CdaService</i> web service.</p> <p>Creates a CDA discharge summary document that wraps a PDF document body.</p> <p>Receives the following input:</p> <p>PDF document</p> <p>Patient identifier</p> <p>CDA header metadata</p> <p>Attachment files</p> <p>Returns at least the following information:</p> <p>CDA document</p> <p>Attachment files</p>
Preview Document	User views the rendered document as it would be shown on the My Health Record system.	Leverages and adapts existing My Health Record system Web Viewer functionality. See view document screen.

Activity / Decision	Description	Detail / Notes
Print Document	User clicks the Print button on the view document modal window.	User request includes the following field(s): Hospital Code Patient MRN Document Set ID Document ID
Print Document	HIPS-UI Web renders the document in a new window for printing.	Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Retrieve the document from the cache. Views the document in a new window and invokes the print function of the browser.
Confirm Upload	User clicks the Upload button on the view document modal window.	User request includes the following field(s): Hospital Code Patient MRN Document Set ID Document ID
Upload Document	HIPS-UI Web uploads the document to the My Health Record system.	Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Retrieve the document from the cache. Upload the document to the My Health Record system using the <i>UploadOrSupersedeDocument</i> method of the HIPS <i>PcehrService</i> web service using: The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) CDA document Attachment files Document Format code for Level 1A Discharge Summary
Upload Document to My Health Record system	HIPS-Core uploads or supersedes the document to the My Health Record system.	Represents the <i>UploadOrSupersedeDocument</i> method of the <i>PcehrService</i> web service. Uploads a document to the My Health Record system. Receives the following input: Patient MRN and associated Hospital Code and Code System CDA document Attachment files Document format code
View Result	The User receives an updated form page indicating the patient has now successfully placed a request to upload the document.	The episode list can be refreshed to retrieve the latest document state.

3.2.23.4 Web User Interfaces

View Patients

View Patients screen allows the user to select a patient, either by filtering current/recent patients or searching by MRN.

Search bar to filter across all columns (except actions).

Errors and feedback to be displayed on top of page.

Sortable columns. Default sort Name ASC.

Data to display (as available):

- Name
- Date of Birth
- MRN
- Location (Ward:Room:Bed) of the most current episode of each type at the selected facility
- My Health Record participation status

Clicking "Select" button shows the episodes that the selected patient has had at the current healthcare facility ("View Episodes").

**Paging of results
Page size: 10.**

Summary of matching results.

Lookup by MRN allows exact search on MRN across all time. If result found, episodes for that patient are shown. Otherwise an error is displayed, and another patient can be selected.

Discharge Summary - Patients at Royal Chamonix Hospital

Q Search: First Previous 1 2 Next Last

Showing 1 to 10 of 11 entries

Name	Date of Birth	MRN	Location	Has My Health Record	Actions
BOSWELL, BOBBY TABLES	28-Mar-1965	000003334	OPD::	Yes	
BOSWELL, BOBBY TABLES	28-Mar-1965	000003334	Q5::22	Yes	
BOSWELL, BOBBY TABLES	28-Mar-1965	000003334	Ward 1::5	Yes	
Bowden, Leonardo James	17-Oct-1983	000000111	Ward 2::Bed 1	Potential Duplicate Patient	
Coleville, Wyatt	01-Jan-1900	003000111	C1SOC::01	No	
Dacri, Christian	28-Mar-1965	000003338	SNP::	No	
Drea, Kenneth	28-Sep-1911	00HBE351X	ROCK::	No	
Faust, Jeff	20-Dec-1975	000000019	Ward 1::Bed 1	No	
Heath, Lydia	16-Mar-1981	000694070	Ward 1::12	No	
Sambrano, Ericka	07-Apr-1956	000006123	::	No	

Showing 1 to 10 of 11 entries First Previous 1 2 Next Last

Lookup by MRN: *

Discharge Summary

Discharge Summary screen lists the episodes at the selected hospital for the selected patient. Also available as embedded without header/footer.

Discharge Summary - Episodes for BOSWELL, BOBBY TABLES

Search: Type to search...

Showing 1 to 3 of 3 entries

Admitted	Discharged	Admission Reason	Responsible Provider	Discharge Summary	Actions
03-May-2019 01:02	03-May-2019 03:00	Emergency chest pain	Dr Emergency Doctor	None	[Action]
03-May-2019 06:45	03-May-2019 09:30	Admission for Surgery	Dr Admitting Doctor	Consent Withdrawn	N/A
03-May-2019 11:15	(None)	Follow-up appointment	Dr Outpatient Doctor	None	[Action]

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

Summary of matching results.

Paging of results
Page size: 10.

Title to be "Discharge Summary – Episodes for (Patient Name)"

Errors and feedback to be displayed on top of page.

Search bar to filter across all columns (except actions).

Action button indicates Upload vs Supersede depending on existing Discharge Summary status. Both go to the Upload Form which will display appropriately depending on existing status.

Action is N/A when consent has been withdrawn for the episode, or when the patient has no valid IHI or has no My Health Record.

Sortable columns. Default sort Admitted DESC.

Data to display:

- Admission Date/Time
- Discharge Date/Time (or ".")
- Admission Reason
- Responsible Provider
- Discharge Summary (None, Uploaded, Removed)

Upload or Supersede PDF

Upload or Supersede PDF screen allows entry of the metadata and selection of the files to upload. Also available as embedded without header/footer.

Discharge Summary - Upload PDF

Validation errors and feedback to be displayed on top of page.

Upload status shows whether the discharge summary for this episode has been uploaded or removed. (None / Uploaded / Removed)

Prepopulate discharge date/time from episode if not null, otherwise require user to enter.

Checkbox to indicate the discharge date/time is a date only value.

Author & RHP's ID and names are pre-populated from the user or episode (configurable).

Link to remove item from table.

Button to add image attachment. Accept JPG or PNG up to 10 MB. Note: Internet Explorer 8 will not support multiple attachments.

Drop-down to select mode of separation.

User must confirm upload and enter the document's completion date and time.

Title to be "Discharge Summary - Upload PDF" unless there is already a discharge summary uploaded for this episode, in which case "Discharge Summary - Supersede PDF".

Details of selected patient and episode appear at the top.

HPI-I fields can be left empty otherwise must start with "800361", pass Luhn check, and HPI-I search. HPI-I fields are only required if the Discharge Summary Document Format Code is set to "Enforced".

Table to display:

- Type (Body PDF, Image or Logo)
- File Name
- Size (KB or MB)

Button to select discharge summary body. Accepts PDF up to 10 MB. User must select a body PDF before completing the form.

Drop-down to select document status.

Drop-down field to enter clinical specialty (configurable list).

Validates form, calls Create Level 1A and displays the document in a modal window.

Patient: FARMER, HAROLD (tc-ehisc08-01b)
 Hospital: Royal Chamonix Hospital
 Responsible Provider: Unknown
 Admission Reason:
 Date of Birth: 19/12/1991
 Upload Status: None
 Admission Date: 10/02/2016 10:13
 Discharge Date *
 Date Only Discharge Date

Document Author
 User ID *
 Given Name *
 Family Name *
 HPI-I

Responsible Health Professional
 User ID *
 Given Name *
 Family Name *
 HPI-I

Type	File Name	Size	Actions
Body	dischargesummary.pdf	17.53 KB	Remove
Logo	logo.png	11.42 KB	Remove

Select Discharge Summary PDF...
 Add Attached Image...

Source Document Status *
 Please Select...

Clinical Specialty *
 Please Select...

Confirm Upload Clinical Document
 Please confirm that you want to upload the discharge summary to the patient's digital health record.

Date and Time of Completion *
 31/01/2018 8:52:43 AM

[Preview Document](#)

Preview Document

Preview Document modal pop-up allows user to confirm the document contents before printing and uploading the document.

Title to be "Discharge Summary – Preview Document"

Message informs user that the document has not yet been uploaded.

Document is rendered using the Australian Digital Health Agency generic CDA style sheet.

Document will contain a link to the PDF body and show attached images inline. These must be active, so that the user can display the full PDF or image.

Discharge Summary - Preview Document
Print Upload

This document has NOT yet been uploaded to the My Health Record system

Discharge Summary
3 May 2019

BOBBY BOSWELL DoB 28 Mar 1965 (54y*) SEX Male IHI 8003 6086 6680 1956 MRN 000003334

START OF DOCUMENT

DHSITESTORGD46
Author a a (General Medical Practitioner)
Discharge To Psychiatric Care

Attached Content
[Discharge Summary](#)

Administrative Observations
This section contains no entries.

ADMINISTRATIVE DETAILS

Encounter Details		Facility	
Admission Date	3 May 2019 01:02+0930	Name	Royal Chamonix Hospital
Discharge Date	3 May 2019 03:00+0930	Work Place	108 King William Street, Chamonix, SA, 5000, Australia
Discharge To	Psychiatric Care	Phone	(08) 8888 6666 (Workplace)
Responsible Health Professional At Time Of Discharge		FAX	(08) 8888 7777 (Workplace)
Name	b b	Department	Code2
Address	Not Provided		
Organisation	DHSITESTORGD46		

Patient		Author	
Name	BOBBY BOSWELL a.k.a. BOBBY TABLES BOSWELL	Name	a a (General Medical Practitioner)
Sex	Male	Organisation	DHSITESTORGD46
Date of Birth	28 Mar 1965 (54y) * Age is calculated from date of birth	Address	Not Provided
IHI	8003 6086 6680 1956	Clinical Document Details	
Entitlements	39506461411 (Medicare Benefits)	Document Type	Discharge Summary
Local Identifiers	000003334 (Royal Chamonix Hospital)	Creation Date/Time	3 May 2019 19:27+0930
Temporary Address	139 King Street, BUDERIM, QLD, 4556, Australia	Date/Time Attested	Not Provided
		Document ID	11190971 (HIPS DHSITESTORGD46 Doc)
		Document Set ID	24 (HIPS DHSITESTORGD46 Set)
		Document Version	1
		Completion Code	Final

END OF DOCUMENT

Close

Print button opens new window with the document rendered by the style sheet and instructs browser to print the window.

"Upload" button is shown as "Supersede" if there is already a discharge summary uploaded for this episode. When the button is clicked, invoke the HIPS web service, show the resulting status and error messages to the user, and hide the button.

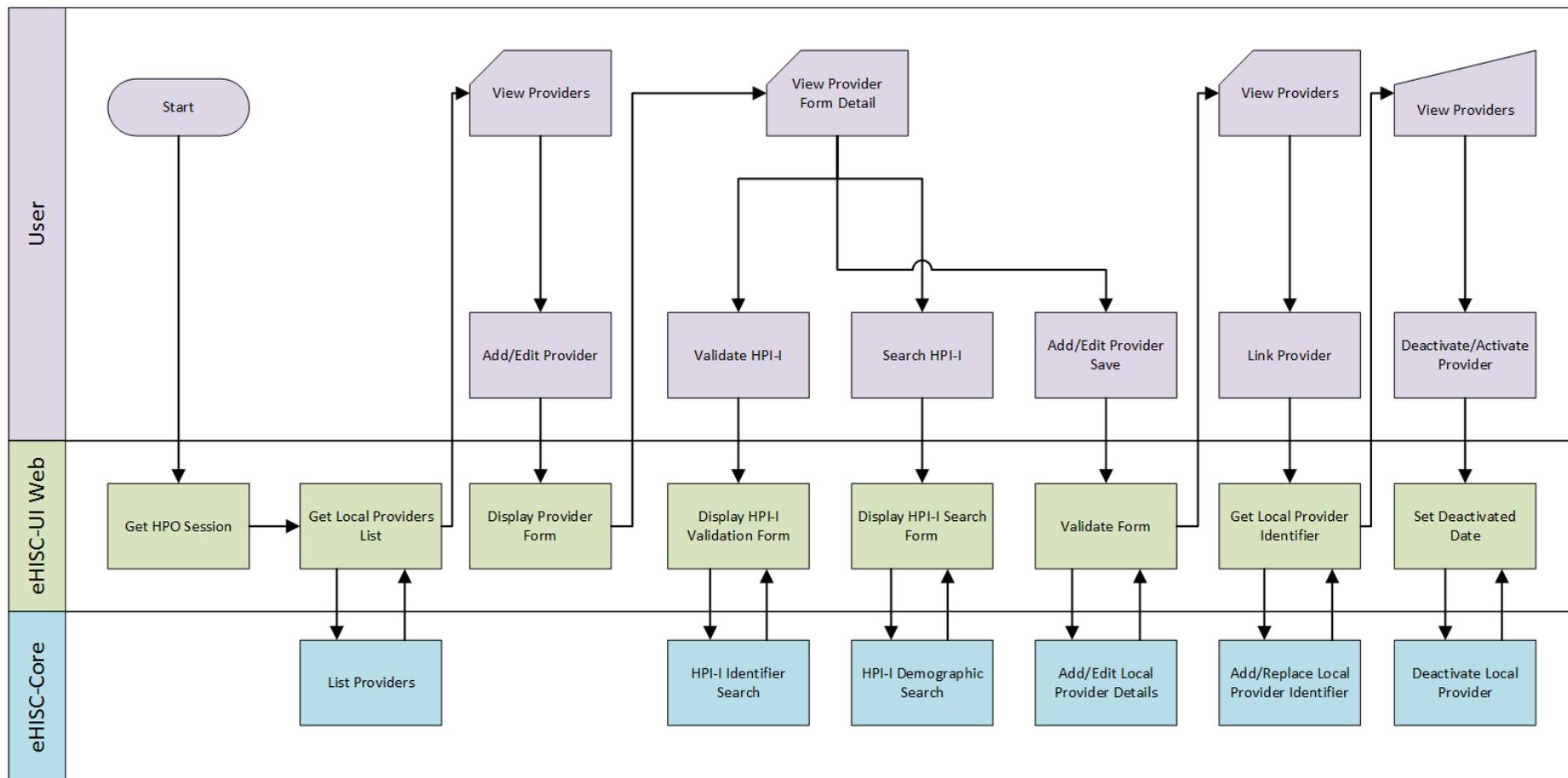
"Close" button closes the modal window.

3.2.24 Manage Local Providers

3.2.24.1 Description

Provides an interface to list Local Providers, create or update Local Providers and Activate or Deactivate Local Providers, and to search or validate HPI-I's for Local Providers.

3.2.24.2 Process Overview



3.2.24.3 Process Detail

Activity / Decision	Description	Detail / Notes
Prerequisites	User logged in to the HIPS-UI Web application with appropriate security access.	Valid security details are required to login.
	User has selected a healthcare provider organisation (HPO) and facility.	The controller will redirect to the Select HPO page if the session does not contain a HPO facility selection.
Start	User requests the 'Local Providers' page.	Located under Healthcare Identifiers > Local Providers.
Get Settings	HIPS-UI Web loads configuration settings.	No changes required to the current functionality.
Get Local Providers List	HIPS-UI Web displays local providers for all HPO facilities.	Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Gets a list of local providers from the <i>ListLocalProviders</i> method of the HIPS <i>HpiiService</i> web service Results are not cached.
List Providers	HIPS-Core returns a list of all providers.	Represents the <i>ListLocalProviders</i> method of the <i>HPIIService</i> web service. Provider data to include the following information (as available): Local Provider Code Full Name HPI-I HPI-I Status Local Provider Status List of Local Provider Identifiers
View Providers	User receives a screen displaying the providers list for all hospitals.	Implement server-side paging for large result sets.
Add or Edit Provider	User clicks the <i>Add</i> button to create a new provider or the <i>Edit</i> icon in the action column next to an existing Provider.	A new page is displayed .
Display Provider form	HIPS-UI Web displays the Add or Edit Provider form.	Refers to Action. If <i>Add</i> then loads an empty form. If <i>Edit</i> then loads the form with the details of the Provider selected retrieved from the Providers List.
AHPRA or HPI-I Search	User clicks the <i>AHPRA or HPI-I Search</i> button on the Add or Edit Provider page.	The HPI-I Identifier Search page is loaded in a modal dialogue. This page is the same as the existing HPI-I Validation page in HIPS-UI.

Activity / Decision	Description	Detail / Notes
Display the HPI-I Identifier Search form	HIPS-UI Web displays the HPI-I Identifier Search form.	Opens the HPI-I Identifier Search page in a modal dialogue. If the following fields have been entered into the Add Provider screen they should be passed through to the HPI-I Identifier Search page: HPI-I Family Name Given Name(s)
HPI-I Identifier Search	User clicks the <i>Search by Identifier</i> button.	Submits the HPI-I Identifier Search form.
HPI-I Identifier Search	HIPS-UI Web invokes the HPI-I Web service, SearchByIdentifier method.	Searches for the provider's HPI-I using the SearchByIdentifier method of the HpiiService web service using: The current HPO facility (HPI-O) The Identifier search query. Results are not cached.
HPI-I Identifier Search	HIPS-Core returns Search Result message.	Represents the <i>HpiIdentifierSearch</i> method of the <i>HpiiService</i> web service. HpiIdentifierSearch response data to include the following information (as available): Error details HPI-I
HPI-I Identifier Search Response	HIPS-UI Web receives the HPI-I SearchByIdentifier response and handles it.	Receives the HpiIdentifierSearch response. If the search was unsuccessful and the Provider's HPI-I was not found, then display the response message. If the search was successful and the Provider's HPI-I was found, then the modal dialogue should close and the HPI-I number should be returned to the Add or Edit Provider page.
Demographic Search for HPI-I	User clicks the <i>Demographic Search</i> button on the Add or Edit Provider page.	The HPI-I Demographic Search page is loaded in a modal dialogue. This page is the same as the existing HPI-I Search page in HIPS-UI Web.
Display the HPI-I Demographic Search form	HIPS-UI Web displays the HPI-I Demographic Search form.	Opens the HPI-I Demographic Search page in a modal dialogue. If the following fields have been entered into the Add Provider screen, they should be passed through to the HPI-I Validation page: Family Name Given Name(s)
HPI-I Search	User clicks the <i>Search by Demographics</i> button.	Enters the required details and submits the HPI-I search form.

Activity / Decision	Description	Detail / Notes
HPI-I Search	HIPS-UI Web invokes the Core service, SearchByDemographics method.	Searches for the provider's HPI-I using the <i>SearchByDemographics</i> method of the <i>HpiiService</i> web service using: The current HPO facility (HPI-O) The Demographics search query. Results are not cached.
HPI-I Search	HIPS-Core returns Search Result message.	Represents the <i>HpiiDemographicsSearch</i> method of the <i>HpiiService</i> web service. <i>HpiiDemographicsSearch</i> response data to include the following information (as available): Error details HPI-I
HPI-I Search Response	HIPS-UI Web receives the HPI-I web service's SearchByDemographics response and handles it.	Receives the <i>HpiiDemographicsSearch</i> response. If the search was unsuccessful and the Provider's HPI-I was not found, then display the response message. If the search was successful and the Provider's HPI-I was found, then the modal dialogue will close and the HPI-I number will be returned to the Add or Edit Provider page.
Add or Edit Provider - Save	User clicks on the <i>Save</i> button of the Add or Edit Provider form.	User enters all of the details for the provider and clicks on the <i>Save</i> button.
Add or Edit Provider - Save	HIPS-UI Web validates the data and calls the appropriate web service methods from the <i>HpiiService</i> .	Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Validates: the Provider's Family Name has been entered if a HPI-I has been entered it is in the correct format. Invokes a request to the <i>AddEditLocalProvider</i> method of the <i>HpiiService</i> web service using: The current HPO facility (Code, <i>DefaultHospitalCodeSystem</i>) Family Name Given Names Suffix Title HPI-I Local Provider Identifier
Add or Edit Provider - Save	HIPS-Core validates the request and returns a response.	Represents the new <i>AddEditLocalProvider</i> method of the <i>HpiiService</i> web service. Checks if the Provider exists already if a Local Identifier has been passed through. If a Provider does not exist a new Provider will be created. If the Provider exists, then the existing Provider will be updated. Responds with a successful response type or an unsuccessful response type.

Activity / Decision	Description	Detail / Notes
Add or Edit Provider – Save Response	HIPS-UI Web receives the Add or Edit Provider response.	Receives the AddEditLocalProvider response. Displays the successful response or unsuccessful response with any error messages.
Add or Edit Provider – Save Response	User will receive either a successful message or unsuccessful message and any error messages as part of the response.	Notifies the user if the Save action was successful. If the Save action was unsuccessful a message stating such should be displayed and any detailed error messages.
Link Provider	User clicks on the <i>Link</i> Provider icon in the Action column of the View Providers List.	The Link Provider icon will only be displayed if the Provider does not have a Local Identifier for the User's selected HPO facility.
Link Provider	HIPS-UI Web displays a text box for the user to enter a Local Identifier.	The user needs to enter the Local Identifier to link this Provider to their selected HPO facility. Invokes a request to the <i>AddReplaceLocalProviderIdentifier</i> method of the <i>HpiiService</i> web service using: Existing Local Provider Identifier The selected HPO facility (Code, <i>DefaultHospitalCodeSystem</i>) New Local Provider Identifier
Link Provider	HIPS-Core links the Provider and returns a response.	Represents the new <i>AddReplaceLocalProviderIdentifier</i> method of the <i>HpiiService</i> web service. Checks if the Provider is already linked to the Hospital, if it does an error is returned. Otherwise add the new Local Identifier to the Provider for the selected Hospital. Responds with a successful response type or an unsuccessful response type.
Link Provider - Response	HIPS-UI Web will handle the <i>AddReplaceLocalProviderIdentifier</i> response.	Receives the AddReplaceLocalProviderIdentifier response. If the Provider is linked successfully the View Providers List should refresh to display the Provider with the new Local Identifier. If an error was returned, then display the error message and details to the user.
Deactivate/Activate Provider	User clicks on the <i>Deactivate</i> or <i>Activate</i> Provider icon in the Action column of the View Providers List.	The Deactivate icon is only displayed if the Provider has a Local Identifier set for the user's selected hospital and the Local Provider is currently Active. If Deactivate Provider is clicked the user will need to enter a Deactivated Date and Time, this will default to the current date and time. The Activate icon is only displayed if the Providers has a Local Identifier set for the user's selected hospital and the Local Provider is currently Inactive.

Activity / Decision	Description	Detail / Notes
Deactivate/Activate Provider	HIPS-UI Web invokes the <i>DeactivateLocalProvider</i> method of the <i>HpiiService</i> web service.	<p>Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i>.</p> <p>Invokes a request to the <i>DeactivateLocalProvider</i> method of the <i>HpiiService</i> web service using:</p> <ul style="list-style-type: none"> The Selected HPO facility (Code, <i>DefaultHospitalCodeSystem</i>) Local Provider Identifier Deactivated DateTime (set to null if Provider is to be re-activated)
Deactivate/Activate Provider	HIPS-Core will either Activate or Deactivate the Provider based on the current status and using the Local Provider Identifier.	<p>Represents the new <i>DeactivateLocalProvider</i> method of the <i>HpiiService</i> web service.</p> <p>Sets the deactivated date on the Provider, if a null date is sent as part of the request for Deactivated DateTime then the Provider is activated.</p> <p>This method Activates and Deactivates the Provider across all HPO facilities, not just the selected HPO facility.</p> <p>Responds with a successful response type or an unsuccessful response type.</p>
Deactivate/Activate Provider - Response	HIPS-UI Web will handle the <i>DeactivateLocalProvider</i> response.	<p>Receives the <i>DeactivateLocalProvider</i> response.</p> <p>If the Provider activation or deactivation is successful, the View Providers List should refresh to display the Provider with the new Status and Actions.</p> <p>If an error was returned, then display the error message and details to the user.</p>
View Provider List	User views the refreshed Providers List.	

3.2.24.4 Web User Interfaces

View Providers

Lists all the Local Providers and allows the user to Add, Edit, Activate, or Deactivate.

Local Providers

Page title is 'Local Providers' as list if for all providers not just the ones associated with the User's HPO facility.

User can search on any of the column data to easily find the Provider they want.

Search: Type to search...

Name	Local Identifier	HPI-I	Status	Actions
Anna JONES		800361583334118	Active	
BLACK		8003619166667441	Active	
Dr Adrian Grignon Jr	GRIG01	8003611566666859	Active	
Dr Clinton Kaplan	kapl01	8003618233359172	Inactive	
Dr Fred Mason	FREDM	8003616566697807	Active	
Dr GINA GOUSHMAN	GG01	8003616566696830	Inactive	
GORDON CHANDLER		8003618233359164	Active	
John Smith			Active	
Dr Paul Hill	PHILL01		Active	

Retired

Showing 1 to 10 of 13 entries

First Previous 1 2 Next Last

Add

Add button: Opens the Add or Edit Provider page with empty fields to allow the User to Add a new Local Provider.

List details:

- Name: always displayed
- Local Identifier: only displays the Local Identifier for the User's selected HPO facility, can be empty if the Provider is not yet linked to the User's selected hospital.
- HPI-I: can be empty.
- Status: always displayed as Active or Inactive.
- Actions: dependent on Provider Status and whether they are linked or not to User's HPO facility.

Link action icon: only displayed if local identifier is empty for the User's HPO facility.

Edit action icon: only displayed if Provider is a Local Provider and has a Status of Active.

Alert icon: displayed when the Hpii Status returned is not 'Active'. When user mouses over a tool tip should display stating the Hpii Status string value.

Activate action icon: only displayed if the Provider is a Local Provider and has a status of Inactive

Deactivate action icon: only displayed if Provider is a Local Provider and has a Status of Active. Once clicked the user should be prompted to enter a deactivation date and time, this should default to the current date and time but allow the user to change.

Add or Edit Provider

Allows users to add a new local provider, edit an existing local provider, search and associate a local provider with a HPI-I.

New Provider for Royal Chamonix Hospital

Provider Details

Title
Please Select... ▾

Family Name *
Family Name

Given Name
Given Name

Suffix
Please Select... ▾

Healthcare Provider Identifier Individual

HPI-I
800361

AHPRA or HPI-I Search **Demographic Search**

Save

Form details:

- Title: drop down of configured Titles
- Family Name: mandatory text box
- Given Name(s): text box
- Suffix: drop down of configured suffixes

Page title is either 'New' or 'Edit', depending on user's previous action, 'Provider for' append user's selected HPO facility

HPI-I: text box validated against HPI-I format.

Demographic Search button: opens the HPI-I Demographic Search form in a modal dialog.

AHPRA or HPI-I search button: opens the HPI-I Identifier Search form in a modal dialog.

Save button: validates the form. If valid details are submitted to *HpiiService.AddEditLocalProvider*. If invalid, validation messages should be displayed.

3.2.25 HPI-I Search

The HPI-I Search pages allow users to find the HPI-I for an individual provider in the HI Service. Two options are available: HPI-I Identifier search and HPI-I Demographic Search.

HPI-I Identifier Search appears as shown below.

🔍 HPI-I Identifier Search

Any errors are presented on the page under the subtitle. Users can amend entries and search again.

HPI-I or Registration ID (AHPRA) are required for identifier search.

Identifier *

HPI-I OR Registration ID (AHPRA)

Demographics

Family Name *

Given Name(s)

Sex

Date of Birth

State

Postcode

Sex is populated from Sexes reference data.

State is populated from Australian States reference data.

Family Name is required for identifier search.

Clicking "Search by Identifier" performs a search using the provided parameters and displays the results as per Search Results.

[Search by Identifier](#)

HPI-I Demographic Search appears as shown below.

🔍 HPI-I Demographic Search

Any errors are presented on the page under the subtitle. Users can amend entries and search again.

Family Name, Sex, Date of Birth and either an Australian Address or International Address are required for demographic search.

Demographic Details

Family Name *

Given Name(s)

Sex *

Date of Birth *

Sex is populated from Sexes reference data.

Click to expand Australian Address or International Address.

- Australian Address
- International Address

Clicking "Search by Demographics" performs a search using the provided parameters and displays the results as per Search Results.

[Search by Demographics](#)

Australian Address expands as shown below.

Australian Address

<p>Postal Delivery Type Please Select...</p>	<p>Postal Delivery Number <input type="text"/></p>
<p>Unit Type Please Select...</p>	<p>Unit Number <input type="text"/></p>
<p>Level Type Please Select...</p>	<p>Level Number <input type="text"/></p>
<p>Site/Building Name <input type="text"/></p>	
<p>Street Number <input type="text"/></p>	<p>Lot Number <input type="text"/></p>
OR	
<p>Street Name <input type="text"/></p>	<p>Street Type Please Select...</p>
	<p>Street Suffix Please Select...</p>

<p>Suburb * <input type="text"/></p>	<p>Postcode * <input type="text"/></p>
<p>State * Please Select...</p>	

Postal Delivery Type is populated from Postal Delivery Types reference data.

Unit Type is populated from Unit Types reference data.

Level Type is populated from Level Types reference data.

Street Type is populated from Street Types reference data.

Street Suffix is populated from Street Suffixes reference data.

Suburb, Postcode and State are required when providing an Australian Address.

State is populated from Australian States reference data.

International Address expands as shown below.

International Address

Address Line

City / Town / State / Province	Postcode
<input type="text"/>	<input type="text"/>

Country *
Please Select...

Country is required when providing an International Address.

Country is populated from Countries reference data.

3.2.26 Unlock Users

The Unlock Users page presents a list of currently locked out users, including their User Login, User Name, Lockout End Date and an action to unlock the user.

Locked Out Users

Validation errors to be presented on page under the subtitle

Search for users in the table.

Q Search: First Previous **1** Next Last

Showing 1 to 1 of 1 entries

User Login	User Name	Lockout End Date	
DESKTOP-5F0GI1U\hipstest	HIPS Test	24-Apr-2019 15:07	

Showing 1 to 1 of 1 entries

First Previous **1** Next Last

Table displays list of currently locked out users, including their User Login, User Name, Lockout End Date and an action to unlock the user.

Unlock User action pops up the Unlock User confirmation Modal (see below).

When the Unlock User action is clicked, a confirmation modal is displayed:

Unlock User

Please confirm you want to unlock this user.

User login: DESKTOP-5F0GI1U\hipstest

User Name: HIPS Test

Unlock Cancel

Clicking Unlock will reset the lockout on the user and allow them to attempt to login again. The list of users will refresh and the unlocked user will no longer be listed.

Displays the selected user's login and user name details.

Clicking cancel will close the modal.

3.3 Embedded Pages

The embedded pages allow for the HIPS-UI to be accessed directly from other systems where applicable. The following section describes the embedded pages links. In all the embedded pages, no main site header or footer will be displayed.

The X-Frame-Options HTTP response header indicates whether or not a browser should be allowed to render a page in a <frame>, <iframe> or <object>. The use of X-Frame-Options is strongly recommended to mitigate the risk of clickjacking attacks, by ensuring that HIPS UI is not embedded into untrusted sites. The installation guide explains how to configure this header to enable embedding the HIPS UI within trusted sites.

3.3.1 Adult Patient Registration

The Adult Patient Registration page as described in Section 3.2.14 can be accessed directly using the URLs below.

URL	Description
http://[WebSite]:[Port]/EmbeddedAssistedRegistration/Hospitals/[Hospital Code]/Patients/[MRN]/Register	This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities.
http://[WebSite]:[Port]/EmbeddedEnterpriseAssistedRegistration/Hospitals/[Hospital Code]/Patients/[MRN]/Register	This URL should be used when multiple facilities use a single MRN for each patient across the enterprise.
http://[WebSite]:[Port]/EmbeddedEnterpriseAssistedRegistration/Hospitals/[Hospital Code]/Patients/[MRN]/[StatePatientId]/Register	This URL should be used when multiple facilities each create an MRN for each patient, but there is a single patient ID that links the MRNs across the enterprise.

Where:

[WebSite]:[Port] is the configured website address and port number for HIPS-UI.

[Hospital Code] is a code identifying the healthcare facility where the patient is being registered.

[MRN] is a local patient ID issued by the healthcare facility.

[StatePatientId] is an enterprise-wide patient ID that links multiple facility MRN's to one master patient record.

3.3.2 Dependent Patient Registration

The Dependent Patient Registration page as described in Section 3.2.15 can be accessed directly using the URLs below.

URL	Description
http://[WebSite]:[Port]/EmbeddedAssistedRegistration/Hospitals/[Hospital Code]/Patients/[MRN]/RegisterDependent	This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities.

http://[WebSite]:[Port]/EmbeddedEnterpriseAssistedRegistration/Hospitals/[Hospital Code]/Patients/[MRN]/RegisterDependent	This URL should be used when multiple facilities use a single MRN for each patient across the enterprise.
http://[WebSite]:[Port]/EmbeddedEnterpriseAssistedRegistration/Hospitals/[Hospital Code]/Patients/[MRN]/[StatePatientId]/RegisterDependent	This URL should be used when multiple facilities each create an MRN for each patient, but there is a single patient ID that links the MRNs across the enterprise.

Where:

[WebSite]:[Port] is the configured website address and port number for HIPS-UI.

[Hospital Code] is a code identifying the healthcare facility where the patient is being registered.

[MRN] is a local patient ID issued by the healthcare facility.

[StatePatientId] is an enterprise-wide patient ID that links multiple facility MRN's to one master patient record.

3.3.3 Patient Summary

The Patient Summary page as described in Section 3.2.4 can be accessed directly using the URLs below.

URL	Description
http://[WebSite]:[Port]/EmbeddedPcehrView/Hospitals/[Hospital Code]/Patients/[MRN]/PatientSummary	This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities.
http://[WebSite]:[Port]/EmbeddedEnterprisePcehrView/Hospitals/[Hospital Code]/Patients/[MRN]/PatientSummary	This URL should be used when multiple facilities use a single MRN for each patient across the enterprise.
http://[WebSite]:[Port]/EmbeddedEnterprisePcehrView/Hospitals/[Hospital Code]/Patients/[MRN]/[StatePatientId]/PatientSummary	This URL should be used when multiple facilities each create an MRN for each patient, but there is a single patient ID that links the MRNs across the enterprise.

Where:

[WebSite]:[Port] is the configured website address and port number for HIPS-UI.

[Hospital Code] is a code identifying the healthcare facility accessing the My Health Record.

[MRN] is a local patient ID issued by the healthcare facility.

[StatePatientId] is an enterprise-wide patient ID that links multiple facility MRN's to one master patient record.

3.3.4 Upload PDF Discharge Summary

The Upload PDF Discharge Summary page as described in Section 3.2.23 can be access directly using the URLs below.

URL	Description
http://[WebSite]:[Port]/EmbeddedDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes	This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities. This URL will display the View Episodes page for the given Patient as per section 1.1.1.1.14.
http://[WebSite]:[Port]/EmbeddedDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes/[Episode ID]/Upload	This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities. This URL will display the Upload or Supersede PDF page for the given Patient and Episode as per section 1.1.1.1.15.
http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes	This URL should be used when multiple facilities use a single MRN for each patient across the enterprise. This URL will display the View Episodes page for the given Patient as per section 1.1.1.1.14.
http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes/[Episode ID]/Upload	This URL should be used when multiple facilities use a single MRN for each patient across the enterprise. This URL will display the Upload or Supersede PDF page for the given Patient and Episode as per section 1.1.1.1.15.
http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN] /[StatePatientId]/Episodes	This URL should be used when multiple facilities each create an MRN for each patient, but there is a single patient ID that links the MRNs across the enterprise. This URL will display the View Episodes page for the given Patient as per section 1.1.1.1.14.
http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN] /[StatePatientId]/Episodes/{Episode ID}/Upload	This URL should be used when multiple facilities each create an MRN for each patient, but there is a single patient ID that links the MRNs across the enterprise. This URL will display the Upload or Supersede PDF page for the given Patient and Episode as per section 1.1.1.1.15.

Where:

[WebSite]: [Port] is the configured website address and port number for HIPS-UI.

[Hospital Code] is a code identifying the healthcare facility.

[MRN] is a local patient ID issued by the healthcare facility.

[StatePatientId] is an enterprise-wide patient ID that links multiple facility MRN's to one master patient record.

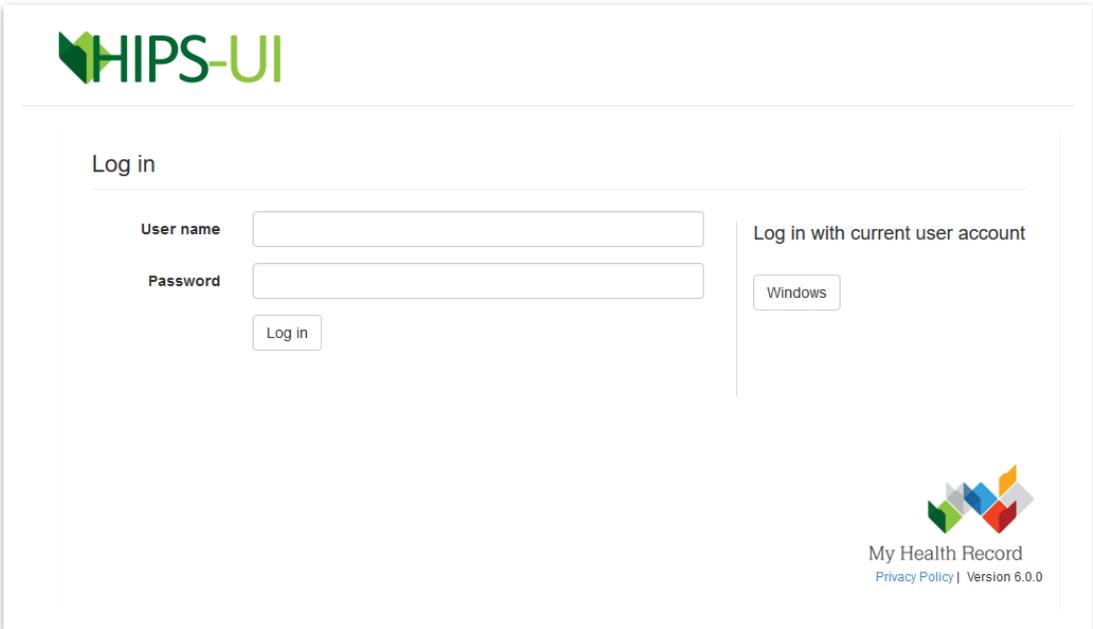
[EpisodeId] is the visit number for the episode of care for the patient in the facility.

3.4 Security Model

Security is implemented using a combination of IIS Windows Security or JSON Web Tokens for authentication and the MVC Authorization package for authorisation.

3.4.1 Active Directory Authentication

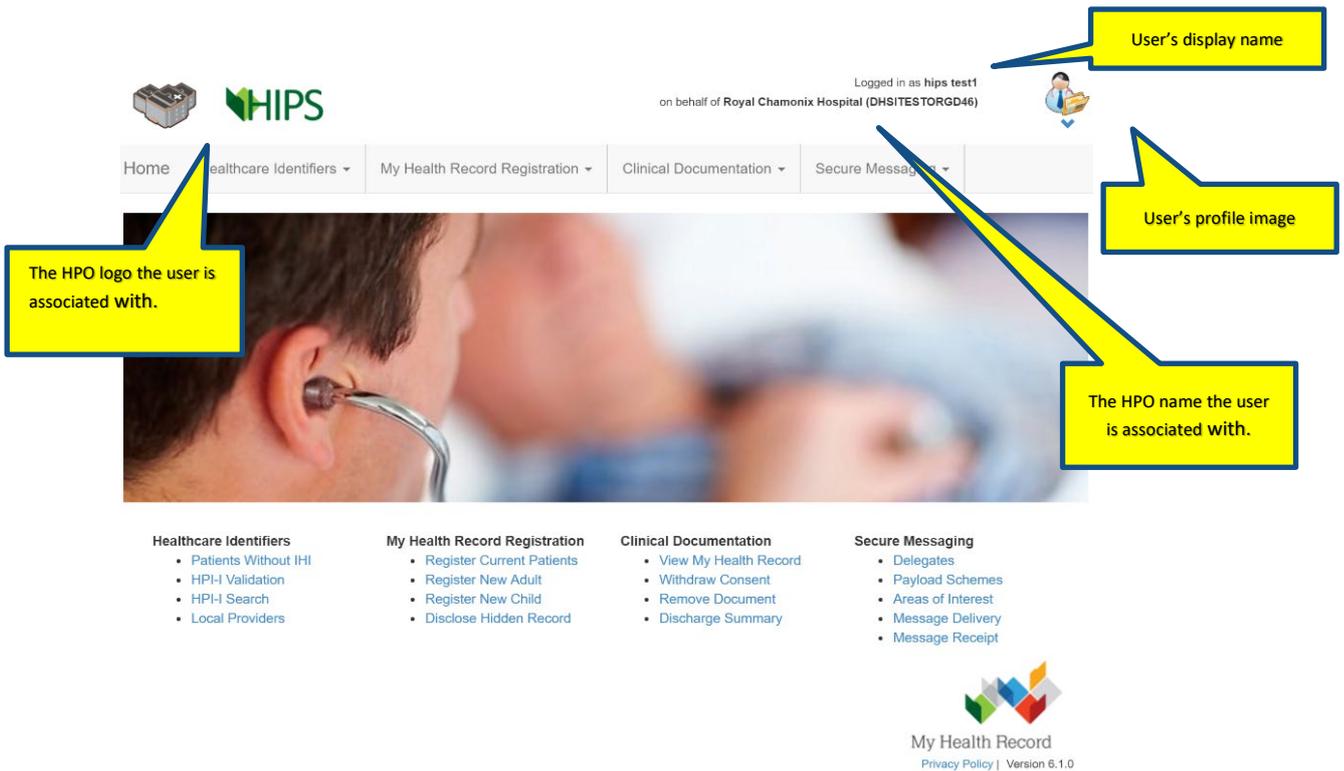
When a user first navigates to the HIPS-UI Web site they will be presented with a log in page.



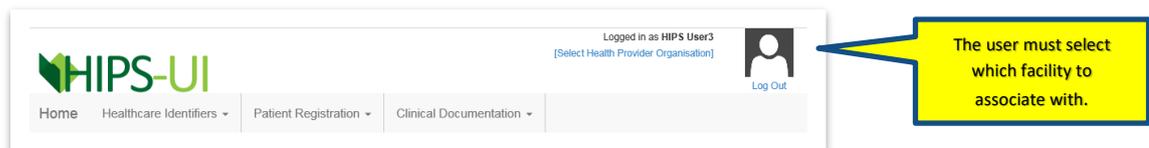
The user has the options of logging in to the HIPS-UI Web by entering their Active Directory username and password and clicking Log in or by logging in with the user account that is currently logged onto the PC.

The Windows Identity is then validated against Active Directory to determine if the user can be authenticated.

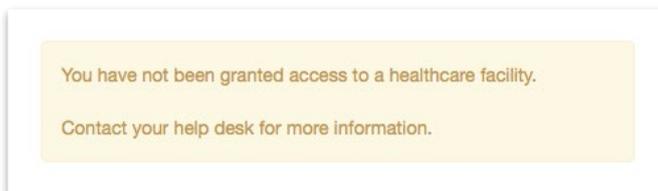
If Active Directory authentication passes then the user groups are retrieved for authorisation, the user's profile image (if available), and first name and surname from Active Directory. The user's authorised healthcare facilities (hospitals) are retrieved from the HIPS-Core database. If only one facility is associated to the user, then the HIPS-UI Web banner is updated to display the facility logo and name.



If the user is authorised to access HIPS-UI on behalf of more than one facility then the HIPS-UI Web banner is updated to display the user’s name and profile image and a hyperlink for the user to click to select which facility they want to be associated with for the current session. If the UI is running in the embedded mode and if configured the user will simply see a ‘Log Out’ link at the top of the window as the banner and footer is hidden in the embedded pages. The Log Out link can be hidden from embedded pages via a configuration setting.



If the user is not authorised to access on behalf of any facilities the user will be presented with the following message.



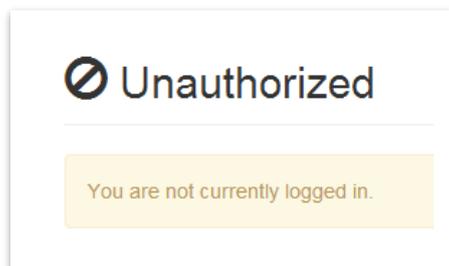
The user will not be granted access to any of the HIPS-UI Web functions that require access on behalf of a facility, but will still be able to access any functions not requiring access on behalf of a

facility. Should the user attempt to access a function requiring access on behalf of a facility, they will be redirected to a page displaying a message similar to that previously shown.

Once authenticated the user has the option of logging out of the HIPS-UI Web application by clicking on the Log Out link in the banner. This will log the user out of the session and return them to the Log in screen.

If the HIPS-UI Web application is inactive for a configured number of minutes HIPS UI will display a session timeout warning allowing the user to continue or log out. If no action is taken, the user will be automatically logged out of the HIPS-UI Web application and will need to log back in to continue.

If Active Directory authentication fails, the user is presented with a page indicating they are unauthenticated.



3.4.2 JSON Web Token Authentication

The JSON Web Token Authentication method allows a software vendor to integrate their clinical information system with HIPS-UI so that the CIS user identity is passed through to the HIPS-UI automatically. This mechanism avoids users needing to authenticate to HIPS-UI with an Active Directory account.

When the user requests a patient's My Health Record, the clinical information system issues a token to identify the user. The token is added to the URL for launching the Embedded View of the My Health Record.

3.4.2.1 Token Payload

A valid token payload consists of the following entries in a JSON dictionary:

family_name	Family name of the user.
given_name	Given name of the user.
sub	Subject: a unique identifier of the user.
jti	JWT ID: a unique identifier for the token.
role	Roles: A list of security permissions belonging to the user, equivalent to the Active Directory group names that control functional permissions and facility permissions.
nbf	Not Before: Unix timestamp before which the token should not be accepted.
exp	Expiry: Unix timestamp after which the token should not be accepted.

iat	Issued At: Unix timestamp for when the token was issued.
iss	Issuer: an identifier of the system that issued the token.
aud	Audience: an identifier of the system that the token is intended for.

3.4.2.2 Token Signing

The claims in the JWT are encoded as a JSON object that is used as the payload of a JSON Web Signature (JWS) structure.

The token must be signed with the RSA-SSA-PKCS version 1.5 algorithm, using the SHA-256 digest of the token payload and the RSA private key of an X.509 v3 certificate.

The signed token is made of the following 3 parts in compact representation, which is the URL-safe base-64 encoding of each part (see [RFC 4648 section 5](#)), joined with dots.

Header	<p>The fixed JSON string:</p> <pre>{ "alg": "RS256", "typ": "JWT" }</pre> <p>The "RS256" represents the signature algorithm RSA-SSA-PKCS-v1.5 using SHA-256. The "JWT" represents that the payload is a JSON Web Token.</p>
Payload	<p>The JWT token payload, for example:</p> <pre>{ "family_name": "Smith", "given_name": "Sam", "sub": "ssmith", "jti": "216a93db-0a96-4e8a-9d42-1086a5a67a4f", "role": ["ViewMyHealthRecord", "AssistedRegistration"], "nbf": 1470814350, "exp": 1470814360, "iat": 1470814350, "iss": "CIS", "aud": "HIPS" }</pre>
Signature	<p>The digital signature produced using the signature algorithm.</p>

3.4.2.3 Token Encryption

The encoded JWS structure is used as the plaintext of a JSON Web Encryption (JWE) structure, enabling the claims to be digitally encrypted with a pre-shared encryption key.

The token is encrypted with a direct pre-shared symmetric key, using AES-256-CBC with an HMAC-SHA-512 authentication tag, to prove that the data is correctly decrypted. The shared secret key for this encryption method must be 512 bits (64 bytes).

The encrypted token is made of the following 5 parts in Compact representation, which is the URL-safe Base64 encoding of each part, joined with dots.

Protected Header	The fixed JSON string: <code>{"alg":"dir","enc":"A256CBC-HS512"}</code> The “dir” represents that there is no key wrapping algorithm but rather a direct pre-shared symmetric key. The “A256CBC-HS512” represents that encryption is performed using AES-256-CBC with an HMAC-SHA-512 authentication tag.
Encrypted Key	Empty because the key is pre-shared.
Initialisation Vector	128 bits of random data from a random number generator.
Cipher Text	The result of performing AES-256-CBC on the plaintext, where the 256-bit encryption key is the second half of the 512-bit shared secret key.
Authentication Tag	The 256-bit first half of the HMAC-SHA-512 of the concatenation of AAD, IV, Ciphertext and AAD Length, where the 256-bit HMAC key is the first half of the 512-bit shared secret key. The Additional Authentication Data (AAD) is the URL-safe base-64 representation of the Protected Header. The AAD Length is the length of the AAD in bits, represented as a 64-bit big endian integer.

3.4.2.4 Authentication Endpoint

The token authentication endpoint can be accessed using the URL below:

`http://[WebSite]:[Port]/Account/Token?Token=[Token]&ReturnUrl=[Return URL]`

Where:

[WebSite]:[Port] is the configured website address and port number for HIPS-UI

[Token] is the JSON Web Token after performing signing and encryption operations

[Return URL] is the path of the Embedded View to be displayed if the token authentication succeeds.

Any of the Embedded Pages described in section 3.3 of this guide may be used in the Return URL parameter. In order to view the My Health Record for a patient using the patient MRN, the Return URL will be of this form:

`/EmbeddedPcehrView/Hospitals/[Hospital Code]/Patients/[MRN]/PatientSummary`

Where:

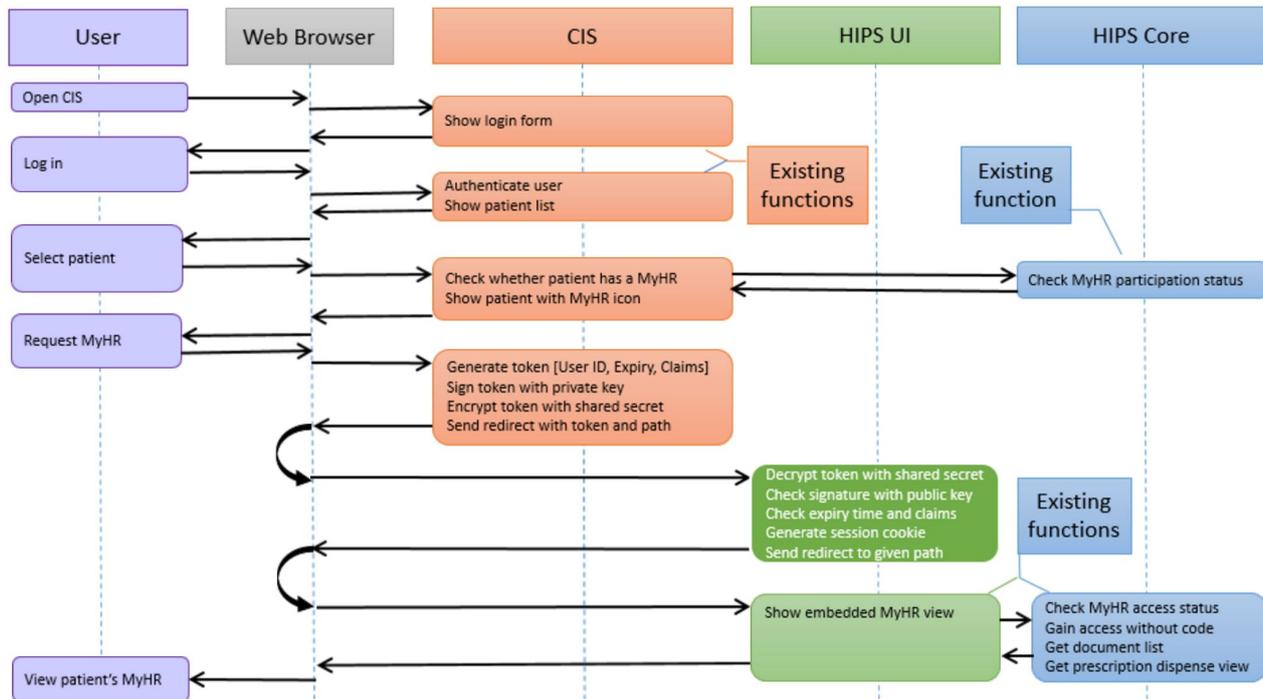
[Hospital Code] is a code identifying the healthcare facility where the patient is being registered.

[MRN] is a local patient ID issued by the healthcare facility.

[StatePatientId] is an enterprise-wide patient ID that links multiple facility MRN’s to one master patient record.

3.4.2.5 Process

The annotated image below shows the Token Authentication process.



3.4.3 Authorisation

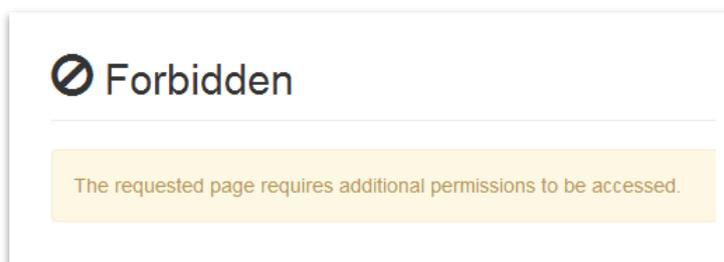
The MVC Authorization package enables security to be configured in a web.config configuration file on a per-controller or per-action basis, as well as additional policies such as 'deny anonymous users'. The configuration is loaded statically – updates to the configuration require an AppPool restart as would typically occur when changing the web.config file.

Typically, this configuration will specify an Active Directory group that executing users must be a member of in order to view the desired path.

By default, HIPS-UI Web specifies an MVC Authorization package which requires users to not be anonymous. However, this policy is overridden on error pages to allow anonymous users to see a user-friendly error if appropriate.

An additional feature of the MVC Authorization package is the inclusion of HTML Helpers that prevent rendering of Action Links (e.g. in the menu system) if the user has insufficient access.

If the user is authenticated via Active Directory, but not a member of the Active Directory group required to access the intended functionality (fails authorisation check), the user is presented with a page indicating they require additional permissions.



3.4.4 Client-side caching of data

To the extent possible, HIPS UI prevents client-side caching of data, by setting “no cache” headers to be respected by web browser clients.

3.4.5 Unnamed User Accounts

HIPS UI will by default enforce user accounts to have a name in order to login. If HIPS is unable to get name details for a user it will present a generic error to the user and log details in the logs. This is for audit purposes and is a step toward ensuring the HIPS UI activities that trigger interactions with the HI Service and My Health Record System contain enough detail to identify the user.

When a user logs in using a username and password or using the Windows button, HIPS UI queries the user account, looking in several fields in sequence. HIPS UI firstly looks in the fields called First Name and Last Name. If either is not found then HIPS UI will split Full Name at dots and spaces and use the first part as the First Name, and the last part as the Last Name. If there is no Full Name then the same logic is used on Display Name, and finally if there is no Display Name then HIPS UI will attempt to split the User Logon Name.

HIPS UI can be configured to use Active Directory or Local Machine accounts. For Active Directory, the Full Name field appears to be mandatory, so HIPS UI is not expected to ever fall back to Display Name or User Logon Name. For Local Machine accounts there are only Full Name and User Logon Name fields, and the Full Name field can be empty, so falling back to User Logon Name is expected to occur for accounts with no Full Name.

While not recommended, the default behaviour of preventing unnamed users from logging in can be disabled by setting the *EnforceHIPSUserAccountsToBeNamed* configuration setting to false in the *hipsui.Setting* table. The *EnforceHIPSUserAccountsToBeNamed* configuration setting has the following effect:

- If **true**, and there is no First Name, Last Name, Full Name or Display Name, then HIPS UI will fall back to the User Logon Name, but only if it contains a space or dot. If this happens, a user logon name like "Tom Smith" or "tom.smith" would be accepted, as it can be split into a Given Name and a Family Name, however, a logon name like "TSmith01" would not be accepted.

For example, if a local (machine, not domain) user "tom.smith" who has no Full Name logs in, the User ID header in requests to the HI Service "{userID}, {givenName} {familyName}" will be "tom.smith, tom smith". However, if a local user "TSmith01" with no Full Name tries to log in, the login will be rejected and the user will see an error message.

- If **false**, and there is no First Name, Last Name, Full Name or Display Name, then HIPS UI will fall back to the User Logon Name, even if it doesn't contain a space or dot. If this happens and there is no space or dot, HIPS UI will use the User Logon Name as both the Given Name and the Family Name.

For example, if a local (machine, not domain) user "TSmith01" who has no Full Name logs in, the User ID header in requests to the HI Service "{userID}, {givenName} {familyName}" will be "TSmith01, TSmith01 TSmith01" which is not sufficient for the HI Service to identify the individual without contacting the site.

IMPORTANT: The conformance requirements and legislation require all interactions with the HI Service and My Health Record system to have traceability to an individual. To be compliant, sites are advised to ensure that generic accounts or service accounts are not used to access HIPS UI or presented as the user on HIPS Core web services.

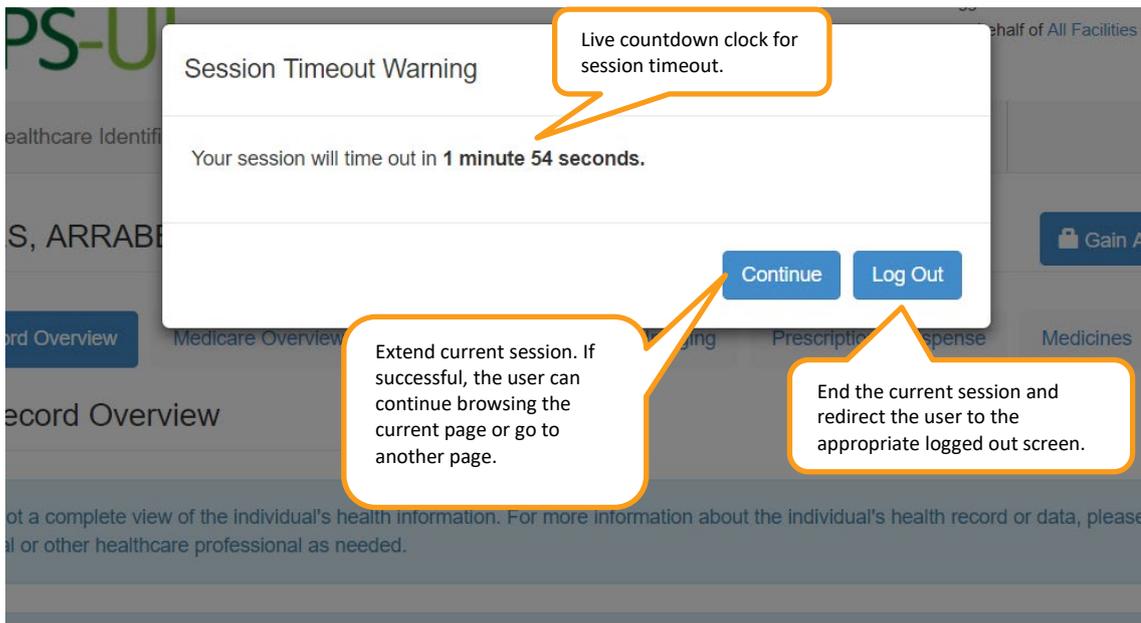
3.5 Session Timeout

When a user is logged into the HIPS UI, regardless of the authentication method, the session times out after a period that defaults to 20 minutes but can be changed in HIPS configuration.

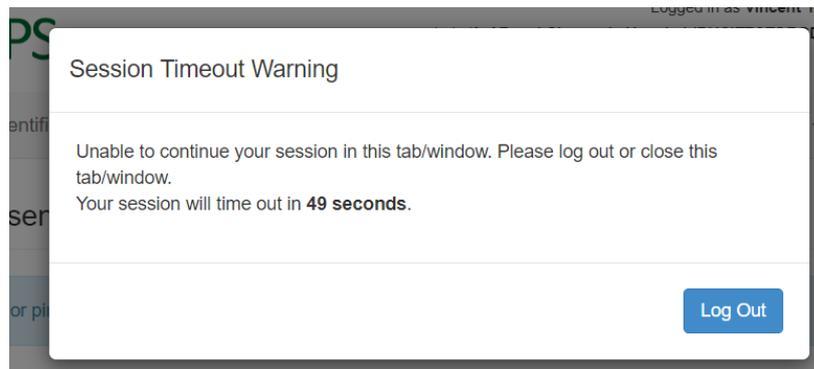
3.5.1 Auto Forward to a Logout Screen

HIPS UI will detect the duration since the last communication with the server and a timeout warning will be displayed after a given period of no communication with the server. For example, when a user is scrolling through a document, or switching tabs in a page, there is no communication with the server. The timeout warning is to inform the user that they will be logged out in a certain number of hours, minutes and seconds. If the number of hours is zero, the hours component will not be shown. If the number of hours and minutes are zero, then only the seconds component will be shown.

The timeout warning allows the user to either continue the session or log out immediately. If continue is selected, the current session will be extended, whilst log out will end the current session and redirect the user to the appropriate logged out screen. In case no action is taken by the user, HIPS UI will automatically redirect the page to the appropriate logged out screen when the timer reaches zero.



Users will see a friendly message that informs them of the need to log out if extending the current session is unsuccessful. This can happen if they click Continue on the session timeout warning after the session has already ended in another browser tab or window.



Remark: The timeout warning is NOT shown when a user opens a Print Dialog, and while viewing attached PDFs and HTML pages within a clinical document.

3.5.2 Forward to Different Logout Screen Depending on Entry Route

HIPS UI will keep track of how the user is logged in. In HIPS UI standalone mode, a user can log in using a username and password or select the 'Windows' button which will use the currently logged in Windows account to attempt to log in to the HIPS UI. Otherwise, in Embedded mode, HIPS UI is launched from a CIS in patient context and optionally a JWT is passed to HIPS to bypass the login screen.

If user is logged in via username & password or selecting the 'Windows' button, when the user logs out or the session times out, HIPS UI will redirect the user to the normal login page as in the image below, and the user will have two options to log back in HIPS UI.



Log in

User name

Password

Log in with current user account

Log in via username & password.

Log in via currently logged in Windows account.

My Health Record
Privacy Policy | Version 7.0.1

If the user is logged in via JWT, when the user logs out or the session times out, HIPS UI will redirect the user to a permanent logoff page with the text “You have been logged out.” This page will not provide any option for the user to log back in.



You have been logged out

My Health Record
Privacy Policy | Version 7.0.1

Acronyms

Acronym	Description
AAD	Additional Authentication Data
AHPRA	Australian Health Practitioner Regulation Agency
B2B	business-to-business
CDA	Clinical Document Architecture
CIS	clinical information system
CSP	contracted service provider
DI	diagnostic imaging
DVA	Department of Veterans' Affairs
ESB	Enterprise Service Bus
HI	Healthcare Identifier (IHI, HPI-I or HPI-O)
HL7	Health Level Seven
HMAC	hash-based message authentication code
HPI-I	Healthcare Provider Identifier for Individual
HPI-O	Healthcare Provider Identifier for Organisation
HPO	Healthcare Provider Organisation
IHI	individual healthcare identifier
IIS	Internet Information Services
JSON	JavaScript Object Notation
JWE	JSON Web Encryption
JWS	JSON Web Signature
JWT	JSON Web Token
LIS	laboratory information system
MRN	Medical Record Number
MVC	Model-View-Controller
PACC	Provider Access Consent Codes
PAS	patient administration system
PCEHR	personally controlled electronic health (eHealth) record
PDI	pathology and diagnostic imaging
RHP	responsible healthcare provider

RIS	radiology information system
RSA	Rivest–Shamir–Adleman public-key cryptosystem.
UI	user interface
XML	eXtensible Markup Language

Glossary

Term	Meaning
Australian Health Practitioner Regulation Agency	Assigns registration numbers to registered individual healthcare providers.
business-to-business	Describes a gateway between systems operated by different organisations.
clinical information system	Generates clinical documents.
contracted service provider	An organisation that can access the HI Service or the My Health Record system on behalf of an HPO.
Enterprise Service Bus	Integration hub for routing and transforming messages within and between healthcare facilities.
individual healthcare identifier	The national identifier for a subject of care.
laboratory information system	Generates pathology reports.
Medical Record Number,	Identified by the code "MR" in PID-3. Ideally one MRN is allocated by each health facility for each patient, though it is common to temporarily allocate a new MRN for new patients until their identity is confirmed. These temporary MRNs should be merged back to the original MRN for the patient using an A36 Merge MRN message. This number is stored in HospitalPatient.Mrn and is the primary identifier used to find the existing patient records in the HIPS database.
personally controlled electronic health (eHealth) record	This name has been replaced with <i>My Health Record system</i> (do not abbreviate this name).
radiology information system	Generates diagnostic imaging reports.