



CaSS | **Clinical and Statewide Services**
safe | sustainable | appropriate

Clinical Compliance

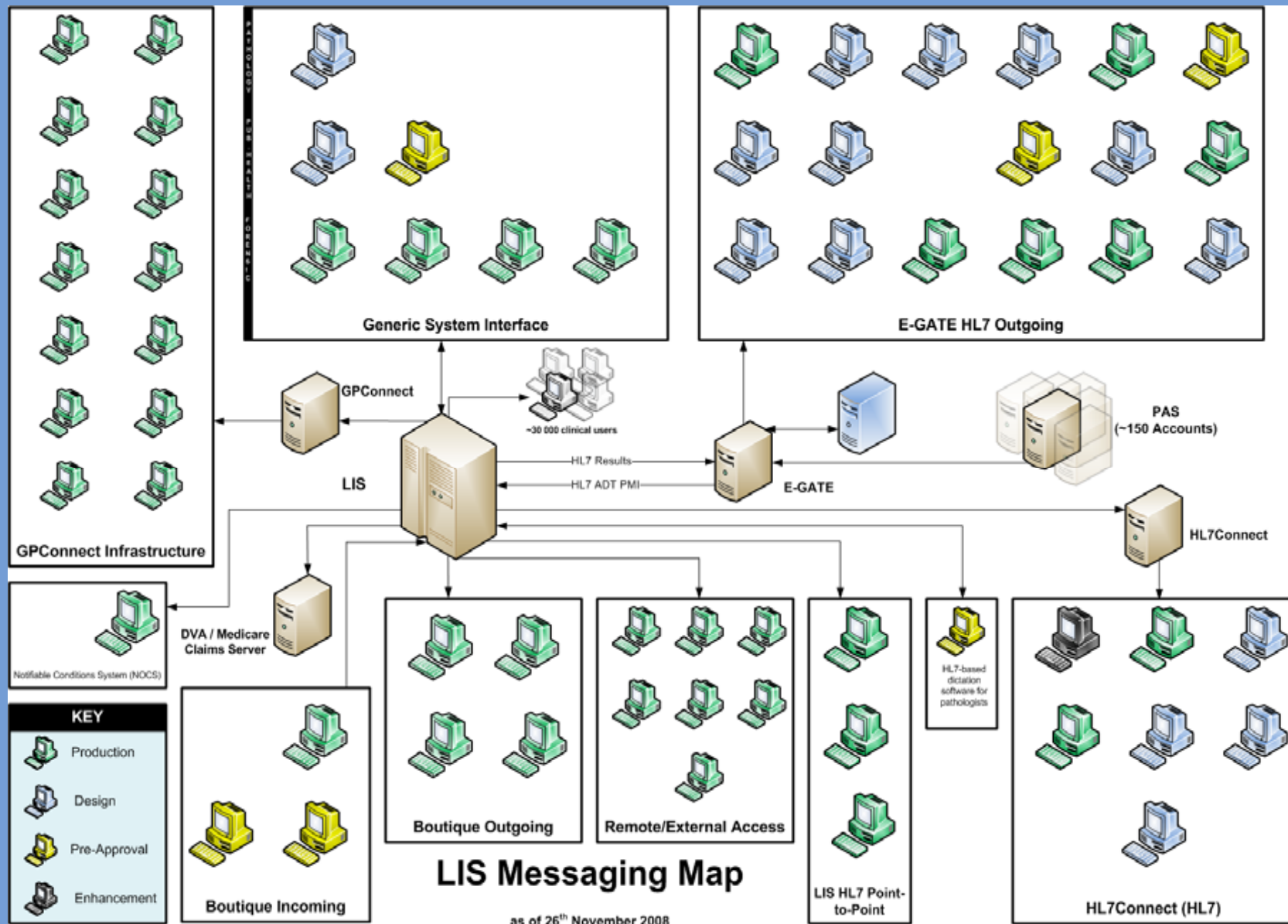
Towards interoperability in a state jurisdiction

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QHCaSS - Messaging Map (or where do our messages go)





Technical compliance – current state

- Pathology Qld has not yet achieved AHML certification
- Intention to achieve certification by 2010
- Many so-called legacy* systems exist in the public health domain
- The QH Systems Integration Team (SIT) is the organisations central messaging and formatting service for clinical messaging including pathology results to QH client systems
- GP Connect system sends to 14+ recipient types, customising message formats accordingly

*legacy systems – many systems exist that remain fit for purpose clinically and may not be able to implement messaging to NPAAC guidelines & Australian Standards



Clinical Compliance – coming to a system near you!

- The QHCaSS mantra:
 - ‘Safe, Sustainable & Appropriate’
- Our commitment:
 - Quality data presented to clinicians in a quality manner
 - One principle: Patient Safety is Paramount! (PSiP)
- What are we doing to achieve this?
 - Engage with systems early in the development phase
 - Compliance checks and validation
 - Information access and management agreements
 - Improve HL7 messaging quality by achieving certification to NPAAC guidelines and Australian Standards by 2010
 - Generating a set of HL7 messages that test implementation compliance from order entry to final results delivery, including corrections, deletions etc.



- **Compliance checks**

- Defined test plan: 14 base Use Cases, with provision for client specific test cases
 - Basic results validity – ref ranges, flagging, etc
 - Handling deleted, corrected tests – correct alerting mechanisms
- Risk Assessment: Use Case failures assessed for potential clinical severity impact and rated accordingly
- Recommendations/resolution assistance: Recommendations to resolve issues and collaborative resolution strategies implemented where applicable
- Validation Template
 - Basis for certification
 - Self assessment



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- Information agreements



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- Data access rights contingent on compliance checks
- Information gathering – is the data for clinical or research purposes
- Modification to or on-selling of data not supported
- Regular audits of downstream system, including at version changes
- Acknowledgment that serious breaches could result in cessation of data feed, usually if there is a significant patient safety risk
- Data filtering requirements (facilities, wards, tests etc)



What have we found?

- Some niche systems deliberately designed to ‘cherry pick’ data – i.e. only interested in using a subset (e.g. Cancer control team, ICU specialists)
- Abnormal results not flagged
- No reference ranges displayed
- Alternative reference ranges applied!
- Intention to ‘normalise’ results
- ‘Suppressed’ microbiology sensitivities displayed (we do use OBX-13 User defined access checks)
- Display of ‘resulted’ data (OBX-11 – ‘R’)
- ‘Corrected’ results not indicated as such
- Lab number not displayed
- Multiple ‘same day’ requests display with incorrect clinical order
- Deleted orderables not marked as such
- Specimen type not displayed (e.g blood glucose vs. CSF glucose)
- Patient matching algorithms – matches on patient identifier (PI) only or PI and facility – **is this enough? (Manual vs. electronic matching)**



Our plan for the future

- Be more pro-active with downstream system owners
- Resource ourselves appropriately
- Achieve technical compliance
- Continue to assess and assist non-compliant systems
- Be more involved at procurement stages for new systems and devices
- Continue to review and improve our validation test plans
- Be aware of and involved in development and implementation of standards in this area

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