



Australian Government

Australian Digital Health Agency



HIPS

Module Guide (UI)

7 November 2016

V6.1

Approved for external use

Australian Digital Health Agency

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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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Document information

Key information

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Product version history

| Product version | Date | Release comments |
|-----------------|---------------|--|
| 1.0 | February 2014 | Initial release (HIPS 4.1.0). |
| 2.0 | February 2015 | See release note (NEHTA-2040:2015) for details of changes and bug fixes. |
| 2.0.3 | February 2016 | See release note (NEHTA-2185:2016) for details of changes and bug fixes. |
| 6.0 | March 2016 | See release note (NEHTA-2263:2016) for details of changes and bug fixes. |
| 6.1 | November 2016 | See release note (DH-2445:2016) for details of changes and bug fixes. |

Table of contents

| | | |
|-----------|--|-----------|
| 1. | Introduction | 6 |
| 1.1 | Purpose | 6 |
| 1.2 | Scope..... | 6 |
| 1.3 | Assumptions | 6 |
| 1.4 | Definitions and Acronyms | 6 |
| 2. | Product & Module Overview..... | 8 |
| 3. | Architectural Detail..... | 10 |
| 3.1 | Architecture Overview | 10 |
| 3.2 | Functions & Navigation | 12 |
| 3.2.1 | Home | 12 |
| 3.2.2 | Patient List..... | 13 |
| 3.2.3 | My Health Record Access Check & Gain Access | 14 |
| 3.2.4 | Health Record Overview..... | 19 |
| 3.2.5 | Medicare Overview | 22 |
| 3.2.6 | Pathology Report View..... | 23 |
| 3.2.7 | Diagnostic Imaging Report View | 24 |
| 3.2.8 | Prescription Dispense View..... | 25 |
| 3.2.9 | Other Documents..... | 26 |
| 3.2.10 | Document View | 27 |
| 3.2.11 | User Preferences..... | 28 |
| 3.2.12 | Current Patient List | 29 |
| 3.2.13 | Adult Patient Registration..... | 30 |
| 3.2.14 | Dependant Patient Registration..... | 32 |
| 3.2.15 | New Applicant Registration..... | 34 |
| 3.2.16 | New Dependant Registration | 36 |
| 3.2.17 | Registration Response | 39 |
| 3.2.18 | Patients Without IHI..... | 40 |
| 3.2.19 | Disclose Hidden Digital Health Record..... | 46 |
| 3.2.20 | Withdraw Consent..... | 54 |
| 3.2.21 | Remove Document..... | 67 |
| 3.2.22 | Upload PDF Discharge Summary | 76 |
| 3.2.23 | Manage Local Providers | 88 |
| 3.2.24 | HPI-I Search | 97 |
| 3.2.25 | Directory Maintenance..... | 98 |
| 3.2.26 | Subscription Maintenance – Areas of Interest | 100 |
| 3.2.27 | Message Delivery Management | 115 |
| 3.2.28 | Message Receipt Management | 116 |

| | | |
|--------|---|-----|
| 3.2.29 | Message Delivery and Receipt Management – View Detail | 117 |
| 3.3 | Embedded Pages | 118 |
| 3.3.1 | Adult Patient Registration..... | 118 |
| 3.3.2 | Dependent Patient Registration..... | 118 |
| 3.3.3 | Patient Summary | 119 |
| 3.3.4 | Upload PDF Discharge Summary | 119 |
| 3.4 | Security Model | 121 |
| 3.4.1 | Active Directory Authentication | 121 |
| 3.4.2 | JSON Web Token Authentication | 123 |
| 3.4.3 | Authorisation..... | 126 |

1. Introduction

1.1 Purpose

The purpose of this document is to provide a detailed view of the design of HIPS-UI Web and HIPS-Core extensions to enable the HIPS-UI Web module to support non-jurisdictional hospitals integrating with national My Health Record System.

The intended use of this document is to assist implementers to understand the modules of the HIPS-UI Web product and the user-oriented functions it provides.

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

During the development of this document the following assumptions have been made:

- The document audience have a high-level understanding of health information systems and the terminology used.

1.4 Definitions and Acronyms

The following acronyms have been used through the document.

| Item | Definition |
|-------|---|
| AHPRA | Australian Health Practitioner Regulation Agency, assigns registration numbers to registered individual healthcare providers. |
| B2B | Business-to-business, describes a gateway between systems operated by different organisations. |
| CDA | Clinical Document Architecture |
| CIS | Clinical Information System, generates clinical documents |
| CSP | Contracted Service Provider, an organisation that can access the HI Service or the My Health Record System on behalf of an HPO. |
| DI | Diagnostic Imaging |
| HIPS | Healthcare Identifiers and PCEHR System |
| ESB | Enterprise Service Bus – integration hub for routing and transforming messages within and between healthcare facilities. |
| HI | Healthcare Identifier (IHI, HPI-I or HPI-O) |
| HL7 | Health Level Seven |
| HPI-I | Healthcare Provider Identifier for Individual |
| HPI-O | Healthcare Provider Identifier for Organisation |
| HPO | Healthcare Provider Organisation |
| IHI | Individual Healthcare Identifier, the national identifier for a subject of care |

| Item | Definition |
|------|--|
| LIS | Laboratory Information System, generates pathology reports |
| MRN | <p>Medical Record Number, identified by the code "MR" in PID-3. Ideally one MRN is allocated by the hospital for each patient, though it is common to temporarily allocate a new MRN for emergency 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.</p> <p>This number stored in HospitalPatient.Mrn and is the primary identifier used to find the existing patient records in the HIPS database.</p> |
| PDI | Pathology and Diagnostic Imaging |
| RIS | Radiology Information System, generates diagnostic imaging reports |
| XML | Extensible Mark-up Language |

2. Product & Module Overview

The HIPS suite consists of the following products:

- **HIPS-Core:** A middleware and communications solution to enable a CIS (Clinical Information System) and a PAS (Patient Administration System) to interact with the National My Health Record System. The solution can interface with an Enterprise Service Bus (ESB) to receive HL7 records from the PAS systems for patient and episode information and IHI lookups, and CDA documents from the clinical systems for upload to My Health Record System. It can also be used as a broker to the My Health Record System without the need of an interface to an ESB for upload and retrieval of documents from 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 System Viewing (including Prescriptions), Level 1A Document Uploads (HIPS-Core can support all levels and types of document uploads), My Health Record System Document Removal, My Health Record System Consent Withdrawal, Hidden Record Disclosure, Assisted Registration, HPI-I Search and Data Integrity.

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

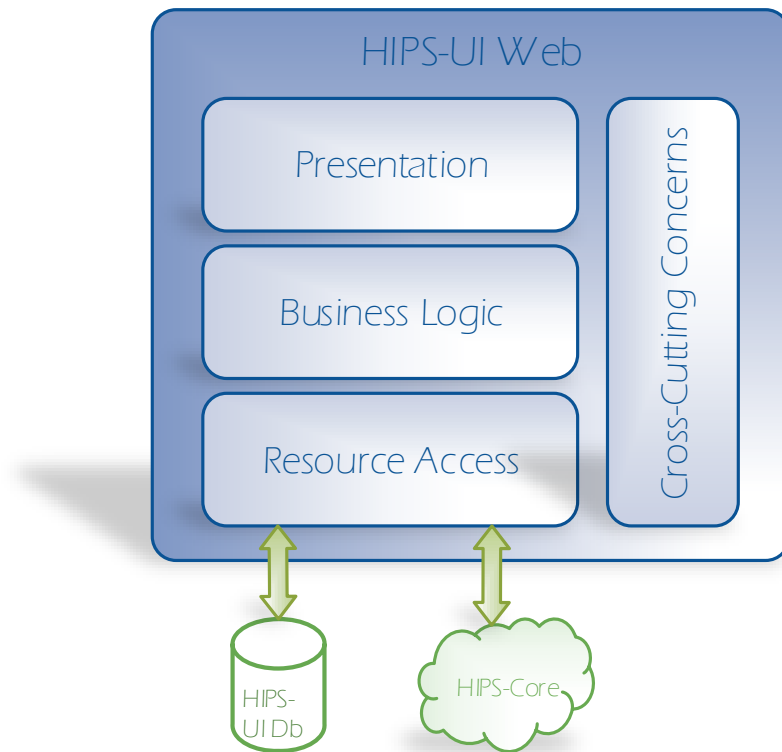
- **Data Integrity Management**, providing a report that lists patients whose IHI was not found using automated searches with the current demographic data from the PAS. The hospital staff may use this report to identify patients whose demographic information may have been entered incorrectly and confirm their legal name, sex, date of birth and Medicare card or DVA file numbers and make corrections in the PAS.
- **Consent Management**, providing a data-entry form to capture the withdrawal of consent to upload a discharge summary to the My Health Record system. This information will be captured in the HIPS database and HIPS will prevent the upload of the discharge summary if consent has been withdrawn. Withdrawal of consent for other document types is handled in the HIPS-Core component.
- **Disclosure of Hidden Record**, providing a data-entry form to capture the disclosure of the existence of a digital health record whose existence was not automatically flagged on admission to hospital due to the restricted access settings applied to the record by the consumer.
- **Removal of Documents**, providing a capability to select a clinical document that has been uploaded to the My Health Record System by the organisation using HIPS, view the document, record the reason why the document must be removed from the My Health Record system, submit the request to HIPS to remove the document, and verify that the document has been removed successfully.
- **Patient List** provides a searchable list of patients with an advertised digital health record who are currently resident in hospital. Allows selection of a patient to view the documents and views available in their digital health record via the "Patient Summary" screen.
- **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 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 available from the NPDR.
- **Other Documents** provides a searchable list of documents available in the selected patient's digital health record, and allows selection of a document to view its contents via the "Document View" screen.
- **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 digital health record and if required enables the user to gain access to the selected patient's digital health record either (a) without code; (b) with code or (c) emergency access.
- **Local Provider Management**, providing 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. 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 |
| 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 |
| Object Serialization | Json.NET |

Note: 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 X-Frame-Options are not used in the HIPS-UI Web product because it has been designed to be embedded within other applications.

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 a “Clinical Documentation” menu item, “Healthcare Identifiers” and “My Health Record Registration”.

The screenshot shows the HIPS-UI Home screen. At the top, there is a header with the HIPS logo, a login status "Logged in as hips test1 on behalf of Royal Chamonix Hospital (DHSITESTORG46)", and a user profile icon. Below the header is a navigation bar with tabs: Home, Healthcare Identifiers, My Health Record Registration, Clinical Documentation, and Secure Messaging. The main content area features a large background image of a doctor examining a patient's ear. Below this image are four columns of links: Healthcare Identifiers, My Health Record Registration, Clinical Documentation, and Secure Messaging. At the bottom right, there is a "My Health Record" logo with a version number "Version 6.1.0".

Healthcare Identifiers

- Patients Without IHI
- HPI-I Validation
- HPI-I Search
- Local Providers

My Health Record Registration

- Register Current Patients
- Register New Adult
- Register New Child
- Disclose Hidden Record

Clinical Documentation

- View My Health Record
- Withdraw Consent
- Remove Document
- Discharge Summary

Secure Messaging

- Delegates
- Payload Schemes
- Areas of Interest
- Message Delivery
- Message Receipt

My Health Record
Privacy Policy | Version 6.1.0

Callouts:

- Healthcare Identifiers:** “Health Identifiers” menu includes Patients Without IHI, HII-I Validation and Search, Local Providers.
- 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 allows access to View Digital Health Record, Withdraw Consent, Remove Document, Discharge Summary.
- Secure Messaging:** User Preference Menu. This includes Account setting for Clinical Document Preferences and Log out button.
- My Health Record:** Public version number. Tooltip displays internal version number.

3.2.2 Patient List

The annotated image below illustrates the functional design for the "Patient List" screen accessed via the "Clinical Documentation" menu item on the "Home" screen.

Patients at Royal Chamonix Hospital

Q Search Type to search...

| Name | Date of Birth | Location | MRN | IHI | Actions |
|----------------------|---------------|----------|---------------|---------------------|---------|
| DUNCAN, ALEXANDER | 05/05/2009 | AG:: | TEST-CCA_13 | 8003 6034 5679 9528 | |
| FORDE, FREDERICK | 16/01/1928 | AG::B3 | TEST-PCEHR_22 | 8003 6045 7063 1431 | |
| GIBBS, GEORGE | 20/03/1990 | AG::B2 | TEST-PCEHR_23 | 8003 6067 9186 4386 | |
| HOBBS, LUDWIG PHILIP | 26/04/1995 | W1::B3 | RENDERING | 8003 6083 3334 5684 | |
| JONES, LILY MAY | 30/08/1990 | W5::B2 | TEST-PCEHR_24 | 8003 6067 8912 9891 | |
| LAM, BERNARD | 13/01/1972 | W5::B4 | TEST-IHI_4 | 8003 6081 6670 8479 | |

Showing 1 to 6 of 6 entries

First Previous 1 Next Last

Display format for IHI: nnnn nnnn nnnn nnnn

Summary of matching results.

Definition of "current" to allow for configurable window of discharge – eg not discharged, or discharged within x days of current date.

Results **do not** contain patients with any current alerts.

Results contain patients who have an advertised PCEHR and are currently resident in hospital.

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

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

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

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.

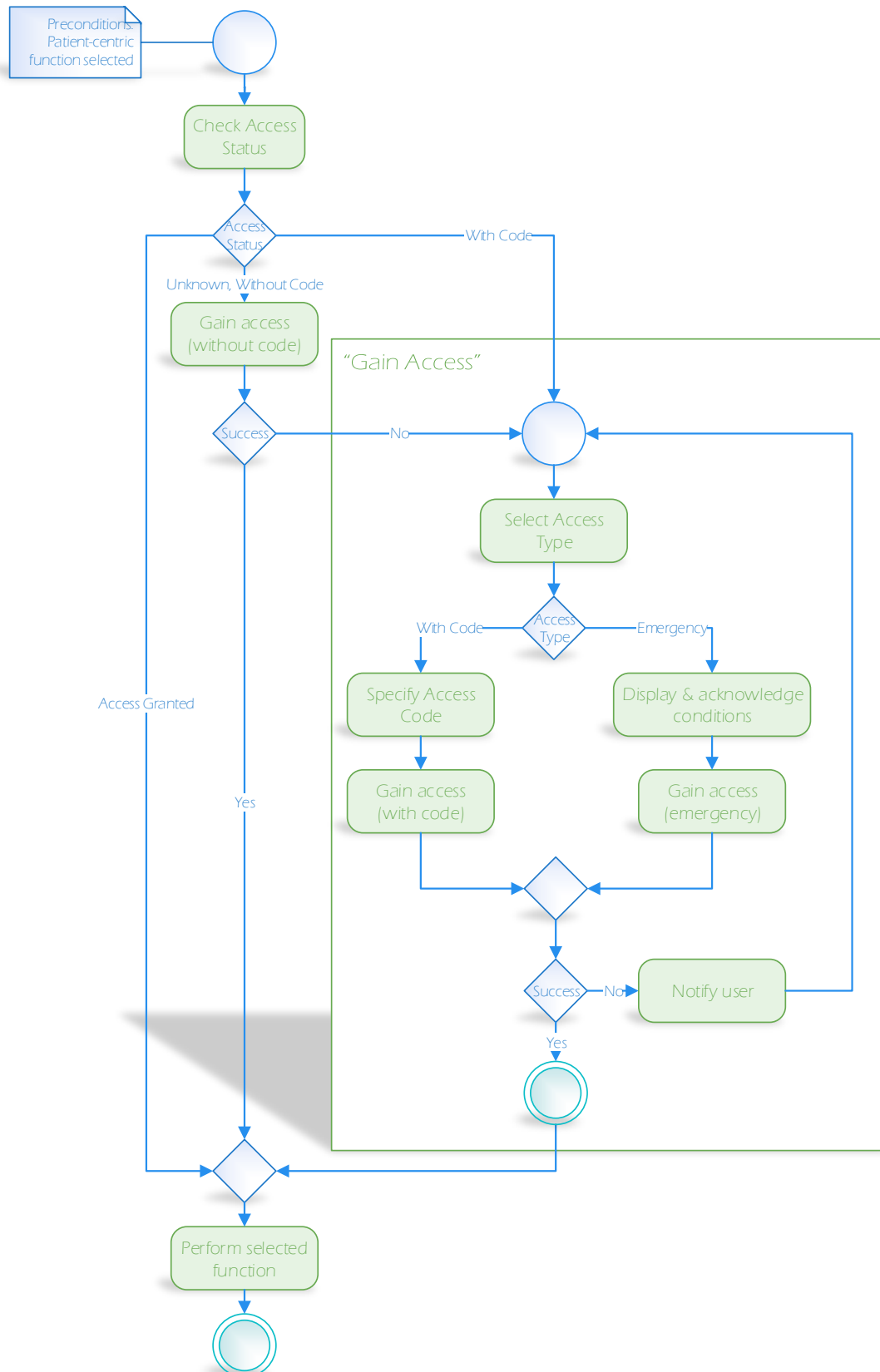
Paging of results. Page size: 10.

3.2.3 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 current status of access for 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 digital health record. | Via HIPS-Core service PCEHRService.IsPcehrAdvertised |
| Access Status = "Access Granted" | The HPI-O already has access to the patient's digital 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 digital 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 digital 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 digital 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 "Digital 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 digital 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 Digital 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. | |

| Activity / Decision | Description | Notes |
|----------------------------------|--|--|
| Gain access (with code) | Gain access to the patient's digital 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 digital 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 digital 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.

The image shows a functional design for the "Gain Access" screen. It includes a breadcrumb trail at the top: "Patients at Royal Chamonix Hospital / Patient Summary for LAM, BERNARD". The main title is "Gain Access for LAM, BERNARD". Below the title is a yellow error message box: "A code is required to access the patient's PCEHR." with a close button. The "Access Code" section contains explanatory text: "Individuals may set a Record Access Code (RAC) or Limited Document Access Code (LDAC) on their eHealth Record's restricted settings screen. If your patient has given you an eHealth Record access code, please enter it here:". There is a text input field labeled "Access Code" and a blue "Submit Code" button. The "Emergency Access" section contains text explaining the conditions: "By selecting the Emergency Access option, you are declaring that access to this eHealth Record is necessary to lessen or prevent a serious threat to an individual's life, health or safety or to public health or public safety and your patient's consent cannot be obtained. This will override any access controls set by the individual and will permit access to all active documents for five days. Your Emergency Access will be recorded on the eHealth Record's audit log and the individual may be notified." Below this text is a blue button labeled "I understand and require emergency access to this eHealth record".

Annotations (from top-left to bottom-right):

- 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.
- Section for gaining "emergency" access.
- Required conditions. Supports "CIS Connecting to the PCEHR System" conformance requirement 019116.
- "I understand..." button acknowledges conditions and attempts to gain "emergency" access.
- 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.
- Upon successfully gaining access, automatically redirect to originally selected function or screen. Upon failure, redisplay screen including error information.

3.2.4 Health Record Overview

The annotated image below illustrates the "Health Record View" screen which is served as home screen of the patient summary of selected patient.

LEE, Shaun 15-Mar-1979 Male 000MOV001 [Gain Access](#)

Health Record Overview | Medicare Overview | Pathology | Diagnostic Imaging | Prescription & Dispense | Other Documents

Health Record Overview [Advance Care Directive Custodian details are 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-Jul-2016 18:27
- All Shared Health Summary documents **3 Items**
- Documents available on the My Health Record in the last 12 months **15 Items**

Healthcare Identifiers

- Patients Without IHI
- HPI-I Validation
- HPI-I Search
- Local Providers

My Health Record Registration

- Register Current Patients
- Register New Adult
- Register New Child
- Disclose Hidden Record

Clinical Documentation

- View My Health Record
- Withdraw Consent
- Remove Document
- Discharge Summary

Secure Messaging

- Delegates
- Payload Schemes
- Areas of Interest
- Message Delivery
- Message Receipt

Annotations:

- Page title displays patient details for quick identification.
- My health record statement
- Expandable section that shows available documents since the last Shared Health Summary for the selected patient.
- Shared Health Summary details for the selected patient
- "Gain Access" button provides access to "Gain Access" screen for selected patient.
- ACDC button: only displays if the patient has an Advance Care Directive Custodian details available.
- All Shared Health Summary documents are included in this section
- Available documents from the last 12 months

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

LEE, Shaun 15-Mar-1979 Male 000MOV001 [Gain Access](#)

Health Record Overview | Medicare Overview | Pathology | Diagnostic Imaging | Prescription & Dispense | Other Documents







Advance Care Directive Custodian details are available

Documents available on the My Health Record since the last Shared Health Summary 5 Items

This is the patient's first admission to this facility. No document types are excluded





Show Event Summaries Only (with Clinical Synopsis if available) ☒

Search: First Previous 1 Next Last

| Document Date | Document Type | Author Name | Author Role | Organisation Name | |
|---------------|---------------|------------------------|------------------------------|-------------------|---|
| 14-Jul-2016 | Event Summary | Dr. Alfonso Terri-Anne | General Medical Practitioner | DHSITESTORGZ187 |   |
| 14-Jul-2016 | Event Summary | Dr. Alfonso Terri-Anne | General Medical Practitioner | DHSITESTORGZ187 |   |
| 13-Jul-2016 | Event Summary | Dr. Alfonso Terri-Anne | General Medical Practitioner | DHSITESTORGZ187 |   |

Showing 1 to 5 of 5 entries

Wednesday July 13 2016 19:18:32 Dr. Alfonso Terri-Anne Visit type: Surgery Consultation Reason for contact: TAC certificate Rabies Yellow fever Action: CDA Event Summary generated. CDA Event Summary has been uploaded to My Health Record. Procedures: TAC certificate Rabies.

| Document Date | Document Type | Author Name | Author Role | Organisation Name | |
|---------------|---------------|------------------------|------------------------------|-------------------|---|
| 13-Jul-2016 | Event Summary | Dr. Alfonso Terri-Anne | General Medical Practitioner | DHSITESTORGZ187 |   |
| 13-Jul-2016 | Event Summary | Dr. Alfonso Terri-Anne | General Medical Practitioner | DHSITESTORGZ187 |   |

Showing 1 to 5 of 5 entries

First Previous 1 Next Last

Shared Health Summary 13-Jul-2016 18:27

All Shared Health Summary documents 3 Items

Documents available on the My Health Record in the last 12 months 15 Items

Annotations:

- The details about applied filter such as excluded document types or user time preferences settings
- User can search through the tables for any keyword within the columns
- Expand button: only display for Event Summary document types, when clicked will expand the row below to display the Clinical Synopsis.
- Filter icon and button: indicates to the user a filter has been applied and text to show what the filter is. The filter is based on used preferences
- By selecting this checkbox, the table shows only event summaries
- View documents button: 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.

← LEE, Shaun 15-Mar-1979 Male 000MOV001 [Gain Access](#)

[Health Record Overview](#) [Medicare Overview](#) [Pathology](#) [Diagnostic Imaging](#) [Prescription & Dispense](#) [Other Documents](#)

Health Record Overview [Advance Care Directive Custodian details are 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-Jul-2016 18:27**

| Author Name | Organisation Name | Address | Phone | Email |
|------------------------|-------------------|---|-----------|-------------------------|
| Dr. Alfonso Terri-Anne | DHSITESTORGZ187 | Level 1, 40 Oxley St, Crows Nest NSW 2065 | 788494874 | baliindonesia@gmail.com |

➤ **Allergies and Adverse Reactions** No Items

No supplied allergies or adverse reaction information available

➤ **Medicines** 1 Item

| Medication | Directions | Clinical Indication | Comment |
|-------------------------------------|-------------------|---------------------|---------|
| ASFOTASE ALFA Injection 18mg/0.45mL | Instructions:p.c. | | |

➤ **Current and Past Medical History** 1 Item

| Description | Onset | Resolved | Comment |
|--|-------------|----------|---------|
| ➤ Problem Diagnosis 1 Item | | | |
| L3 disc prolapse | 13-Jul-2016 | | |
| ➤ Procedure No Items | | | |
| <i>No supplied procedure information available</i> | | | |
| ➤ Other No Items | | | |
| <i>No other Clinical History information available</i> | | | |

➤ **Immunisations** 1 Item

| Administered | Vaccine name | Sequence |
|--------------|--------------|----------|
| 13-Jul-2016 | ADACEL | 1 |

➤ **All Shared Health Summary documents** 3 Items

➤ **Documents available on the My Health Record in the last 12 months** 15 Items

Shared Health Summary

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.

3.2.5 Medicare Overview

The annotated image below illustrates the functional design for the "Medicare Overview" screen accessed via "Patient Summary" page.

Annotations:

- "Medicare Overview"
- Date the view was downloaded from the My Health Record System.
- Any links rendered in the CDA document will retrieve the clinical document from the My Health Record System and render the clinical document using the Agency generic stylesheet.
- Administrative details section which shows the details related to patient, author and clinical document details.
- Prints the current view page
- Date Range: Result view can be updated by selected "From" dates.
- Patient information and "Medicare Overview" details.

Medicare Overview - From: 04-Aug-2014 to 04-Aug-2016

LUDWIG P HOBBS DoB 26 Apr 1995 (21y) SEX Male 4 Aug 2016
IHI 8003 6083 3334 5684

My Health Record

Prescription Information - PBS and RPBS

No Information Available

Australian Childhood Immunisation Register - ACIR

Immunisations

| Type | Date | Dose |
|--------------------------|------------------------|------|
| HBVAX II | 06 Oct 1995 18:00+1000 | 1 |

Cancelled Immunisations

No Information Available

Australian Organ Donor Register Decision Information

| Registered | Donor Decision | Organ and/or Tissue donation |
|------------------------|---------------------|---|
| 06 Nov 2008 20:00+1100 | Yes | Liver Indicator Yes Heart Valve Indicator Yes Bone Tissue Indicator Yes Skin Tissue Indicator Yes Heart Indicator Yes Kidney Indicator Yes Lungs Indicator Yes Pancreas Indicator Yes Eye Tissue Indicator Yes |

Medicare Services - MBS and DVA Items

No Information Available

ADMINISTRATIVE DETAILS

| Patient | Author |
|--|---|
| Name LUDWIG P HOBBS Sex Male Indigenous Status Not stated/inadequately described Date of Birth 26 Apr 1995 (21y) IHI 8003 6083 3334 5684 Address Not Provided | Device Name My Health Record Clinical Document Details Document Type Medicare Overview Creation Date/Time 4 Aug 2016 17:02+1000 Date/Time Attested Not Provided Document ID 2.25.1241444416939307369428519039939319 Completion Code 65421 Final |

END OF DOCUMENT

3.2.6 Pathology Report View

The annotated image below illustrates the functional design for the "Pathology Report View" screen accessed via "Patient Summary".

HOBBS, LUDWIG PHILIP 26-Apr-1995 Male 354455017

Print | [Link to CDA source](#)

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

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 * 04/08/2014 To 04/08/2016 View

Group results by Organisation ☒

Search: Type to search...

Showing 1 to 94 of 94 entries

| Specimen Collection | Report Date | Requesting Organisation | Pathology Discipline | Test Result Name | |
|----------------------|-------------|-------------------------|----------------------|------------------|----------------------|
| Burrill Lake Medical | | | | | |
| 10-Dec-2014 | 12-Dec-2014 | Bodalla Clinic | Hematology | Blood Test | View |
| 10-Dec-2014 | 12-Dec-2014 | Bodalla Clinic | Hematology | Blood Test | View |
| 10-Dec-2014 | 12-Dec-2014 | Bodalla Clinic | Hematology | Blood Test | View |
| 10-Dec-2014 | 12-Dec-2014 | Bodalla Clinic | Hematology | Blood Test | View |
| 10-Dec-2014 | 12-Dec-2014 | Bodalla Clinic | Hematology | Blood Test | View |
| MediHome Croydon | | | | | |
| Oz Health Clinic | | | | | |
| Specimen Collection | Report Date | Requesting Organisation | Pathology Discipline | Test Result Name | |

Showing 1 to 94 of 94 entries

Annotations:

- "Pathology Report View"
- Print button: opens up print view in a modal dialog.
- Result view can be updated by selected dates.
- Search the table and shows the corresponding row.
- Sorting the results based on selected sorting button.
- Name of reporting organisations which the results are grouped by them
- This checkbox groups the documents listing by organisations. If not selected, the results are shown based on Specimen Collection Date.
- Link to CDA source button. When clicked will open the source document and render it using the Agency generic stylesheet.

3.2.7 Diagnostic Imaging Report View

The annotated image bellow illustrates the functional design for the "Diagnostic Imaging Report". This view is accessible from "Patient Summary".

The screenshot shows the 'Diagnostic Imaging Report View' for patient LEE, Shaun (15-Mar-1979 Male 000MOV001). The interface includes a top navigation bar with tabs: Health Record Overview, Medicare Overview, Pathology, **Diagnostic Imaging**, Prescription & Dispense, and Other Documents. A 'Print' button and a 'Gain Access' button are in the top right. A yellow callout points to the 'Diagnostic Imaging' tab, stating: "Diagnostic Imaging Report View".

Below the navigation bar is a blue banner with a warning icon and text: "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." A yellow callout points to this banner, stating: "Result view can be updated by selected dates."

The main content area has a date range filter: "From * 04/08/2014 To 04/08/2016" with a "View" button. A yellow callout points to the date range, stating: "Search the table and shows the corresponding row." To the right of the date range is a checkbox labeled "Group results by Organisation" which is checked. A yellow callout points to this checkbox, stating: "This checkbox groups the documents listing by organisations. If not selected, the results are shown based on Imaging Date."

Below the date range is a search bar: "Q Search: Type to search...". Below the search bar is a table with columns: Imaging Date, Examination, Modality, Anatomical Region, Anatomical Location, Laterality, and a document icon. The table shows 33 entries. A yellow callout points to the 'Imaging Date' column header, stating: "Sorting the results based on selected sorting button." The table is grouped by organisation, with a yellow callout pointing to the organisation names, stating: "Name of reporting organisations which the results are grouped by".

The table content is as follows:

| Imaging Date | Examination | Modality | Anatomical Region | Anatomical Location | Laterality | |
|------------------|-------------------------------|--|---------------------------|--------------------------------|----------------------------------|--|
| Medicare305 | | | | | | |
| 01-Mar-2015 | Plain chest X-ray (procedure) | Radiographic imaging procedure (procedure) | Growth on top of the head | Entire thorax (body structure) | Right and left (qualifier value) | |
| MEDTESTORG | | | | | | |
| MEDTESTORGSB120 | | | | | | |
| New Organisation | | | | | | |
| Scans R us | | | | | | |
| TestMedicare | | | | | | |
| Imaging Date | Examination | Modality | Anatomical Region | Anatomical Location | Laterality | |

Showing 1 to 33 of 33 entries

3.2.8 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.

The screenshot shows the "Prescription Dispense View" for patient LEE, Shaun (15-Mar-1979 Male, 000MOV001). The interface includes a navigation bar with tabs: Health Record Overview, Medicare Overview, Pathology, Diagnostic Imaging, Prescription & Dispense (selected), and Other Documents. A date range filter is set from 04/08/2014 to 04/08/2016, with a "View" button. A "Group By" dropdown is set to "Prescription". A status bar indicates the document was downloaded from the My Health Record system on 4-Aug-2016 at 16:52+09:30.

Prescription and Dispense View
Grouped by Prescription From 3-Aug-2014 To 4-Aug-2016

SHAUN LEE DoB 15-Mar-1979 (37y) SEX Male IHI 8003 6081 6669 0511

START
This view is not a complete record of the individual's medicines information.

| Prescribed | Medicine Details | First Dispense | Last Dispense | Dispensed |
|------------|---|----------------|---------------|-------------|
| 2-Oct-2014 | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE | unavailable | unavailable | unavailable |
| 2-Oct-2014 | Prescribed Therapeutic Good Generic Name — ALUMINIUM HYDROXIDE WITH MAGNESIUM HYDROXIDE — Therapeutic Good Strength — Directions — Film-coated tablet — Supply Dispensing Information - Quantity — Dispense original and 5 repeats | | | |
| 1-Oct-2014 | ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE | unavailable | unavailable | unavailable |

ADMINISTRATIVE DETAILS

| Patient | | Author | |
|-------------------|-------------------------------------|----------------------------------|---|
| Name | SHAUN LEE | Device Name | My Health Record |
| Sex | Male | | |
| Indigenous Status | Not stated/inadequately described | Clinical Document Details | |
| Date of Birth | 15-Mar-1979 (37y) | Document Type | PCEHR Prescription and Dispense View |
| IHI | 8003 6081 6669 0511 | Creation Date/Time | 4 Aug 2016 17:22+1000 |
| Postal Address | 281 DAWSON PDE , PYRMONT, NSW, 2009 | Date/Time Attested | Not Provided |
| | | Document ID | 2.25.59680178846879813665935896675835787529 |
| | | Document Version | 1 |
| | | Completion Code | Final |

END

Annotations:

- Result view can be updated by selected dates.
- Display date & time document was downloaded from My Health Record System.
- Clicking header rows expands and contract nested detail rows.
- Administrative Details section which shows the details related to patient, author and clinical document details.
- 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".
- Display warnings (if any) returned from My Health Record System (not shown).
- Document links redirect the browser to view the requested document.

3.2.9 Other Documents

The annotated image below illustrates the functional design for the "Other Documents" component of the "Patient Summary" screen for a specific patient.

Page title displays patient details for quick identification.

"Other Documents"

My health record statement

Search the table and shows the corresponding row.

Sorting the results based on selected sorting button.

Name of organisations which the results are grouped by them.

"Gain Access" button provides access to "Gain Access" screen for selected patient.

Result view can be updated by selected dates.

Link to CDA source button. When clicked will open the source document and render it using the Agency generic stylesheet.

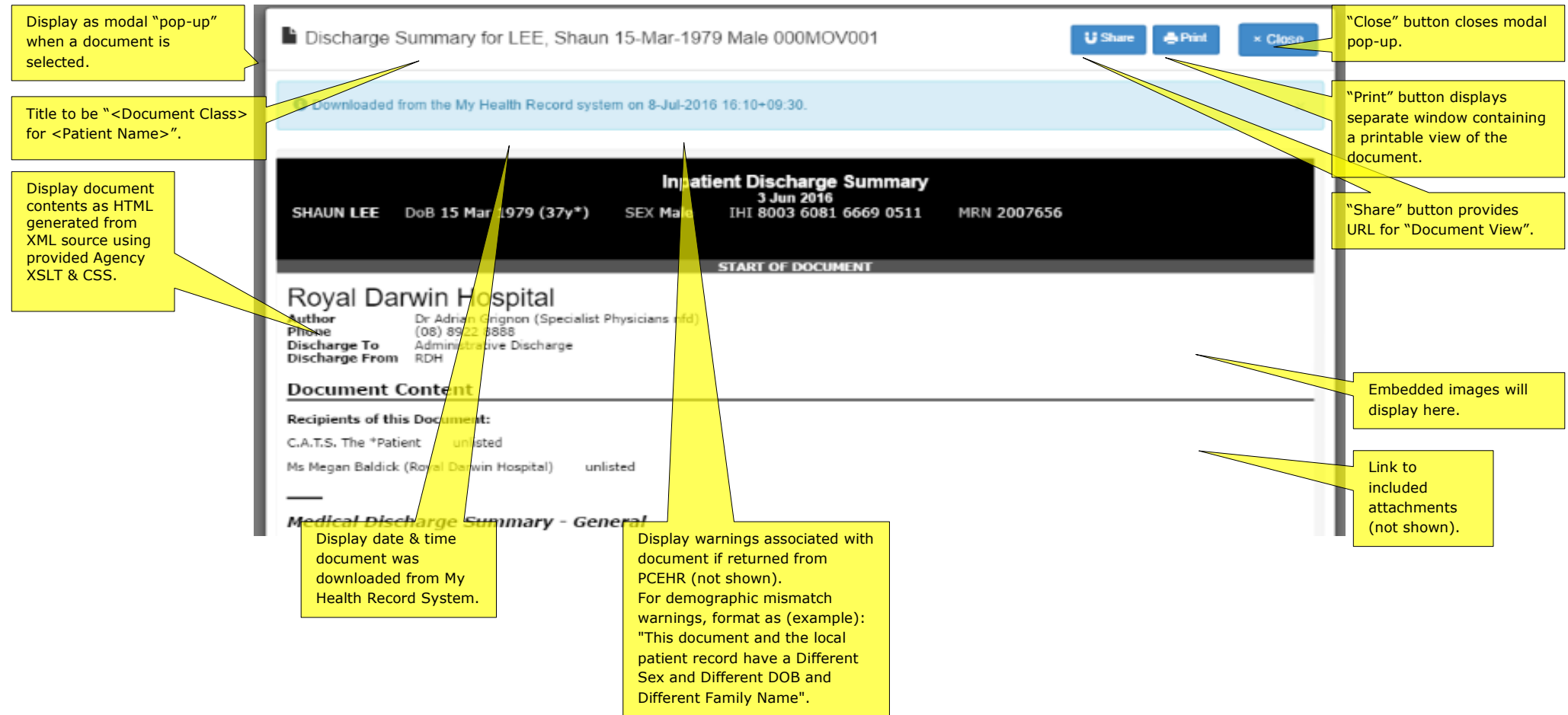
Showing 1 to 34 of 34 entries

| Creation Date | Organisation | Author | Service Start | Service End | |
|--------------------------------|--------------------------|-----------------|---------------|-------------|------------------------------------|
| Advance Care Planning Document | | | | | |
| Child Parent Questionnaire | | | | | |
| 29-Oct-2015 | National Consumer Portal | HOBBS, LUDWIG P | | | Link to CDA source |
| 29-Oct-2015 | National Consumer Portal | HOBBS, LUDWIG P | | | Link to CDA source |
| 29-Oct-2015 | National Consumer Portal | HOBBS, LUDWIG P | | | Link to CDA source |
| 29-Oct-2015 | National Consumer Portal | HOBBS, LUDWIG P | | | Link to CDA source |
| Consumer Entered Measurements | | | | | |
| Discharge Summary | | | | | |
| e-Referral | | | | | |
| Event Summary | | | | | |
| Personal Health Summary | | | | | |
| Specialist Letter | | | | | |
| Creation Date | Organisation | Author | Service Start | Service End | |

Showing 1 to 34 of 34 entries

3.2.10 Document View

The annotated image below illustrates the functional design for the "Document View" screen accessed via the "View Document" button in the "Document List" component for a selected document, or from the "document" link on the "Prescription Dispense View" component.



3.2.11 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.

User Preferences

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.

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

Reset to Default

Save

Cancel

Title to be "User Preferences".

Time Preferences: The user sets the option to identify the documents as new.

This option requires a valid number of months as input.

The document types selection. User can include/exclude the document types that are displayed in Health Record Overview.

This button resets the settings to default values.

This button saves the user preferences settings.

Cancels the current unsaved modifications

3.2.12 Current Patient List

The annotated image below illustrates the functional design for the "Register Current Patients" screen accessed via the "Register Current Patients" menu item on the "Home" screen.

Register Current Patients

Search [Type to search...]

| Name | Date of Birth | Location | IHI | Actions |
|---------------------|---------------|----------|---------------------|----------------------------|
| BANGSUND, KATHY | 06/01/1954 | W4:R11: | 8003 6088 3339 7644 | [Person Icon] |
| COLVILLE, WYATT | 31/01/1955 | W0:R19: | 8003 6088 3339 1083 | [Person Icon] |
| DACRI, CRISTEN | 26/04/1979 | W0:R9: | 8003 6088 3339 0701 | [Person Icon] |
| DREA, KENNETH | 23/01/1999 | W0:R18: | 8003 6088 3339 5517 | [Person Icon] [Group Icon] |
| GARCHITORENA, SEEMA | 15/09/1946 | W0:R15: | 8003 6088 3339 0178 | [Person Icon] |
| PADRIK, BERNICE | 11/01/1970 | W3:R16: | 8003 6088 3339 2686 | [Person Icon] |
| POONAWALA, WALKER | 14/07/1985 | W3:R16: | 8003 6088 3339 7120 | [Person Icon] |
| TREVORROW, MILA | 01/09/2006 | W2:R3: | 8003 6088 3339 2628 | [Group Icon] |
| VANKEUREN, CODY | 03/04/1988 | W4:R10: | 8003 6088 3339 5542 | [Person Icon] |
| VELLER, LANE | 22/11/1972 | M10:: | 8003 6088 3339 1365 | [Person Icon] |
| Name | Date of Birth | Location | IHI | Actions |

Showing 1 to 10 of 11 entries

First Previous 1 2 Next Last

Annotations:

- Title to be "Register Current Patients".
- 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 patients who have an active verified IHI but do not have a digital health record.
- Filtering based on partial match of contents of any text-based column in results.
- "Register" button displays "Patient Registration" screen for selected patient.
- "Register as Dependant" button displays "Dependant Patient Registration" screen for selected patient.
- Paging of results. Page size: 10.

3.2.13 Adult Patient Registration

The annotated image below illustrates the functional design for the “Adult Patient Registration” screen accessed via the “Register” button on the “Current Patients” screen for a selected patient.

Title to be “Register Patient”.

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

Register Patient

Applicant's Details

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.

☐ Display the IVC

☐ Send the IVC by SMS to:

☐ Send the IVC by Email to:

☐ Do not retrieve the IVC

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.

[Submit Application](#)

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

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

Send the digital health record registration to HIPS for processing.

3.2.14 Dependant Patient Registration

The annotated image below illustrates the functional design for the “Dependant Patient Registration” screen accessed via the “Register as Dependant” button on the “Current Patients” screen for a selected patient.

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. The Medicare card number must be the same as the dependant's.

Allow selection of which information will be accessible in the new digital health record.

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 the identity verification method used.

Application Form and Assertions

Identity Verification Method *

Please Select...

Allow the entry of a delivery method for an IVC that the authorised representative can use to access the dependant's digital health record online.

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

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

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 and would like the System Operator to use the fact that they both appear on the same Medicare card as evidence of this relationship.

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.

Send the digital health record registration to HIPS for processing.

Submit Application

3.2.15 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 *

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

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

Individual Identifier *

Medicare Card Number

DVA File Number

Allow selection of the indigenous status of the person.

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 digital 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 digital 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 digital health record registration to HIPS for processing.

Submit Application

3.2.16 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.

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.

Register New Child

Applicant's Details

Family 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. The Medicare card number must be the same as the authorised

Parent or Legal Guardian Representative

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.

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. The Medicare card number must be the same as the dependant's.

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:

Allow selection of which information will be accessible in the new digital health record.

☐ 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)

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 digital 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 and would like the System Operator to use the fact that they both appear on the same Medicare card as evidence of this relationship.

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.

[Submit Application](#)

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

Send the digital health record registration to HIPS for processing.

3.2.17 Registration Response

For a successful response the "Registration Response" screen will display.

The screenshot shows the 'PCEHR Assisted Registration' header with a checkmark icon. Below it, the title 'PCEHR Registration Successful' is displayed. A yellow callout box on the left points to the title and contains the text 'Confirmation of successful registration.' The main content area contains two lines of text: 'The PCEHR Assisted Registration was successful.' and 'Your IVC code is **PnfQ93D** and it expires on **16/01/2014**'. A second yellow callout box on the right points to the IVC code and contains the text 'IVC code for the patient if requested to be displayed.'

PCEHR Assisted Registration

PCEHR Registration Successful

The PCEHR Assisted Registration was successful.

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

For an unsuccessful registration an error message will display:

The screenshot shows a red error message box with a single bullet point: '• Medicare Number must be a valid Medicare Card Number.' A yellow callout box on the left points to the error message and contains the text 'Displays the reason for the unsuccessful registration.'

• Medicare Number must be a valid Medicare Card Number.

3.2.18 Patients Without IHI

3.2.18.1 Description

'Patients Without IHI' is a data integrity function allowing users to list patients who are unexpectedly missing an IHI and currently an inpatient at, or recently discharged from, a selected hospital. A report of these patients can subsequently be generated for manual investigation.

3.2.18.2 Process Overview

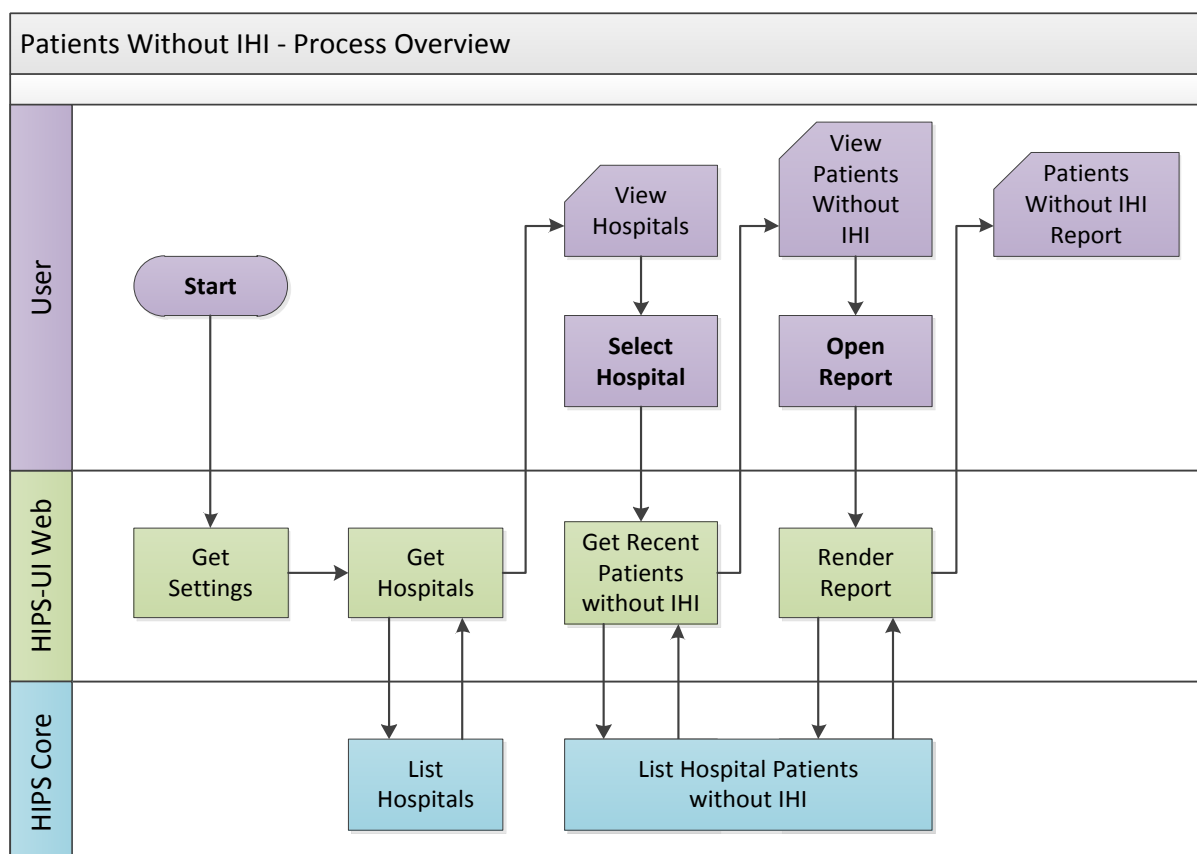


Figure 1 – Patients Without IHI – Process Overview

3.2.18.3 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. | 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 'Patients Without IHI' page for a selected hospital. | User request includes the following field(s): Hospital Code |
| Get Recent Patients without IHI | HIPS-UI Web gets a list of patients unexpectedly missing an IHI who are currently an inpatient at, or recently discharged from, the selected hospital. | Refers to loaded configuration settings to determine <i>PatientsWithoutIhiDaysDischarged</i> and <i>DefaultHospitalCodeSystem</i> . Gets a list of patients from the <i>ListPatientsWithoutIhi</i> method of the HIPS <i>PcehrService</i> web service using: The Selected Hospital (Code, <i>DefaultHospitalCodeSystem</i>) The <i>PatientsWithoutIhiDaysDischarged</i> value to determine how many days of recently discharged patients are returned Retrieves from cache if present and stores in cache after retrieval. |
| List Hospital Patients without IHI | HIPS-Core returns a list of patients unexpectedly missing an IHI currently at, or recently discharged from, the specified hospital. | Represents the <i>ListPatientsWithoutIhi</i> method of the <i>PcehrService</i> web service. Receives the following input: Hospital Code and Code System Discharge Days number indicating how many days into the past to include discharged patients from Resolves the <i>HospitalId</i> for the provided hospital details. |

| Activity / Decision | Description | Detail / Notes |
|---------------------------|--|--|
| | | <p>Determines the MinimumDischargeDate by subtracting the provided Discharge Days from the current date and time.</p> <p>Returns patient data for each HospitalPatient in HIPS who meets the following criteria:</p> <ul style="list-style-type: none"> 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. Aged over 1 month old 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 |
| View Patients Without IHI | User receives a screen displaying the Patients Without IHI data for the selected hospital. | See View Patients Without IHI . |

| Activity / Decision | Description | Detail / Notes |
|-----------------------------|--|--|
| Open Report | User requests the 'Patients Without IHI' report for a selected hospital. | User request includes the following field(s): Hospital Code |
| Render Report | Report display for printing the 'Patients Without IHI'. | 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. |
| Patients Without IHI Report | User receives a report displaying the requested Patients Without IHI data. | See View Patients Without IHI . |

3.2.18.4 Web User Interfaces

3.2.18.4.1 View Patients Without IHI

View Patients Without IHI Report 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).

Patients without IHI at Royal Chamonix Hospital

Errors and feedback to be displayed on top of page.

Search bar to filter across all columns (except actions)

Data to display (as available):

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

| Name | Sex | Date of Birth | Location | MRN | Medicare Card Number | DVA File Number |
|---------------------|--------|---------------|----------|-----------|----------------------|-----------------|
| BANGSUND, KATHY | Female | 06/01/1954 | W4:R11: | 000190757 | 6885 53689 1 | |
| COLVILLE, WYATT | Male | 31/01/1955 | W0:R19: | 000256243 | 5417 16246 1 | |
| DACRI, CRISTEN | Female | 26/04/1979 | W0:R9: | 000586213 | 3770 08292 1 | |
| DREA, KENNETH | Male | 23/01/1999 | W0:R18: | 000923678 | 2530 16016 1 | |
| GARCHITORENA, SEEMA | Female | 15/09/1946 | W0:R15: | 000211962 | 6082 31662 1 | |
| PADRIK, BERNICE | Female | 11/01/1970 | W3:R16: | 000115629 | 5701 08717 1 | |
| POONAWALA, WALKER | Male | 14/07/1985 | W3:R16: | 000346042 | 6258 30455 1 | |
| TREVORROW, MILA | Female | 01/09/2006 | W2:R3: | 000528639 | 6059 46572 1 | |
| VANKEUREN, CODY | Male | 03/04/1988 | W4:R10: | 000146174 | 4565 86136 1 | |
| VELLER, LANE | Female | 22/11/1972 | M10:: | 000833230 | 2989 36441 1 | |

Sortable columns. Default sort Name ASC.

Summary of matching results.

Showing 1 to 10 of 11 entries

Paging of results
Page size: 10.

First Previous 1 2 Next Last

3.2.18.4.2 View Patients Without IHI Report

View Patients Without IHI Report presents a report of the current and recent patients at a selected hospital who do not have an IHI (and are expected to have one).

Patients without IHI at Royal Chamonix Hospital

| Name | Sex | Date of Birth | Location | MRN | Medicare Card Number | DVA File Number |
|---------------------|--------|---------------|----------|-----------|----------------------|-----------------|
| VELLER, LANE | Female | 22/11/1972 | M10:: | 000833230 | 2989 36441 1 | |
| COLVILLE, WYATT | Male | 31/01/1955 | W0:R19: | 000256243 | 5417 16246 1 | |
| DACRI, CRISTEN | Female | 26/04/1979 | W0:R9: | 000586213 | 3770 08292 1 | |
| DREA, KENNETH | Male | 23/01/1999 | W0:R18: | 000923678 | 2530 16016 1 | |
| GARCHITORENA, SEEMA | Female | 15/09/1946 | W0:R15: | 000211962 | 6082 31662 1 | |
| YADO, LAWANA | Female | 14/02/1972 | W0:R9: | 000781324 | 5408 94772 1 | |
| TREVORROW, MILA | Female | 01/09/2006 | W2:R3: | 000528639 | 6059 46572 1 | |
| PADRICK, BERNICE | Female | 11/01/1970 | W3:R16: | 000115629 | 5701 08717 1 | |
| POONAWALA, WALKER | Male | 14/07/1985 | W3:R16: | 000346042 | 6258 30455 1 | |
| BANGSUND, KATHY | Female | 06/01/1954 | W4:R11: | 000190757 | 6885 53689 1 | |
| VANKEUREN, CODY | Male | 03/04/1988 | W4:R10: | 000146174 | 4565 86136 1 | |
| Name | Sex | Date of Birth | Location | MRN | Medicare Card Number | DVA File Number |

3.2.19 Disclose Hidden Digital Health Record

3.2.19.1 Description

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

Some patients elect to keep their digital health record hidden (not advertised) by default. Healthcare provider organisations that would like to access digital health records for these non-advertised patients (e.g. to upload a document) must have the digital 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.

Patients can disclose their digital health record (or rescind disclosure) without an associated IHI or digital health record in HIPS.

3.2.19.2 Process Overview

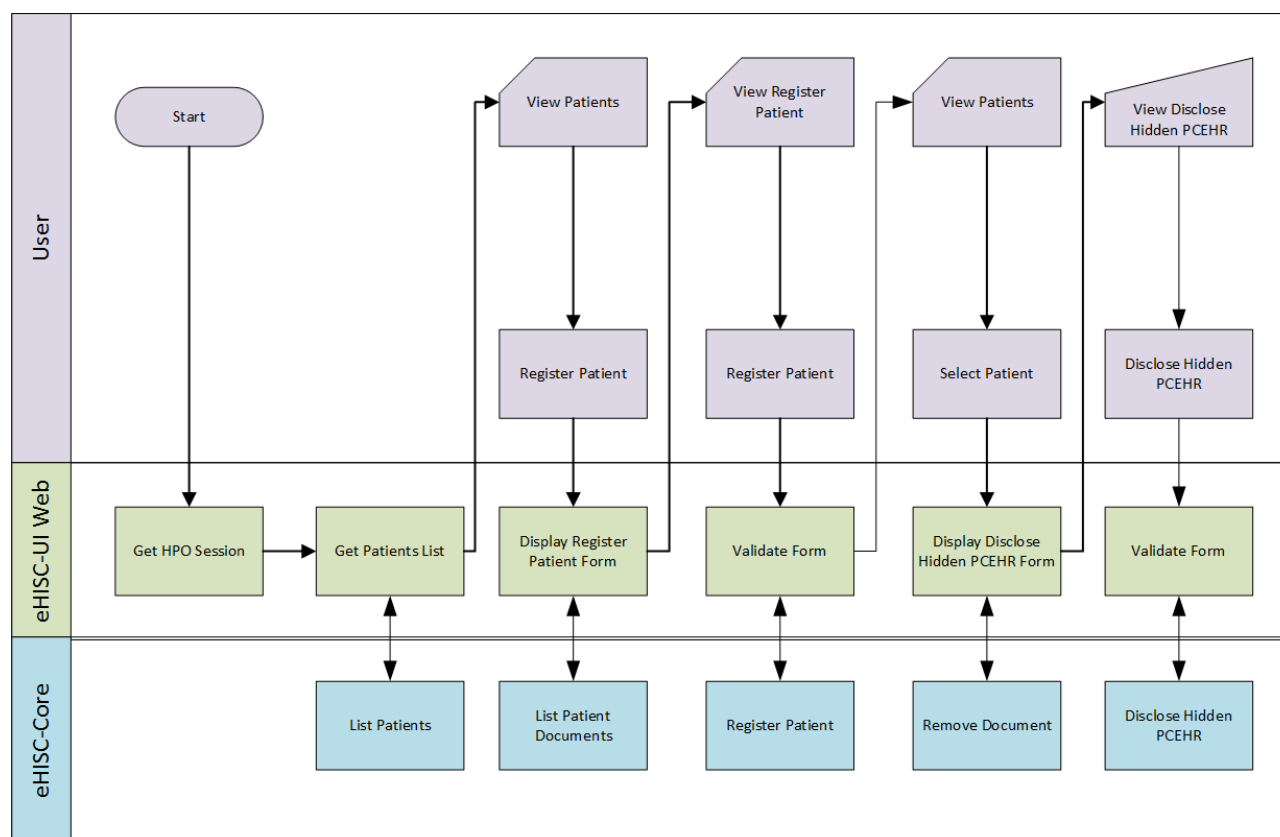


Figure 2 – Disclose hidden digital health record – Process Overview

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. |

| Activity / Decision | Description | Detail / Notes |
|---------------------|--|--|
| | 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 'Disclose Hidden Digital 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>DiscloseHiddenPcehrDaysDischarged</i> , <i>DiscloseHiddenPcehrDaysAfterService</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 HPO facility (Code, <i>DefaultHospitalCodeSystem</i>) 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. Results are not cached. |

| Activity / Decision | Description | Detail / Notes |
|------------------------|---|--|
| List Hospital Patients | HIPS-Core returns a list of all patients (IHI and digital health record not required) currently admitted at, recently discharged from, or recently serviced by the specified HPO facility. The patient list indicates if the patient's digital health record was found, not found or disclosed. | <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"> Hospital Code and Code System Discharge Days number indicating how many days into the past to include discharged patients from Service Days number, for episode types where the patient will not be discharged (including Pathology and DI episodes) indicates the number of days into the past to include patients after the episode start date. <p>Resolves the <i>HospitalId</i> for the provided HPO 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 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 Hospital <i>HospitalId</i> matches the provided <i>HospitalId</i>. Currently inpatient at the selected hospital or discharged from the hospital within a configured number of days The most recent inpatient <i>Episode</i> for the <i>HospitalPatient</i> has a <i>DischargeDate</i> that is either null or after the <i>MinimumDischargeDate</i>. Recent non-inpatient episode at the selected Hospital within a configured number of days The most recent non-inpatient <i>Episode</i> for the <i>HospitalPatient</i> has an <i>AdmissionDate</i> that 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 at the selected hospital Digital health record participation status |

| 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 should not be displayed until the user has performed an MRN Lookup and the Patient has not been found.</p> <p>Implement server side paging for large result sets.</p> <p>Digital Health Record Participation Status is displayed as follows:</p> <p>"Not Found" for "NoValidIhi" or "PcehrNotAdvertised"</p> <p>"Found" for "PcehrAdvertised"</p> <p>"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> <p>A Family Name has been entered</p> <p>A Sex has been selected</p> <p>A valid Date Of Birth has been entered</p> <p>An MRN has been entered for the selected HPO facility.</p> <p>Optional information:</p> <p>Given Name(s)</p> <p>Either a valid Medicare Care Number or DVA File Number</p> <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. | Represents the <i>RegisterPatient</i> method of the <i>PatientService</i> web service. Receives the following input: Mrn object: MRN, Hospital Code and Code System Demographic object: Family Name, Given Name, Sex Date of Birth Medicare or DVA Returns either a successful response if Register Patient action was successful, otherwise returns failure with an error message. |
| Register Patient Response | HIPS-UI Web receives and handles the register patient response. | Receive the response message from the <i>RegisterPatient</i> method. If successful close the Register Patient page and display the Disclose Hidden Digital Health Record page. If unsuccessful display a detailed error message to the user. |
| Select Patient | User selects a patient to disclose a Hidden Digital Health Record or remove the disclosure for a Patient. | User request includes the following field(s): Hospital Code Patient MRN |
| Get Digital Health Record Disclosure | HIPS-UI Web gets the Digital Health Record Disclosure for the selected patient to determine if they have already disclosed their Digital Health Record. | Gets the Digital 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>) Results are not cached. |
| Get Digital Health Record Disclosure | HIPS-Core gets the Digital Health Record Disclosure Status and last audit note for the specified patient. | Represents the <i>GetPatientDisclosureDetails</i> method of the <i>ConsentService</i> web service. Returns the Digital Health Record Disclosure Status for the specified patient. Receives the following input: Patient MRN and associated Hospital Code and Code System Returns at least the following information: Digital Health Record Disclosure Status and latest audit note if they have been disclosed before. |

| Activity / Decision | Description | Detail / Notes |
|--------------------------------------|--|---|
| Disclose Form | User receives the disclosure or rescind disclosure form as appropriate. | Patients who have not explicitly disclosed their Digital Health Record (status is 'NoValidIhi', 'PcehrNotAdvertised', or 'PcehrAdvertised') receive a form allowing them to disclose their Digital Health Record. This form requires a notes field and confirmation. Patients who have previously explicitly disclosed their Digital Health Record (status is 'RequestedUpload') receive a form allowing them to rescind their Digital 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 Digital 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 Digital 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 UTF8 encoding Results are not cached. |
| 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 list results are not cached, if the user returns to the list page they will see correct updated data about the patient's disclosure. |

3.2.19.4 Web User Interfaces

3.2.19.5 View Patients

A new modal dialogue that allows the user to Register a Patient at the selected Hospital to allow them to upload a Pathology or Diagnostic Imaging Report to the Patient.

3.2.19.5.1 Disclose Digital Health Record

The Disclose Digital Health Record form allows users to disclose the existence of their digital health record if they have not yet done so for the healthcare provider organisation of the selected hospital.

[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](#)

Callout Boxes:

- 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 Digital Health Record" marks the patient as having disclosed their digital 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.
- Errors and feedback to be displayed on top of page.
- Title to be "Disclose Digital Health Record Existence"
- Confirmation text and submit button to refer to "Disclose Digital Health Record"

3.2.20 Withdraw Consent

3.2.20.1 Description

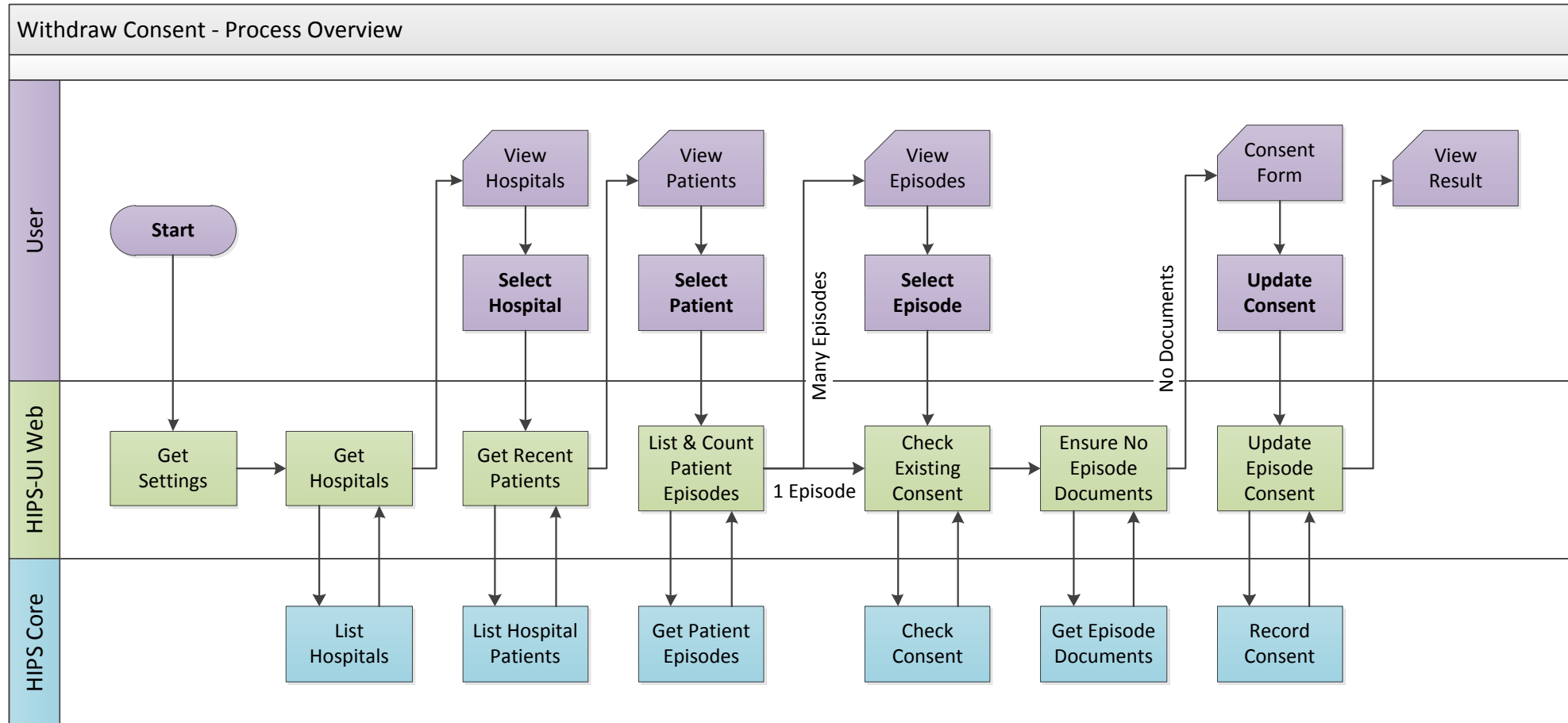
'Withdraw Consent' is a consent management function allowing users to record a patient's intention to withdraw document upload consent (or reinstate withdrawn consent) for documents relating to a single episode at a hospital, this prevents documents being uploaded for a specified episode for patients with an advertised or disclosed digital 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 digital health record at any time, but may want to withdraw consent in advance, no associated digital health record or IHI is required in HIPS to withdraw (or reinstate) consent.

3.2.20.2 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. |
| 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 Digital 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>ConsentService</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 Results are not cached. |

| Activity / Decision | Description | Detail / Notes |
|------------------------|---|---|
| List Hospital Patients | HIPS-Core returns a list of all patients (IHI and Digital Health Record not required) currently at, or recently discharged from, the specified hospital. The patient list indicates indication for each patient of whether consent has been withdrawn for the latest episode. | <p>Represents the <i>ListAdmittedPatients</i> method of the <i>ConsentService</i> web service.</p> <p>Receives the following input:</p> <p>Hospital Code and Code System</p> <p>Discharge Days number indicating how many days into the past to include discharged patients from</p> <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> <p>Associated with the Identified Hospital</p> <p>HospitalId matches the provided HospitalId.</p> <p>Currently inpatient at the selected hospital or discharged from the hospital within a configured number of days</p> <p>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> <p>Patient data to include the following information (as available):</p> <p>Patient Name</p> <p>Date of Birth</p> <p>MRN</p> <p>Location (Ward, Room, and Bed) of the patient's most recent episode at the selected hospital</p> <p>Latest Episode's Consent Withdrawn (True/False)</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. | Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . Gets the upload consent for the selected patient using the <i>ListPatientEpisodesInHospital</i> method of the HIPS <i>PatientService</i> web service using: The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Episode Admission Date/Time Results are not cached. |
| Check Consent | HIPS-Core gets the upload consent for the specified patient episode. | Represents the <i>ListPatientEpisodesInHospital</i> method of the <i>patientService</i> web service. Returns the upload consent for the specified patient episode. Receives the following input: 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) |
| Ensure No Episode Documents | HIPS-UI Web gets a list of documents uploaded for the selected patient episode. | Refers to loaded configuration settings to determine <i>DefaultHospitalCodeSystem</i> . 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: The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Episode Admission Date/Time Results are not cached. |
| Get Episode Documents | HIPS-Core gets the list of documents uploaded via HIPS to the My Health Record System for the selected patient episode. | Represents the <i>ListUploadedDocuments</i> method of the <i>PcehrService</i> web service. Returns a list of documents uploaded via HIPS to the My Health Record System for the specified patient episode. Receives the following input: 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 |

| 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 <p>Results are not cached.</p> |
| 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) |

| Activity / Decision | Description | Detail / Notes |
|----------------------------|--|--|
| View Result | The User receives an updated form indicating the patient has now successfully withdrawn or reinstated consent. | As list results are not cached, if the user returns to the list page they will see correct updated data about the patient's consent. |

3.2.20.4 **Web User Interfaces**

3.2.20.4.1 View Patients

View Patients screen allows the user to select a patient to change an episode's consent for, either by filtering current/recent patients or searching by MRN.

Withdraw Consent at Royal Chamonix Hospital

Search Type to search...

Sortable columns. Default sort Name ASC.

Errors and feedback to be displayed on top of page.

Search bar to filter across all columns (except actions)

Clicking "Review Consent" link shows the episodes that the selected patient has had at the current healthcare provider organisation (View Episodes).

Data to display (as available):

- Name
- Date of Birth
- MRN
- Location (Ward:Room:Bed) of latest episode at the selected hospital
- Latest Episode Consent

Data not cached so refreshing the page refreshes the data live.

| Name | Date of Birth | Location | MRN | Consent Withdrawn | Actions |
|---------------------|---------------|----------|-----------|-------------------|--------------------------------|
| BANGSUND, KATHY | 06/01/1954 | W4:R11: | 000190757 | No | Review Consent |
| COLVILLE, WYATT | 31/01/1955 | W0:R19: | 000256243 | No | Review Consent |
| DACRI, CRISTEN | 26/04/1979 | W0:R9: | 000586213 | No | Review Consent |
| DREA, KENNETH | 23/01/1999 | W0:R18: | 000923678 | No | Review Consent |
| GARCHITORENA, SEEMA | 15/09/1946 | W0:R15: | 000211962 | No | Review Consent |
| PADRIK, BERNICE | 11/01/1970 | W3:R16: | 000115629 | No | Review Consent |
| POONAWALA, WALKER | 14/07/1985 | W3:R16: | 000346042 | No | Review Consent |
| TREVORROW, MILA | 01/09/2006 | W2:R3: | 000528639 | No | Review Consent |
| VANKEUREN, CODY | 03/04/1988 | W4:R10: | 000146174 | No | Review Consent |
| VELLER, LANE | 22/11/1972 | M10:: | 000833230 | No | Review Consent |

Summary of matching results.

Showing 1 to 10 of 11 entries

Paging of results
Page size: 10.

First Previous 1 2 Next Last

Lookup by MRN: *

MRN

Lookup by MRN allows exact search on MRN across all time. If result found that patient is selected. Otherwise an error is displayed.

3.2.20.4.2 View Episodes

View Episodes screen lists the episodes at the selected hospital for the selected patient.

The screenshot shows a web application interface for NEHTA. The title bar reads "Episodes at Test Hospital for SMITH, Jane". Below the title is a navigation menu with links: Home, Assisted Registration, HPI-I Search, PCEHR Viewer, Data Integrity, Consent Management, and Document Management. The main content area is titled "Episodes at Test Hospital for SMITH, Jane" and contains a search bar and a table of episodes.

Callouts and Annotations:

- Title to be "Episodes at (Hospital) for (Patient Name)"**: Points to the main title of the screen.
- Data to display:**
 - Admission Date/Time
 - Discharge Date/Time (or "-")
 - Admission Reason
 - Responsible Provider
 - Consent Withdrawn
- Sortable columns. Default sort Name ASC.**: Points to the column headers in the table.
- Summary of matching results.**: Points to the text "Showing 1 to 10 of 33 entries".
- Errors and feedback to be displayed on top of page.**: Points to the top of the main content area.
- Search bar to filter across all columns (except actions)**: Points to the search input field.
- Link to indicate Reinstate Consent vs Withdraw Consent depending on existing Consent Withdrawn status. Both go to the Consent Form which will display appropriately depending on existing Consent.**: Points to the "Reinstate Consent" and "Withdraw Consent" links in the Actions column.
- Paging of results Page size: 10.**: Points to the pagination controls at the bottom right.

| Admitted | Discharged | Admission Reason | Responsible Provider | Consent Withdrawn | Actions |
|-------------------|--------------------|------------------|----------------------|-------------------|-----------------------------------|
| 2/3/2014 12:03:00 | - | Leg Pain | Dr Test Test | Yes | Reinstate Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/3/2014 12:03:00 | - | Leg Pain | Dr Test Test | Yes | Reinstate Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |
| 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Arm Injury | Dr Test Test | No | Withdraw Consent |

Showing 1 to 10 of 33 entries

First Prev 1 2 Next Last

3.2.20.4.3 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 Structure:

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

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

Errors and feedback to be displayed on top of page.

Title to be "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) | 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) |

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

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

Administer Request

Reference Notes

Notes is required. Maximum length 5000 characters.

Confirmation required.

Confirm Reinstate Consent

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

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.

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

3.2.21 Remove Document

3.2.21.1 Description

'Remove Document' is a document management function allowing users to remove a document that has been uploaded by the current healthcare provider organisation to the My Health Record system.

This functionality can be required in a number of scenarios:

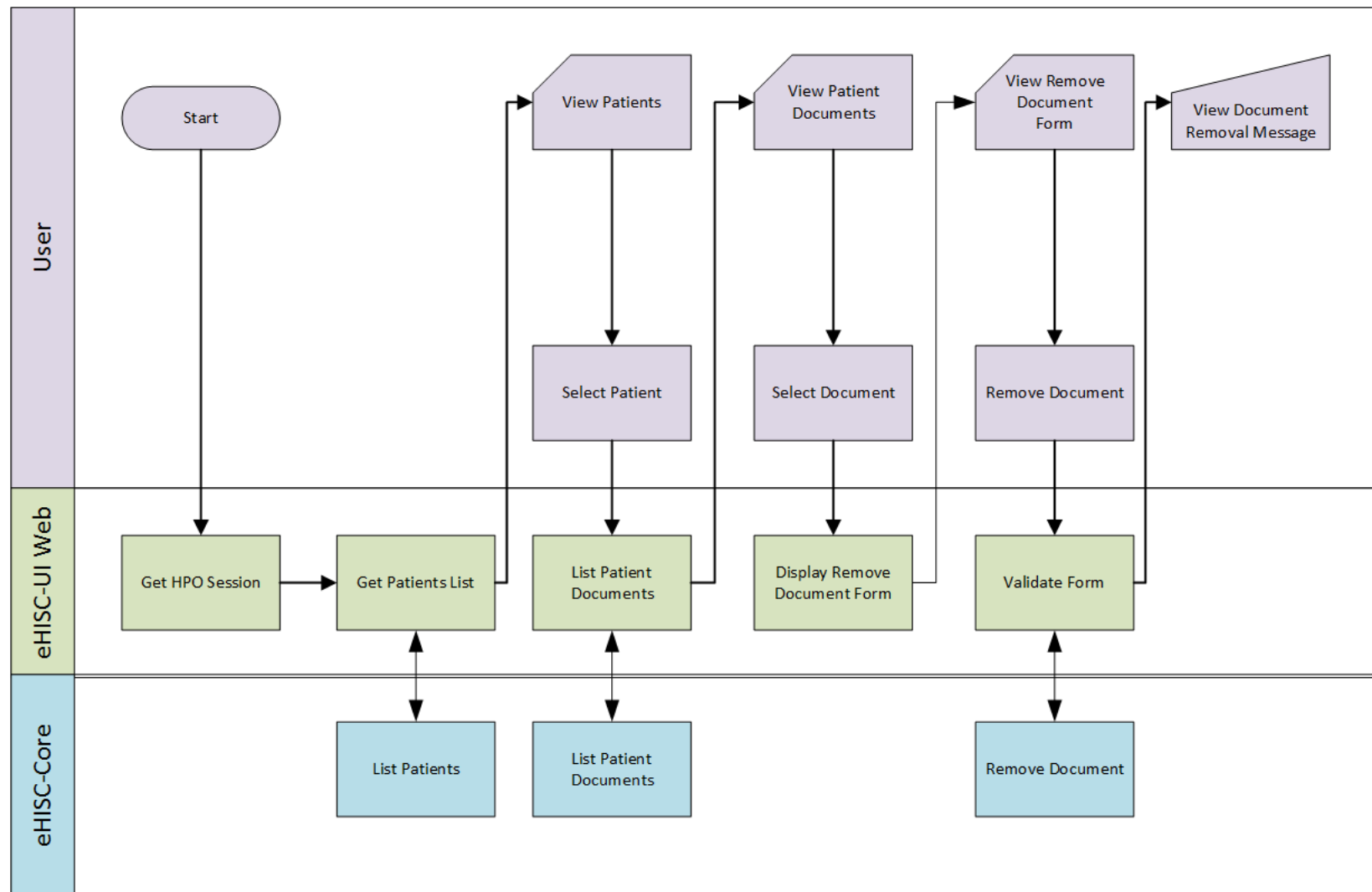
- A document was uploaded for the wrong individual (reason 'Incorrect Identity').
- A document was uploaded after the patient had signed a consent withdrawal, however the consent withdrawal has not yet been actioned within HIPS (reason 'Withdrawn').
- A patient forgot to ask a document not be uploaded 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 view all of the documents a healthcare provider organisation has uploaded for a patient who has a digital health record and is either currently in hospital or recently discharged. Users can also find patients via their MRN at the current hospital.

Only documents uploaded via HIPS for the indicated patient by the selected hospital will be displayed. Prior to removal, documents can be viewed to see the contents of the document as originally uploaded.

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

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. |
| | User has selected the healthcare provider organisation facility that uploaded the document. | The controller will redirect to the Select HPO page if the session does not contain a HPO facility selection. |
| Start | User requests the 'Remove Document' page. | Located under Clinical Documentation > Remove Document. |
| 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 PDI episodes. | <p>Refers to loaded configuration settings to determine <i>RemoveDocumentDaysDischarged</i>, <i>RemoveDocumentDaysAfterService</i> and <i>DefaultHospitalCodeSystem</i>.</p> <p>Gets a list of patients from the <i>ListAdmittedPatients</i> method of the HIPS <i>PatientService</i> web service using:</p> <p>The Selected HPO facility (Code, <i>DefaultHospitalCodeSystem</i>)</p> <p>The <i>RemoveDocumentDaysDischarged</i> value to determine how many days after the discharge date patients are returned</p> <p>The <i>RemoveDocumentDaysAfterService</i> value to determine how many days after the episode start date patients are returned.</p> <p>Results are not cached.</p> |

| Activity / Decision | Description | Detail / Notes |
|------------------------|--|---|
| List Hospital Patients | HIPS-Core returns a list of all patients (IHI and Digital Health Record not required) with recent episodes at the specified HPO facility. The patient list indicates if the patient has a Digital Health Record. | <p>Represents the <i>ListAdmittedPatients</i> method of the <i>PatientService</i> web service.</p> <p>Receives the following input:</p> <p>Hospital Code and Code System</p> <p>Discharge Days number indicating how many days after the episode end date to include patients.</p> <p>Service Days number, for episode types where the patient will not be discharged (including outpatient, pathology and DI episodes) indicates the number of days after the episode start date to include patients.</p> <p>Resolves the <i>HospitalId</i> for the provided HPO 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 and time.</p> <p>Returns patient data for each <i>HospitalPatient</i> in HIPS who meets the following criteria:</p> <p>Associated with the Identified Hospital</p> <p><i>HospitalId</i> matches the provided <i>HospitalId</i>.</p> <p>Currently inpatient at the selected Hospital or discharged from the Hospital within a configured number of days</p> <p>The most recent inpatient <i>Episode</i> for the <i>HospitalPatient</i> has a <i>DischargeDate</i> that is either null or after the <i>MinimumDischargeDate</i>.</p> <p>Recent non-inpatient episode at the selected Hospital within a configured number of days</p> <p>The most recent non-inpatient <i>Episode</i> for the <i>HospitalPatient</i> has an <i>AdmissionDate</i> that is after the <i>MinimumServiceDate</i>.</p> <p>Patient data to include the following information (as available):</p> <p>Patient Name</p> <p>Date of Birth</p> <p>MRN</p> <p>Location (Ward, Room, and Bed) of the patient's most recent episode at the selected hospital</p> <p>Digital Health Record participation status</p> |
| View Patients | User receives a screen displaying the patient list for the selected hospital. | |

| Activity / Decision | Description | Detail / Notes |
|------------------------------|---|--|
| Select Patient | User selects a patient to remove a document from. | If the Patient the user is looking for is not in the Patient's list the user may use the "Lookup MRN" field on the Patient List page to return the Patient they are searching for. User request includes the following field(s): Hospital Code Patient MRN |
| List Patient Documents | HIPS-UI Web displays a list of locally updated documents for the selected Patient and Hospital. | Refers to loaded configuration settings to determine DefaultHospitalCodeSystem. Gets a list of uploaded documents from the ListUploadedDocuments method of the HIPS PcehrService web service using: The Selected Patient (MRN, Hospital Code, DefaultHospitalCodeSystem) Results are not cached. |
| List Patient Documents | HIPS-Core returns a list of all uploaded documents for a defined Patient in the local document store. | Represents the <i>GetUploadedDocuments</i> method of the <i>PcehrService</i> web service. Returns all locally stored successfully uploaded documents for the indicated patient and hospital (refer to <i>ClinicalDocument</i> , <i>ClinicalDocumentStatus</i> , and <i>ClinicalDocumentVersion</i> tables). Receives the following input: Patient MRN and associated Hospital Code and Code System Returns at least the following information: Associated Episode Admission Date/Time Associated Episode Discharge Date/Time Responsible Provider Name Status (Uploaded, Pending Remove, Removed, Failed Remove) Document ID Document Type |
| View Patient Document List | User receives a screen displaying the patient's documents at a hospital. | |
| Select Document to Remove | User selects the document to remove for the selected Patient. | User request includes the following field(s): Hospital Code Patient MRN Document ID |
| Display Remove Document Form | HIPS-UI Web displays the remove document modal for the selected document. | If the document is uploaded to an episode that is not an inpatient episode: Change "Hospital" to "Facility" Change "Admission Reason" to "Service" Change "Admission Date" to "Service Date" Hide "Discharge Date" |

| Activity / Decision | Description | Detail / Notes |
|---|---|---|
| View Remove Document Form | User receives the remove document form for the selected document. | |
| Remove Document | 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 |
| Remove Document | HIPS-UI Web removes an uploaded document from the My Health Record System. | Refers to loaded configuration settings to determine DefaultHospitalCodeSystem. Remove an uploaded documents from the My Health Record System using the RemoveDocument method of the HIPS PcehrService web service using: The Selected Patient (MRN, Hospital Code, DefaultHospitalCodeSystem) Document ID |
| Remove My Health Record System Document | HIPS-Core adds the RemoveDocument action onto the My Health Record System queue. | Represents the <i>RemoveDocument</i> method of the <i>PcehrService</i> web service. Removes a document from the My Health Record System. Receives the following input: Patient MRN and associated Hospital Code and Code System Document ID |
| View Result | The User receives an updated form page indicating the patient has now successfully placed a request to remove the document. | The document list can be refreshed to retrieve the latest document state. |

3.2.21.4 Web User Interfaces

3.2.21.4.1 View Patients

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

The screenshot shows the 'Remove Document' web interface. At the top is a navigation bar with links: Home, Assisted Registration, HPI-1 Search, PCEHR Viewer, Data Integrity, Consent Management, and Document Management. Below this is a 'Hospital' selector dropdown menu. A search bar is located above a table of patient records. The table has columns for Name, Date of Birth, MRN, and Actions. The 'Actions' column contains a 'View Uploaded Documents' link for each row. Below the table is a pagination control showing 'Showing 1 to 10 of 33 entries' and buttons for 'First', 'Prev', '1', 'Next', and 'Last'. At the bottom, there is a 'Lookup by MRN' section with a text input and a 'Lookup' button.

Data to display (as available):

- Name
- Date of Birth
- MRN

Sortable columns. Default sort Name ASC.

Summary of matching results.

Errors and feedback to be displayed on top of page.

Hospital Selector to change hospital.

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

Clicking "View Uploaded Documents" link shows the documents that have been uploaded by the current healthcare provider organisation for the selected patient ("Document List").

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

Lookup by MRN allows exact search on MRN across all time. If result found that patient is selected. Otherwise an error is displayed.

| Name | Date of Birth | MRN | Actions |
|---------------|---------------|----------|---|
| JONES, Betty | 2/3/1980 | JONES123 | View Uploaded Documents |
| SMITH, Andrew | 1/4/1990 | 56ASQ | View Uploaded Documents |
| SQUIRE, Lily | 1/2/1960 | SQ123L | View Uploaded Documents |
| JONES, Betty | 2/3/1980 | JONES123 | View Uploaded Documents |
| SMITH, Andrew | 1/4/1990 | 56ASQ | View Uploaded Documents |
| SQUIRE, Lily | 1/2/1960 | SQ123L | View Uploaded Documents |
| JONES, Betty | 2/3/1980 | JONES123 | View Uploaded Documents |
| SMITH, Andrew | 1/4/1990 | 56ASQ | View Uploaded Documents |
| SQUIRE, Lily | 1/2/1960 | SQ123L | View Uploaded Documents |
| JONES, Betty | 2/3/1980 | JONES123 | View Uploaded Documents |

3.2.21.4.2 Document List

Document List displays a list of documents uploaded by the selected hospital for the selected patient.

Title to be "Documents Uploaded by (Hospital) for (Patient Name)"

Data to display:

- Document Type
- Admission Date/Time
- Discharge Date/Time (or "-")
- Responsible Provider
- Status

Sortable columns. Default sort Name ASC.

Summary of matching results.

Errors and feedback to be displayed on top of page.

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

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

Paging of results
Page size: 10.

Documents Uploaded by Test Hospital for SMITH, Jane

NEHTA

[Home](#) | [Assisted Registration](#) | [HPI-I Search](#) | [PCEHR Viewer](#) | [Data Integrity](#) | [Consent Management](#) | [Document Management](#)

Documents Uploaded by Test Hospital for SMITH, Jane

Search:

| Type | Admitted | Discharged | Responsible Provider | Status | Actions |
|-------------------|-------------------|--------------------|----------------------|----------------|---|
| Prescription | 2/3/2014 12:03:00 | - | Dr Test Test | Uploaded | View Remove |
| Discharge Summary | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Pending Remove | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |
| Prescription | 2/2/2014 02:22:33 | 22/2/2014 10:30:02 | Dr Test Test | Uploaded | View Remove |

Showing 1 to 10 of 33 entries

[First](#) [Prev](#) [1](#) [2](#) [Next](#) [Last](#)

3.2.21.4.3 Remove Document

Remove Document screen is displayed as a modal and allows removal from the My Health Record system of a document the current healthcare provider organisation uploaded.

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

| Patient Details | | Responsible Provider | |
|-----------------|---------------------------|----------------------|---------------------|
| Patient | GIBBS, GEORGE (0000CHX65) | Responsible Provider | Dr SMILY R BANANA |
| Date of Birth | 20/03/1990 | Admission Reason | REASON 1 |
| Hospital | Royal Chamonix Hospital | Admission Date | 03/06/2014 03:29:00 |
| Document Type | [Report Type] | Discharge Date | 04/06/2014 03:29:00 |

Administer Request

Removal Reason

- ☐ Incorrect Identity
- ☐ Withdrawn

Reference Notes

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

Confirmation checkbox

Confirm Remove Clinical Document

☐ 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 event to be sent to the My Health Record System Service

3.2.22 Upload PDF Discharge Summary

3.2.22.1 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 digital health record.

3.2.22.2 Process Overview

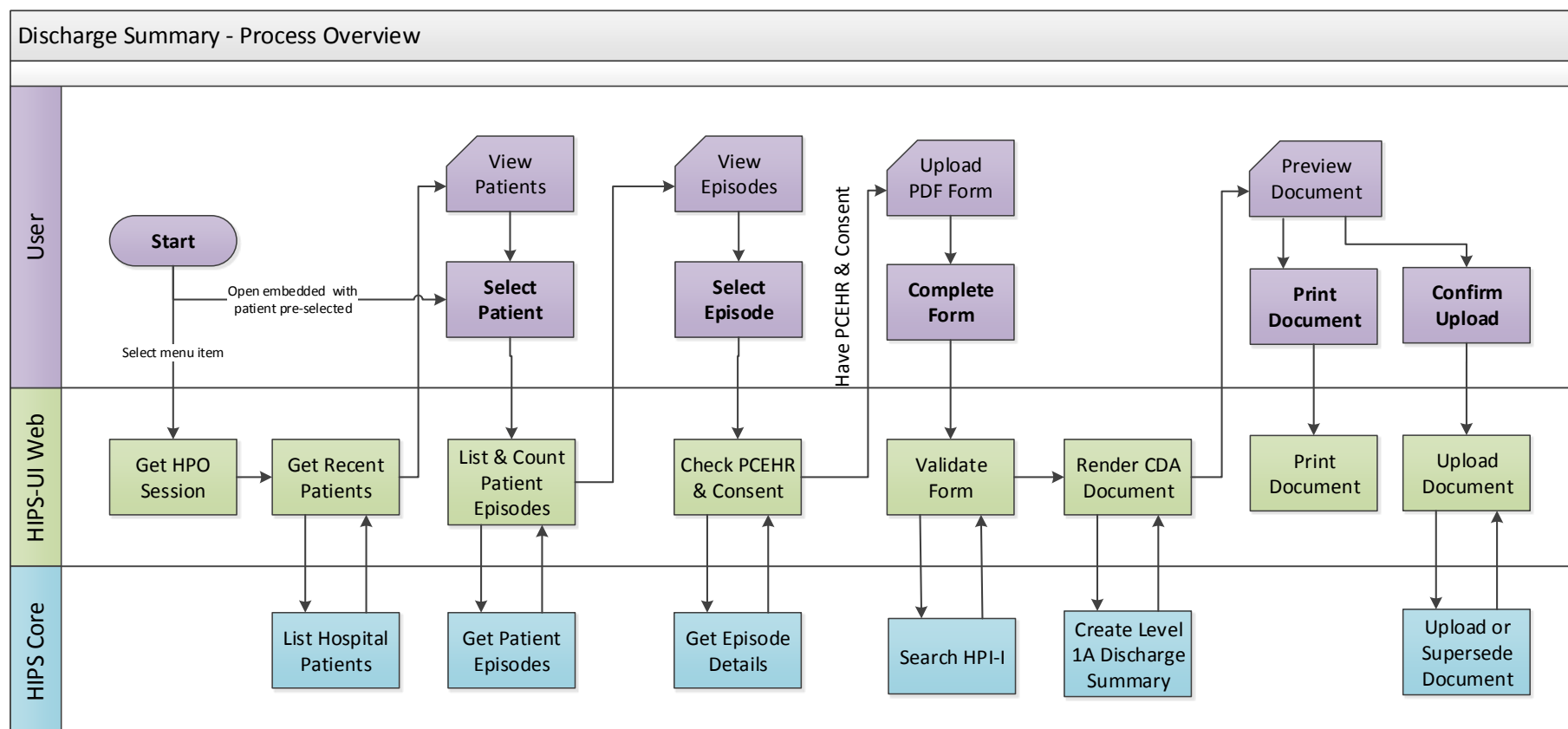


Figure 3 – Discharge Summary – Process Overview

3.2.22.3 Process Detail

| Activity / Decision | Description | Detail / Notes |
|----------------------------|---|---|
| <i>Prerequisites</i> | 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 Digital 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 Hospital Patients | HIPS-Core returns a list of all patients (IHI and Digital Health Record not required) currently at, or recently discharged from, the specified hospital. The patient list indicates if the patient has a Digital Health Record. | <p>Represents the <i>ListAdmittedPatients</i> method of the <i>PatientService</i> web service.</p> <p>Receives the following input:</p> <p>Hospital Code and Code System</p> <p>Discharge Days number indicating how many days into the past to include discharged patients from</p> <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> <p>Associated with the Identified Hospital</p> <p><i>HospitalId</i> matches the provided <i>HospitalId</i>.</p> <p>Currently inpatient at the selected hospital or discharged from the hospital within a configured number of days</p> <p>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> <p>Patient data to include the following information (as available):</p> <p>Patient Name</p> <p>Date of Birth</p> <p>MRN</p> <p>Location (Ward, Room, and Bed) of the patient's most recent episode at the selected hospital</p> <p>Digital Health Record participation status</p> |
| View Patients | User receives a screen displaying the patient list for the selected hospital. | 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 |

| Activity / Decision | Description | Detail / Notes |
|-------------------------------|---|---|
| List & Count Patient Episodes | HIPS-UI Web gets a list of all episodes (current and historical) at the current hospital for the specified patient, up to a configured number of days in the past (typically 365 days, one year is sufficient). | <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>The <i>DischargeSummaryEpisodeList DaysDischarged</i> value to determine how many days of recently discharged episodes are returned</p> <p>Include Documents setting which defines if the method should return information about previously uploaded documents</p> <p>Document Code value which limits the type of documents returned by the method.</p> <p>Results are not cached.</p> <p>An episode selection screen is presented ("View Episodes").</p> |
| Get Patient Episodes | HIPS-Core gets all episodes (current and historical) for the specified patient and hospital. | <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>Days Discharged value.</p> <p>Include Documents setting.</p> <p>Document Code value</p> <p>Returns at least the following information:</p> <p>Admission Date/Time</p> <p>Discharge Date/Time</p> <p>Admission Reason</p> <p>Responsible Provider</p> <p>Consent Withdrawn</p> <p>Document Status (None, Uploaded, Removed)</p> |
| 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> <p>Hospital Code</p> <p>Patient MRN</p> <p>SourceSystemEpisodeId</p> <p>OR</p> <p>Hospital Code</p> <p>Registered Enterprise Patient ID</p> <p>SourceSystemEpisodeId</p> |

| Activity / Decision | Description | Detail / Notes |
|--|---|--|
| Check Digital Health Record & Consent (including Get Episode Details) | HIPS-UI Web gets the details of the episode. | <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>)</p> <p>Source System Episode ID</p> <p>Returns at least the following information:</p> <p>Admission Date/Time</p> <p>Discharge Date/Time</p> <p>Admission Reason</p> <p>Responsible Provider Name and ID</p> <p>Discharge Summary Status (None, Uploaded, Removed)</p> |
| Get Episode Details | HIPS-Core gets details for the selected patient episode. | <p>Represents the <i>GetEpisodeDetails</i> method of the <i>PatientService</i> web service.</p> <p>Returns a details of the specified patient episode.</p> <p>Receives the following input:</p> <p>Patient MRN and associated Hospital Code and Code System</p> <p>Source System Episode ID</p> <p>Returns at least the following information for each document associated with the episode:</p> <p>Document ID</p> <p>Document Type</p> <p>Document Status (Uploaded / Removed)</p> |
| Upload PDF Form | User receives the upload form showing upload or supersede as appropriate. | <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): 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. 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> <ul style="list-style-type: none"> The Selected Patient (MRN, Hospital Code, <i>DefaultHospitalCodeSystem</i>) Admission and Discharge Date/Time 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 <p>Stores in cache after creation, using these keys:</p> <ul style="list-style-type: none"> Hospital Code Patient MRN Document Set ID Document ID <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> <ul style="list-style-type: none"> PDF document Patient identifier CDA header metadata Attachment files <p>Returns at least the following information:</p> <ul style="list-style-type: none"> CDA document Attachment files |
| 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. |

3.2.22.4 Web User Interfaces

3.2.22.4.1 View Patients

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

The screenshot shows the 'Discharge Summary - Patients' interface. At the top, there's a browser window with the URL 'http://'. Below the browser, the page title is 'HIPS-UI Version 4.1.1' and it says 'Logged in as NAME on behalf of HOSPITAL (HPO NAME)'. A navigation bar includes links: Home, Healthcare Identifiers, Patient Registration, Clinical Documentation, and Secure Messaging. The main section is titled 'Discharge Summary - Patients' and features a search bar. Below the search bar is a table with columns: Name, Date of Birth, MRN, Location, Has PCEHR, and Actions. The table lists several patients, including JONES, Betty and SMITH, Andrew. Each row has a 'Select' link in the Actions column. Below the table, it says 'Showing 1 to 10 of 33 entries' and includes pagination controls: First, Prev, 1, Next, Last. At the bottom, there's a 'Lookup by MRN' section with a text input field and a 'Lookup' button.

Annotations:

- Link to Select HPO to change hospital.** Points to the 'HOSPITAL (HPO NAME)' text in the login area.
- Errors and feedback to be displayed on top of page.** Points to the top of the page content area.
- Search bar to filter across all columns (except actions).** Points to the search bar.
- Clicking "Select" link shows the episodes that the selected patient has had at the current healthcare provider organisation ("View Episodes").** Points to a 'Select' link in the table.
- Paging of results Page size: 10.** Points to the pagination controls.
- 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.** Points to the 'Lookup' button.
- Summary of matching results.** Points to the 'Showing 1 to 10 of 33 entries' text.
- Sortable columns. Default sort Name ASC.** Points to the column headers in the table.
- Data to display (as available):**
 - Name
 - Date of Birth
 - MRN
 - Location (Ward:Room:Bed) of latest episode at the selected hospital
 - PCEHR Status

3.2.22.4.2 View Episodes

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

Discharge Summary - Episodes

HIPS-UI Version 4.11
Logged in as Dr Nila Botel on behalf of Test Hospital (Test Org)

[Home](#) | [Healthcare Identifiers](#) | [Patient Registration](#) | [Clinical Documentation](#) | [Secure Messaging](#)

Discharge Summary - Episodes for SMITH, Jane

Search:

| Admitted | Discharged | Admission Reason | Responsible Provider | Discharge Summary | Actions |
|-----------------|-----------------|------------------|----------------------|-------------------|---------------------------|
| 10/4/2014 11:22 | - | Arm Injury | Dr Test Test | None | Upload |
| 5/4/2014 22:03 | 6/4/2014 11:30 | Leg Pain | Dr Test Test | Uploaded | Supersede |
| 24/3/2014 12:22 | 25/3/2014 11:20 | Arm Injury | Dr Test Test | None | Upload |
| 12/3/2014 11:22 | 13/3/2014 11:10 | Arm Injury | Dr Test Test | None | Upload |
| 6/3/2014 23:22 | 7/3/2014 11:00 | Arm Injury | Dr Test Test | None | Upload |
| 3/3/2014 09:22 | 4/3/2014 10:50 | Arm Injury | Dr Test Test | None | Upload |
| 16/2/2014 10:03 | 20/2/2013 10:40 | Leg Pain | Dr Test Test | Uploaded | Supersede |
| 8/2/2014 11:22 | 10/2/2014 10:30 | Arm Injury | Dr Test Test | None | Upload |
| 4/2/2014 14:22 | 6/2/2014 10:20 | Arm Injury | Dr Test Test | Removed | Supersede |
| 2/2/2014 01:22 | 3/2/2014 10:10 | Arm Injury | Dr Test Test | None | Upload |

Showing 1 to 10 of 33 entries

First Prev **1** 2 Next Last

Callouts:

- 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).
- Link to indicate Upload vs Supersede depending on existing Discharge Summary status. Both go to the Upload Form which will display appropriately depending on existing status.
- Paging of results
Page size: 10.
- Summary of matching results.
- 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)

3.2.22.4.3 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

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.

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

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: BANKS, KENT (00123KENT)
 Hospital: Royal Chamonix Hospital
 Responsible Provider: Dr. Adrian GRIGNON Jr.
 Admission Reason: Broken Leg

Date of Birth: 27/03/1969
 Upload Status: None
 Admission Date: 18/02/2016 14:58
 Discharge Date *

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

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

Attached Files

| Type | File Name | Size | Actions |
|------|-----------------------|-----------|------------------------|
| Body | Discharge Summary.pdf | 399.79 KB | Remove |
| Logo | logo.png | 5.58 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.

Preview Document

Mode of Separation *
 Please Select...

Date and Time of Completion *
 19/02/2016 2:13:18 PM

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.

RHP's ID and names are pre-populated from the user or responsible provider of the episode (configurable).

HPI-I fields can be left empty otherwise must start with "800361", pass Luhn check, and HPI-I search.

Link to remove item from table.

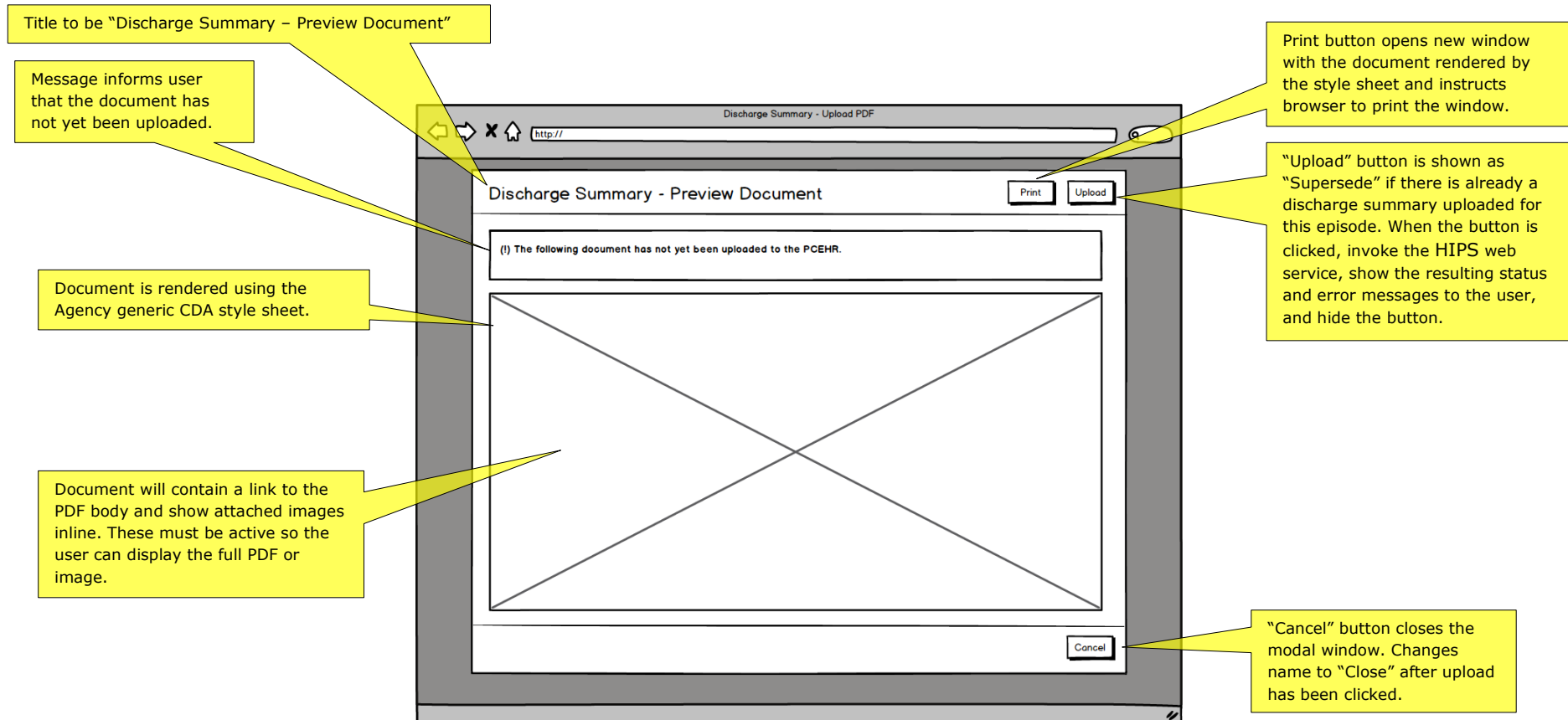
Button to add image attachment. Accept JPG or PNG up to 10 MB. Note: Internet Explorer 8 will not support multiple attachments.

Drop-down to select mode of separation.

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

3.2.22.4.4 Preview Document

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

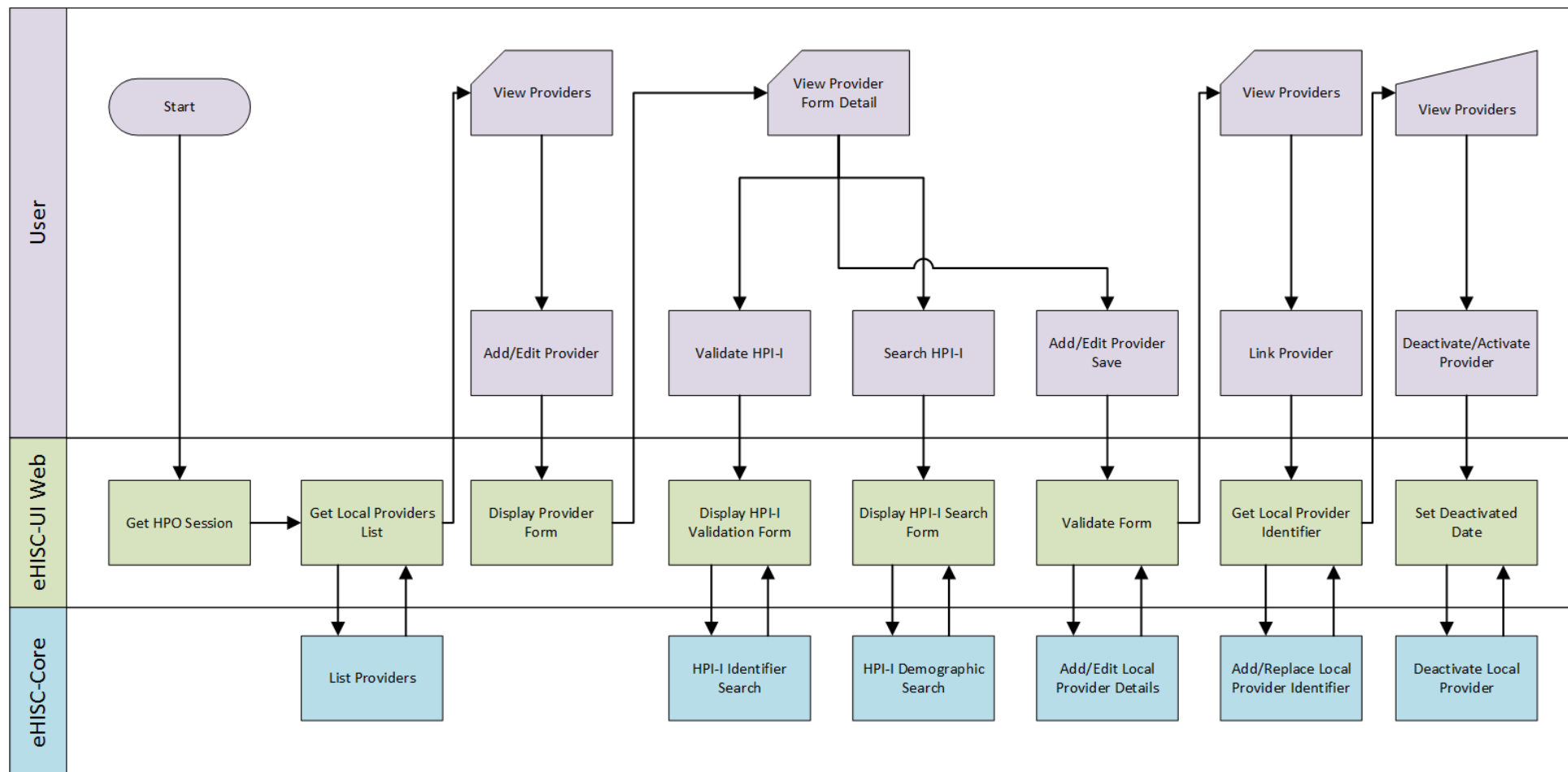


3.2.23 Manage Local Providers

3.2.23.1 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.

3.2.23.2 Process Overview



3.2.23.3 Process Detail

| Activity / Decision | Description | Detail / Notes |
|------------------------------|---|--|
| <i>Prerequisites</i> | 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 HPII 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>HpIIIdentifierSearch</i> method of the <i>HpIIService</i> web service. HpIIIdentifierSearch response data to include the following information (as available): Error details HPI-I |
| HPI-I Identifier Search Response | HIPS-UI Web receives the HPII SearchByIdentifier response and handles it. | Receives the HpIIIdentifierSearch 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 Save button of the Add or Edit Provider form | User enters all of the details for the provider and clicks on the Save 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 |

| Activity / Decision | Description | Detail / Notes |
|--------------------------------------|---|--|
| 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. |
| Add or Edit Provider – Save Response | HIPS-UI Web receives the Add or Edit Provider response | Receives the <i>AddEditLocalProvider</i> 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 <i>AddReplaceLocalProviderIdentifier</i> 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. |

| Activity / Decision | Description | Detail / Notes |
|---|---|---|
| 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. | <p>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.</p> <p>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.</p> |
| 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> <p>The Selected HPO facility (Code, <i>DefaultHospitalCodeSystem</i>)</p> <p>Local Provider Identifier</p> <p>Deactivated DateTime (set to null if Provider is to be re-activated)</p> |
| 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 | |

3.2.23.4 Web User Interfaces

3.2.23.4.1 View Providers

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

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.

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.

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.

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.

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.

Local Providers

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 | 80036182333359172 | Inactive | |
| Dr Fred Mason | FREDM | 8003616566697887 | Active | |
| Dr GINA GOUSHMAN | GG01 | 8003616566696830 | Inactive | |
| | | 80036182333359164 | Active | |
| GORDON CHANDLER | | 8003611566692962 | Active | |
| John Smith | | | Active | |
| Dr Paul Hill | PHILL01 | | Active | |
| Name | Local Identifier | HPI-I | Status | Actions |

Showing 1 to 10 of 13 entries

First Previous 1 2 Next Last

Add

3.2.23.4.2 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

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

Provider Details

Title
Please Select...

Family Name *
Family Name

Given Name
Given Name

Suffix
Please Select...

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

Healthcare Provider Identifier Individual

HPI-I
800361

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

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

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

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

3.2.24 HPI-I Search

The Provider Individual Search page allows users to find a Provider Individual. It initially presents a simplified selection of common search filters. The section is accessible in HPI-I Search which is located in Health Identifiers section.

Title to be "HPI-I Search"

Any validation errors to be presented on page under the subtitle.

Demographic Details

Family Name *

Given Name(s)

Sex *

Please Select...

Date of Birth *

Additional search criteria

Australian Address

Postal Delivery Type

Postal Delivery Number

Populated from Postal Delivery Types reference data.

Unit Type

Unit Number

Populated from Unit Types reference data.

Level Type

Level Number

Populated from Level Types reference data.

Street Number

OR

Lot Number

Street Name

Street Type

Please Select...

Street Suffix

Please Select...

Suburb

Postcode

State

Please Select...

Additional search criteria

International Address

Address Line

State / Province

Postcode

Country

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

3.2.25 Directory Maintenance

3.2.25.1 Delegates

The annotated image below illustrates the functional design for the Directory Maintenance, "Delegates" screen accessed via the "Secure Messaging" menu item on the "Home" screen. The function of the Directory Maintenance "Delegates" screen is to support the maintenance of Delegates that is within the P2P Secure Messaging functions.

Title to be "Delegates"

State drop-down filters by "Active" or "Inactive" items. Default to "Active".

Display warnings or errors encountered (if any) (not applicable)

When "Active" items displayed: "Deactivate" button deactivates the selected item and re-displays results. When "Inactive" items displayed: "Activate" button activates the selected item and re-displays results.

Summary of results.

Results to display: Priority, Name, Intermediary (Name). Results ordered by: Priority (desc).

Intermediary drop-down allows association of delegate with a selected intermediary. Populate list with set of available intermediaries (Name), with value being set based on the selected intermediary's Service Endpoint Uri. Include additional item (Display = "-", Value = "") to "clear" intermediary.

"Detail" button displays modal pop-up with all fields: Name, Qualified Identifier, Intermediary (Name, Service Endpoint Uri), Comments, Priority, Last Modified.

| Priority | Name | Intermediary | Actions |
|----------|--------------------------|--------------|---------|
| 0 | Test Chamonix Delegate 1 | - | Detail |

Showing 1 to 1 of 1 entries

Healthcare Identifiers

- Patients Without IHI
- HPI-I Validation
- HPI-I Search
- Local Providers

My Health Record Registration

- Register Current Patients
- Register New Adult
- Register New Child
- Disclose Hidden Record

Clinical Documentation

- View My Health Record
- Withdraw Consent
- Remove Document
- Discharge Summary

Secure Messaging

- Delegates
- Payload Schemes
- Areas of Interest
- Message Delivery
- Message Receipt

My Health Record

Privacy Policy | Version 6.1.0

3.2.25.2 Payload Schemes

The annotated image below illustrates the functional design for the Directory Maintenance, "Payload Schemes" screen accessed via the "Secure Messaging" menu item on the "Home" screen. The function of the Directory Maintenance "Payload Schemes" screen is to support the maintenance of Payload Schemes that is within the P2P Secure Messaging functions.

Title to be "Payload Schemes"

State drop-down filters by "Active" or "Inactive" items. Default to "Active".

Display warnings or errors encountered (if any) (not shown).

| Document Type | Payload Packaging | Name | Priority | Actions |
|-------------------|-------------------|---|----------|---------|
| Acknowledgement | binary | HL7 Acknowledgement | 0 | |
| Discharge Summary | xmZip | Discharge Summary CDA Package | 2 | |
| Discharge Summary | hl7Mdm | Discharge Summary CDA Package in MDM | 1 | |
| Discharge Summary | print | Discharge Summary (Printed) | 1 | |
| Discharge Summary | binary | Discharge Summary HL7 2.3.1 AS4700.6-2006 | 1 | |
| e-Referral | xmZip | e-Referral CDA Package | 2 | |
| e-Referral | hl7Mdm | e-Referral CDA Package in MDM | 1 | |
| e-Referral | print | Referral (Printed) | 1 | |
| Event Summary | xmZip | Event Summary CDA Package | 2 | |
| Event Summary | hl7Mdm | Event Summary CDA Package in MDM | 1 | |
| Event Summary | print | Event Summary (Printed) | 1 | |
| Specialist Letter | xmZip | Specialist Letter CDA Package | 2 | |
| Specialist Letter | hl7Mdm | Specialist Letter CDA Package in MDM | 1 | |
| Specialist Letter | print | Specialist Letter (Printed) | 1 | |

Showing 1 to 14 of 14 entries

When "Active" items displayed: "Deactivate" button deactivates the selected item and re-displays results. When "Inactive" items displayed: "Activate" button activates the selected item and re-displays results.

Results to display: Document Type, Payload Packaging, Name, Priority. Results ordered by: Document Type, Priority (desc).

"Detail" button displays modal pop-up with all fields: Name, Qualified Identifier, Document Type, Payload Packaging, Comments, Priority, Last Modified.

Summary of results.

3.2.26 Subscription Maintenance – Areas of Interest

The annotated image below illustrates the functional design for the Subscription Maintenance, “Areas of Interest” screen accessed via the “Secure Messaging” menu item on the “Home” screen. The function of the “Areas of Interest” screen is to support the management of the NEPS Subscriptions for a selected Health Provider Organisation.

Areas Of Interest

Q Search:

First

Previous

1

Next

Last

Showing 1 to 1 of 1 entries

| Name | Actions |
|---------|---------|
| Test6.1 | |

Showing 1 to 1 of 1 entries

First

Previous

1

Next

Last

Add Area of Interest

Summary of Areas of Interest from P2P Subscription Service

My Health Record Registration

- Register Current Patients
- Register New Adult
- Register New Child
- Disclose Hidden Record

Clinical Documentation

- View My Health Record
- Withdraw Consent
- Remove Document
- Discharge Summary

Secure Messaging

- Delegates
- Payload Schemes
- Areas of Interest
- Message Delivery
- Message Receipt

"Add" button displays modal pop-up with empty details for user to fill out. Title to be "Add Area of Interest" with Save or Cancel buttons and functions.

Results to display in a list: Name and Action columns. Action column will have Edit action displayed.

"Edit" button displays modal pop-up with Area of Interest details. Title to be "Area of Interest" with Save, Cancel and Delete buttons and functions.

My Health Record

Privacy Policy | Version 6.1.0

100 of 126

Approved for external use

7 November 2016

3.2.26.1 Add or Edit Areas of Interest

The annotated image below illustrates the functional design for the modal pop-up, "Add or Edit Area of Interest". The screen accessed via the "Area of Interest" screen by clicking the Edit icon next to an Area of Interest item or the Add button on the screen. It can display in two modes, when adding a new AOI or editing an existing AOI. When adding a new AOI, the title is "Add Area of Interest" and the Delete button is hidden. When editing an existing AOI, the title is "Edit Area of Interest" and the Delete button is shown. The following diagrams illustrate each of the 5 tabs on this screen.

Displays name of selected Area Of Interest. The Geographical Areas tab is selected by default.

Load all Suburb reference items from P2P Reference Data Service

Load all State reference items from P2P Reference Data Service

Display in the grid one row for each state and one row for each valid combination of suburb and state.

Each row in the table will have one action, either "Add" or "Remove", depending on whether the geographical area is already in the definition of the AOI. The actions will be shown as icons such as plus and minus icons. When the "Add" button is clicked, add the geographical area to the AOI definition that is currently being edited. Hide the Add button and show the Remove button on the row.

When the "Remove" button is clicked, remove the geographical area from the AOI definition that is currently being edited. Hide the Remove button and show the Add button on the row.

"Cancel" clicked. Close the modal popup, returning the user to the "Areas of Interest" screen.

"Save" clicked. Validate that the current AOI definition contains the mandatory items:

- Name is not empty.
- At least one geographical area
- At least one individual occupation or at least one organisation classification

If not valid, display validation failures on affected fields and do not proceed with save actions.
If valid, either invoke the P2P Subscription Service Add Area of Interest or Update Area of Interest.
If the operation was successful, display a message to inform the user of the success of the operation.
If the operation was unsuccessful, display the error message that was returned by HIPS to inform the user of the failure of the operation.

Save Close

Displays name of selected Area Of Interest. The Individual Occupations tab is only selected when clicked on.

Load all "Provider Individual Type" reference items from P2P Reference Data Service

Load all "Provider Individual Specialty" reference items from P2P Reference Data Service

Load all "Provider Individual Specialisation" reference items from P2P Reference Data Service

Add Area of Interest
 ✕ Close

Description

Geographical Areas
Individual Occupation
Organisation Classifications
Extra Individuals
Extra Organisations

Q Search:
First
Previous
1
2
3
4
5
...
123
Next
Last

Showing 1 to 10 of 1,228 entries

| Set | Code | Display Name | Actions |
|----------------|----------|---|---------|
| Type | 1342 | Health and Welfare Service Managers | |
| Specialty | 134211 | Medical Administrator (Aus) / Medical Superintendent (NZ) | |
| Specialty | 134211 | Medical Administrator (Aus) / Medical Superintendent (NZ) | |
| Specialisation | 134211-1 | Director of Clinical Services | |
| Specialisation | 134211-1 | Director of Clinical Services | |
| Specialisation | 134211-2 | Director of Medical Services | |
| Specialisation | 134211-2 | Director of Medical Services | |
| Specialty | 134212 | Nursing Clinical Director | |
| Specialty | 134212 | Nursing Clinical Director | |
| Specialisation | 134212-1 | Assistant Director of Nursing | |
| Set | Code | Display Name | Actions |

Showing 1 to 10 of 1,228 entries
 First
Previous
1
2
3
4
5
...
123
Next
Last

Save
✕ Close

Actions: either "Add" or "Remove", depending on whether the reference item is already in the list of occupations in the definition of the AOI. The actions will be shown as icons such as plus and minus icons

When the "Add" button is clicked, add the reference item to the list of occupations in the AOI definition that is currently being edited. Hide the Add button and show the Remove button on the row.

When he "Remove" button is clicked, remove the reference item from the list of occupations in the AOI definition that is currently being edited. Hide the Remove button and show the Add button on the row

Display in the grid one row for each reference item from the 3 sets, with the following columns initially sorted by Code:

- Set: the reference item set name, abbreviated to "Type", "Specialty" or "Specialisation", with Type at the far left, Specialty indented one level, and Specialisation indented two levels.
- Code: the reference item code.
- Display Name: the reference item display name

Add Area of Interest [Close]

Description

Geographical Areas Individual Occupation **Organisation Classifications** Extra Individuals Extra Organisations

Search: Type to search... First Previous 1 2 3 4 5 ... 53 Next

Showing 1 to 10 of 521 entries

| Set | Code | Display Name | Actions |
|---------|-----------|---|---------|
| Type | 4271 | Pharmaceutical, Cosmetic and Toiletry Goods Retailing | [Add] |
| Service | 4271-1 | Pharmacy, Retail operation | [Add] |
| Service | 4271-1 | Pharmacy, Retail operation | [Add] |
| Unit | 4271-1.1 | Pharmacy, Retail operation | [Add] |
| Service | 4271-2 | Community Pharmacy | [Add] |
| Service | 4271-2 | Community Pharmacy | [Add] |
| Unit | 4271-2.1 | Supply of Medicines to Aboriginal Health | [Add] |
| Unit | 4271-2.10 | Community Education(structured) | [Add] |
| Unit | 4271-2.11 | Complementary Therapies such as Aromatherapy,Massage, etc | [Add] |
| Unit | 4271-2.12 | Continence | [Add] |

Showing 1 to 10 of 521 entries First Previous 1 2 3 4 5 ... 53 Next

[Save] [Close]

Callouts:

- Displays name of selected Area Of Interest. The Organisation Classifications tab is only selected when clicked on.
- Load all "Provider Organisation Type" reference items from P2P Reference Data Service
- Load all "Provider Organisation Service Type" reference items from P2P Reference Data Service
- Load all "Provider Organisation Service Unit" reference items from P2P Reference Data Service
- Actions: either "Add" or "Remove", depending on whether the reference item is already in the list of classifications in the definition of the AOI. The actions will be shown as icons such as plus and minus icons
- When the "Add" button is clicked, add the reference item to the list of classifications in the AOI definition that is currently being edited. Hide the Add button and show the Remove button on the row.
- When the "Remove" button is clicked, remove the reference item from the list of classifications in the AOI definition that is currently being edited. Hide the Remove button and show the Add button on the row
- Display in the grid one row for each reference item from the 3 sets, with the following columns initially sorted by Code:
 - Set: the reference item set name, abbreviated to "Type", "Service Type" or "Service Unit", with Type at the far left, Service Type indented one level, and Service Unit indented two levels.
 - Code: the reference item code.

Displays name of selected Area Of Interest. The Extra Individuals tab is only selected when clicked on.

Load all "State" reference items from P2P Reference Data Service and populate the State drop down

Validate that the search criteria meets validation requirements:

- At least one of first name, last name, address or occupation must be provided.
- Family name and given name may be empty, but have a minimum length of 3 if specified.
- Family name and given name may contain no more than one wildcard character (asterisk).
- If any components of address are specified, then the suburb, postcode and state are mandatory.
- Postcode is a 4 digit number.

If not valid, display validation failures on affected fields and do not proceed with the search action. If valid, invoke the P2P Subscription Service, Find Provider Individuals to perform the search.

Save Close

Add Area of Interest

Description

Geographical Areas Individual Occupation Organisation Classifications Extra Individuals Extra Organisations

Family Name Given Name Occupation

Suburb State Postcode Proximity Radius

Search

Displays name of selected Area Of Interest. The Extra Individuals tab is only selected when clicked on.

Load all "State" reference items from P2P Reference Data Service and populate the State drop down

Validate that the search criteria meets validation requirements:

- At least one of organisation name, address or classification must be provided.
- Organisation name may be empty, but have a minimum length of 3 if specified.
- Organisation name may contain no more than one wildcard character (asterisk).
- If any components of address are specified, then the suburb, postcode and state are mandatory.
- Postcode is a 4 digit number.

If not valid, display validation failures on affected fields and do not proceed with the search action. If valid, invoke the P2P Subscription Service, Find Provider Organisations to perform the search.

Save Close

Add Area of Interest

Description

Geographical Areas Individual Occupation Organisation Classifications Extra Individuals Extra Organisations

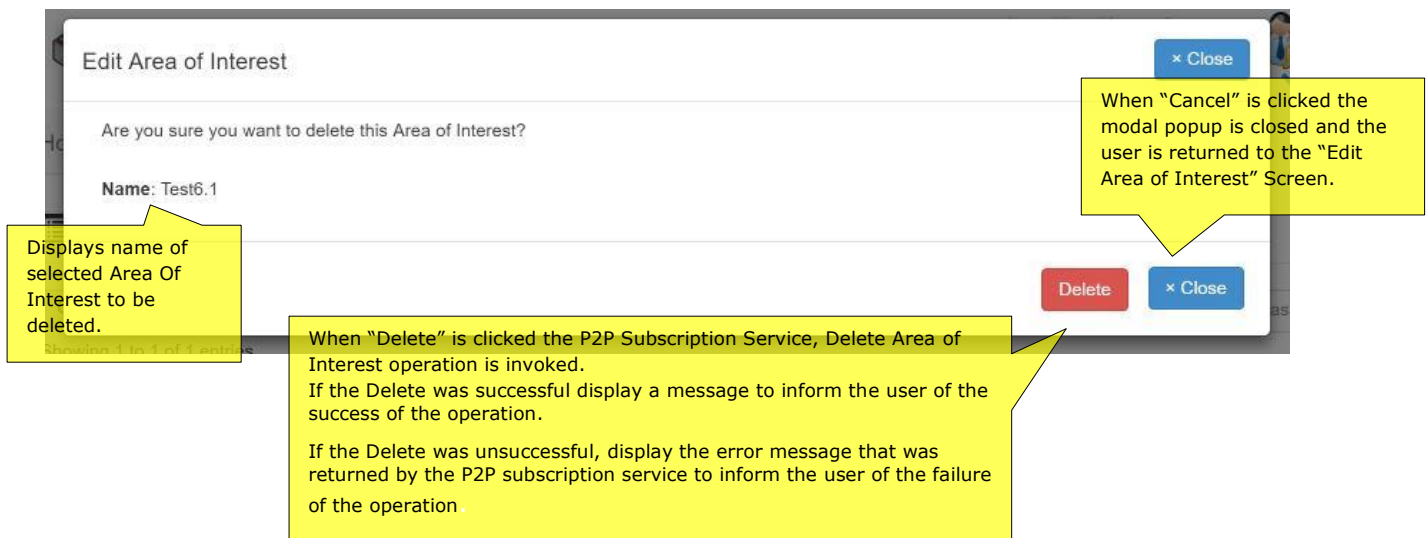
Name Classification

Suburb State Postcode Proximity Radius

Search

3.2.26.2 Delete Areas of Interest

The annotated image below illustrates the functional design for the modal pop-up, "Delete Area of Interest". The screen accessed via the "Area of Interest" screen by clicking the Delete icon next to an Area of Interest item.



3.2.26.3 Provider Individual Search

Simple Search

The Provider Individual Search page allows users to find a Provider Individual. It initially presents a simplified selection of common search filters.

The screenshot shows the NEHTA Provider Individual Search page. The browser address bar displays "http://". The page header includes the NEHTA logo, a login status "Logged in as Jane Smith On behalf of Royal Nehta Hospital", and navigation links: Home, Assisted Registration, HPI-I Search, PCEHR Viewer, and Directory.

The main section is titled "Provider Individual Search". Below the title, there is a "Common Search Criteria" section with the following fields:

- Family Name (text input)
- Given Name (text input)
- Also Known As Name (text input)
- Gender (dropdown menu with "Genders" selected)
- Provider Type (dropdown menu with "Provider Types" selected)
- Specialty Type (dropdown menu with "Specialty Types" selected)
- Specialisation (dropdown menu with "Specialisations" selected)
- Suburb / Town / Locality (text input)
- Postcode (text input)
- State (dropdown menu with "States" selected)

Below the search criteria, there is a "Search Individuals" button and a link "Show Additional Filters >>".

Callouts provide additional information:

- Title to be "Provider Individual Search"
- Any validation errors to be presented on page under the subtitle.
- Populated from Provider Types reference data. On selection Specialty Types are repopulated based on the selected Provider Type and Specialty Type is reset to "(All)" (causing Specialisation changes)
- Populated from Specialty Types reference data. Depends on selected Provider Type. Can be "(All)". On selection Specialisations are repopulated based on the selected Specialty Type and Specialisation is reset to "(All)"
- Populated from Specialisations reference data. Depends on selected Specialty Type. Can be "(All)".
- Populated from States reference data.
- Clicking "Search Individuals" performs a search using the provided parameters and displays the results as per Search Results.
- Clicking displays additional search criteria as per Expanded Search.

Expanded Search

Clicking "Show Additional Filters" expands the selection of possible search filters for locating an individual.

Continuation of Simple Search after "Show Additional Filters" clicked.

Text changed to "Hide Additional Filters <<". Clicking hides (but does not clear) additional search criteria and reverts to "Simple" interface.

[Hide Additional Filters <<](#)

Populated from Postal Delivery Types reference data.

Populated from Unit Types reference data.

Populated from Level Types reference data.

Additional Search Criteria

Postal Delivery Type

Postal Delivery Types ▼

Postal Delivery Number

Unit Type

Unit Types ▼

Unit Number

Level Type

Level Types ▼

Level Number

Site/Building Name

Street Number

OR

Lot Number

Street Name

Street Type

Street Types ▼

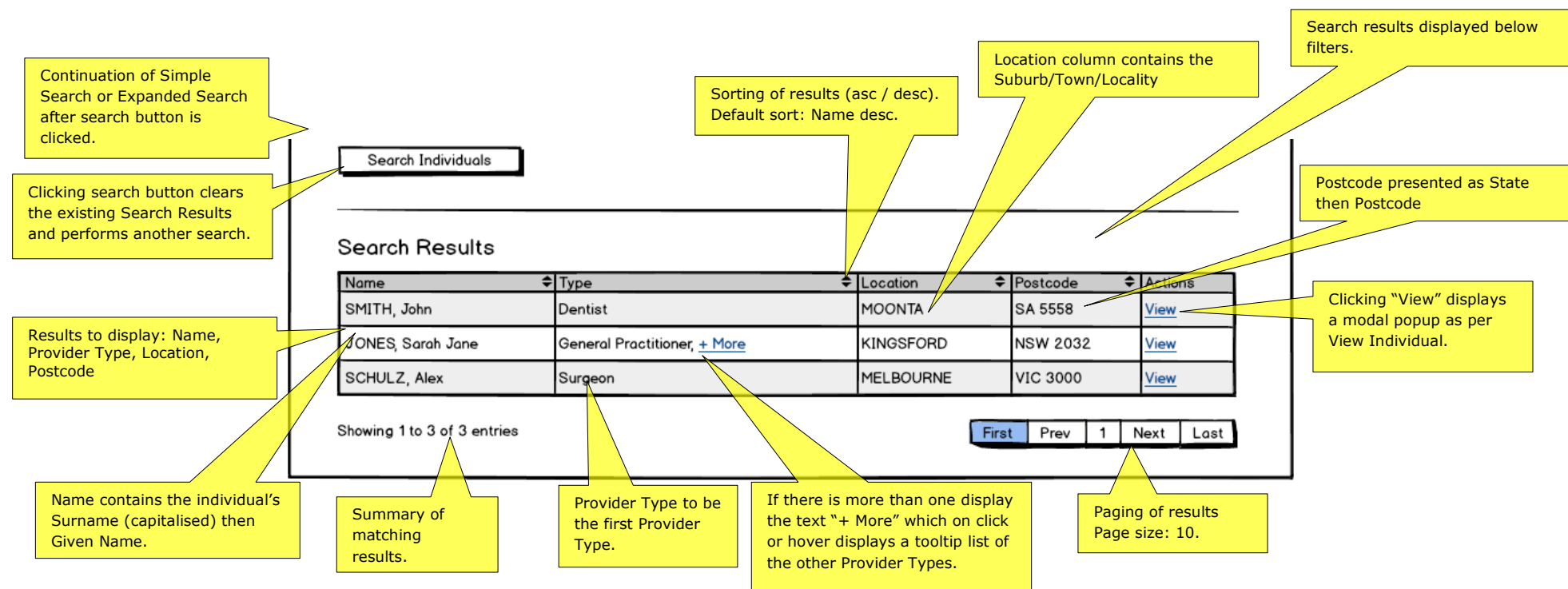
Street Suffix

Search Individuals

Populated from Street Types reference data.

Search Results

The search results section is intended to be loaded asynchronously after the search button is clicked on the individual search interface.



View Individual

The View Individual page is loaded in a modal from the Search Results. Users see details and can subscribe to an individual and one or more linked organisations.

Individual Details for JONES, Sarah Jane

Name: JONES, Sarah Jane
a.k.a. JONES, Sally

Gender: Female

Linked Organisations:

| Name | Location | Postcode | Actions |
|-----------------|----------|----------|---------------------------|
| Very Local GP | LOCALE | VIC 3033 | Subscribe |
| Other Local GP | SUBURB | VIC 3050 | Subscribe |
| New Local GP | PLACE | VIC 3070 | Subscribe |
| Great Local GP | CITY | NSW 2200 | Subscribe |
| Superb Local GP | TOWN | VIC 2400 | Subscribe |

Showing 1 to 5 of 23 entries

First Prev 1 Next Last

Services:

- Generalist Medical Practitioners
 - General Medical Practitioner / General Practitioner
- Podiatrists
 - Podiatrist
 - Podiatric Surgeon
- Dental Practitioners
 - Dental Specialist

Registrations:

- General (AHPRA)
GM1234-1234-1234
- Specialist (AHPRA)
SPD7777-7777-7777
- Specialist (AHPRA)
SPP3333-7777-7777

Address: 123 Address St
SOMETOWN, NSW 2999

Email: sally@example.com (Business)
sally-home@example.com (Personal)

Mobile: 0400 000 000 (Business)

Callouts:

- Title to be "Individual Details for (Surname, Capitalised), (Given Name)"
- Name displayed as Surname (capitalised) then Given Name. Any Also Known As name is also displayed on a second line preceded by "a.k.a."
- Gender displayed verbatim from HIPS.
- Sorting of results (asc / desc). Default sort: Name desc.
- Postcode presented as State then Postcode
- Location column contains the Suburb/Town/Locality
- 'Subscribe' adds a subscription for this individual AND organisation (the link is disabled and displays a loading indicator while processing). If successful the link is replaced by a success indicator. If unsuccessful the link returns and an error message is placed on the page. This must support multiple subscriptions.
- Paging of results Page size: 5.
- Registration(s) displayed as Type (Authority) then new line with identifier.
- Contact(s) listed with Contact Medium as label, value formatted as provided by HIPS, and the Contact Usage following in brackets.
- Clicking outside the modal, clicking Close, or pressing ESC all close the modal.
- Summary of matching results.
- Services listed as nested lists of Provider Type(s), Specialty Type(s), and Specialisation(s).
- Address(es) listed with numeric indices (if more than one) and displayed in "Flat Address Format" without name (see 'Common' Interface Requirements).
- Name is presented verbatim (may not be preferred name).
- Linked Provider Organisations presented as data table with Name, Location, and Postcode.
- Typing search characters filters the data table (across all columns except action).

3.2.26.4 Provider Organisation Search

Simple Search

The Provider Organisation Search page allows users to find a Provider Organisation. It initially presents a simplified selection of common search filters.

The screenshot shows the NEHTA Provider Organisation Search page. The browser address bar shows "http://". The page title is "NEHTA". The user is logged in as Jane Smith, on behalf of Royal Nehta Hospital. The page has a navigation bar with links: Home, Assisted Registration, HPI-I Search, PCEHR Viewer, and Directory. The main content area is titled "Provider Organisation Search" and has two tabs: "Search Organisations" (selected) and "Find by ABN / ACN". Below the tabs is the "Search Organisations" section, which contains "Common Search Criteria". The criteria include:

- Organisation Name: A text input field.
- Organisation Type: A dropdown menu with "Organisation Types" selected.
- Service Type: A dropdown menu with "Service Types" selected.
- Service Unit: A dropdown menu with "Service Units" selected.
- Suburb / Town / Locality: A text input field.
- Postcode: A text input field.
- State: A dropdown menu with "States" selected.

 At the bottom of the search criteria is a "Search Organisations" button. A link "Show Additional Filters >>" is also present. Callouts provide detailed information about each field and the search process.

Callouts:

- "Search Organisations" tab selected. Selecting "Find by ABN/ACN" tab will display the Find by ABN/ACN function.
- Title to be "Provider Organisation Search"
- Subtitle to be "Search Organisations"
- Any validation errors to be presented on page under the subtitle.
- Populated from Organisation Types reference data. On selection Service Types are repopulated based on the selected Organisation Type and Service Unit is reset to "(All)" (causing Service Unit changes).
- Clicking "Search Organisations" performs a search using the provided parameters and displays the results as per Search Results.
- Populated from Service Types reference data. Depends on selected Organisation Type. Can be "(All)". On selection Service Units are repopulated based on the selected Service Type and Service Unit is reset to "(All)".
- Populated from Service Units reference data. Depends on selected Service Type. Can be "(All)".
- Populated from States reference data.
- Clicking displays additional search criteria as per Expanded Search.

Expanded Search

Clicking "Show Additional Filters" expands the selection of possible search filters for locating an organisation.

Continuation of Simple Search after "Show Additional Filters" clicked.

Text changed to "Hide Additional Filters <<". Clicking hides (but does not clear) additional search criteria and reverts to "Simple" interface.

Populated from Postal Delivery Types reference data.

Populated from Unit Types reference data.

Populated from Level Types reference data.

Populated from Street Types reference data.

Suburb / Town / Locality Postcode State

[Hide Additional Filters <<](#)

Additional Search Criteria

Trading Name Organisation Site Name

Preferred Organisation Name

Postal Delivery Type Postal Delivery Number

Unit Type Unit Number

Level Type Level Number

Site/Building Name

Street Number OR Lot Number

Street Name Street Type Street Suffix

Find by ABN/ACN

Organisations can be found by an ABN or ACN. This is a unique identifier and will find either a single organisation or no results.

The screenshot shows the NEHTA Provider Organisation Search interface. The browser address bar displays "http://". The page title is "NEHTA". The user is logged in as Jane Smith on behalf of Royal Nehta Hospital. The navigation bar includes links for Home, Assisted Registration, HPI-I Search, PCEHR Viewer, and Directory. The main content area is titled "Provider Organisation Search" and features two tabs: "Search Organisations" and "Find by ABN / ACN". The "Find by ABN / ACN" tab is selected, showing a form with the label "Find by ABN/ACN:". Below this label is a text input field with a dropdown menu set to "ACN". A "Search by ABN / ACN" button is located below the input field. Annotations provide details about the interface elements and their functionality.

"Find by ABN/ACN" tab selected. Selecting "Search Organisations" tab will display the Search Organisations function.

Title to be "Provider Organisation Search"

Subtitle to be "Find by ABN / ACN"

Any validation errors to be presented on page under the subtitle.

Clicking "Search by ABN/ACN" performs a search using the provided parameter and displays the result as per Search Results.

Textbox to support ABN or ACN and determine appropriate type by stripping spaces/slashes/dashes and identifying 9 character values as ACNs and 11 character values as ABNs. If feasible the identified type can be displayed next to the textbox.

Search Results

The search results section is intended to be loaded asynchronously after a search button is clicked from any of the organisation search interfaces.

The diagram illustrates the Search Results interface with the following components and callouts:

- Search Organisations**: A button at the top of the interface.
- Search Results**: The main section displaying the search results.
- Results to display**: A table with columns: Name, Organisation Type, Location, Postcode, and Actions.

| Name | Organisation Type | Location | Postcode | Actions |
|----------------|--|----------|----------|----------------------|
| Clean Teeth Co | Dental Services | NORWOOD | SA 5067 | View |
| Best Local GP | General Practice, + More | ARDEER | VIC 3022 | View |
- Showing 1 to 2 of 2 entries**: A summary of matching results.
- Paging of results**: A navigation bar with buttons: First, Prev, 1, Next, Last. Page size: 10.
- Callouts and Explanations**:
 - Continuation of Simple Search, Expanded Search, or Find by ABN/ACN after search button is clicked.
 - For Find by ABN/ACN the text of the search button remains "Find by ABN/ACN" and only a single result (if any) is expected.
 - Sorting of results (asc / desc). Default sort: Name desc.
 - Location column contains the Suburb/Town/Locality.
 - Search results displayed below filters.
 - Postcode presented as State then Postcode.
 - Clicking "View" displays a modal popup as per View Organisation.
 - Name contains the organisation's Preferred Name.
 - Organisation Type to be the first Organisation Type.
 - If there is more than one display the text "+ More" which on click or hover displays a tooltip list of the other Organisation Types.
 - Clicking search button clears the existing Search Results and performs another search.

View Organisation

The View Organisation page is loaded in a pop-up modal from the organisation Search Results page. It provides a details view and the ability to add a subscription for the organisation.

The screenshot shows a web browser window titled "Provider Organisation Search" displaying a modal for "Organisation Details for Clean Teeth Co". The modal contains the following information:

- Organisation Name:** Clean Teeth Co
- Preferred Name:** Clean Teeth
- Trading Name:** Clean Teeth Co Pty Ltd
- Site Name:** Clean Teeth Co HQ
- ABN:** 12 123 123 123
- Services:**
 - Dental Services
 - Dental Practice Service
 - Dental Surgery Service
 - General Practice
 - Community Health Care
 - Health advocacy
 - Health information / referral
 - General medical practioner service
- Address 1:** 123 Address St, SOMETOWN, NSW 2999
- Address 2:** 125 Address St, SOMETOWN, NSW 2999
- Email:** test@example.com (Business)
- Mobile:** 0400 000 000 (Business)

Callout boxes provide additional context:

- Title to be "Organisation Details for (Preferred Name)"**: Points to the modal title.
- Results to display up top: Organisation Name, Preferred Name, Trading Name, Site Name, ABN/ACN.**: Points to the top section of the details.
- ABN or ACN label correctly named. ABN formatted as NN NNN NNN NNN. ACN formatted as NNN NNN NNN.**: Points to the ABN field.
- Services listed as nested lists of Organisation Type(s), Service Type(s), and Service Unit(s).**: Points to the Services section.
- Address(es) listed with numeric indices (if more than one) and displayed in "Flat Address Format" without name (see 'Common' Interface Requirements).**: Points to the Address 1 and Address 2 fields.
- Subscribe button adds a subscription for this organisation (the button is disabled and displays a loading indicator while processing). If successful the Subscribe button is replaced by "Subscription Added" text. If unsuccessful the button returns and an error message is placed on the page.**: Points to the Subscribe button.
- Contact(s) listed with Contact Medium as label, value formatted as provided by HIPS, and the Contact Usage following in brackets.**: Points to the Email and Mobile fields.
- Clicking outside the modal, clicking Close, or pressing ESC all close the modal.**: Points to the Close button.

3.2.27 Message Delivery Management

The "Message Delivery Management" screen supports the management of messages delivered as part of the P2P Secure Messaging function. The annotated image below illustrates the functional design for the screen.

Message Delivery Management

Any validation errors to be presented on screen under title.

Receiver field supports entry of Organisation Name or HPI-O.

"Document Types" list populated from Document Types reference data.

Clicking Search refreshes the search results with the current filters.

When a message action is clicked it should prevent other actions until the outcome is known. The outcome should be presented on the screen (e.g. tooltip or under "Search Results").

"Content" button downloads message content as binary file and allows user to save.

"View Detail" button display modal pop-up with fields response class, response status and response message.

Results to display: Received Date/Time, Receiver HPI-O, Document Type, Status.

Format: Name (HPI-O) if Name available, otherwise just HPI-O.

Summary of matching results.

Sent date/time formatted as dd/MM/yyyy HH:mm:ss

Sorting of results (asc / desc). Default sort: Received.

"Message Status" list populated from Inbound Message Status enumeration.

From/To are required. Dates formatted as d/M/yyyy. Use Datepicker control or similar as appropriate. Configurable defaults (via settings).

"Sender" drop-down populated with available HPI-O reference data. Format: Name (HPI-O). Default to selected HPI-O.

Title to be "Message Receipt Management".

From *

To *

Status

Document Type

Search

| Sent | Receiver HPI-O | Document Type | Message Status | Actions |
|----------------------|---------------------------|-------------------|----------------|--|
| 27-Jun-2016 10:07:39 | ShaunT (8003621566687292) | Discharge Summary | Delivered | [Search] [Refresh] [Details] [Content] |
| 24-Jun-2016 17:08:04 | ShaunT (8003621566687292) | Discharge Summary | Delivered | [Search] [Refresh] [Details] [Content] |
| 24-Jun-2016 16:57:53 | ShaunT (8003621566687292) | Discharge Summary | Delivered | [Search] [Refresh] [Details] [Content] |
| 24-Jun-2016 15:26:44 | ShaunT (8003621566687292) | Acknowledgement | Acknowledged | [Search] [Refresh] [Details] [Content] |
| 24-Jun-2016 14:29:32 | ShaunT (8003621566687292) | Discharge Summary | Acknowledged | [Search] [Refresh] [Details] [Content] |
| 24-Jun-2016 14:25:58 | ShaunT (8003621566687292) | Discharge Summary | Acknowledged | [Search] [Refresh] [Details] [Content] |

Showing 1 to 6 of 6 entries

3.2.28 Message Receipt Management

The "Message Receipt Management" screen supports the management of messages received as part of the P2P Secure Messaging functions. The annotated image below illustrates the functional design for the screen.

Message Receipt Management

Any validation errors to be presented on screen under title.

Receiver: DHSITESTORGD46 (8003-6215-6668-7292)

Sender: [Empty field]

From *: 27/07/2014

To *: 04/08/2016

Status: All -

Document Type: - All -

Search

Sorting of results (asc / desc). Default sort: Received.

View Detail button display modal pop-up with fields response class, response status and response message.

Clicking Search refreshes the search results with the current filters.

Received date/time formatted as dd/MM/yyyy HH:mm:ss

Summary of matching results.

Results to display: Received Date/Time, Sender HPI-O, Document Type, Status.

"Content" button downloads message content as binary file and allows user to save.

"Document Types" list populated from Document Types reference data.

Sender field supports entry of Organisation Name or HPI-O.

From/To are required. Dates formatted as d/M/yyyy. Use Datepicker control or similar as appropriate. Configurable defaults (via settings).

"Receiver" drop-down populated with available HPI-O reference data. Format: Name (HPI-O). Default to selected HPI-O.

"Message Status" list populated from Inbound Message Status ..

| Received | Sender HPI-O | Document Type | Message Status | Actions |
|----------------------|---------------------------|-------------------|----------------|-------------------------|
| 24-Jun-2016 15:26:44 | ShaunT (8003621566687292) | Acknowledgement | Published | [View Detail] [Content] |
| 24-Jun-2016 14:29:32 | ShaunT (8003621566687292) | Discharge Summary | Published | [View Detail] [Content] |
| 24-Jun-2016 14:25:58 | ShaunT (8003621566687292) | Discharge Summary | Removed | [View Detail] [Content] |

Showing 1 to 3 of 3 entries

3.2.29 Message Delivery and Receipt Management – View Detail

The “Message Delivery and Receipt Management – View Detail” is a pop-up screen that supports the information of the sealed message when the “View Detail” button is clicked on the Grid Result for the “Message Receipt Management” and “Message Delivery Management” screens. The annotated image below illustrates the functional design for the screen.

View Details

SealedMessage.CreationTime

SealedMessage.InvocationIdentifier

MessagePayload.SenderIndividualId

MessagePayload.SenderOrganisation

MessagePayload.ReceiverIndividualId

MessagePayload.ReceiverOrganisation

SealedMessage.MessageStatusId

| Response Time | Response Class | Response Status | Response Message | Final |
|----------------------|----------------|-----------------|------------------|-------|
| 24-Jun-2016 15:28:31 | 1 | 2 | OK | true |

TransportResponse.DateCreate

TransportResponse.Class

TransportResponse.Status

TransportResponse.Message

TransportResponse.Final

SealedMessage.CreationTime: 24-Jun-2016 15:26:44

Invocation Identifier: urn:uuid:f7ca82d0-dfca-4c66-a69e-3f2caaea76dd

Sender Organisation: ShaunT [HPI-O] 8003621566687292

Sender Individual: Not specified

Receiver Organisation: ShaunT [HPI-O] 8003621566687292

Receiver Individual: Not specified

Subject of Care:

Payload Scheme: HL7 Acknowledgement

MessageStatusText: Published

Response Time: 24-Jun-2016 15:28:31

Response Class: 1

Response Status: 2

Response Message: OK

Final: true

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 of the embedded pages no main site header or footer will be displayed.

3.3.1 Adult Patient Registration

The Adult Patient Registration page as described in Section 3.2.13 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 3.2.14 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. |

| URL | Description |
|--|---|
| 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 3.2.22 can be accessed directly using the URLs below.

| URL | Description |
|---|---|
| http://[WebSite]:[Port]/EmbeddedDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes | <p>This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities.</p> <p>This URL will display the View Episodes page for the given Patient as per section 3.2.22.4.2.</p> |
| http://[WebSite]:[Port]/EmbeddedDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes/[Episode ID]/Upload | <p>This URL should be used when each facility has a separate MRN and the patient records are not linked between facilities.</p> <p>This URL will display the Upload or Supersede PDF page for the given Patient and Episode as per section 3.2.22.4.3.</p> |
| http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes | <p>This URL should be used when multiple facilities use a single MRN for each patient across the enterprise.</p> <p>This URL will display the View Episodes page for the given Patient as per section 3.2.22.4.2.</p> |
| http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/Episodes/[Episode ID]/Upload | <p>This URL should be used when multiple facilities use a single MRN for each patient across the enterprise.</p> <p>This URL will display the Upload or Supersede PDF page for the given Patient and Episode as per section 3.2.22.4.3.</p> |
| http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/[StatePatientId]/Episodes | <p>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.</p> <p>This URL will display the View Episodes page for the given Patient as per section 3.2.22.4.2.</p> |
| http://[WebSite]:[Port]/EmbeddedEnterpriseDocumentUpload/Hospitals/[Hospital Code]/Patients/[MRN]/[StatePatientId]/Episodes/{Episode ID}/Upload | <p>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.</p> <p>This URL will display the Upload or Supersede PDF page for the given Patient and Episode as per section 3.2.22.4.3.</p> |

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.

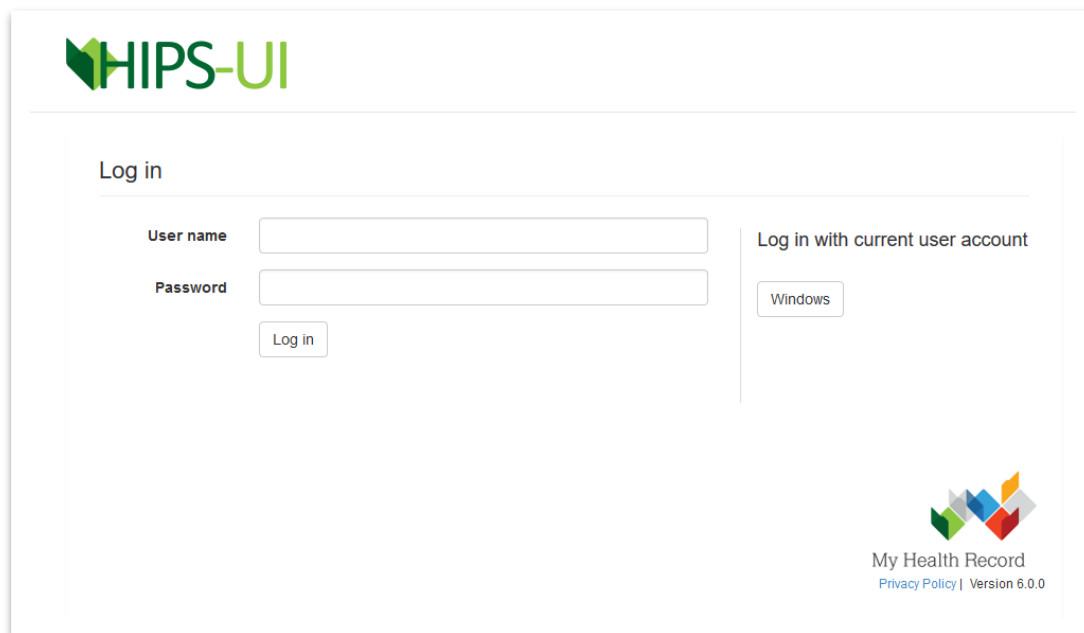
- [StatePatientId] is an enterprise-wide patient ID that links multiple facility MRN's to one master patient record.
- [EpisodeId] is the visit number for the episode of care for the patient in the facility.

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

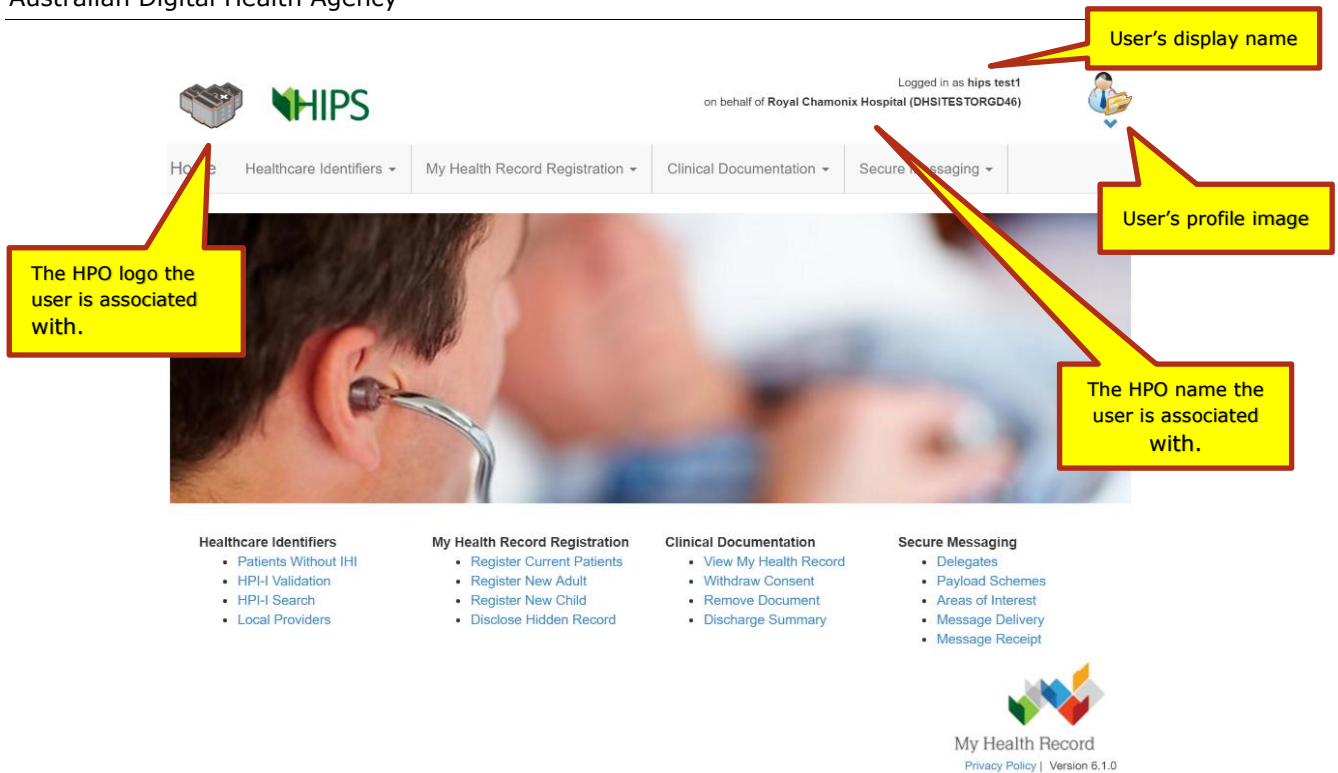
When a user first navigates to the HIPS-UI Web site they will be presented with a log in page.



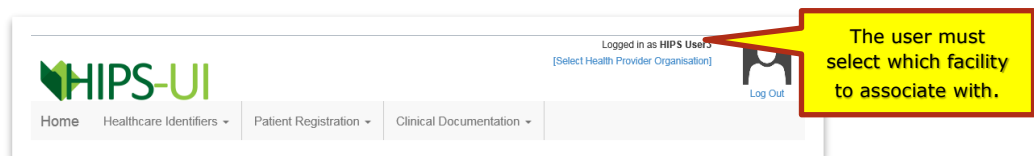
The user has the options of logging in to the HIPS-UI Web by entering their Active Directory username and password and clicking Log in or by logging in with the user account that is currently logged onto the PC.

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

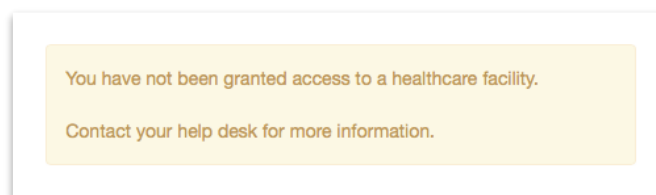
If Active Directory authentication passes then the user groups are retrieved for authorisation, the user's profile image (if available), and first name and surname from Active Directory. The user's authorised healthcare facilities (hospitals) are retrieved from the HIPS-Core database. If only one facility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



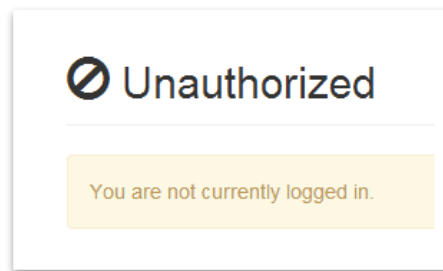
If the user is not authorised to access on behalf of any facilities the user will be presented with the following message and not be granted access to any of the HIPS-UI Web functions.



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 period of minutes specified in the web.config file the user will be automatically logged out of the HIPS-UI Web application and the 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, 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 | The digital signature produced using the signature algorithm. |

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 | <p>The fixed JSON string:</p> <pre>{"alg":"dir","enc":"A256CBC-HS512"}</pre> <p>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.</p> |
| 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 | <p>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.</p> <p>The Additional Authentication Data (AAD) is the URL-safe base-64 representation of the Protected Header.</p> <p>The AAD Length is the length of the AAD in bits, represented as a 64-bit big endian integer.</p> |
|--------------------|--|

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:

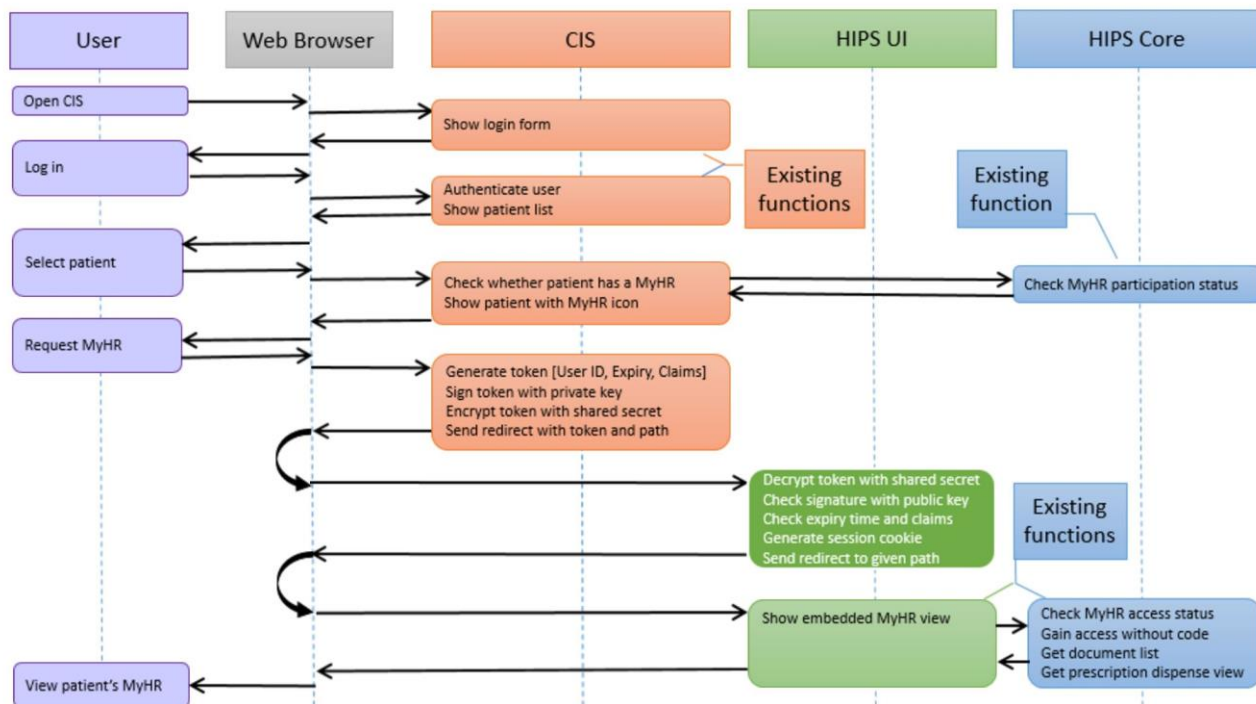
`/EmbeddedPcehrView/Hospitals/[Hospital Code]/Patients/[MRN]/PatientSummary`

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.

