

## e-Discharge Summary Release 1.1 Change Log - Core Information Components

Item	Section/page	Change	Reasoning
1	2.3 / pg 21	Removed data item Current Medications on Discharge   Medication Authoriser	NEHTA Clinical Terminology and Information team (CTI) raised problems with 'Medication authoriser' - this may be misconstrued as the identification of the senior medical officer who authorises the prescription of a restricted medication. Clinical leads have clearly indicated that this item is really only relevant for the in-hospital medication reconciliation process and really has little relevance for them in a Discharge Summary (DS). Therefore removed
2	2.3 / pg 13	Data item 'Encounter Details   Specialities' - no of values allowed changed from [0..Many] to [1..Many]	It appears this was originally incorrect as all patient admissions must involve at least one speciality.
3	2.3 / pg 26	Data item 'Document Control   Confidentiality Indicator' - has been removed	This item has been demoted to optional in the generic header document after the publication of the DSCIC. However more significantly, none of the associated and consequential complex business processes have been clarified nor dealt with. Due to these unresolved complexities, the decision was made to remove this item for this first release. Note that Architecture Services are conducting Security and Access Framework workshops at which these matters are being dealt with systematically across the packages.
4	1.2 / pg 2	added sentence to end of section: <i>"It is recommended that electronic discharge summary applications must implement the core information components. It is anticipated that local extensions may be required to support specific local requirements. While it is possible for such local extensions to be achieved through negotiations and agreements between the information exchange partners, <u>this is not a preferred option</u>. It should be noted that data components used in local extensions should be sourced from standardised data groups and conformance rules that are developed and continue to be developed under the leadership of NEHTA. This approach is necessary to ensure interoperability and safe consumption of the interchanged information."</i>	Recommended that this paragraph be added to specify how localisations will be managed. To ensure that the description of how localisations are managed is consistent with current thinking. This is rated as 'moderate' as it marks a change from how we emphasise how localisations are managed. Up until now, we have been almost welcoming localisations, whereas this position now moves to discouraging them.
5	2.3 / pg 7	Data item: Patient   Person Identifier - note has changed to: <i>"This <u>must</u> include the patient's Individual Healthcare Identifier (IHI) and optionally the sending facility's unique Medical Record Number (MRN) for the patient."</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.
6	2.3 / pg 9	Data item: Nominated primary healthcare providers   Person Identifier - note has changed to: <i>"This <u>must</u> include the Healthcare Provider Identifier of the individual (HPI-I)"</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.
7	2.3 / pg 10	Data item: Nominated primary healthcare providers   Organisation Identifier - note has changed to: <i>"This <u>must</u> include the Healthcare Provider Identifier of the organisation (HPI-O)."</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.

Item	Section/page	Change	Reasoning
8	2.3 / pg 11	Data item: Facility   Identifier - note has changed to: <i>"This <u>must</u> include the Facility's Healthcare Provider Identifier – Organisation (HPI-O)."</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.
9	2.3 / pg 12	Data item: Document author   Person Identifier - note has changed to: <i>"This <u>must</u> include the document author's Healthcare Provider Identifier – Individual (HPI-I)."</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.
10	2.3 / pg 13	Data item: Document recipients   Organisation Identifier - note has changed to: <i>"This <u>must</u> include the organisation's Healthcare Provider Identifier – Organisation (HPI-O)."</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.
11	2.3 / pg 14	Data item: Document recipients   Person Identifier - note has changed to: <i>"<u>Must</u> contain the recipient's Healthcare Provider Identifier – Individual (HPI-I) when relevant."</i>	With the passing of the HI Services Bill in July 2010, the NEHTA Architecture Unit has requested that all HI Service identifiers be mandated across all packages.
12	2.3 / pg 28	Data component: Information provided to patient and/or relevant parties - removed the text "(or has not been)" from the note.	Feedback from Qld Health advocating that this text be removed. "If information has not been provided to the patient but should be known by a recipient of the discharge summary, this cannot be conveyed by a discharge summary which the patient receives a copy of."

## e-Discharge Summary Release 1.1 Change Log - Business Requirements Specification

Item	Section/page	Change	Reasoning
1	Multiple	Privileged Care Flag / Confidentiality Indicator removed	This was not extensively consulted and also not a part of the Core Information Components.
2	Multiple	Clinical Urgency Indicator removed	This was not extensively consulted and also not a part of the Core Information Components.
3	Multiple	references to 'Confidentiality Indicator' has been removed	This item was demoted to optional in the generic header document after the publication of the Discharge Summary Core Information Components (DSCIC). However more significantly, none of the associated and consequential business processes have been clarified nor dealt with. Due to these unresolved complexities, the decision was made to remove this item for this first release. Note that Architecture Services are conducting Security and Access Framework workshops at which these matters are being dealt with across the packages.
4	1.5 / pg 4	Reworded Scope statement to align with Standards Australia IT14-6-6..	This was done to remove ambiguity and align with Standard Australia IT14-6-6.
5	2.2.1 / pg 6	Updated statistics.	These statistics were updated to keep in line with newer publications available.
6		DSNR.6 removed "On the statistical discharge of a patient, the system must allow the possibility of either: • Linking the episodes and continuing the current discharge summary, or • Closing and sending the current discharge summary, and commencing a new discharge summary."	Statistical Discharge is not a consideration for this release.
7	3.1 / pg 14	BPMN diagram (Figure 6) updated and text specifying which role is responsible for each task.	The BPMN diagram was updated to maintain compliance with BPMN 1.1. Roles were added to ensure clarity of responsibility for completing tasks.
8	3.1 / pg 15	BPMN diagram (Figure 7) updated and text specifying which role is responsible for each task.	The BPMN diagram was updated to maintain compliance with BPMN 1.1. Roles were added to ensure clarity of responsibility for completing tasks.
9	4.2.4 / pg 20	DSBR.15 added "Every amended or updated discharge summary must have an incremented version number."	This requirement was added to address workflow of discharge summary version management.
10	4.2.7 / pg 20	DSBR.19 updated	This requirement is now a Conformance requirement as opposed to a Certification requirement. This was updated in line with the Conformance team's developments in NEHTA.
11	5.1.1 / pg 22	Removed Administrator and Author from list of Actors.	These roles do not participate in this use case as it is done automatically.
12	5.1.2 / pg 22	Added Contributor to list of Actors.	The Contributor is also involved in the population of the discharge summary.
13	5.1.2 / pg 23	Main Path: Steps about searching the worklist have been removed.	These steps were removed as the trigger addresses these steps.
14	5.1.3 / pg 24	Changed primary actor from Administrator to Author	This was incorrectly specified as Administrator and is a function of the Author.
15	5.1.4 / pg 26	Extensions removed	This extension was removed as the "Editable with Notification" modifiability classification was removed.
16	5.1.5 / pg 27	Trigger updated	The use case is triggered when the author 'selects to release a discharge summary' as opposed to 'selecting a patient'.

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17	5.1.5 / pg 27	Authoriser as opposed to Author authorises a discharge summary.	This was incorrectly specified as Author and is a function of the Authoriser.
18	5.1.5 / pg 27	Business Rules added	The business rules were added to address the management of discharge summary versions.
19	5.2.1 / pg 28	Cancel Discharge Summary added to Extensions	This extension was added to allow cancelling of discharge summaries that may have been created but not required to be completed.
20	5.2.2 / pg 28	Section renamed to 'Forward Discharge Summary'	The term 'Redistribute' caused confusion in the minds of the reader and hence, was updated to be called 'Forward'. This also aligns to its function of forwarding existing discharge summaries.
21	5.3.1 / pg 29	Removed reference to 'web services'	This was removed as it constrained the solution to a specific technology.
22	5.4.3 / pg 33	Step 4 added	This step was added to inform the management of different versions of a discharge summary.
23	6.2 / pg 36	DSFR.9 removed "Any modification by the discharge summary author to a field tagged as Editable with notification must produce a notification message to the contributing application."	This requirement was removed as the "Editable with Notification" modifiability classification was removed.
24	6.2 / pg 36	DSFR.10 removed "The discharge summary author may choose to electronically include, exclude, append or modify any results or information supplied to the discharge summary from a source system, according to the modifiability classification of that information."	This requirement was too broad and is covered in detail in section 6.4 Table 28.
25	6.4 / pg 38	Table 28 "Editable with Notification" removed	This modifiability classification was removed as it increases clinical safety risk.
26	7.1 / pg 40	Section 7.1 removed	This section discussed information solutions which are detailed in the Core Information Components and the Solution Design as required and hence, was removed from the Business Requirements Specification.
27	7.2.1 / pg 44	DSIR.11 removed "The message header must be able to indicate if the message is of clinical urgency."	This requirement was removed as the Clinical Urgency Indicator was removed.
28	8.2 / pg 42	Table 32 Row "Warning that the clinical details within the discharge summary are inconsistent with the details held in the GP clinical system." removed	This message was removed as it was deemed to be impractical.
29	8.5.3 / pg 48	Section removed	This section was removed as it contained unvalidated statistics and did not add value to the context or content of the document.

## e-Discharge Summary Release 1.1 Change Log - Solution Design

Item	Section/page	Change	Reasoning
1	4.3.4 / pg 21	Removed references to application level responses.	This is a future looking statement and shouldn't be in this section. There will be no application level response in eDischargeReferrals Release 1.1
2	5 / pg 27	Inserted a new statement referencing the eDischargeReferrals Endpoint Specification document.	The eDischargeReferrals Endpoint Specification is a new document in the package. It contains interface information required for the implementation of the eDischargeReferrals package using Secure Message Delivery Specification.
3	5.7 / pg 44	Revised the information architecture section.	Section revised to be in alignment with Secure Message Delivery Specification.